said 30 years ago from my first mentor–my mother that empowers the mentor and mentee to develop guided experience, formally or informally assigned within myself yet. My mother also advised that who saw something in me that I had not discovered (yes–Buttercup–bright yellow pinafore–same concept volunteer work as a “Buttercup” three days a week pitchers and reading mail to patients, I actually was I know that I was doing more than filling up water level, and I would clearly see that nursing was a “helping profession” this exposure that would literally cultivate my passion for nursing. Little did I know that I was doing more than filling up water pitchers and reading mail to patients, I actually was a mentee.

Grossman (2007, p. 28) describes mentoring as a guided experience, formally or informally assigned that empowers the mentor and mentee to develop professionally and personally. Stewart and Krueger (1996) identifies six attributes of mentoring: (1) Mentoring is a teaching and learning strategy; (2) A mentoring relationship has reciprocal roles between the mentor and mentee; (3) Mentoring assists in advancement of career to both the mentor and mentee; (4) There is generally a knowledge differential between the mentor and the mentee (5) A classic mentorship consists of a long-term relationship extending over several years and (6) Mentoring tends to generate resonance.

Marianne Foard has had various podium presentations and publications in nursing magazines and facilitates multiple nursing committees at Bayhealth Medical Center; Marianne was the 2011 Finalist, Nurse of the Year, for advancing and leading the nursing profession through Nursing Spectrum; 2009 Finalist in Leadership for Nursing Excellence State of Delaware–and received 2008 State of Delaware Award for outstanding contribution for Advisory Council on Career and Technical Education. Marianne is a board member of the Delaware State Nurses Association, (Alternate) House of Delegates; Current member and Past Secretary, Delaware Organization of Nurse Executives/Leaders; and in 2010 was elected to a three year board term for Delaware Humanities Council with specific forums related to medicine and literature.

Marianne can be reached at Work Number: 302-744-6463 or Email: marianne_foard@bayhealth.org

Hello again! It is the end of the year issue of the DNA Reporter. A time to reflect on all that we have been able to accomplish throughout the year. This year, it is also a time when the DNA’s Centennial Year is coming to an end. Perhaps, to some, our accomplishments do not seem like many. But to those who have to graciously given their time, energy and talent to support the work and initiatives of the Association, it has been quite a year.

- The passing of SB 70–an Act to amend Title 6 of the Delaware code relating to protecting the health of children by prohibiting bisphenol-A in products for young children
- Sarah Bucic, DNA member, represents DNA and ANA at the 50 States United for Clean Air
- The Professional Development Committee has done an outstanding job of producing successful Spring and Fall Conferences
- The Continuing Education Committee continues to do a great job reviewing programs for approval and so far have reviewed 14 programs and updated policies
- Together with Delaware Organization of Nurse Leaders, this year’s Nurse Excellence was a well attended and beautiful event
- Mercury Exchange–10 pounds of mercury was
Vision: The Delaware Nurses Association is dedicated to serving its membership by defining, developing, promoting and advancing the profession of nursing as an art and science.

Mission: The Delaware Nurses Association advocates for the interest of professional nurses in the state of Delaware.

Goals: The Delaware Nurses Association will work to:
1. Promote high standards of nursing practice, nursing education, and nursing research.
2. Strengthen the voice of nursing through membership and affiliate organizations.
3. Promote educational opportunities for nurses.
4. Establish collaborative relationships with consumers, health professionals and other advocacy organizations.
5. Safeguard the interests of health care consumers and nurses in the legislative, regulatory, and political arena.
6. Increase consumer understanding of the nursing profession.
7. Serve as an ambassador for the nursing profession.
8. Support the voice of Delaware nurses in the national arena.

Executive Director continued from page 1

collected by DNA members at Christiana Care Hospital and Bayhealth Medical Center
- DNA headquarters and Capitol Hill
- Improved Delaware Nurse Jobs-DNA's online job board
- Provided an opportunity for organizations to post events on the DNA online Events Calendar and researchers to post research requests
- DNA Road Trip to New York City-This bus trip provided an opportunity for nurses to learn about the United Nations and their role in global healthcare

We welcome all who are interested in participating or those of the Committees. Sign up for the DNA online Calendar of Events RSS feeds to stay tuned to events and Committee meeting schedules. No need to sign up before committee meetings just show up. This is a great way to extend your circle of friends and your nursing practice.

Bonnie Osgood, DNA President, has done a wonderful job of steering the Association and nursing forward on a positive and productive path. The Future of Nursing Task Force, comprised of a variety of stakeholders, was established to formulate a plan for moving nursing forward in our state. Using the Institute of Medicine's Future of Nursing Report, the task force has worked with nurses to identify policy and funding needs to ensure that the nursing profession can thrive.

In September, DNA was notified that it received Action Coalition status with the Delaware Healthcare Association as a co-lead. This status will further the Future of Nursing: Campaign for Action effort by capturing and sharing best practices, determining research needs, tracking lessons learned and identifying replicable models.

