

# **MENTORSHIP: A FELLOWSHIP OPTION**

## **FINAL REPORT**

**Prepared for the Canadian College of Health Service Executives  
As a Requirement for Fellowship**

**By:**

**Normand A. Allaire, CHE, FACHE.  
President & CEO  
Runnymede Chronic Care Hospital  
274 St. Johns Road  
Toronto, Ontario M6P 1V5**

**In partnership with:  
Junior Executive  
Ms. Judy Coley**

**September 10<sup>th</sup>, 2002**

## MENTORSHIP PROJECT SUMMARY

The mentorship program has provided the opportunity for Ms. Coley to develop relevant senior leadership skills critical to her new role as Vice-President Patient Services. Ms. Coley's broad experience in nursing management, education, quality management and accreditation and her skills in the areas of program planning, team building and facilitation have provided a solid foundation for her transition to this Senior Leadership position. Mentorship has enabled Ms. Coley to further enhance her skills in the areas of labour relations, financial management and strategic decision-making. She continues to build on these skills as she leads the Patient Services planning needs in the facility's redevelopment process.

The objectives identified for Ms. Coley in her Professional Development Plan (revised November 10, 2001) include:

1. To develop skills in the area of labour relations through participation in negotiations and striking new collective agreement with the Ontario Nurses Association (ONA) for Registered Nurses and Service Employees International Union (SEIU) for Registered Practical Nurses and Service staff (Target – December 2001).
2. To develop and utilize leadership skills that will support enhanced client-focused care and service delivery through:
  - and in conjunction with an external consultant and the Hospital Pharmacist, facilitate an operational review of Pharmacy services, present recommendations and prepare a plan for Senior Management regarding goals/objectives, implementation strategies, budget, timelines and program evaluation (Target November 2001).
  - implementation of a comprehensive, outcome-focused Professional Practice Model for Nursing that will be used as a framework for the ongoing enhancement of an integrated approach to care of clients with Huntington's Disease, Multiple Sclerosis and other programs (Target – February, 2002).

- review and redesign roles within the Nursing Department to achieve a full scope of practice, enhanced professional practice, improved productivity, evidence-based practice and enhanced quality of work life (Target – May 2002).
3. To enhance skills in the area of planning and project coordination through participation in the Master Plan, Functional Program, Block Schematic process for facility redevelopment, providing leadership in the development of approved programs (Target – January 2002).

My role as mentor has been to support and encourage Ms. Coley in achieving the objectives of her Professional Development Plan, fostering her growth in management/motivation of staff and interpersonal skills. Additionally, mentorship has served as a forum for Ms. Coley and I to collaboratively explore issues related to human resources management in her areas of responsibility and to offer the necessary guidance and support for Ms. Coley in the decision-making process.

Throughout the mentorship process, I have provided Ms. Coley with the opportunity to attend relevant educational conferences/workshops, attend and participate actively in Board, Medical Staff and hospital committee meetings, represent the hospital on external/regional committees and join and attend meetings of professional associations. These experiences have facilitated Ms. Coley's ongoing professional growth, networking, presentation skills, knowledge of the health care system and have contributed to Ms. Coley's achievements in terms of her goals and objectives.

#### **EVALUATION OF ACHIEVEMENTS OF THE JUNIOR EXECUTIVE**

Ms. Coley and I have met formally and informally to reflect on her experiences in her new role and to discuss issues, challenges and share ideas. I have used these meetings as opportunities to offer feedback and provide the necessary advice, encouragement and support to Ms. Coley, consistent with her needs, to assist in her transition to this senior leadership position.

Ms. Coley has attended a number of educational conferences/workshops that are contributing to an increase knowledge base for her ongoing professional development and to C.C.H.S.E.'s Maintenance of Certification requirements. This includes sessions related to Nursing leadership and professional practice, human resources management, risk management, Minimum Data Set (MDS)/ Resource Utilization Groups (RUG). Ms. Coley has shared information from these educational sessions through presentations to her colleagues. I have also recommended additional reference articles and books that I believe would be helpful to Ms. Coley's professional growth.

