# Mentoring for service-delivery change: A trainer's handbook

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**ISBN: 1-933095-00-8**

**Suggested citation: Presler, Lindsay Bessick, Robyn Schryer Fehrman, Rivka Gordon and Katherine Turner. 2006. *Mentoring for service-delivery change: A trainer's handbook.* Chapel Hill, NC. Ipas.**

**Graphic Design: Jamie McLendon**
**Editor: Cynthia Greenlee-Donnell**
**Printing: CGP Inc.**

**Produced in the United States of America**

**Printed on recycled paper.**

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## acknowledgments

This document draws on and synthesizes training principles, models and materials that have been developed by Ipas and other training organizations. All of the information sources that were referred to in the creation of this handbook are referenced in the bibliography.

The authors would like to thank everyone at Ipas who provided support and guidance in the conceptualization, development and review of this manual. Jamie McLendon was responsible for cover design; Cynthia Greenlee-Donnell served as editor.

Our deepest appreciation goes to the mentors who work to create sustainable change in service delivery by mentoring those on the front lines. Finally, thanks go to those very front-line providers. Their collective passion, energy and vision for high-quality care have proven that those who are open to mentoring can indeed create and sustain meaningful service-delivery change and improve patients' lives.

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# this handbook's purpose

## about Ipas

Founded in 1973, Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. The organization seeks to expand the availability, quality and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices.

## about the Ipas Technical Assistance & Mentoring Program

In July 2004, the Ipas U.S. Program conducted a qualitative survey of the status of abortion and miscarriage care in selected teaching hospitals in order to 1) document the evidence for needed change and 2) to provide the basis for developing a strategy to bring about change.

After this study, the Ipas U.S. Program initiated the Technical Assistance and Mentoring Program in January 2005. Since that time, the U.S. Program has been busy working with clinicians in selected cities throughout the United States to establish and nourish relationships that are changing service delivery for both elective abortion and miscarriage management.

## about this handbook

This handbook is intended to help bridge the gap between the theoretical constructs behind mentoring (and associated cultural change in health-care settings) and real practitioner experience. Although mentoring has taken hold in a variety of professional settings, we focus specifically upon mentoring for service-delivery change within clinical health-care settings. Our audience is likely to be a practitioner who sees the need for a new process, protocol or procedure. In addition, we anticipate that health-care administrators and public health officials will be interested in the health-care implications for a mentoring approach to miscarriage management.

The Goals of this Handbook

This handbook focuses on the mentor manager's key knowledge and skills for enhancing the development of a mentoring program

**Terms regularly used throughout this handbook:**

Mentoring: a reciprocal and collaborative learning relationship between two or more individuals who share mutual responsibility and accountability for helping a mentee work toward achievement of clear and mutually defined learning goals

Service-delivery change: changes in clinical techniques and provider behaviors that result in more patient-centered care

Culture: the attitudes and behavior that are characteristic of a particular social group or organization

Change agent: a person formally working for service-delivery change in a clinical setting

that will lead to sustainable service-delivery change in health-care settings. The handbook seeks to achieve the following goals in preparing mentor managers for their roles:

- assisting with assessing needs;
- encouraging the creation of a culture of change;
- outlining the process for building a support team;
- guiding the mentor toward documenting outcomes;
- streamlining the process of program development.

Learning Objectives

In using this handbook, readers will be able to:

- explain mentoring for service-delivery change;
- assess organizational culture and current need for service-delivery changes via mentoring;
- design a mentoring for service-delivery change strategy, including benchmarks and steps to ensure sustainability
- create a program to train mentors;
- develop strategies for ongoing management of mentors and mentoring activities;
- evaluate and document successes and challenges.

Who Should Use this Handbook

This handbook can be used by people in all areas of health care, by those working in nonprofit and higher education settings and those working in the business of health care. The examples used in this particular manual are all drawn from Ipas's experience developing, training and implementing a formalized mentoring program for service-delivery change of miscarriage management. However, many of the scenarios are easily translatable into other areas of health care.

This handbook will be of particular interest to those who are contemplating (or who have already begun) creating a formalized mentoring program. These readers will largely fall into two major categories which may, in some cases, overlap: The first is what we call a mentor trainer, or one who conducts the initial training of a mentor cohort. This person might also become the mentor manager, or one who conducts the day-to-day operations of a mentoring program and provides ongoing support to the mentor cohort.

Regardless of role, the *Mentoring for service-delivery change* handbook offers a framework for informed mentoring program development. It provides insight into the nature of mentoring as a process-oriented strategy for creating change within large

institutions. The handbook shares theoretical perspectives and research for those interested in evidence-based approaches to creating change. It also advocates experiential learning activities that explore practical and emotional issues associated with training, managing and developing a group of mentors.

For some readers, the *Mentoring for service-delivery change* handbook may be the only resource they use. For others, this handbook will complement other mentoring and coaching literature. It is not designed to be a comprehensive reference on mentoring. Rather, it presents a framework for using mentoring as a vehicle for service-delivery change in health care and provides options for the implementation of such a strategy.

This handbook draws heavily on the work of Lois Zachary (*The Mentor's Guide* and *Creating a Culture of Mentoring*), combining discussion and workbooklike elements to support mentor trainers and mentor managers. Additionally, *Effective Training in Reproductive Health: Course Delivery and Design* served as a valuable resource for describing training philosophy and designing training activities.

Overview of Sections

The entire handbook is designed to assist mentor managers to use their professional experience and efficient methods to inspire change. Although many may have years of formal or informal experience with designing a mentoring program, we've provided a glossary of terms so that all participants have a clear understanding of the specific vocabulary of mentoring for service-delivery change.

Section One, *Introduction*. This section defines service-delivery change and describes how mentoring provides a unique and thus far untapped mechanism of initiating change within health-care settings. The guiding principles of mentoring for service-delivery change are discussed, and the foundations for supportive mentor training and managing are laid.

Highlights of Section One:

- Guiding principles of mentoring for service-delivery change
- "Readiness to manage mentors" survey

Section Two, *Mentoring for service-delivery change*, provides an organizational context to make theoretical material on mentoring and cultural change even more practical. After all, service-delivery change involves organizational culture change, so readers must

have facility with the cultural change strategy, tools for facilitating change and examples of success within health-care settings.

Highlights of Section Two:

- Mentoring and cultural change
- The cultural change continuum
- Predictable stages of mentoring

Section Three, *Managing a mentor program,* recommends evidence-based solutions to common concerns faced by mentor managers. It describes processes, shares evaluation strategies and outlines specific benchmarks that lead to sustainable service-delivery change.

Highlights of Section Three:

- Designing a program
- Building a program infrastructure
- Developing the mentor cohort
- Managing the mentor cohort

Section Four, *Training mentors: Trainer's instructions*, is composed entirely of training activities and materials that mentor trainers may use in whole or in modular form to prepare mentors. Its comprehensive nature makes it suitable for trainers at different levels of familiarity with mentoring.

Highlights of Section Four:

- Training philosophy, background, goals
- Training activities

Section Five, *Training mentors: Participant workbook*, is a workbook for mentors-in-training, suitable for reproduction for mentoring programs just getting off the ground. Electronic versions that can also be adapted are available in the electronic toolkit, so this version is largely for mentor trainers and managers to explore and prepare for their own mentoring training programs.

Highlights of Section Five:

- Reproducible workbook for mentors-in-training
- Clear understanding of the mentor-in-training's development plan

Section Six*, Electronic toolkit*, is a CD-ROM that includes tools for implementing both a mentor training and full mentoring program. Additional background resources are also included.
Files require Microsoft Word and PowerPoint.

# frequently used terms

Mentoring: a reciprocal and collaborative learning relationship between two or more individuals who share mutual responsibility and accountability for helping a mentee work toward achievement of clear and mutually defined learning goals. Mentoring, at its fullest, is driven by the learning needs of the mentee.

Service-delivery change: changes in clinical techniques and provider behaviors that result in more patient-centered care.

Mentoring for service-delivery change training: educational interventions in which an informed facilitator guides mentors-in-training through knowledge-building, self-awareness raising and simulated practice activities designed to guide mentees (see change agents) through the challenges inherent in service-delivery change.

Mentor manager: provides a macro view of the mentoring enterprise; responsibilities may include identifying and recruiting mentors, mentor trainings, and coaching through initial phases; identifies barriers to program development and delegates team members to break down barriers; qualities must include excellent communication and listening skills, comfort with giving feedback and sense of vision for the program's development.

Logistics organizer: main coordination and communication specialist for the mentoring program; maintains records and updates materials as needed; organizes conference calls and other communications activities.

Monitoring and evaluation specialist: creates, reviews, and revises monitoring and evaluation tools; distributes tools and collects data; incorporates data into periodic reports.

Administrative mentors: involved in actual service-delivery change at site level; confront administrative barriers such as protocol development, cost estimates, logistic and bureaucratic details; train nursing, medical assistant and processing assistants in billing, form development, protocols, staffing plans, proper instrument use, intake, instrument processing.

Clinical mentors: highly skilled and respected clinicians and trainers who are involved in the actual service-delivery change at the site level; qualities must include excellent communication skills, flexibility, personableness, devotion to high-quality care, ability to inspire others to excellent work, commitment to follow-up work at the site and system levels. Above all, the mentor must believe in the service-delivery change being promoted.

Culture: the attitudes and behavior that are characteristic of a particular social group or organization.

Change agent (see also mentee): a person formally working for service-delivery change in a clinical setting.

Mentee (see also change agent): a person being mentored to initiate and implement service-delivery change in a clinical setting.

Cultural change: changes in the attitudes and behavior that are characteristic of a particular social group or organization.

Stages of mentoring: phases of the mentoring process, including preparation to enter the mentoring relationship, negotiation within the relationship, participation in mentoring, and closure.

Sustainable change: characteristics of a process used to changes in attitudes and behavior that can be maintained indefinitely.

Indicators: a set of explicitly measurable, or otherwise definable, characteristics that then identify specific quality or status, which can be used as criteria for categorization.

Benchmarks: something that serves as a standard by which others may be measured or judged.

## mentoring as a model for making change happen

Traditional trainings, policy changes and timelines ALONE simply don't address the myriad challenges associated with service-delivery change:

- Service-delivery change is a long-term proposition.
- Service-delivery change requires comprehensive training.
- Service-delivery change must be sustainable in order to have lasting impact.
- Service-delivery change is a complex process.
- Service-delivery change must be flexible to the site/system needs.
- Service-delivery change requires support for those introducing and implementing it.

Until these challenges are adequately addressed, any efforts to provide safer, patient-centered care for women would simply be a study in treading water. Experience and research points out that it is necessary to recognize the multiple cultural and institutional roles in providing patient-centered care. Based on the research, mentors are in a unique position to coach change agents through the challenges inherent in navigating cultural and institutional barriers.

## guiding principles of mentoring for service-delivery change

A qualitative assessment by Ipas consultants recommended several steps that Ipas could take to promote deep change within and across institutions. This assessment served as the basis for the Ipas Technical Assistance and Mentoring Program. This program is based on the belief that mentoring works as a vehicle for creating sustainable change because it addresses all aspects of service delivery described above.

**One county health center: A service-delivery change success story**

Since 2003, Ipas has been providing ongoing clinician training and organizational mentoring to one hospital system and its affiliated hospitals as part of a larger women's health initiative. The case here is based on one of those participating hospitals.

Several years ago, Ipas conducted the first on-site training intervention to assist staff in moving elective abortion services and miscarriage management out of the operating room and into an outpatient setting. This intervention and long-term relationship have created a culture of change within the hospital. One year after that intervention, 50 percent of all miscarriages are being managed in an outpatient clinic using manual vacuum aspiration (MVA). Staff also have this to say:

"Women who used to have to stay here four hours are now leaving after one hour because they are doing so well under local anesthesia."
— Nurse, ob/gyn emergency

"All of our residents are using MVA to manage miscarriages — and they love it!"
— Nurse manager, ob/gyn emergency

"Women are now receiving same-day contraception instead of waiting for four weeks after their abortion. … Once we decided to make the change, it was easy."
— Chief MD, ob/gyn

Mentoring is an in-depth commitment when it is understood that mentors and change agents will work together until agreed-upon goals are achieved. When mentors and change agents develop alliances with those being affected by the change (often nursing staff, clinicians, residents, administrators), they demonstrate a commitment to continuous support in overcoming barriers.

Mentoring ensures and goes beyond training when it is understood that training is followed by ongoing personal development for change agents and mentors alike. Those who seek to provide in-service trainings and support for those affected by change find that the comprehensive mentoring approach is more effective than stand-alone trainings.

Mentoring is sustainable when it is understood that mentors learn from others and share best practices with their protégés. If policy changes result, policy will outlast even the strongest institutional memory. In addition, growth of mentoring programs provides valuable support and opportunities to share information across the field.

Mentoring honors the complexity inherent in a health-care system when it is understood that the more mentors and change agents learn more about the institution, its key players and how to navigate the system, the more successful they'll be.