We have done a lot and as I write this article, it is only September. I am eager to move forward with what we can accomplish in the next three months. I think the founding members of the Delaware Nurses Association would be proud!

Quote by Walt Disney the ending of Meet the Robinsons:
“Around here, however, we don’t look backwards very long. We keep moving forward, opening up new doors and doing new things, because we’re curious... And curiosity keeps leading us down new paths.”

http://www.denurses.org

Published by:
Arthur L. Davis
Publishing Agency, Inc.
President’s Message

Hello everyone and welcome to November, December, January issue of the DNA Reporter. It’s hard to believe I’ve completed my first year as your President. Time truly does fly. In this edition Sarah Carmody, our Executive Director, provides an overview of our accomplishments thus far. Nothing could have been done if it weren’t for the dedication and support of our members. Thank you to those who participate and are active with DNA events, projects and committees. I would like to take a moment to comment on the theme for this edition and update you on our state’s work on the Future of Nursing.

Every professional nurse is impacted in their career by those around them; those who orient, precept, mentor, receive mentoring, and support their team. Let’s face it: the amount of time we spend in our professional roles over the length of our careers is significant. The relationships we develop can be both wondrous and challenging. As you will see in this edition, those inspirational relationships we find and foster in our careers are priceless. A mentor helps set and defines career objectives. A mentor supports your professional advancement and contributes to the full extent of their capabilities.

The Future of Nursing: Campaign for Action

Delaware Nurses Association has been selected as an Action Coalition by the Future of Nursing: Campaign for Action, a collaboration created by the Robert Wood Johnson Foundation, AARP and the AARP Foundation to transform health care in America, and meet diverse population needs, through nursing. Delaware Nurses Association and its co-lead, Delaware Healthcare Association, will work with the campaign to implement the recommendations of last year’s landmark Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health.

The Future of Nursing: Campaign for Action envisions a health care system where all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. The Campaign is coordinated through the Center to Champion Nursing’s Future, an initiative of RWJF and AARP, and includes 36 state Action Coalitions and a wide range of health care providers, consumer advocates, policymakers and the business, academic and philanthropic communities.

Future of Nursing: Campaign for Action

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The report outlines four key messages that serve as the structure to transform nursing and aid in nurses’ response to objectives within the 2010 Affordable Care Act. These key messages are:

- Nurses should practice to the fullest extent of their education and training.
- Nursing should achieve higher education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners in the redesigning of the healthcare in the United States.
- Effective workforce planning and policy making by requiring better data collection and improving the information infrastructure.

These messages along with supporting recommendations serve as the action-oriented blueprint for the future of nursing. In November 2010, the Delaware Nurses Association developed a Task Force and began holding meeting with key stakeholders throughout Delaware to include academic institutions, hospice organizations, specialty nursing organizations, and state agencies to discuss the current state of nursing in our state. The Task Force has focused on three key recommendations from the Report identified as priority items: nurse residency programs, mentoring and articulation agreements. Additionally, the Task Force will be exploring the recommendation to remove scope-of-practice barriers. As we move forward in developing a blueprint for nursing in Delaware, the DNA Future of Nursing Task Force has taken the next step of applying for Action Coalition status.

An Action Coalition consists of two co-leads-representing a nursing and a non-nursing organization. Its role will promote the improvement of public and institutional policies at the state and local level. The Action Coalition is responsible to engage a range of stakeholders from different industry sectors to create presence, propose objectives, communication and collection of data. The Delaware Healthcare Association membership is comprised of Delaware Hospitals and executive leadership throughout the state. Delaware Hospitals are the major employer of professional nurses and support quality outcomes. Hospitals also demonstrate a significant financial commitment to the promotion of its workforce through tuition reimbursement and leadership development programs. An alignment of the Delaware Future of Nursing Task Force and the Delaware Healthcare Association as an Action Coalition is mutually beneficial.

The announcement of our new status as the Delaware Action Coalition was made September 26, 2011. We have a lot of work to do and will need your help. My congratulations and thanks to all of the members of the Delaware Future of Nursing Task Force who have made our Action Coalition status possible. The Action Coalition will make a tangible difference in support of Delaware nurses. For more information about the work of the Delaware Action Coalition and the Future of Nursing: Leading Change, Advancing Health report, please go to the DNA website. I challenge each one of you to make a difference for nursing. Become a member. If you are a member become an active member and encourage your peers to join. Have a safe and happy holiday season.

Bonnie Osgood

President, Delaware Nurses Association

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President’s Message
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Two Kinds of Light

Sharon A. Burris

Sharon A. Burris earned her BSN from the University of Delaware in 1985. She worked in Maternal/Child and Labor/Delivery at Bayhealth Medical Center from 1986 to 1996, and then moved to the Special Care Nursery, where she remains today. Sharon obtained certification in Neonatal Intensive Care Nursing in 2007. She is a member of the Delaware Nurses’ Association and the National Association of Neonatal Nurses.