Ms. Coley is participating actively at Board, management and medical staff meetings and committees. Through presentations at these meetings, Ms. Coley is demonstrating enhanced knowledge in relevant areas as well as confidence and skills in preparation and delivery style. I have afforded Ms. Coley the opportunity to attend appropriate external meetings at the Ministry of Health and Long-Term Care to assist her in gaining a breadth of knowledge of the health care system and in developing an enhanced professional network. Ms. Coley is also representing the hospital on a regional Palliative Care Network and a Complex Continuing Care Committee, both in conjunction with the Toronto District Health Council. Ms. Coley ensures that our Senior Management Team and myself are regularly informed regarding the goals and activities of such committees.

I have actively participated with Ms. Coley in some elements of her professional development plan, for example the operational review and revitalization of Pharmacy Services. This has not only enabled me to provide the necessary guidance and support to Ms. Coley, but also to offer constructive feedback and encouragement throughout this process. The outcome has been beneficial for Ms. Coley, myself and the organization as a whole.

As noted in the March, 2002 2<sup>nd</sup> Tri-annual Report, the hospital's redevelopment project has impacted on the mentorship process in terms of the need to re-evaluate priorities and readjust aspects of Ms. Coley's Professional Development Plan. While this has resulted in some modification in the targets initially identified for Ms. Coley's objectives, the redevelopment project continues to be a key component of the mentorship process. Under Ms. Coley's leadership, the nursing team has participated in the new facility

design process. This includes the design, equipment, human resources and operational needs for patient/resident care areas in complex continuing care and long-term care. The participation of nursing staff throughout this process is essential, enabling creativity and critical thinking in the design of space, programs and clinical models of care.

Ms. Coley's team has developed a series of unit staffing models for the new facility that would be most consistent with patient/resident needs, the care delivery system and the design of the patient/resident care areas. This includes an appropriate staff mix and utilization to provide quality and cost effective care delivery.

Ms. Coley's leadership is fostering cohesiveness within her nursing team and assisting nursing staff to be active participants in the change process. Ms. Coley continues to ensure ongoing communication to provide information and elicit input from staff on all tours of duty. This will be a critical success factor as redevelopment and transition proceed.

Ms. Coley has been a member of the hospital's negotiating team in local negotiations for two collective agreements, both successfully completed in February, 2001 and October, 2001. In addition, a number of human resources issues have challenged and enabled Ms. Coley to hone her skills and develop necessary confidence in this area.

Ms. Coley and I have reflected together on human resources issues and I have offered constructive advice to Ms. Coley that would further enhance her leadership role in human resources management in the future. Ms. Coley is now using these experiences and advice in an experiential manner, addressing human resources issues more proactively. For example, over the next few months, Ms. Coley will participate with the hospital's Human Resources Team in a review of the attendance awareness program.

Following the operational review of Pharmacy Services by an external consultant, completed in October, 2001, Ms. Coley has been actively involved in implementing an improvement plan for this service and in recommending requirements for Pharmacy Services within the new facility. In conjunction with new leadership in Pharmacy, a number of accomplishments have been realized. This includes the implementation of a new computer program for Pharmacy in April 2002, providing enhanced efficiency in the

Pharmacy and information critical to service delivery. Feedback from physicians, staff and managers is extremely positive regarding service enhancements in Pharmacy. To date, we have noted a decrease in medication-related incidents and Ms. Coley and I continue to monitor outcomes in this area.

The hospital's redevelopment project and some changes within the Nursing Management team have necessitated readjustment in terms of Ms. Coley's objectives related to nursing professional practice. I have collaborated with Ms. Coley, providing advice and encouragement as she develops a Nursing Plan. This plan includes goals/objectives/activities for:

- Nursing mission, vision and values
- Scope of practice
- Care delivery model
- Nursing staffing and staff mix
- Best practice – CQI projects
- Nursing staff development
- Nursing management structure
- Indicators/outcomes

Ms. Coley has initiated and will continue to implement plans to enhance nursing professional practice and an outcome – focused model of patient care that will serve as a foundation as transition to our new facility progresses.