Mentoring adapts to the site/system needs when it is understood that mentors and change agents must be adept at spotting needs, barriers and opportunities for change. The more accurately they identify them, the more streamlined (and thus, cost- and time-effective) the response.

Mentoring mutually supports mentor and change agent when both see the ongoing, collaborative nature of the mentoring relationship. When both are committed to change and have a clear picture of the ultimate goal (as well as short-term goals that get them there), those on the receiving end begin to build trust in the mentor and change agent.

As if these reasons were not enough . . .

The real value of mentoring, however, rests in the trust that it builds and its ability to cultivate a "culture of change." A culture of change exists where the environment (and therefore, the key players within that environment) are open to new possibilities that would improve patient care. Members are encouraged to show the value of new procedures or tools. New ideas get attention and respect in a culture of change. In summary, people begin to think more creatively about

formerly insurmountable barriers like budgetary restrictions, policy, forms or institutional politics.

Why mentoring for service-delivery change now?
Ipas not only believes in the power of this model to create service-delivery change within individual hospitals and clinics, but it realizes that the program contains an important "multiplier effect" that provides for sustainability across the health-care system.

## readiness to manage mentors

Being a mentor manager requires emotional and psychological investment, as well as the time, skills and freedom to devote yourself to change within your field. Before you embark upon the creation of a program, assess your motivation and abilities. Consider speaking with a trusted colleague, friend or partner to learn more about how others perceive you in mentoring and managing roles.

Mentor managers perform many of the same roles as the mentors themselves, but instead of serving the change agent directly, the mentor manager filters her guidance, experience, expertise and teaching through the mentor. In this way, service-delivery change can have an even larger impact through coordinated efforts.

You can expect to juggle administrative tasks like creating mentor information files, diagnostic tasks like site assessments and mentor readiness, training tasks like preparing mentors for work in the field, and counseling tasks like assisting a mentor who's dealing with a difficult charge. The mentor manager must possess grace and be able to handle myriad frustrations.

The following checklist is designed to help mentor managers assess their motivations and skills.

### motivation

Instructions: For each item below, put a check in the "yes" column if the reason listed reflects why mentor management appeals to you. If it does not, put a check in the "no" column.

| **reasons that mentoring, as a process, appeals to me** | **Y** | **N** |
|---|---|---|
| I like having others seek me out for advice / guidance. | | |
| I find that helping others is personally rewarding. | | |
| I have specific knowledge I want to pass along. | | |
| I enjoy collaborative learning. | | |
| I find working with others who are different to be energizing. | | |
| I look for opportunities to further my own growth. | | |

# mentoring for service-delivery change

## service-delivery change & culture

Now that service-delivery change and mentoring have been introduced as main concepts, we must dig deeper at the root cause for the NEED for service-delivery change. Whenever basic strategies such as policy change, retraining and supervisor's directives are insufficient to convince others of the need for change, then odds are good that the institution's culture has not been adequately addressed.

**culture:**
the attitudes and behavior that are characteristic of a particular social group or organization

Culture is the attitudes and behavior that are characteristic of a particular social group or organization. Because service delivery is closely linked to our assumptions about "the right way" to handle medical, pharmaceutical and emotional issues surrounding patient care, addressing change without addressing culture is useless.

Throughout this section, you'll analyze the institution's culture and measure its tendency toward different levels of change. We'll explore the barriers to cultural change. Finally, we'll explore a model that uses mentoring as the prime method for initiating cultural change at the deepest levels of the organization, thus allowing for service-delivery change.

## the context and cultural change

Just as every individual responds differently to change, so too does every organization. Some value being on the cutting edge of new procedures and are led by visionaries who see change in positive ways. Others take a more moderate approach to change, with leaders who are willing to create change, but primarily through structures that are aligned with current beliefs. They see their roles as engineering or facilitating change rather than using culture as a lever to change behaviors. Finally, some organizations are led by those who seek to make sense out of change. This more conservative approach involves the slow work of building meaning, unity and order that eventually leads to cultural change.

Being able to analyze an organization's proclivity for cultural change is a fundamental key to success. Careful analysis allows mentor managers, trainers and mentors themselves to assist the change

agent with a) setting expectations, b) identifying key allies and c) foreseeing potential barriers to service-delivery change.

The further an organization falls to the left on the continuum below, the greater the probability that change agents will need to serve as "cultural visionaries." Organizations in the middle will benefit from "cultural change facilitators," while organizations to the right will need change agents to function as "cultural meaning-makers."

| High levels of agency | Moderate levels of agency | Low levels of agency |
|---|---|---|
| Accommodating structure | Accommodating Structure | Unaccommodating structure |
| Willing attitudes | Unwilling attitudes | Unwilling attitudes |
| Accepting of broad change | Accepting of broad change | Unaccepting of broad change |
| Tolerant of deep change | Intolerant of deep change | Intolerant of deep change |
| Fast-paced | Moderately-paced | Slower-paced |
| Quick to institutionalize policy/procedures | Moderately-paced institutionalization of policy/procedures | Slower-paced institutionalization of policy/procedures |

Characteristics of the cultural visionary

- focuses on design and discovery
- communicates values and goals to achieve change
- understands how to create, manage and destroy culture
- uses culture as a critical lever to change behaviors and values

**Case study: Trying right away**

During an Ipas service-delivery change intervention at a western U.S. hospital, the mentor and change agent were training colleagues how to manage miscarriages in an outpatient setting using manual vacuum aspiration equipment. The obstetrics/gynecology department head was so excited by what he was learning that he said: "We've got a miscarriage patient waiting in the emergency department for an operating room to open. Let's just go down and take care of her with an MVA right now!"

Characteristics of the cultural change facilitator

- aware of their roles in and influence on organizational culture
- aligns structural and managerial practices with cultural beliefs
- uses managerial processes to manipulate change

**Case study: Engaging a committed internal leader**

Ipas worked with one large, multi-site health system to identify a strong internal decisionmaker who was fully committed to changing service delivery systemwide. She requested resources from Ipas and then conducted an internal needs assessment with all the ob/gyn chiefs who work for the system. In consultation with Ipas mentors, she determined the most effective way to ensure the chiefs' buy-in to support MVA training. As mentors provide technical assistance for each site in the system, the continuing relationship with the strong systemwide decisionmaker will reinforce the potential for success.

Characteristics of the cultural meaning-maker

- assists organizational members with recognition of cultural elements
- builds unity, order and meaning
- gives attention to purposes and traditions
- provides opportunities for social understanding of culture and change

**Case study: Reframing the issue**

During a service-delivery change intervention in the family medicine department in an urban, Midwestern hospital, the nurses were particularly opposed to moving miscarriage procedures into an outpatient setting. They were concerned that this change might mean extra work and could ultimately lead to clinicians providing abortion, to which some were deeply opposed. Instead of focusing solely on clinical and administrative aspects of this change, the mentor and change agent focused on how providing miscarriage care to women is consistent with family medicine's commitment to continuity of care. Treating patients in their family medicine center would allow these nurses to do the patient-centered work they valued most.

## connecting mentoring and culture

Countless organizational theorists have commented upon the importance of organizational culture because it influences how people think, what they say and what they do. Experts in mentoring remind us, however, that "most organizations and their leaders remain unconscious of its powerful and dominant influence."[i] Mentoring seeks to consciously tap into that powerful force. Because mentoring is long-term, sustainable, adaptable, emotionally supportive, and a system that honors subtle and complex dynamics, it is a strategy well-suited to the otherwise slow and unpredictable business of cultural change.

One organizational culture researcher, Edgar Schein, developed a model describing what he calls "layers of organizational culture." Beneath the description of each layer — artifacts, espoused values, and basic underlying assumptions — is an explanation of how mentor managers can coach mentors and change agents to identify and address each layer of culture.

- **artifacts:** visible organizational structures and processes

  This outermost layer of an organization's culture contains "the phenomena that one sees, hears, and feels when one encounters a new group with an unfamiliar culture."[ii]

  why artifacts matter in service-delivery change: With culture, everything counts. If service-delivery change is meant to provide safer, more comfortable and patient-centered care, then the visible artifacts within the organization must be congruent with the goals and values underlying the service-delivery change.

  how mentoring can impact artifacts: Mentors can work with change agents to introduce new language or terminology, encourage the development of a patient-centered bedside manner, change physical environment, and publish materials that are consistent with the service-delivery change.

- **espoused values:** strategies, goals, philosophies

  The second layer reflects the fact that "all group learning ultimately reflects someone's original values, someone's sense of what ought to be as distinct from what is."[iii] The solution to this dilemma is proposed by one person, suggesting that individual's own assumptions about what is right/wrong or what will/will not work. Those with ideas that prevail then start a process of cognitive transformation, during which the individual's original values become a shared organizational value and ultimately a shared assumption.

  why espoused values matter in service-delivery change: Service-delivery change often requires group learning activities such as training, ongoing development, in-services and team meetings. Even if formal leaders are on board with the service-delivery change, informal leaders have just as much impact upon the validation of the need for and implementation of service-delivery change. Unless someone

In health care, significant cultural artifacts might include:

- Architecture
  *Example: A modern, sleek hospital complex conveys something different than a practice in a restored, Victorian house.*
- Language & terminology
  *Ex: A staff that is multilingual and/or resists the urge to use excessive jargon communicates something different from a staff that is indifferent to language and terminology use.*
- Technology
  *Ex: Visible technology conveys something about the organization.*
- Staff style
  *Ex: Manner of dress, tone and form of address, demonstration or suppression of emotion can be displays of authority and formality.*
- Published lists of values
  *Ex: The expression of a mission statement or values is a statement in and of itself.*
- Space designations
  *Ex: Who gets/doesn't get space in the clinic and what procedures are handled (or not) because of space issues may suggest power dynamics within the organization.*

works to explore individual values and methods of sharing personal beliefs, those informal leaders could have a devastating effect upon the final outcome.

how mentoring can impact espoused values: Mentors can work with change agents to lay the groundwork before a key event like a training or team meeting. Identifying and then addressing the validity of leaders' values takes leaders off the defensive. The key is to listen carefully for cues about the real concerns with service-delivery change and to offer a) opportunities for the leader to give input and b) accurate information on the realities associated with service-delivery change. Because values are inherently emotional and deeply personal, a gentle touch by the change agent goes a long way.

- **basic underlying assumptions:** unconscious, taken-for-granted beliefs, perceptions, thoughts and feelings

  The innermost core of the model expresses those values and beliefs that have become taken for granted. "What was once a hypothesis, supported only by a hunch or a value, comes gradually to be treated as a reality."[iv]

  why assumptions matter in service-delivery change: "Basic assumptions . . . tend to be those we neither confront nor debate and hence are extremely difficult to change."[v] Addressing the root causes of resistance to service-delivery change — from the top of the organization to the bottom — is critical to realizing the potential for ever-improving patient care.

  how mentoring can impact assumptions: Mentors often have an outside perspective and can coach change agents to raise questions about longstanding assumptions. This often requires close work with key leaders and early discussion about how the current reality came to be. Because the change agent rarely has the power to single-handedly make significant changes on this level, building alliances with key decisionmakers, maintaining a high degree of credibility and avoiding assumptions at all costs are crucial strategies.

**Common assumptions affecting service-delivery change:**

Patients don't want an outpatient procedure.

Patients can't handle the pain of local anesthesia.

Nurses won't support the increased workload.

Dr. So & So or the X Committee will never approve it.

## predictable stages of mentoring

Mentoring consists of four predictable stages: preparing, negotiating, participating and coming to closure. Although many multi-stage mentoring processes exist, Ipas has chosen a model that is user-friendly and easily applied to the health-care setting.

This model also takes into account the fact that each phase occurs regardless of the participant's awareness. Those who are intentional about interactions within each phase are more likely to develop an effective mentoring relationship. At times, stages may need to be revisited.

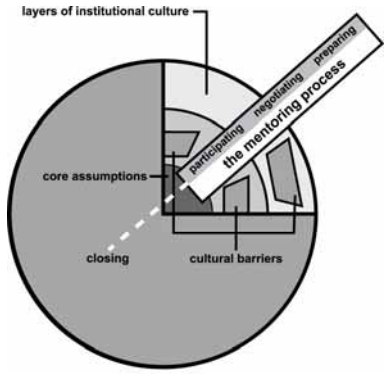


**Figure 1:** How the stages of mentoring help us navigate past cultural barriers inherent in Schein's "Layers of Culture"

**preparing.** During this phase, mentors explore personal motivations, expectations and experiences associated with mentoring.

- Assess their mentoring skills and begin creating plans for ongoing personal development.
- Check personal readiness to mentor and prepare the groundwork for the relationship with a change agent.
- May talk with change agent during this stage and provide a context for further relationship growth.

**negotiating.** The negotiating phase is often referred to as "the business phase" of the relationship — "the time when partners come to agreement on learning goals and define the content and process of the relationship."[vi]

- Before reaching a formal agreement, mentors and change agents discuss both the logistical and personal issues that may impact goals.
- Action plans are especially important as they explore details such as when and how to meet, responsibilities, goals, accountability, boundaries, confidentiality and measures of success.