At this time, a Nursing Mission, Vision, Values has been drafted and is to be finalized with broad input from nursing staff. A leadership program for Registered Nurses is planned for October, 2002. CQI teams are now meeting to review and recommend improvements, based upon best practice, for skin/wound management and patient safety. The Nursing Management team is reviewing staff mix and the care delivery process, focusing on Registered Nurse, Registered Nursing Assistant and Personal Support Worker roles. In conjunction with Financial and Information Services, a Nursing Indicator Report has been developed, providing key information for ongoing monitoring of costs, productivity and efficiency statistics. Ms. Coley, in conjunction with her team, will continue to develop outcome indicators for clinical care and patient satisfaction.

Ms. Coley and I would prefer to have achieved more in terms of this objective, however, we both recognize the aggressive target for this large project and the need to re-evaluate priorities given the requirements for facility redevelopment. Ms. Coley and I are meeting regularly to reflect on progress and, along with other appropriate participants, are continuing the implementation of the Nursing Plan. I believe Ms. Coley has built commitment within her nursing team to achieve her objectives in this area. Ms. Coley's expanded network, through participation in professional associations such as the Association of Nurse Executives of the Greater Toronto Area, has also been valuable in this area.

### **MENTORING STRATEGIES THAT WERE EFFECTIVE**

Throughout the mentorship process, I have endeavoured to expose and involve Ms. Coley in a variety of experiences that would increase her understanding of the health care system and the organization at a strategic level, enhance her leadership skills and encourage her to solidify her leadership style and confidence. I believe that, along with the theoretical component, the true success of mentorship is realized through the sharing of insight and reflection on practical experience. This benefits not only the Junior Executive, but myself as mentor. This approach has proven effective with Ms. Coley. Particularly in the area of human resources management, in which I have a solid background, I have been able to share with Ms. Coley my experiences and lessons learned. Such discussions have enabled Ms. Coley to critically think about and approach human resources issues and decision-making more effectively.

Our close proximity within the hospital has provided the opportunity for Ms. Coley and I to meet one-on-one / on the spot to discuss experiences/issues at the time. Additionally, we may arrange a scheduled time later on to reflect on and dialogue about the issue. I believe that this "open door" approach has enabled Ms. Coley to more effectively discuss and deal with decisions that require a prompt response.

Feedback to Ms. Coley in terms of encouragement and constructive advice has been useful for her in evaluating her experiences and decisions. In her role as Administrator-On-Call, we have had the opportunity to reflect on situations that have presented and review how they were managed in a non-judgmental manner.

The opportunity for more regular structured interactions for dialogue would have benefited Ms. Coley. For example, we have discussed listening skills together and this is an area Ms. Coley continues to develop. The significant time impact of facility redevelopment for both Ms. Coley and myself has not enabled us to reflect on this aspect of Ms. Coley's leadership development as much as we would have preferred.

### **LESSONS LEARNED**

The mentorship process has been a valuable experience for Ms. Coley and myself and is demonstrating positive results within the organization. We have both realized that there is a delicate balance between my role as mentor and my role as "boss". We strive to ensure that this balance is recognized as issues/experiences are discussed/shared and decisions made.

In developing the Professional Development Plan, Ms. Coley and I recognize that some objectives were too broad and too aggressive given the time frame. I believe we have focused on priority areas within the objectives, however, this has created some frustration that both Ms. Coley and I have had to explore and address together.

The new facility planning and redevelopment has had significant impact on Ms. Coley's ability to complete aspects of her Professional Development Plan. As noted earlier, this planning process has, however, served to further the mentorship process, providing Ms. Coley the opportunity to hone her skills and promote integrated team building.

### **RECOMMENDATIONS**

Overall, Ms. Coley and I have found the mentorship program to be a valuable experience. Mentorship is indeed an excellent process for recognizing and developing leadership in healthcare and we would recommend this program highly to other healthcare professionals.



In terms of recommendations for the program, the opportunity for a more formal introduction would have been useful. This could include an information session with other mentors and protégés to provide an overview of the program and enhance networking opportunities. A follow-up session, closer to the end of the program, would also be helpful and could serve as a forum for collaborative input into the program.

**MENTORSHIP: A FELLOWSHIP OPTION**  
**FINAL REPORT**

**NORMAND A. ALLAIRE**

**Qualitative Statement:** Judy Coley

The mentorship program has provided me the opportunity to grow through expanding my knowledge and participating in a broad range of experiences/projects key to my role as VP Patient Services. Norm is available for regular one-on-one meetings to discuss issues and offer advice. He has encouraged me in making presentations at Board and Management meetings, enabling me to enhance my knowledge in relevant areas and to further develop presentation skills.