**participating.** Because it is the real essence of the program, the participating phase is the longest.

- Most contact takes place, allowing opportunities for positive developments as well as the potential for substantial barriers to success.
- Mentor's role is to "maintain an open and affirming learning climate" and to provide feedback that keeps the change agent moving forward.

**closure.** Mentoring relationships should begin with the end in mind in order to maximize the learning relationship.

- Setting up closure protocols in the initial mentoring agreement
- Evaluating the success of the relationship and measuring goals
- Charting progress for future organizational use

Mentors and change agents should be well-aware of the commitment required by the mentoring program. This means that the mentor manager should be able to clearly articulate, in real terms, how much time, energy and travel are expected from key players. Even the most enthusiastic and talented will not achieve their potential if they are not aware of the tremendous investment of time required of mentors. It is recommended that these individuals block off a realistic amount of time and protect that time.

## site readiness

Once you have determined that a mentoring program is right for your circumstances, you must then begin building the underlying structure of the mentoring program. At this point, you have chosen a site for service-delivery change and have a general understanding of the organization's culture. Some questions to ask before pursuing a mentoring strategy . . .

- How would key constituencies handle change? Who needs "nudging" and assistance? Who are the champions of change?
- What information, research or evidence is lacking?
- What resources are available to support a mentoring strategy on a system level? At the hospital level? At the department level?

**What are the needs for your clinical setting?**

In a site assessment, you can determine elements of greatest need by reviewing —

- physical space
- availability of service
- supplies and equipment
- staff and training needs
- systems of accountability
- informal forms of power
- budgets and other forms of financial power

An example site assessment is included in the electronic toolkit.

## assessing the need for change

While anecdotal evidence may be compelling, it's simply not enough to warrant significant service-delivery change. First, you must research the needs for improvement or change in a given health-care intervention. For instance, some needs can be handled by technical in-service trainings while others will require long-term mentoring. Site assessment examines the general context of health-care needs, determining how patient needs are currently being met. According to Ipas's needs assessment criteria, the size and scope of the needs assessment will depend upon a range of factors including:

- the questions you are trying to answer

- the information sources that are available
- the setting or local context, including the political climate
- the human and financial resources available

## recognizing opportunities

First and foremost, you must know your field and the trends related to the proposed service-delivery change. A simple S.W.O.T. (Strengths, Weaknesses, Opportunities, Threats) analysis can assist with this aspect of your planning. Use the chart below to brainstorm the strengths and weaknesses of the proposed service-delivery change, as well as both the opportunities and threats the change may pose. Overall, you must be bold in your decisionmaking, but realistic in your estimation of time and degree of change.

| STRENGTHS | WEAKNESSES |
|---|---|
| OPPORTUNITIES | THREATS |

# building a mentoring infrastructure

Now that you've analyzed the context, the business of management can move from theory- and data-driven activities to relational, real circumstances. The most successful mentor managers begin with the end in mind. They imagine what day-to-day operations will demand and create efficient mechanisms for managing those concerns.

Among the elements of infrastructure that you may consider creating:

- ☐ mentor and change agent training binders
- ☐ templates for meeting and training agendas
- ☐ individual mentor folders to assist you in keeping track of paperwork, notes and conversations
- ☐ contact lists and rosters (both in-office and at-home)
- ☐ electronic file folders for organizing e-mail communications
- ☐ mentoring manager calendars
- ☐ site assessment toolkits
- ☐ phone log templates
- ☐ spreadsheets templates for evaluation data
- ☐ billing codes and purchasing forms
- ☐ conference call outlines, calendars and reminder e-mail scripts
- ☐ e-mail listservs
- ☐ telephone or web-conferencing

# preparing the mentor cohort

## choosing mentors

Depending upon the circumstance, mentor managers may be choosing their own cohort or mentors may be assigned to the cohort. Regardless, it is essential that the mentor manager assess the mentors' motivations and experience. Many of the roles that mentors play can be trained. However, the fundamental ability for a professional to serve as a mentor for service-delivery change hinges upon the following characteristics:

- adequate experience in the field

- ability to facilitate discussion
- excellent clinical and people skills
- distance from service-delivery site

## identifying change agents

Those who had championed change in their hospital reported being personally motivated by a variety of factors, including:

- implementing evidence-based practice
- improving the safety of care
- improving efficiency of services
- improving convenience for patients/clients
- giving patients/clients choice of procedure

Most importantly, does your candidate believe in what you're trying to do? Select those who have championed the cause in the past, who conduct research in related areas or who are willing to provide evidence-based support for the proposed change.

## preparing mentors

The following section provides a detailed overview of mentor training activities, goals and objectives, but mentor managers, especially those responsible for training mentors, must be aware of the general elements of an effective training experience. Effective trainings include the following "musts":[vii]

- Effective courses include a mix of approaches, needs and materials to ensure:
    - the course is meeting learners' needs and expectations
    - activities are relevant and appropriate for the contexts in which learners live and work.
- Training courses come in many shapes and forms.
- There are group-based courses such as workshops and self-directed courses that learners complete by themselves or with the support of a trainer or coach.
- Courses may utilize a variety of methods, including didactic methods such as lecture and more participatory methods such as group discussions, role-plays, case studies, and games.
- These different approaches and methods all have their own strengths and appropriate uses.
- The process of designing effective courses involves the selection of training approaches, methods and materials that best help learners meet course objectives while working within time and resource constraints.

**12 steps for planning a training course**

1) Define the purpose of the training
2) Define the needs of the participants
3) Define training objectives
4) Select the appropriate training approach
5) Select trainers
6) Select the training site
7) Determine the length of the training course
8) Select training methods
9) Select and adapt training media and materials
10) Prepare plan for transfer of training
11) Prepare evaluation plan
12) Develop the training course plan

## anticipating barriers to change

Among the most important jobs that a mentor has is to decrease frustration associated with barriers to change. The mentor must approach each setting with a heightened awareness of potential barriers and must coach change agents to overcome them, rather than to succumb to "the way things are." Mentor managers may find it useful to help mentors think about barriers using the following categories:

| **Barrier category** | **Sample service-delivery change barriers** |
|---|---|
| Structural barriers<br><br>*Ex. Specific policies, physical space, protocols, rules, regulations* | - no clinic space in which to conduct the procedure |
| Relational barriers<br><br>*Ex. Human elements like attitudes, unwillingness to try something new, fear* | - the nursing staff doesn't want to take on new cases |
| Political barriers<br><br>*Ex. Power and interests of key players* | - an important public official or administrator opposes the procedure and has lobbied to keep it out of the clinic |
| Cultural barriers<br><br>*Ex. "We just don't do that here" stories, myths, history, "We tried that years ago, but it didn't work," ethical, religious, or belief systems* | - the clinicians had one bad experience with the procedure and claim that it can't work in that site |
| Learning barriers<br><br>*Ex. Time, difficulty, experience levels, training needs* | - residents are only trained in "the old way" of doing things |

### context shifting

After identifying mentors and change agents, all parties must be able to adapt successfully to change (as well as to promote this activity in the rest of the organization). This ability to "clearly imagine what their world will be like after the change is successfully accomplished"[viii] is called context shifting. Mentor managers must guide mentors, who in turn, guide change agents to see:

- a clear vision of how the change agents and his/her institution will be after the change
- the time it will take to absorb the new vision
- the time it will take to adjust behaviors
- coping mechanisms to manage the stress of change
- the time to ponder the meaning of change, to internalize and own the change.

## managing the day-to-day

### communications

The best mentor managers will be forward-thinking about communications with mentors and change agents. Developing schedules for regular updates, check-ins, conference calls and face-to-face meetings, the mentor manager can create an intentional plan of action.

Follow the stages of mentoring yourself and discuss non-negotiables, boundaries and confidentiality as a part of the mentoring selection process. Understanding the forms in which mentors like to communicate is also key in keeping the conversation from becoming one-sided.

### feedback

The process of giving and receiving feedback involves giving the mentor information about their performance and listening receptively to their responses. Giving feedback includes providing people with information about what they do well, in addition to identifying aspects of their performance that need improvement and offering realistic suggestions for helping their performance.

A useful method for giving feedback includes three steps that are performed together:

Citation — a value-free description of the behavior

*Ex. You arranged a meeting between Dr. Zahora and the head nurse to discuss the nursing staff's frustration with increased responsibility for pain management introduced by the proposed service-delivery plan.*

Evaluation — an assessment of its value/need for improvement AND the reason for its importance to overall success

*This set up an awkward power dynamic between Dr. Zahora and the head nurse because the head nurse was responding to your request, not to her belief in a need for a discussion about the nursing staff's concerns.*

Action Step — a specific, measurable, time-specific way to reinforce/change the behavior

*First and foremost, you must prepare Dr. Zahora for the possibility that the head nurse will not be interested in discussing the nursing staff's needs with her. In the future, you must take care to let Dr. Zahora lead the change within the organization – introduce her to your colleagues and provide opportunities for them to network, but do not overstep your bounds lest she be seen as your subordinate.*

## motivation

Each mentor will be motivated by different aspects of the mentoring program. Be sure to spend some time learning about WHY they chose to mentor. Their "Preparing" action plans should give some insight, but follow up with questions about when they feel best about their work.

Most people fall into one of three categories of need for motivation:

1) Need for achievement — seek to excel, avoiding both high-risk and very low-risk activities. You can keep them motivated by assigning challenging projects with reachable goals. Provide regular feedback and opportunities for them to "beat their best time."

2) Need for power
   a. Personal — want to direct others
   b. Institutional — want to direct an institutional process

Mentor managers can continually motivate the power-seeker by providing opportunities to manage others and to manage the overall flow of the project.

3) Need for affiliation — prefer significant and harmonious interaction with others in order to achieve group goals. Keep them motivated by providing a cooperative environment and opportunities to work alongside others.

### accountability

Working without accountability measures is as risky as walking a tightrope without a safety net. Although you have already set expectations with your mentors (and they with their change agents), those lists are useless unless you revisit them. Some other techniques that allow for a higher degree of accountability between mentor managers and mentors:

- requiring mentors to periodically review change agent action plans and provide a short status report
- practicing difficult conversations before confronting a mentor who is not performing well
- recommending regular status updates in the form of "flash reports" or "1-minute recordings"
- planning conference calls

## evaluating your mentoring program

### creating data collection tools

Among the most important roles that the mentor manager or lead mentor can play is reporting results that indicate the real process, outcomes and impact of the service-delivery change. They not only allow decisionmakers to assess progress, but they provide the evidence for colleagues considering the adoption of similar programs. Indicators prove that certain conditions exist or that results have/have not been achieved. They should always be stated as measurable steps that lead you to the service-delivery change you are trying to achieve.

- process indicators: measure ways in which interventions to create service-delivery change are being provided
- outcome indicators: measure the quality of goods and services produced and the efficiency of the production
- impact indicators: typically measured on several levels (including the site, the system and the overall population level), these indicators describe the impact on increasingly larger society

**Note:** Be sure to see the sample "evaluation guide" for specific examples of process, outcome and impact indicators. The guide is available in the electronic toolkit.

## qualitative measures

While quantitative indicators provide sites with specific feedback on service-delivery change progress, they often do not capture the smaller, day-to-day challenges and successes involved in working to implement change. Stories have the power to motivate those involved in change efforts to keep working.

a qualitative success story:

"*Two days ago in OB triage, I had an undocumented Latina patient who presented with a missed abortion. She had no financial support, no resources and was desperate for help. I felt so lucky to be able to use my MVA in the triage room since both our operating room and Labor & Delivery unit were booming. She was so appreciative, and her family was so grateful. She almost had no pain. When I told her that the procedure was complete, she could not believe it."*

— *Ob/gyn change agent in a large southwestern U.S. hospital*

## publishing and presenting results

Documenting the results of your service-delivery change efforts is the first step in changing standards of care beyond one individual health-care setting. The electronic toolkit includes several tools to aid you in both assessing your site before any change interventions and monitoring your ongoing progress.

Additionally, published and presented data provides added credibility by documenting, analyzing and distributing evidence that mentoring is a sustainable, cost-effective and meaningful contribution to the health-care field. Ipas encourages mentor managers, mentors and change agents to investigate field-specific professional journals and conferences that may be appropriate for data presentation. The more we know about the challenges and success of mentoring for service-delivery change, the greater the foundation for evidence-based future practice.

# training mentors: trainer's instructions

## training mentors

Mentors must possess a basic working knowledge of the process, as well as the specific needs of their assigned change agent's situation. Although many mentor managers have experienced outstanding mentoring in their professional pasts, few have received formal education on how to effectively train others. This section provides both content and notes on delivering meaningful, efficient training to new mentors.

### Criteria for training service-delivery change mentors:

- Mentoring must be a positive experience in order to create a culture of change.
- Mentoring is always a relational, committed approach to making deep change within an organization.
- Mentoring results in better service of the site's needs.
- When we mentor, we must be guides for positive change.
- When we mentor, we acknowledge the complexity of organizations.
- When we mentor, the results will be long-term, sustainable change in service delivery that benefits the patient.

### Training objectives

The objectives of a mentoring training program are for individual mentors-in-training to build knowledge, reflect on personal experiences with mentoring and practice mentoring skills in a simulated environment. The end result of training is a prepared mentor whose heightened awareness of self, techniques and resources allow for that mentor to influence service-delivery changes that benefit the patient.

Through trainings, new mentors will be able to . . .

- Distinguish between assumptions, myths and realities surrounding mentoring, coaching, counseling;
- Clarify the role of mentors in creating service-delivery change in health-care organizations;
- Learn skills that improve mentoring performance;

- Identify the cultural barriers that impede service-delivery change;

- Describe alternative approaches to common service-delivery change techniques;

- Choose and practice behaviors and approaches that positively influence the development of change agents;

- Plan for meaningful interventions that will affect the long-term mentoring relationship;

- Demonstrate a separation of personal beliefs from professional roles and responsibilities as a mentor.

### Using modules to deliver mentor training

Training modules are self-contained training activities that, when bundled together, meet the stated objectives of the training. The following pages provide sample agenda, individual modules, a participant workbook (complete with action plans) and training evaluations. Create your agenda, then pick and choose the activities that meet your needs. Many of activities you find here can be customized to better fit the needs of your training group.

- Activities

  Training mentors for service-delivery change involves three major areas of skill-development on the part of the mentor: building *knowledge* (of new procedures, techniques and other clinical skills); self-analysis and personal *reflection*; and simulated *practice*. Training methods include large- and small-group discussion; individual and group work; didactic presentation; case studies; sensitivity and listening techniques; simulations such as role-plays; personal journals and interviews; and self-analysis worksheets.

| # | Activity title | Objectives of activity |
|---|---|---|
| 1 | "What is mentoring?" | Building knowledge |
| 2 | "Mentoring Timeline" | Reflection |
| 3 | "Telling Your Mentoring Stories" | Reflection |
| 4 | "Mentoring Myths & Realities" | Building knowledge |
| 5 | "Stages of Mentoring: Overview" | Building knowledge |
| 7 | "Anticipating Barriers: Scenarios & Feedback" | Practice |
| 8 | "Giving & Receiving Feedback" | Practice |
| 9 | "Completing Action Plans" | Practice |

- Agendas
  The most comprehensive training includes equal parts knowledge building, reflection and ample practice. Although there are no hard and fast rules governing the training of mentors, experience suggests a one- or two-day training program is most efficacious. Although the four-hour training is not necessarily recommended since it lacks enough "practice" time, a creative trainer can easily build modules for use outside that time block.

  Some sample agenda and accompanying time breakdowns are listed below:

| | Sample Agenda: Day 1 | Sample Agenda: Day 2 |
|---|---|---|
| 4-hr Training | *Prework: Telling your Mentoring Stories (30 min)*<br>Welcome, Overview & Mentoring Timeline (1 hour)<br>Intro Activity: Mentoring Myths/Realities (30 min)<br>Break (15 min.)<br>Focused Discussion: Stages of Mentoring (1 hour)<br>Group Activity: Completing Action Plans (1 hour)<br>Closing & Evaluation (15 min) | No Day 2 Agenda<br>Follow Up with Electronic Feedback on Action Plans |
| Full-Day Training | *Prework: Telling your Mentoring Stories (30 min)*<br>Welcome, Overview & Mentoring Timeline (1 hour)<br>Intro Activity: Mentoring Myths/Realities (30 min)<br>Break (15 min)<br>Guided Discussion: What is Mentoring? (1 hour)<br>Presentation & Discussion: Stages of Mentoring (1 hour)<br>Lunch (1 hour)<br>Group Activity: Barriers Scenarios w/Feedback (1 hour)<br>Group Activity: Action Plans (1 hour)<br>Closing & Evaluation (30 min) | No Day 2 Agenda<br>Follow Up with Electronic Feedback on Action Plans |
| 2-Day Training | *Prework: Telling your Mentoring Stories (30 min)*<br>Welcome, Overview & Mentoring Timeline (1 hour)<br>Intro Activity: Mentoring Myths/Realities (30 min)<br>Break (15 min)<br>Guided Discussion: What is Mentoring? (1 hour)<br>Presentation: Stages of Mentoring: (1 hour)<br>Lunch (1 hour)<br>Discussion & Analysis: Stages of Mentoring (1 hour)<br>Presentation& Activity: Feedback (1 hour)<br>Closing & Evaluation of Day 1 (45 min) | Welcome & Overview (30 min)<br>Group Activity: Completing Action Plans, Part 1 (1 hour)<br>Break (15 min)<br>Refresher Discussion: Stages of Mentoring (1 hour)<br>Group Activity: Barrier Scenarios w/ Feedback (1 hour)<br>Lunch (1 hour)<br>Group Activity: Completing Action Plan, Part 2 (1 hour)<br>Closing & Evaluation (45 min) |

- Participant workbook and action plans
  Throughout the training, participants should be referencing the participant workbook. A hard copy is included in this book, and a reproducible version is available in the electronic toolkit that accompanies this document.

  Highlights of the participant workbook and action plans
  - modular activities provide knowledge, reflection, practice
  - tips, tools, and checklists for busy mentors
  - action plans help mentors navigate difficulties

*training activity 1*

# what is mentoring?

This activity is meant to create common definitions of mentoring-related terms and to address misperceptions of mentoring early in the mentor training process, when assumptions are more easily challenged and changed.

## objectives

Through this activity, participants will be able to . . .

- define the following terms: mentoring, mentor, change agent
- explain mentor characteristics, actions and roles

## materials

- ❑ "what is mentoring?" worksheet (participant workbook, p. 56)
- ❑ index cards (see Alternative Intervention, below)
- ❑ newsprint (see Alternative Intervention, below)

## timeline

- 30 minutes

## advance preparation

- ❑ Decide whether group members will share their responses aloud or whether you will use the Alternative Intervention shown below. The full activity allows people to embrace (and perhaps change) their own assumptions while the Alternative Intervention keeps opinions anonymous.
- ❑ Alternative Intervention: definition cards (15 min)
  - hand out 3x5 index cards
  - ask participants to write "my definition of mentoring" on one side of the card
  - ask participants to flip the card over and create two lists: what a mentor is/does and what a mentor is/does NOT
  - collect the cards and read aloud (a participant or assistant facilitator should record common themes on newsprint or a whiteboard)

## instructions

1. Introduce activity and the importance of using a common mentoring vocabulary, challenging old assumptions about mentor characteristics and behaviors.
2. Explain and implement activity.
    - Give participants 3-5 minutes to complete the first sentence, "my definition of mentoring is … ": Remind participants that the more honest and upfront about biases and personal experiences they are, the more likely they'll be able to make personal choices that will allow them to be stronger mentors.

    - Ask participants to share some definitions. Depending upon the size of the group, you may ask for volunteers or go around the circle. Write key concepts on newsprint or a white board *(some key concepts you should be hearing: more experienced person guiding a less experienced person, self-directed, modeling, process-oriented, mutually accountable, collaborative learning, relational, moving toward definable goals, encouraging, supporting).*

    - Give participants 3-5 minutes to complete the remaining statements on the page "a mentor is/does" and "a mentor is/does NOT" as well as "a mentee is/does" and "a mentee is/does NOT."

    - Ask participants to share their lists. Be sure to address the emotional and very personal side of mentoring — many of the responses in the "is/does NOT" category come from inappropriate power dynamics, overstepped boundaries or personal insecurities.

*Some common responses to each:*

| a mentor is/does . . . | a mentor is/does NOT . . . |
|---|---|
| *support achievement of goals* | *a parent* |
| *assist in maintaining momentum* | *a cheerleader* |
| *assist in stabilizing the situation* | *a dumping ground* |
| *provide feedback and encouragement* | *the answer* |
| *an ally* | *a therapist* |
| *support emotional challenges* | *a replacement for the change agent* |

| a mentee is/does . . . | a mentee is/does NOT . . . |
|---|---|
| *challenge the status quo* | *a child* |
| *an agent for change* | *your prodigy* |
| *initiate forward movement* | *your project* |
| *maintain momentum* | *going to create change overnight* |
| *stabilize tense situations* | *perfect* |
| *contact key players and follows up* | *emotionless* |
| *need support* | *as experienced on this issue as you are* |

3. Facilitate discussion about the importance of understanding your and the change agents' roles in the mentoring relationship.

*training activity 2*

# mentoring timeline

This activity is intended to help mentors reflect upon personal experiences that may affect beliefs about mentoring. It also provides an avenue for mentors to see how mentoring (or lack thereof) has impacted their personal and professional lives.

## objectives

Through this activity, participants will be able to . . .

- describe personal experiences that may affect beliefs about mentoring
- identify how mentors can have profound impacts upon change agents
- discuss how the physical or psychological absence of mentors can leave a mentee/change agent unsupported in challenging times

## materials

- "mentoring timeline" worksheet (participant workbook, p. 57)
- paper scrolls (or larger sheets of paper), markers (see Alternative Intervention below)

## timeline

- 10 minutes reflecting/writing; 20 minutes debriefing

## advance preparation

- prepare paper scrolls or larger sheets of paper with a horizontal line, set out baskets of markers (for Alternative Intervention)

## instructions

1. Introduce activity and explain.

The mentoring timeline activity provides participants with the opportunity to draw a personal/ professional timeline that relates to their own experience with mentoring.

*"'The past empowers the present and the groping footsteps leading to the present mark the pathways to the future." Writer and anthropologist Mary Catherine Bateson's words serve as a reminder that reflection upon the past can serve us well in the future."*

- Ask: "Why is this statement particularly important when doing an activity titled 'mentoring timeline'?"
- Ask: "What are the caveats to using the past as a way of exploring the future?"

2. Explain and implement activity.

- Read instructions below aloud.

Instructions: The line in your participant workbook represents your journey as a clinician from the past to today.

Alternative Intervention Instructions: The line posted on the scroll of paper represents our group's journey as clinicians.

1. Using words, symbols or drawings, sketch your journey on the timeline.
2. In the space above the line, note significant events that influenced you the most, including milestones and transitions (positive and negative). Do not feel constrained to stick to work-related events or even those that have to do with mentoring.
3. In the space below the line, identify opportunities, obstacles and unexpected delights.

- Be sure to address each element on the timeline (the journey, the space above the line, the space below the line) and answer any questions before you release the group to sketch. Give the group 10-15 minutes to sketch. Walk around the room and chat with participants, answer questions, remind them that the sketching doesn't count — the experiences do!

- Bring the group together and ask someone to describe one of the significant events in his/her life and how a mentor (or lack thereof) influenced them during that time period.

3. Facilitate discussion.

- *"What did you learn about being a mentor through your experience of being mentored or not being mentored?"*
- *"What role can a mentor play in someone's professional development?"*

*training activity 3*

# telling your mentoring stories

This activity is meant to be completed individually, outside of the training environment. Because it can be a fairly intense experience for some mentors-in-training, be sure to preface this activity and address any initial concerns before encouraging personal reflection.

## objectives

Through this activity, participants will be able to . . .

- recognize the importance of self-reflection in encouraging change agents
- identify ways in which mentors are called upon to serve
- discuss personal and professional experiences with mentoring
- practice reflective activities that mentors might use with change agents

## materials

- ❑ telling your mentoring stories (participant workbook, p. 58)

## timeline

- 15 min (written reflection); 15 min (group discussion)
- 30 min (free time reflection) (see Alternative Intervention Below)

## advance preparation

Decide whether group members will share their responses aloud or whether you will use the Alternative Intervention shown below. The group activity allows people to discuss their own successes and challenges with mentoring relationships, providing an opportunity for trust-building among the mentors-in-training. Be sure to provide solid ground rules for listening behaviors. The Alternative Intervention provides safe space for mentors-in-training to reflect on their own upon successes and challenges with mentoring. This approach is especially useful when training a larger group of mentors who will not necessarily work together in the future

## instructions

1. Introduce activity.

   Ask: "*How many of you wish that you had more time to stop and reflect on your clinical practice and interactions with patients?"* Then, poll the audience for ways reflection would benefit them.

Ask: *"If reflection is so valuable, why don't we tend to spend more time on it?"* Then, poll the audience for reasons that reflection is neglected.

*"Mentoring requires us to flip those priorities and make reflection the primary responsibility of the mentor — perhaps on a specific conversation with the attending physician, the overall dynamic of a nurses meeting or on how the first steps of service-delivery change have affected staff perceptions of pain management. Because we know how easy it is to let reflection slip to the bottom of the priorities list, we now become catalysts for reflective practice in our change agents."*

Overarching Discussion Questions:

- *In what ways will you be called upon to guide the reflective process with your change agent?*
- *How will your personal reflections benefit the relationship?*
- *Although reflections are largely personal, what role will professional reflections play in your mentoring relationship?*

2. Explain and implement activity.

- After discussing ways in which mentors will be called upon to reflect and reinforcing the absolute necessity of reflective questioning between mentor and change agent, read the instructions under "we invite you to go back to your mentor" (page 58).