Norm has offered useful advice in terms of listening skills and the importance of detailed assessment of issues as part of the decision-making process. Norm provides constructive feedback, assists me to probe to determine the root cause of issues and offers support in the decision-making process.

## **Mentoring in the Healthcare Environment**

Mentoring provides a concrete forum for sharing information and experiences that not only benefits the Mentor and Protégé, but also reaches far beyond the healthcare environment to their personal lives. The Mentor Fellowship stream provides an opportunity to apply and practice this knowledge in developing an individual to their reach their potential. There are major implications to the field of health services and certainly a general transferability of this learning to others in the field of health services management.

Mentoring the development of a person was (dates back to ancient philosophers) a way of life between generations dating back to ancient civilizations. Mentoring was assumed, expected and therefore almost unnoticed because of its commonness in human experiences (Biehl, 1997).

Academic interest in mentoring is on the rise. Prior to the 1970's, literature on mentoring was essentially non-existent. The following two decades generated a vast interest in the subject as reflected in the number of articles and books published on the topic. The academic knowledge base and literature base has progressed further in the 21<sup>st</sup> Century to a more formal knowledge base leading to a more formalized way of passing on knowledge and developing business and healthcare leaders to meet challenges of the future. Much of this material serves to expand our knowledge and understanding on the concept of mentorship as it relates to practice and theory.

Mentoring is a personalized one-on-one approach to learning grounded in a professional as well as a personal relationship between a Protégé (learner) and Mentor (teacher). I have mentored several individuals both formally and informally in my 30-year career in health care management. These individuals included both genders who were younger and older, some within healthcare management and some from other walks of life.

I have come to the conclusion that there is no one ideal mentoring method or relationship that will cover all types of situations. Instead, the relationship must be a structured, directed and planned professional development program that gives both the Mentor and Protégé the opportunity to share knowledge, theory, information and practical work experience with each other in a collegial spirit.

To begin the mentorship, the Mentor must select a Protégé that is easy to believe in, easy to keep helping, is teachable, motivated and one who respects the Mentor (Biehl, 1997). In addition, the Protégé must want to participate in a mentorship as they believe that the time commitment and knowledge that they will gain will develop them professionally. This becomes a mutual partnership that sets the foundation for the mentorship to commence.

In the field of health services, managers struggle to meet ever-increasing public demand as well as introduce programs and services within a limited resource base. Accomplishing these challenges in isolation is daunting enough, however, considering this within the

complex healthcare environment is a formidable task. One of the effective means of addressing these challenges is through mentoring as it provides an excellent means of accomplishing perpetual innovation and learning (Johnson, 1997). Mentoring helps create change which serves to guide, strengthen and energize an individual and the organization towards a successful future. It provides a concrete forum for sharing opportunities and experiences that will facilitate positive change.

Mentorships are readily observed in the trade profession with 1<sup>st</sup> and 2<sup>nd</sup> year apprentices. The knowledge base gained in these practical applications is readily transferable from the mentor to the apprentice through a hands-on approach. While the elements of the mentorship remain the same, mentoring in the health service environment results in professional growth and development of an individual rather than developing a trade. This is an important distinction as it requires the Mentor to develop the Protégé's management, interpersonal, communication and strategic skills over a period of time rather than in a time-limited task oriented approach.

The Ontario Nurses Association Collective Agreement provides for a mentorship arrangement. Specifically, Article 9.08 (c) states:

*Mentorship is a formal supportive relationship between two nurses, which enhances the professional growth and development of a nurse to maximize her or his clinical practice.*

*Mentorship involves a three-way arrangement between the hospital, the nurse being mentored and the nurse doing the mentoring. The mentoring relationship is:*

*Time limited,*

*Focused on goal achievement, and*

*Unique to each mentorship experience.*

*The hospital, the nurse being mentored and the nurse doing the mentoring are expected to clearly understand the goals/expectations of the mentorship relationship. Goals are individually determined based on the learning needs of the nurse being mentored, and, as such, may not be consistent for all nurses. The length of each mentorship arrangement will be individually defined dependent upon the goals for each nurse being mentored. Mentoring assignments will normally consist of full tours, however, it is also possible that mentorship assignments can be for less than a full tour and/or scheduled on an intermittent or one-time bases. It is also possible that more than one mentor may be assigned to a mentee during the course of a mentorship arrangement.<sup>1</sup>*

The process is time limited, focused on goal achievement and unique. In addition, a financial incentive is provided to the individuals. This type of mentoring for the nursing profession is considered important for enhancing clinical skills, I recommend a more formal mentorship for health service managers, one that is not time limited or linked to a financial incentive. The investment in time and energy in a mentorship arrangement should not be tainted by financial rewards as it clouds the true intent of the program.