- Alternative Intervention: Ask mentors-in-training to complete the exercise in their free time prior to the start of the training or before the next session.

3. Facilitate discussion.

- When the group reconvenes, mention some highlights under "uncovering existing constructs of mentoring" (p. 59) and ask the group to share some of the positives and negatives associated with revisiting mentors.

- *"What do our responses suggest about our intentions versus potential impact as mentors?"* Allow time for mentors-in-training to generate conclusions: 1) communicate clearly, 2) keep change agent as the No. 1 priority, 3) do not make assumptions, and 4) personalize interactions to create a meaningful, supportive learning environment.

*"Although this activity may have been somewhat intense for some of you, thank you for participating and modeling reflective practice. The ultimate in reflective practice will be a sort of 'meta-reflection' in which you reflect upon the reflective practice itself. The better your questions and discussions with change agents, the greater self-awareness they'll have as initiators of sustainable service-delivery change."*

*training activity 4*

# mentoring myths & realities

This activity is designed to provide accurate information about the effects of mentoring on mentor, change agent and the larger organization. Although it is designed as a content-based icebreaker because of its pace and collaborative structure, it can be used anytime early in the training process.

## objectives

Through this activity, participants will be able to . . .

- to provide accurate information about the effects of mentoring on mentor, change agent, and organization
- to challenge myths about mentoring
- to encourage conversation about both myths and realities

## materials

- ❑ myths and realities (participant workbook, page 60)

- ❑ answer key

## timeline

- 5-10 minutes to complete exercise
- 25 minutes to explore answers

## advance preparation

- ❑ obtain and review mentoring literature referenced in bibliography

## instructions

1. Introduce activity.

   *"Each of us has constructed a set of beliefs about what mentoring is and is not. Let's test some of those assumptions with a quick icebreaker designed to explore some common questions about the mentoring relationship."*

   Overarching Discussion Questions:

   - *What life experiences could have affected our beliefs about mentoring?*
   - *How often do we challenge myths or realities in our lives?*

2. Explain and implement activity.

- After introducing the activity, give participants 5-10 minutes to fill out the myths and realities sheet (option: turn to a neighbor and complete the exercise together).

- Following the 5-10 minute exercise, ask the groups to come back together to discuss their answers. Ask the group which items seemed fairly obvious to them — address those quickly and move onto more challenging questions. Be sure to correct responses where appropriate and to read the supporting mentoring research so that you are not caught off-guard with a wrong answer.

3. Facilitate discussion

- *Which of these questions were most surprising to you? Why?*
- *How will the activity, in general, serve you as a mentor-in-training? That is, what can you take with you from this activity, not only about mentoring myths / realities, but also about the importance of challenging commonly held assumptions?*

*"The Resources section offers useful research articles on mentoring. We recommend that you familiarize yourself with the literature — both academic and popular — so that you can adequately respond to questions or challenges to the utility of mentoring. As member of this cohort, all of us are called upon to mentor and to serve as informed advocates for mentoring in our fields."*

## *Myths & Realities Answer Key*

| M | | R |
|---|---|---|
| X | Mentoring is always an unpredictable process. | |
| | The flow of the mentoring relationship is dictated by behavioral elements. | X |
| | Self-learning and reflection are absolute necessities for both the mentor and the mentee. | X |
| X | If you feel "obliged" to mentor, your mentee will not have as powerful an experience as if you feel "called" to mentor. | |
| X | Anyone can make time for mentoring. | X |
| | Cross-cultural (including cross-gendered) mentoring experiences are reported to be as useful as same-culture/gender mentoring. | X |
| X | The terms "mentoring" and "therapy" are synonymous. | |
| X | The onus of the mentoring relationship rests on the mentor. | |
| | In general, mentors tend to get more out of the experience than the mentee. | X |
| | Great mentors must understand how to facilitate effective learning relationships. | X |
| X | Mentoring is a completely organic experience, unsuitable for structured interventions. | |

Many scholars posit that there are several stages of development; we'll use a model that has four separate stages.

This is not an amorphous process, but one that is driven by intentional decision-making by mentors and change agents.

This item may sound "soft," but understanding the underlying basis for the relationship is crucial.

Research says that mentees benefit greatly from mentoring in general. As long as you are intentional in the mentoring process, your mentee will likely benefit.

A bit of a trick question — everyone can find the time, but not everyone will make the time to be a great mentor.

Much like the earlier question, research tells us that intention is the key, not race, class, gender or culture.

Counseling SKILLS are useful in mentoring (e.g., good listening), attempting to provide therapy for a mentee is inappropriate.

Mentoring must be a two-way street, but the mentor often takes the early initiative due to perceived power dynamics.

You'll be amazed at how much you learn about yourself and the world around you during the mentoring process!

Mentoring is simply a new way of teaching. It's ideal for those who consider themselves natural educators.

The combination of elements listed above make it suitable for a formal program.

*training activity 5*

# stages of mentoring: overview

This mini-lecture and discussion is designed to explain the four stages of the mentoring relationship. Although mentoring is an organic relationship, subject to the characteristics of mentor and change agent, proactively addressing each of the stages in an intentional way allows for heightened anticipation of problems, clearer expectations and more efficient use of mentor-change agent time.

## objectives

Through this activity, participants will be able to . . .

- to explore definitions of and purposes for mentoring
- to explain the four stages of mentoring
- to preview mentor and change agent roles throughout each of the stages
- to provide a "big picture" look at the mentoring process before "zooming in" to study each stage in depth

## materials

- stages of mentoring PowerPoint presentation (electronic toolkit)

## timeline

- 30-minute presentation

## advance preparation

- review and customize PowerPoint slides

## instructions

1. Introduce activity.

*"As we discussed during previous activities, the type of mentoring relationship that is created is highly dependent upon learning styles, personality types and cultural variables that shift from interaction to interaction. In the midst of that relational uncertainty, however, much can be done to plan for and engage in a more effective mentoring relationship. This section outlines the four stages of mentoring (per Lois Zachary's work – many other multi-step*

*models exist, but we find this one to be most user-friendly and best suited to the mentoring work we do within health care). We will first become familiar with the hallmarks of each stage, then we'll explore tools that mentor and change agent can use to facilitate exchange of ideas throughout the stages."*

*Overarching Discussion Questions:*

*What are the characteristics of mentoring?*
*What are the purposes of mentoring?*
*How do we fulfill those purposes with greater effectiveness by recognizing the stages of mentoring?*
*When and how should you explore these stages with your change agent?*

2. Explain and implement activity.

- Review presentation slides with participants, asking them to take personal notes as you review material. The more interactive the presentation, the more easily participants will be able to identify with the relatively straightforward nature of the model.

3. Facilitate discussion.

- What types of concerns might arise for mentors during each stage of the mentoring relationship?
  - Preparing: How much/little should I share with a change agent?
  - Negotiating: What boundaries and expectations are appropriate?
  - Participating: How can we achieve the maximum benefit without overwhelming the change agent?
  - Closure: Where does the mentoring relationship end?

- What feelings might surface for change agents during each stage of the mentoring relationship?
  - Preparing: uncertainty – the lack of support they've likely faced may be matched by a lack of knowledge about the system and/or culture within their clinical setting
  - Negotiating: awkwardness – because this relationship is different from preceptorships, supervisory roles and other professional relationships they've likely experienced, questions about formality, leadership and results will abound
  - Participating: frustration – some may become frustrated by circumstances that delay success, others may worry about initiating change without your direct guidance, still others may wonder how to proceed after reaching crucial success points

- Closure: reluctance – a feeling of "completion" may set in if some initial success has been achieved, making a change agent reluctant to continue the slow advancement of change. In other cases where progress has been hindered, some may desire closure in order to feel the relief of completion.

*"Regardless of the sources of concerns and feelings, we know that the best way of handling them is to be up front and honest with your change agent. The faster you identify concerns, the sooner you can address potential points of conflict."*

*training activity 6*

# anticipating barriers: scenarios & feedback

Anticipating barriers to service-delivery success requires experience, but more than any other quality, it requires sharp critical thinking skills. This activity draws upon the common experiences of physicians and provides an opportunity to hone the mentor's critical thinking skills.

## objectives

Through this activity, the participant will be able to . . .

- identify common barriers to service-delivery change
- apply mentoring techniques to service-delivery change scenarios
- practice giving feedback using the Citation, Evaluation, Action Step process

## materials

- copies of scenarios (pp. 44-48; electronic toolkit)
- Anticipating Barriers worksheet (participant workbook, p. 62)

## timeline

- 1-2 hours

## advance preparation

- None

## instructions

1. Begin by asking the participants to lead a short review the layers of culture (artifacts, espoused values, basic assumptions). Ask them to describe how mentoring assists with negotiating cultural barriers. If mentors are stumped, help jog their memories with information from pages 12-16. This discussion sets up the larger activity, so be sure to clear up any inaccuracies now.

2. Explain and implement activity.
    - Depending upon the amount of time you have allotted, assign scenarios (see following pages) to individuals or a group of participants. Each group should read the scenario and provide the following analysis:
        - What type of barrier is being represented in the scenario?
        - Who are the key players? What are their interests in this scenario?
        - What information is missing from the scenario?
        - What techniques could be employed in negotiating this barrier?

- Individuals or groups will return to the large group and, in turn, read the scenario aloud and share their analysis. Participants should take notes on page 12 of the Participant Workbook.
- If time permits, groups should shuffle and provide feedback on each others' analyses using the Citation, Evaluation, Action Step model of feedback described below. Not only does this step provide a more in-depth review of the barrier, but it also allows participants to continue practice with the Citation, Evaluation, Action Step model of constructive feedback.

Citation – a value-free description of the behavior

*Ex. You arranged a meeting between Dr. Zahora and the head nurse to discuss the nursing staff's frustration with increased responsibility for pain management introduced by the proposed service-delivery plan.*

Evaluation – an assessment of its value or need for improvement AND the reason for its importance to overall success

*This set up an awkward power dynamic between Dr. Zahora and the head nurse because the head nurse was responding to your request, not to her belief in a need for a discussion about the nursing staff's concerns.*

Action Step – a specific, measurable, time-specific way to reinforce or change the behavior

*First and foremost, you must prepare Dr. Zahora for the possibility that the head nurse will not be interested in discussing the nursing staff's needs with her. In the future, you must take care to let Dr. Zahora lead the change within the organization – introduce her to your colleagues and provide opportunities for them to network, but do not overstep your bounds lest she be seen as your subordinate.*

3. To wrap up the activity, ask participants if any common barriers were missing from the scenarios. What type of barrier is it? Could any of the information gleaned from the earlier conversation be of use in negotiating this barrier? Remind participants that they have generated a plethora of good ideas – the key is employing them at the appropriate time.

# anticipating barriers: scenarios & feedback

## scenario: *vocal opposition*

Your change agent has been working for months to build relationships with the two main abortion providers in the clinic — including one who was originally very much opposed to Ipas's program. The first physician has seen a tremendous amount of respect from the change agent and has lately been more open to discussion about formally introducing MVA into the hospital setting. The second provider is fine with using MVA, but refuses to practice on a pelvic model, to attend observations or to examine the products of conception (POC) after the procedure. This second provider is scheduled to perform the procedure tomorrow, and the change agent isn't sure to how to handle the situation.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

## scenario: *chicken or the egg*

In a recent discussion with your change agent, she admits that this cultural change process is much bigger than she had anticipated. She says, "I used to be so sure I knew what was next, but now I feel like I'm not moving forward — there's just so much to change: perceptions, attitudes, structures, protocols. Everyone seems to be against it, so maybe we should just give up the fight." After you reassure her that her work is valuable and that real change is on its way, she asks whether she should go back to the beginning and refocus the efforts. In effect, she asks, "Do I try to change the situation or the underlying attitudes?"

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

## scenario: *a slippery slope to abortion care*

After some clearing some major hurdles with nursing staff, your change agent is feeling great about the attitude change that's occurred within his clinical setting. The day before MVA procedures are scheduled to be introduced into an ambulatory care setting for miscarriage management only (after years in the operating room), one heretofore silent provider raises the question of whether providing outpatient miscarriage management might really be a "slippery slope" to providing elective abortion care. The provider asks this question in the change agent's presence and indicates that she is planning to meet with the department head tomorrow, first thing. The change agent knows that the department head really just wants one "good reason" to keep MVA out of ambulatory care.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

---

## scenario: *providing options*

A physician has been on the fence about introducing MVA into outpatient clinics. Since the change agent knows that this particular provider has only observed MVA performed on patients who have experienced high levels of pain during and after the procedure, she knows that pain management is a big reason he's resisted.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

## scenario: *losing ground*

With a huge budget crunch looming, other services have been given priority over abortion and miscarriage management services at your change agent's clinic. The hospital is literally losing ground, and treatment rooms are decreasing in size to make room for more equipment. Your change agent sees this as a sure sign that administrators want to keep MVA in the operating room and suggests that you and she work on other areas related to patient care, including follow-up and post-procedure care instead of focusing on MVA.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

---

## scenario: *working with the nurses*

Nursing turnover is particularly high at your change agent's site. In addition, many of the nurses are inexperienced and very vocal about NOT wanting to participate in any abortion services involving MVA. The change agent is well-respected and liked by the majority of nurses; once he has their attention, he has made great strides in getting them to participate. He's introduced ideas for reducing their contact with products of conception and has created more opportunities for them to serve in patient-support roles instead of as medical technicians. He's so frustrated that whenever he makes strides with nurses, they tend to disappear within the next few weeks or months. Additionally, he can't understand why they don't share their learning experiences with each other.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

## scenario: *clearing anesthesia hurdles*

Your change agent has breezed through introducing MVA for miscarriage management thus far. She's changed attitudes, solidified a base of physicians to support her work and has already ordered instruments for use in an ambulatory setting. Now that the work looks completed, the providers are having huge disagreements about anesthesia. Each of the three main providers has a different preference, and none can get the others to agree on his or her perspective.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

---

## scenario: *standardized training*

In your first meeting with your change agent, she says that her No. 1 goal is to create a standardized MVA training program for residents. She knows that this will be a tremendous hurdle but is convinced that it's the best starting point for sustainable change.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

## scenario: *"we've already tried that . . . "*

MVA used to be practiced in the change agent's clinical setting several years ago, but the patients experienced very high levels of pain during the procedure. Although the physicians who performed the procedure have since left the hospital for private practice, the institutional memory remains — "We've already tried that, and it wasn't good for patients." The change agent knows that those earlier providers were not using best practices for local anesthesia. She's sure that the staff would change their minds if they had more experience with successful pain management during MVA, but can't get anyone to try again.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

---

## scenario: *getting back-up*

Your change agent feels great about providing MVA for miscarriage management but doesn't have much experience with difficult cases. He is hesitant about possible complications such as those that might occur with a morbidly obese patient or a patient with uterine fibroids. When you offer technical suggestions, he seems more relaxed, but it's clear that he's not totally convinced that he or his colleagues can handle the situation.

- What type of barrier is being represented in the scenario?
- Who are the key players? What are their interests in this scenario?
- What information is missing from the scenario?
- What techniques could be employed in negotiating this barrier?

*training activity 7*

# giving & receiving feedback

Giving and receiving constructive feedback is so crucial to the development of a successful mentoring relationship. Mentor trainers are encouraged to give ample time to this activity, which seeks to make mentors more comfortable with feedback mechanisms through live practice.

## objectives

Through this activity, participants will be able to . . .

- learn advanced techniques for giving feedback
- practice giving and receiving feedback
- provide analysis of other mentors' feedback sessions

## materials

- ❑ white board or easel with definitions for Citation, Evaluation, Action Step (see p. 23-24)
- ❑ blank white board or easel space for brainstorming

## timeline

- 1 hour

## advance preparation

- None

## instructions

1. Introduce activity by polling participants about their experience with feedback. Some questions you might ask to set the tone:
    - "When I say the word 'feedback,' what image does that concept evoke for you?"
    - "What's so great about receiving feedback? What's the negative side?"
    - "What are your challenges with giving feedback? What do you like about it?"
    - "Why is feedback so crucial to our experience as mentors?"

2. Explain and implement activity.*
    - Give participants 2 minutes to compile a list of qualities, experiences or interactions that they may need to address with their change agents — although they might not be "negative," try to focus on those that may impede successful service-delivery change.

- Now review the "Citation, Evaluation, Action Step" method discussed on pp. 23-24. Have the group describe why THESE steps in THIS order are so crucial to giving feedback that is constructive (not negative).
- Break the group into teams of 2.
- Assign 1-2 of those qualities, experiences, or interactions you just brainstormed to each team. Have them set up a citation, evaluation, and action step for each of those qualities, experiences, or interactions.
- Go around the circle and discuss each team's analysis and approach. How would other teams/individuals provide different feedback?

* Be sure to assign a "recorder" so that the team's ideas can be turned into a useful matrix for future use.

*training activity 8*

# completing action plans

This hands-on activity allows mentors to explore each of the four action plans associated with the stages of mentoring.

## objectives

Through this activity, participants will be able to:

- complete personal action plans
- modify materials to meet their specific mentoring needs

## materials

- ❑ Preparing action plans (participant workbook, pp. 64-69)
- ❑ Negotiating action plans (participant workbook, pp. 71-74)
- ❑ Participating action plans (participant workbook, pp. 76-77)
- ❑ Closing action plans (participant workbook, pp. 78-79)

## timeline

- 1-2 hours (15 min to 30 min per plan)

## advance preparation

- None

## instructions

1. Introduce activity and the importance of intentionally using knowledge about the stages of mentoring to guide practice.

2. Explain and implement activity.
    - Give participants 15-30 minutes to review and take notes on their personal Action Plans. This activity can be directed stage-by-stage or as an overall review of Action Planning documents, dependent upon time available.

3. Facilitate discussion about the challenges and benefits of using Action Plans. Larger groups may be split into discussion teams of 3-5 in order to facilitate more in-depth conversation.

# **mentor training:** participant workbook

## welcome to mentor training

This handbook is intended to help bridge the gap between the theoretical constructs behind mentoring (and associated cultural change in healthcare settings) and real practitioner experience. Although mentoring has taken hold in a variety of professional settings, we focus specifically upon mentoring for service-delivery change within clinical healthcare settings. Our audience is likely to be a practitioner who sees the need for a new process, protocol or procedure. In addition, we anticipate that health-care administrators and public health officials will be interested in the health-care implications for a mentoring approach to miscarriage management.

## mentoring as a model for making change happen

Traditional trainings, policy changes and timelines ALONE simply don't address the myriad challenges associated with service-delivery change:

- Service-delivery change is a long-term proposition.
- Service-delivery change requires comprehensive training.
- Service-delivery change must be sustainable in order to have lasting impact.
- Service-delivery change is a complex process.
- Service-delivery change must be flexible to the site/system needs.
- Service-delivery change requires support for those introducing and implementing it.

Until these challenges were adequately addressed, efforts to provide safer, patient-centered care for women would simply a study in treading water. Experience and research points out that it is necessary to recognize the multiple cultural and institutional roles in providing patient-centered care. Based on the research, mentors are in a unique position to coach change agents through the challenges inherent in navigating cultural and institutional barriers.

**One county health center: A service-delivery change success story**

Since 2003, Ipas has been providing ongoing clinician training and organizational mentoring to one hospital system and its affiliated hospitals as part of a larger women's health initiative. The case here is based on one of those participating hospitals.

Several years ago, Ipas conducted an first on-site MVA training intervention to assist staff in moving elective abortion services and miscarriage management out of the operating room and into an outpatient setting. This intervention and long-term relationship have created a culture of change within the hospital. One year after that intervention, 50 percent of all miscarriages are being managed in an outpatient clinic using MVA. Staff also have this to say:

""Women who used to have to stay here fours hours are now leaving after one hour because they are doing so well under local anesthesia."
— Nurse, ob/gyn emergency

"All of our residents are using MVA to manage miscarriages — and they love it!"
— Nurse manager, ob/gyn emergency

"Women are now receiving same-day contraception instead of waiting for four weeks after their abortion. … Once we decided to make the change, it was easy."
— Chief MD, ob/gyn

## guiding principles of mentoring for service-delivery change

A qualitative study by Ipas consultants recommended several steps that Ipas could take to promote deep change within and across institutions. The Ipas team came together and designed the Ipas Technical Assistance and Mentoring Program.

In short, they believed that mentoring would work as a vehicle for creating sustainable change.

Mentoring is an in-depth commitment when it is understood that mentors and change agents will work together until agreed upon goals are achieved. When mentors and change agents develop alliances with those being affected by the change (often nursing staff, clinicians, residents, administrators) they demonstrate a commitment to continuous support in overcoming barriers.

Mentoring ensures and goes beyond training when it is understood that training is followed by ongoing personal development for change agents and mentors alike. Those who seek to provide in-service trainings and support for those affected by change find that the comprehensive mentoring approach is more effective than stand-alone trainings.

Mentoring is sustainable when it is understood that mentors learn from others and share best practices with their protégés. If policy changes result, policy will outlast even the strongest institutional memory. In addition, growth of mentoring programs provides valuable support and opportunities to share information across the field.

Mentoring honors the complexity inherent in a health-care system when it is understood that the more mentors and change agents learn more about the institution, its key players, and how to navigate the system, the more successful they'll be.

Mentoring adapts to the site/system needs when it is understood that mentors and change agents must be adept at spotting needs, barriers, and opportunities for change. The more accurately they identify them, the more streamlined (and thus, cost- and time-effective) the response.

Mentoring mutually supports Mentor and change agent when both see the ongoing, collaborative nature of the mentoring relationship. When both are committed to change and have a clear picture of the ultimate goal (as well as short-term goals that get them there), those on the receiving end begin to build trust in the mentor and change agent.

as if these reasons were not enough . . .

The real value of mentoring, however, rests in the trust that it builds and its ability to cultivate a "culture of change." A culture of change exists where the environment (and therefore, the key players within that environment) are open to new possibilities that would improve patient care. Members are encouraged to show the value of new procedures or tools. New ideas get attention and respect in a culture of change. In short, people begin to think more creatively about formerly insurmountable barriers like budgetary restrictions, policy, forms or institutional politics.

why mentoring for service-delivery change now?

Ipas not only believes in the power of this model to create service-delivery change within individual hospitals and clinics, but it realizes that the program contains an important "multiplier effect" that provides for sustainability across the health-care system.

# what is mentoring?

## my definition of mentoring is:

| a mentor is/does . . . | a mentor is/does NOT . . . |
| --- | --- |
| | |

| a change agent is/does . . . | a change agent is/does NOT . . . |
| --- | --- |
| | |

# mentoring timeline

"the past empowers the present . . .
. . . and the groping footsteps leading to the present mark the pathways to the future." Writer and anthropologist Mary Catherine Bateson's words serve as a reminder to reflect on what you have learned from the mentors who have made an impact on your life. Let's use them to help us explore how these mentors and these life stages might affect you as a mentor.

**instructions:** The line below represents your journey as a clinician from the past to today.

1. Using words, symbols or drawings, sketch your journey on the timeline.
2. In the space above the line, note significant events that influenced you the most, including milestones and transitions (positive and negative). Do not feel constrained to stick to work-related events or even those that have to do with mentoring.
3. In the space below the line, identify opportunities, obstacles, and unexpected delights.

*adapted from Zachary, L. A. (2000) The mentor's guide. San Francisco: Jossey-Bass.*

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- What did you learn about being a mentor?
- What wisdom have you gained from those mentors?
- What did you learn that might contribute to your own development as a mentor?
- What did you learn about being mentored?

# telling your mentoring stories

## the power of reflection

Most professionals wish they had the time to be more reflective about their work. Sometimes it seems impossible to fit in a few moments to look back on the day, to write for a few minutes, to chat with a colleague or partner about what would have made *it* (whatever that *it* is, that day) better/clearer/more efficient/more effective . The list goes on and on. For as much as this mentoring program is about future change, it is also about reflecting upon the past. Some ways in which you'll be called upon to reflect:

- thinking back to your mentors and your personal experiences with mentoring
- recalling particular instances in your professional past that have made you the practitioner you are today
- calling to mind how you felt when you encountered professional roadblocks to service-delivery change in your clinical settings
- remembering the impact of professional decisions on the institution (and vice versa)
- initiating reflection activities with your change agent

. . . and perhaps most importantly, initiating a type of meta-reflection — that is, reflecting on your reflective practices with the change agent — that allows for deep, sustainable change.

## we invite you to go back to your mentor

Our beliefs and attitudes about future roles as mentors are largely based on experience, so it is only fitting that we symbolically invite our past mentors "into the room." During this session, we ask you to reflect on some of your experiences with a significant mentor and to share those stories with each other. Consider all the aspects of your mentors — what they look like, familiar surroundings, rituals associated with meetings, your first meeting, their words and expressions, how they treated you, how you feel in their company, what you talk about, how the conversation flows, saying goodbye to your mentor — all of these experiences color our understandings of mentoring.

**"A different world cannot be built by indifferent people." — *Horace Mann***

## uncovering existing constructs of mentoring

In the follow-up discussion, we undoubtedly uncovered some surprising thoughts and attitudes about your mentoring experience. During a similar activity, one participant said, “Seeing my reaction, you’d think I had a terrible mentor, but it wasn’t the case, I just had very mixed feelings toward her.” Yet another even said, “I didn’t like revisiting my mentor, but at least I know what kind of mentor I don’t want to be.”

- What was it like for YOU to revisit your mentor?