---

<sup>1</sup> Article 9.08 (c) ONA Reference Manual – December 2000 page10.

Another form of mentoring in healthcare is demonstrated through the Master of Health Science students practicum placements. Senior healthcare managers mentor students and provide them with the opportunity to experience first hand, the complex interactions that exist in the health service sector. This is an extremely valuable opportunity that allows the student to experience and subsequently discuss with the Mentor the interplay of the meetings. This serves to develop the Protégé's analytical skills by teaching how to contribute in and read others in the meetings.

When a talented manager is recognized within a hospital, very often they are promoted to a more senior role. Mentoring in this situation can instill confidence in the new manager and ensure success in their new role. By sharing experiences, the Mentor imparts valuable knowledge that enlightens the Protégé and allows the opportunity to develop confidence and strategies for success.

Mentoring can become an extremely important, practical and beneficial tool in the field of health services and it can be implemented at virtually all levels in the Hospital. It has been my experience that it often takes months for a new Board member to become familiar with their new role as well as contribute to the organization. To facilitate this, our Board has supported a process whereby new Board Members (Protégés) are paired up with a senior Board Member (Mentor). This relationship serves to enlighten new Board Members to the history of the organization as well as key factors impacting the facility. What is achieved is a cooperative and supportive communication stream that serves to

make the new Board Member current in a relatively short period of time. Moreover, it provides a forum for discrete communication allowing the new Board Member to query their mentor outside the formal Board meeting times and therefore not appearing intimidated or naïve. In this way, establishing the Board mentorship is a way of seamless succession planning. I believe that all hospitals could benefit from this and would encourage all hospitals to develop this type of mentorship program.

Our Hospital has also undertaken several other formal and informal mentorship programs to assist employees address innovations or changes in operations. In these cases, a senior manager has mentored interested department managers in these projects. The mentorship provides the Protégé with the comfort and trust that a senior employee will be there to provide the guidance, support, advice or serve as a sounding board for the Protégé's ideas. What has resulted is a true team approach throughout the Hospital that transcends traditional organizational barriers.

Organizations embarking on mentorship programs should be mindful that these relationships take time to develop and flourish. There must be a formal commitment of both parties to establish and maintain the program. Once a mentorship is established, it need not begin and end in a short period of time or if the Mentor or Protégé secures employment in another facility. While the projects identified in the mentorship professional development plan, the relationship may continue to evolve in new ways. A successful mentorship can last for years.



It is extremely important that both the Mentor and Protégé establish at the onset clear expectations of what they will accomplish from this relationship. The role of the Mentor should not be taken lightly. The Mentor should have an understanding of what they want to achieve through the mentorship (Zachary, 2000). While the answer may be different from one case to another, the learning goals of the Protégé must fit with the experience and knowledge of the mentor.

To facilitate progress in the Mentorship program, it is beneficial to draft and agree upon a performance plan that will outline identified goals they envision will be realized (Brounstein, 2000). I found this component served as a solid tool which facilitated progress in the mentorship. The tool identified several benchmarks that would be achieved and thus assist in showing continual movement throughout the experience. It is important that this plan be flexible in order to accommodate nuances that materialize throughout the mentorship. Both the Protégés and myself found this extremely valuable as it provided the opportunity to revisit and receive constructive advice on the mentorship program. These review sessions allowed the Protégés to evaluate their own progress and analyze if the path that they took was appropriate and if the outcome was as expected. This critical analysis of accomplishments achieved through the mentorship may assist in identify other skills that the Protégé may need to develop.