# mentoring myths & realities

Each of us has constructed a set of beliefs about what mentoring is and is not. Let's test some of those assumptions with a quick activity, designed to explore some common areas of concern surrounding the mentoring relationship.

**instructions:** Place an "x" in the box that you think corresponds with the statement in the middle.

| myth | | reality |
|---|---|---|
| | Mentoring is always an unpredictable process. | |
| | The flow of the mentoring relationship is dictated by behavioral elements. | |
| | Self-learning and reflection are absolute necessities for both the mentor and the change agent. | |
| | If you feel "obliged" to mentor, your change agent will not have as powerful an experience as if you feel "called" to mentor. | |
| | Anyone can make time for mentoring. | |
| | Cross-cultural (including cross-gendered) mentoring experiences are reported to be as useful as same-culture/gender mentoring. | |
| | The terms "mentoring" and "counseling" are synonymous. | |
| | The onus of the mentoring relationship rests on the mentor. | |
| | In general, mentors tend to get more out of the experience than the change agent. | |
| | Great mentors must understand how to facilitate effective learning relationships. | |
| | Mentoring is a completely organic experience, unsuitable for structured interventions. | |

# stages of mentoring overview

Although there are a variety of meaningful definitions of the term "mentoring," the purposes of mentoring usually fall into three categories: 1) to create job/career benefits for change agents, 2) to bolster psychosocial development of the change agent, or 3) to provide a role model for the change agent. Almost every other variable can fluctuate, including ages of change agents and mentors, length of mentoring relationship and goals of the mentoring relationship. Most, however, are characterized by:

Achievement — assistance and support for the change agent, although the mentor holds no formal authority over the change agent

Functions — emotional/psychosocial support, direct assistance with career, role modeling

Reciprocity — both mentor and change agent derive benefits, no fees are involved

Personal relationships — direct contact, can be familial or professional, mid- to long-term

Experience-based — although some mentoring relationships are based on age difference, more often mentors are matched with change agents due to greater experience, influence, achievement

**much like a medical chart . . .**
Mentoring ACTION PLANS are meant to help you move from initial history to diagnosis to treatment and follow-up for your change agent. Using these documents — perhaps just as loose frameworks, perhaps in total — will make for a smoother transition throughout ALL stages.

## four steps of a mentoring relationship
***(from the change agent's perspective)***

| # | Stage | characterized by |
|---|---|---|
| 1 | preparing<br>how do I find a mentor? | |
| 2. | negotiating<br>how do I connect/set expectations with my mentor? | |
| 3. | enabling<br>how do I keep the relationship sustainable? | |
| 4. | closure<br>when is it time to move on from the relationship? | |

## anticipating barriers to change

As you discuss the service-delivery change scenario you have been given, be sure to chart the types of barriers that each one presents. Remember not to get too frustrated with categorizing these complex barriers. Don't worry so much about the category. Really focus your energy on finding appropriate techniques. Mentors must be able to coach change agents as they work to negotiate the barriers to service-delivery change.

| Types of barriers | Which scenarios fall into each category? | What techniques are useful for each type of barrier? |
|---|---|---|
| Structural barriers<br><br>*Ex. Specific policies, physical space, protocols, rules, regulations* | | |
| Relational barriers<br><br>*Ex. Human elements like attitudes, unwillingness to try something new, fear* | | |
| Political barriers<br><br>*Ex. Power and interests of key players* | | |
| Cultural barriers<br><br>*Ex. "We just don't do that here" stories, myths, history, "We tried that years ago, but it didn't work," ethical, religious, or belief systems* | | |
| Learning barriers<br><br>*Ex. Time, difficulty, experience levels, training needs* | | |

## the importance of preparation

Many researchers suggest that the preparing phase is the most important but most frequently-overlooked phase in the mentoring relationship. Although many mentors may be unmatched in their fields, an outstanding mentor approaches any situation with tremendous humility. Not only must mentors be willing to assess strengths, but they must have the strength to see our weaknesses. This section addresses preparation for both the mentor and for the mentoring relationship.

## preparing to mentor

This period requires some soul-searching on the part of the mentor. First, explore the following:

1) MOTIVATION — the reasons you decided to be a mentor
2) SKILLS — the strengths you bring to the relationship
3) LEARNING NEEDS — the areas that require development before you're ready to mentor

## preparing the relationship

If "preparing to mentor" is about the self, then "preparing the relationship" is about the change agent. This stage is all about planning ahead and setting the team up for success by engaging the change agent, connecting with him/her, and checking assumptions about the roles and responsibilities.

## the preparing action plan

To assist with the operationalization of training discussions, brainstorms and problem-solving activities, this workbook contains user-friendly guides to navigate each stage of the mentoring relationship. For each stage — preparing, negotiating, participating, and closure — you'll find bullet points and associated action steps. Use them as a framework or use them verbatim to achieve the level of comfort that you so desire from each stage.

**Preparing is the most often overlooked and most important part of the mentoring process.**

## motivation

Instructions: For each item below, put a check in the "yes" column if the reason listed reflects why mentoring appeals to you. If it does not, put a check in the "no" column. After the checklist, answer the questions related to mentoring motivation.

| reasons that mentoring appeals to me | yes | no |
|---|---|---|
| I like the feeling of having others seek me out for advice and guidance. | | |
| I find that helping others is personally rewarding. | | |
| I have specific knowledge that I want to pass along to others. | | |
| I enjoy collaborative learning. | | |
| I find working with others who are different from me to be energizing. | | |
| I look for opportunities to further my own growth. | | |

Other skills, opportunities or experiences that led you to mentoring:

## skills assessment

Instructions: Review each skill and indicate how comfortable you are in using each skill by checking one of the three grids as follows: V – very comfortable, M – moderately comfortable, U – uncomfortable. In the next column, identify an example that illustrates a concrete situation in which you were either comfortable or uncomfortable using that skill. Place an "x" in the last column for each of the skills that need development. Once you have completed the skills inventory, rank your overall comfort level with all 12 skills on a scale of 1-5, with 5 being very comfortable and 1 being very uncomfortable.

| Skill | U | M | V | Examples | Needs work |
|---|---|---|---|---|---|
| 1. brokering relationships | | | | | |
| 2. building and maintaining relationships | | | | | |
| 3. coaching | | | | | |
| 4. communicating | | | | | |
| 5. encouraging | | | | | |
| 6. facilitating | | | | | |
| 7. goal setting | | | | | |
| 8. guiding | | | | | |
| 9. managing conflict | | | | | |
| 10. problem solving | | | | | |
| 11. providing and receiving feedback | | | | | |
| 12. reflecting | | | | | |

| Overall comfort level | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

## *learning needs*

In which two or three skills areas would development most improve effectiveness in the mentoring relationship? How can you measure your success in developing the skills you have identified?

1. Skill 1: _____
   Measures of Success for Skill 1:

2. Skill 2: _____
   Measures of Success for Skill 2:

3. Skill 3: _____
   Measures of Success for Skill 3:

## *engaging the change agent*

| | helpful approaches | unhelpful approaches |
|---|---|---|
| Information needs<br>*What subtleties of the situation, culture, of procedures does the change agent need to know?* | • *start with change agent's questions*<br>• *identify the change agent's goals*<br>• *determine what the change agent wants to know*<br>• *present alternative approaches* | • *telling everything there is to know about a subject*<br>• *pontificating*<br>• *talking about "how it was in my day"* |
| Vision<br>*How can you add perspective to help the change agent reframe learning goals and objectives in order to help him/her broaden vision and understanding?* | | |
| Lending an ear<br>*Listening for understanding and taking time to check out what you think you heard* | | |
| Setting expectations<br>*How can you encourage balance between the change agent expecting too much support and trusting enough to learn from you?* | | |
| Establishing the big picture<br>*In what ways can you help the change agent see the complexity to establish a greater context for the problem, issue or challenge?* | | |
| Completing the Site Assessment<br>*Where can you offer assistance at "just the right time" to catalyze a fuller discussion of the issues?* | | |

| X | to-do list | strategies for conversation | mentor considerations |
|---|---|---|---|
| | Take time getting to know each other. | Obtain a copy of the change agent's bio in advance of the conversation. If one is not available, create one through conversation. | Establish rapport.<br><br>Exchange information.<br><br>Identify points of connection. |
| | Talk about mentoring. | Ask: "Have you ever been engaged in a mentoring relationship? What did you learn from that experience?" | Talk about your own mentoring experiences. |
| | Determine the change agent's goals. | Ask: "What do you want to learn from this experience?"<br><br>Give the change agent the opportunity to articulate broader goals. | Determine if the change agent is clear about his or her own goals and objectives. |
| | Determine the change agent's relationship needs and expectations. | Ask: "What do you want out of the relationship?" | Be sure you are clear about what your change agent needs from this mentoring relationship. If you are not clear, encourage the change agent to think through what he or she wants from the relationship. |
| | Define the deliverables. | Ask: "What would success look like for you?" | Do you have an area of experience or expertise that is relevant to this person's learning goals? |
| | Share your assumptions, needs, expectations and limitations candidly. | Ask for feedback.<br><br>Discuss implications for relationship. | What are you willing and capable of contributing to the relationship? |
| | Discuss options and opportunities for. learning | Ask: "How would you like to go about achieving your goals?"<br><br>Discuss ways: learning and communication styles.<br><br>Ask: "What is the most useful kind of assistance I can provide?"<br><br>Discuss means: shadowing? Project? | Discuss implications of each other's styles and how that might affect the relationship. |

## *checking assumptions*

Checking assumptions is difficult work. When something is considered "normal," it is woven into our assumption and thus becomes difficult to challenge. Part of the mentor's role is to address assumptions before they threaten individual and institutional relationships. Helping the change agent reframe assumptions — and to, in turn, assist the institution in doing so as well — is one of the primary roles in mentoring for cultural change.

Instructions: List the beliefs that you hold regarding each of the following four topics. Compare them to those of your change agent to ensure that you're operating under the same understandings about roles, responsibilities and the nature of your relationship.

| ***the individual level*** | ***the institutional level*** |
|---|---|
| My role as mentor: | My role as mentor: |
| My responsibilities as mentor: | My responsibilities as mentor: |
| My change agent's role: | My change agent's role: |
| The mentoring relationship: | The mentoring relationship: |

## clarification on the term negotiating

Negotiating tends to carry some negative connotations and is often associated with conflict or a need to bring opposing views together. We suggest that you consider the term's secondary definition — to cope with, to cross, to traverse — as in "negotiating the as yet uncharted terrain of service-delivery change."

## the agreement

The negotiating action plan is constructed around the following tasks:

1) creating SMART goals to gain forward momentum
2) identifying accountability mechanisms that help set expectations
3) setting boundaries for the relationship, the learning and progress

## the work plan

The purpose of a work plan is to set SPECIFIC GOALS for the mentoring partnership, as they relate to creating cultural change in that clinical setting. These are not so much "feel good" personal goals as they are concrete steps toward achieving service-delivery change introduction into the change agent's clinical setting.

Format for the work plan:

- Goals
  - Objectives
    - Tasks – Resources - Data

**readiness checklist:**

___ accountability levels are understood by me and my partner
___ expectations for service-delivery change introduction are clear
___ goals for achieving introduction are well-defined and clear
___ we have decided how often to meet
___ we are in agreement about how often we should connect and who should do the connecting
___ we have articulated criteria for successful introduction of service-delivery change
___ we have developed a workable strategy for dealing with institutional barriers
___ we have discussed how and when the relationship will be brought to closure
___ our operating assumptions about confidentiality are well-articulated
___ the boundaries and limits of this relationship leave enough room for flexibility

## *the agreement*

MENTORING GOALS

Specific

- What is it the change agent is trying to accomplish?
- Are the change agent's goals specific, concrete and clear?

Measurable

- Are the goals for service-delivery change introduction capable of being measured?

Action-Oriented

- Are the goals future-oriented?
- What results should you be able to see when the change agents' goals are realized?
- What concrete things will the change agent be able to do as a result of accomplishing the goals identified?

Realistic

- Are goals achievable within the availability of your time?
- Are there other resources that need to be available in order to achieve the goals?

Timely

- Is the time allocated for accomplishing the goals reasonable?
- Has a completion date been set for attaining the goals?

## *accountability*

### Expectations

Consider the following aspects of the mentoring relationship — what are your "non-negotiables" and areas of concern?

- Meeting start/end times
- Participation levels
- Openness of communication
- Candidness of communication
- Directness of communication
- Dealing with differences
- Expertise and experience levels
- Confidentiality safeguards
- Time management
- Handling interruptions
- Personal pet peeves
- Making mistakes

### Confidentiality

Which of the following assumptions about confidentiality do you hold?