Individuals interested in serving as a mentor must learn to recognize caveats that, if not managed appropriately, can prevent a positive relationship from developing. Bell (1996) has identified that mentoring can serve as a platform for promoting a cause or a power

trip for those seeking admirers. He added that the notion of a 'you scratch my back and...' mentorship approach can be detrimental to both individuals and the organization as a whole. For a positive mentorship to proceed, the Mentor must not promote a score-keeping relationship where the Protégé would feel compelled to support the Mentor without question.

Another dimension that must be considered in taking on a Mentorship role is mentoring individuals of the opposite sex. Mentoring, like other relationships can get very deep very fast and the relationship that develops can present the opportunity for more intimacy than we have with other people (Biehl, 1997). It is widely recognized that healthcare is a female dominated profession. Keeping this in mind, there exists the imbalance between women who want to be mentored and the availability of female professionals willing to serve as mentors. I have found that maintaining a professional approach and focusing on the project at hand will minimize any potential conflict that may arise.

It is critical that Mentors provide their Protégés with the opportunity to succeed. This is achieved through guidance, leadership and ongoing support. It also requires the patience and wisdom to allow Protégés the time and opportunity to work through and experience both successes and failures when meeting their challenges.

There are several components in any mentorship program that are critical to address in order to develop the individual. Communication is key as it provides a means of sharing and developing ideas in a participative environment (Shea, 1999). Mentoring provides the

opportunity for the Protégé to present his ideas and formulate clear strategies. With the myriad of individuals in any healthcare environment, effective managers must be able to communicate effectively with all levels of staff. In addition, Mentors can provide the “big picture” to their Protégé. This allows the Protégé to think broader and see the system-wide impacts that their decisions may have on other individuals.

The benefits of establishing a mentorship program in the healthcare setting are numerous. At the personal level, the Protégé develops confidence, invaluable communication skills and a solid understanding of the healthcare environment. Through a positive mentoring relationship, the Protégé appears to have a greater dedication to the organization, showing a deeper commitment to the organization. Protégé’s very often take on additional projects after completion of the mentorship as they will have the confidence that they can continue to make a positive difference in the facility.

The healthcare organization will also benefit from the mentor relationship. Mentoring can provide the opportunity for a more efficient and structured learning process for employees, managers and Board Members. The wisdom that the Mentor imparts often deepens the Protégé’s understanding of the issues at hand. The Protégé applies the acquired knowledge to formulate effective and efficient strategies in health service management thereby avoiding unnecessary delays in change management or program development.

With change being constant in healthcare, it is crucial that we encourage and promote promising healthcare managers and others to meet future challenges. The onus is upon senior managers and senior Board Members to share their experiences and advice with their Protégés in order to give them the tools, knowledge base and opportunities they will require to address tomorrow's demands. While senior managers and Board Members are often pressed for time, I consider it important that they dedicate time to a mentorship program as it facilitates and empowers new healthcare managers and leaders to accomplish projects effectively and efficiently. Moreover, it offers a significant potential for professional development of Protégé that cannot be learned from a textbook. It is often stated that hindsight is 20-20 vision. Mentors in essence provide their Protégés with hindsight, vision and opportunity enabling them to make effective and strategic decisions and contributions to the system.

## References

- Bell, Chip R., 1996. *Managers as Mentors*. Berrett-Koehler Publishers, Inc. San Francisco, CA. 177 pp.
- Biehl, B., 1997. *Mentoring, Confidence in Finding a Mentor and Becoming One*. Broadman & Holman Publishers, Nashville Tennessee. 215 pp.
- Brounstein, M., 2000. *Coaching & Mentoring for Dummies*. IDG Books Worldwide Inc., Foster City, CA. 328 pp.
- Johnson, Harold E., 1997. *Mentoring for Exceptional Performance*. Griffin Publishing, Glendale, California. 310 pp.
- Ontario Nurses Association Reference Manual December 2000. Collective Agreement for Full-Time and Part-Time Employees, Expiring March 31, 2001. Article 9 – Professional Development.
- Shea, Gordon F., 1999. *Making the Most of Being Mentored*. Crisp Publications Inc., Melno Park, California. 104 pp.
- Zachary, Lois J., 2000. *The Mentor's Guide, Facilitating Effective Learning Relationships*. Jossey-Bass Inc., San Francisco, CA. 195 pp.