- ☐ What we discuss stays between us for as long as we are engaged in the mentoring relationship.
- ☐ If asked by your supervisor, I can freely disclose our conversation.
- ☐ After our formal mentoring relationship has ended, it is okay to talk about what we discussed or how we related.
- ☐ If there is a demonstrated need to know, I can appropriately disclose our conversations, my impressions, or anything else that pertains to the relationship.
- ☐ What we say stays between us unless you give me permission to talk about it with others.
- ☐ Some issues will be kept confidential, while others will not.
- ☐ It is okay to discuss how we relate to each other but not the content of our discussions.
- ☐ It is okay to talk about what we talk about as long as it is positive?
- ☐ Other: _____

* BE SURE TO CHECK IN ON THESE ASSUMPTIONS WITH YOUR CHANGE AGENT *

## *boundaries*

Defining — and sharing — your boundaries is a powerful way to help ensure success. Although the initial conversation can sometimes be a bit awkward, the investment of time and energy into this step can mean the difference between miscommunication and synergy. Consider your boundaries related to:

- Access
- Duration of meetings
- Medium for communication
- Procedures for contacting you
- Confidentiality
- Personal vs. professional lines

**when boundaries are crossed:**

- let your change agent know that the boundary has been crossed
- refer to the ground rules described in your agreement
- describe behaviors that clearly demonstrate how the boundary was crossed
- request that the behaviors stop
- If that person acknowledges the problem, let them know that you appreciate their understanding
- If not, involve the Ipas staff for a consultation

Anticipating the crossing of boundaries is at least as important as defining the boundaries themselves. Consider the following cases and how you might handle them:

- Change agent demands more time than you are willing to give.
- Change agent misses scheduled meetings and does not call to explain.
- Change agent starts confiding serious personal problems.
- Change agent calls too frequently for advice.

## *the work plan*

1. Identify the working goals.
2. Lay out the objectives, which describe how to achieve these goals. Objectives have specific and measurable results.
3. Identify tasks — the specific steps taken to meet the objectives.
4. List potential resources — human and material.
5. Set a target date for completion.

**work plan structure**

Goal
- Objective
  - Task (date)
  - Task (date)
- Objective
  - Task (date)
  - Task (date)

. . . so on and so forth

## mentoring partnership agreement template

We have agreed on the following goals and objectives as the focus of this mentoring relationship

1)

2)

3)

We have discussed the protocols by which we will work together. In order to ensure that our relationship is a mutually rewarding and satisfying experience for both of us, we agree to:

1.

2.

3.

4.

5.

We agree to meet regularly until we accomplish our predefined goals or for a maximum of _____. At the end of this period of time, we will revisit this agreement, evaluate our progress and reach a learning conclusion. The relationship will then be considered complete. If we choose to continue our mentoring partnership, we may negotiate a basis for continuation, so long as we have stipulated mutually agreed-upon goals.

In the event that one of us believes it is no longer productive for us to continue or the learning situation is compromised, we may decide to seek outside intervention or conclude the relationship. In this event, we agree to use closure as a learning opportunity.

_____ _____

Mentor signature Change agent signature

# predictable stages: **participating**

## let's not confuse the issue

For many of us, it's easy to separate the personal from the professional. For others, it's not as easy. Regardless of your comfort level with addressing these two levels, the mentor is responsible for diagnosing and addressing those problems. Of course, the change agent bears responsibility, too, but the master mentor anticipates challenges and facilitates productive forward movement.

## work challenges

When you successfully introduced service-delivery change in your/another setting, did you ever feel unsupported, unchallenged or unadvised? Perhaps all three at the same time! The complexity inherent in the organizational change process dictates that mentors are able not to manage the process, to maintain momentum or to encourage movement. The role of the mentor is to support, challenge and advise the change agent.

## interpersonal challenges

Each of us has sensitivities to particular behaviors, phrases, attitudes. These "triggers" can, at best, make the hairs on the back of the neck stand up. At worst, not knowing a mentor's triggers can catch a change agent off-guard, particularly when the severity of the response doesn't seem to match the action.

- Some of your triggers:

- How you'll address them up with your change agent:

**when your change agent encounters a professional challenge ask yourself:**

Do I need to be *encouraging forward movement*?

Do I need to assist in *maintaining momentum*?

Do I need to help *stabilizing the situation*?

## *processes for participation*

Support — managing the process . . .

Challenge — maintaining momentum . . .

Vision — encouraging movement . . .

- Learning opportunities to recommend to the change agent (e.g., websites, conferences, Ipas toolbox, published protocols):

**the "check-in":**

- Regularly ask "how's it going?"
- Share observations about the learning process and ask if that's "working" for them
- Reflect on past discussions before moving on to new topics

## *monitoring*

Ipas has a separate set of monitoring activities that are required of the partnership; however, it is incumbent upon the mentor to guide informal monitoring processes. How might you monitor progress on more regular basis?

o

o

o

## *feedback*

| technique | example |
|---|---|
| Ask for change agent's preferences for how to receive feedback. | |
| Align feedback with the change agent's agenda. | |
| Provide feedback that the change agent can do something about. | |
| When you talk from your perspective, remember that your reality is not the change agent's reality. | |
| Check out your understanding of what is being said. | |
| Use a tone of respect. | |
| Be aware of your communication style and how that works with that of your change agent. | |
| Avoid giving feedback when you lack adequate information. | |
| Encourage the change agent to experience feedback as a movement forward rather than interruption from the journey. | |

**Guidelines for giving feedback:**

- Build rapport.
- Set clear expectations about the feedback you provide, including the limitations.
- Be candid and authentic.
- Provide feedback regularly,
- Ask for feedback on your feedback.
- Consider the timing of your feedback.
- Make constructive comments.

## when it's time to let go

Although it may seem premature to plan for the end when we're only just beginning, every strong mentoring relationship provides for suitable closure when the goals have been achieved. The action plans for this section will ask you to consider your needs, the needs of your change agent and the needs of the institution.

**readiness checklist:**

___ Did we use the closure protocols we established to bring closure to the relationship effectively?
___ Did we hold a meaningful learning conclusion conversation?
___ Did we adequately evaluate learning outcomes?
___ Did we discuss application and integration of new learning?
___ Were accomplishments acknowledged?
___ Were the milestones celebrated?

## ***closing action plan:*** *personal and professional*

### ***signals that it might be time for closure***

Instructions: Brainstorm some signals that it might be time for closure.

*Ex. – We meet, even if there's no reason to meet; the change agent listens to my advice, but but doesn't follow through*

### ***closure preparation***

| closure preparation step | questions to ask |
|---|---|
| 1. Revisit your purpose. | What is our goal in working together? |
| 2. Envision a best-case closure. | What would we ideally like to see happen when this mentoring relationship comes to an end? |
| 3. Envision a worst-case closure. | If the ideal is not possible, how can we ensure a positive learning conclusion? What might get in the way? |
| 4. Plan for mutual accountability. | What will we do to overcome any factors that get in the way of reaching a learning conclusion? |
| 5. Establish a process for acknowledging the time for closure. | How will we know when it's the right time for closure? |
| 6. Establish ground rules for the learning conclusion conversation. | What will the agenda be for our learning conclusion conversation? |

# annotated bibliography

## readings for mentors

Zachary, Lois J. 2000. *The mentor's guide: Facilitating effective learning relationships*. San Francisco: Jossey-Bass.

Thoughtful and rich with advice, *The Mentor's Guide* explores the critical process of mentoring and presents practical tools for facilitating the experience from beginning to end. Now managers, teachers, and leaders from any career, professional, or educational setting can successfully navigate the learning journey by using the hands-on worksheets and exercises in this unique resource.

Ambrose, Larry. 1998. *A mentor's companion.* Chicago: Perrone-Ambrose Associates, Ltd.

*A mentor's companion* is a practical compendium of action and reflection. Its seven brief chapters are designed to help individuals improve on-the-job performance in collaboration with colleagues, supervisors, senior executives and peers. The author aptly states that this not a "beach book," but understates its powerful clarity in addressing meaningful change in behaviors that impact portable learning skills.

Abbott, Ida. and Rita Boags. 2004. *Mentoring across differences: A guide to cross-gender and cross-race mentoring*. Washington, DC: Minority Corporate Counsel Association.

Originally designed as a study of diversity and mentoring in corporate law departments and the law firms that work with them, this yearlong study yields practical advice and ideas for all mentors, mentees and organizations. The authors examined five questions: (1) how lawyers build successful cross-gender and cross-race mentoring relationships; (2) how lawyers define reasonable expectations for cross-gender and cross-race mentoring relationships; (3) how lawyers build trust in cross-gender and cross-race mentoring relationships to promote open communication; (4) how lawyers develop the capability and comfort to discuss diversity issues in cross-gender and cross-race mentoring relationships; and (5) how lawyers are motivated to initiate cross-gender and cross-race mentoring relationships. The findings in this study, conducted by two top mentoring experts, provide considerable guidance for other mentoring venues and address issues about starting, supporting and sustaining cross-gender and cross-race mentoring relationships.

Stoddard, David A. and Robert Tamasy. 2003. *The Heart of Mentoring: Ten Proven Principles for Developing People to Their Fullest Potential*. Colorado Springs, CO: NavPress.

While other books examine the technical details of mentoring, this revealing work provides a core foundation for any true mentoring relationship. Providing examples of what goes right and what goes wrong in mentoring relationships, the authors emphasize that mentoring makes a difference when it focuses on the needs of the person being mentored and a process of mutual growth. By identifying 10 principles the authors help readers organize the keys to effective mentoring relationships. The 10 principles are: living is about giving; perseverance is paramount; open the door; promote alignment between passion and work; share the load, don't create it; practice personal values; expose your character; affirm spirituality; provide a legacy; and take the risk.

Lacey, Kathy. 2000. *Making mentoring happen*. New South Wales, Australia: Business and Professional Printing Pty, Ltd.

Mentoring programs can help businesses reduce staff turnover, train new employees successfully, fast-track stellar workers, motivate senior staff, and improve company performance, morale, and diversity. This guide to setting up and implementing successful mentoring programs shows how to reap their benefits without hiring expensive consultants or spending excess time and energy to get a program up and running. Full of proven strategies and practical ideas, this book offers a straightforward explanation of what mentoring is and why it has become so important in many successful organizations. The characteristics of a good program are analyzed and explained to allow programs to be tailored to specific companies. Easy-to-follow training activities, advice on building mentoring relationships and potential problems to avoid are included.

Wegs, Christina, Katherine Turner, and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery*. Chapel Hill, NC: Ipas.

This comprehensive resource is designed for individual who provide training in reproductive health. It is designed to help individuals strengthen their training and facilitation skills, enabling them to plan and implement more effective training courses and events. Both the reference manual and trainer's manual are available for free download at www.ipas.org

# electronic toolkit contents

The electronic toolkit is a CD-ROM that includes tools for implementing both a mentor training and full mentor program. Specific tools are described below.

## Training Tools

*Sample Mentor Training Schedule* — a template for using this curriculum to implement a two-day training

*Participant Workbook* — a blank participant workbook for use by mentor training participants

*Stages of Mentoring PowerPoint Presentation* — overview of the four stages of the mentoring process

*Anticipating Barriers: Service-Delivery Change Scenarios* — sample service-delivery change scenarios for use during mentor training

*Sample Training Evaluation Form* — a template for evaluating a mentor training using this curriculum

## Mentor Program Tools

*Service-delivery change Contact List* — a contact information list for mentors to use when conducting a service-delivery change intervention

*Mentor/Change Agent Phone Log* — a form for mentors to use to track phone conversations with change agents

*Ipas Technical Assistance & Mentoring Program (TAM) Monitoring and Evaluation Plan* — an overview of the process, outcome and impact indicators Ipas uses in evaluating the Ipas Technical Assistance and Mentoring Program

*Ipas TAM Site Assessment* — a form for mentors to use in assessing the status of service delivery before and after a series of service-delivery change interventions

*Ipas TAM Key Players Tool* — a form for mentors to use when discussing organizational culture and support for service-delivery change

*Ipas TAM Benchmarking Checklist* — a checklist for mentors to use with change agents in monitoring intermediate progress in creating service-delivery change

## Additional Information

*Ipas U.S. Hospital Assessment* — summary of background research Ipas conducted prior to implementing the Ipas Technical Assistance and Mentoring Program.

# endnotes

[i] Zachary, Lois. 2000. *The Mentor's Guide Facilitating Effective Learning Relationships.* San Francisco, CA: Jossey Bass.
[ii] Schein, Edgar. 1992. *Organizational Culture and Leadership. 2d. Ed*. San Francisco, CA.: Jossey Bass, p. 17.
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[v] Schein, Edgar. 1992. *Organizational Culture and Leadership. 2d. Ed*. San Francisco, CA.: Jossey Bass, p. 22.
[vi] Zachary, Lois. 2000. *The Mentor's Guide: Facilitating Effective Learning Relationships*. San Francisco, CA: Jossey Bass, p. 55.
[vii] Wegs, Christina, Katherine Turner and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual*. Chapel Hill, NC: Ipas.
[viii] Shea, Gordon. 2004. *Crisp: Mentoring, 3rd Ed: How to develop successful mentor behaviors*. Boston: Thompson, p. 35.


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MENTTRN-E06