“I there are two kinds of light—the glow that illuminates, and the glare that obscures.”

James Thurber

I remembered this quote from many years ago, having heard it from a nursing home resident I cared for as a nursing assistant when I was just 17 years old. She had been a teacher for 40 years, and told me that she subscribed to this theory over the decades. When I read it, I was reminded of the gentle illuminating glow, not the overpowering glare. This is what I was thinking about when I was driving to work on the first night I was to begin mentoring a nursing student. I was a nursing student from the University of Delaware, my alma mater, as it happens. I had never mentored anyone before, and I was nervous. Me? A mentor? A leader? What was I thinking? Of course, I had observed a few of the nurses on my Special Care Nursery unit. But in my mind, that was vastly different from what I was about to undertake.

Don’t get me wrong—orienting a new hire is a serious thing…teaching original procedures, innovative routines, new paperwork, up-to-the-minute assessment skills, and doing it all within a limited time frame. But as a general rule, new hires to a specialty area usually already have knowledge or experience for that particular nurse. We wanted to bring on new staff and graduates with a range of knowledge in place: prioritization skills, functioning under pressure, how to do more with less, defusing situations, and dealing with difficult patients, and the importance of teamwork.

Devoting a few short weeks of your time to a student nurse, or even a preceptor, is highly interesting to your field of expertise, is a different matter entirely. Realizing that the small taste of what you offer them in the few weeks could be the deciding factor in whether or not they decide to stay for more is something that can make a difference. We could and should get into the physiology behind some of the illnesses we encountered instead of practicing vital signs. And she rose admirably to the challenge.

What I didn’t expect was the renewed sense of excitement she imparted to me. I have always been a mentor and had seen the occasional new hire (or older nurse, for that matter), so it was a different matter. I was now viewing my profession through the fresh eyes of a young woman eager to make a difference. That’s why I’m still a mentor. And that’s why I’d mentor again if asked. As John Quincy Adams tells us,

“If your actions inspire others to dream more, learn more, and become more, you are a leader.”

A new mantra for a renewed nurse.
ANA Releases New Social Networking Principles

Silver Spring, MD—the American Nurses Association (ANA) has released its Principles for Social Networking and the Nurse: Guidance for the Registered Nurse, a resource to guide nurses and nursing students in how they maintain professional standards in a world in which communication is ever-changing.

The number of individuals using social networking is growing at an astounding rate. Facebook reports that there are 150 million accounts in the United States while Twitter manages more than 140 million ‘tweets’ daily. Nurses face risks when they use social media inappropriately, including disciplinary action by the state board of nursing, loss of employment and legal consequences.

ANAs e-publication, ANA’s Principles for Social Networking and the Nurse provides guidance to registered nurses on using social networking media to protect their patients’ privacy and confidentiality. The publication also provides guidance to registered nurses on how to maintain, when using social networking media, the nine provisions of the Code of Ethics for Nurses with Interpretive Statements: the standards found in Nursing: Scope and Standards of Practice; and nurses’ responsibility to society as defined in Nursing’s Social Policy Statement: The Essence of the Profession.

This publication is available as a downloadable, searchable PDF, which is compatible with most e-readers. It is free to ANA members on the Members-Only Section of nursingworld.org. Non-members may order the publication at www.nursesbooks.org.

ANA Supports Efforts to Empower Americans to Get Better Health Care

Silver Spring, MD—The American Nurses Association (ANA) has signed on as a partner with the Robert Wood Johnson Foundation, a national initiative to increase awareness about how critically important it is that Americans take an active role in managing their health and making informed health care decisions.

Convened by the Robert Wood Johnson Foundation, the campaign is supported by the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality, the Office of the National Coordinator for Health Information Technology. A key element of the effort is a new website, www.CareAboutYourCare.org, which includes extensive resources to help Americans understand, identify and receive high-quality health care.

“More than 100 years, the American Nurses Association has been committed to improving the quality of health care and ensuring patient safety,” said ANA President Karen Daley, PhD, MPH, RN, FAAN. “ANA is pleased to support the Care About Your Care campaign to help consumers to be active participants in their health care and to make informed choices.”

ANA Pledges to Help Patients Improve Care Through Use of Electronic Health Information

Silver Spring, MD—The American Nurses Association (ANA) pledged to educate consumers about the benefits of electronic health information, as part of a national campaign launched today to engage consumers in improving their own health through information technology.

ANA made a formal pledge to develop educational materials on health information technology for registered nurses to share with consumers, in support of the Consumer eHealth Program established by the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS). The ANA initiative will help people understand the value of using their electronic health records to prevent illness and manage chronic conditions, and to track history of immunizations, clinical exams and hospitalizations.

Health information technology provides a platform for capturing and sharing standardized data, such as lab results and ensure nothing important is missed through a lost paper trail or failed memory,” said ANA President Karen Daley, PhD, MPH, RN, FAAN.

“Health information technology can improve care by ensuring that data is based on evidence. It also allows health care professionals from different clinical settings and disciplines to communicate effectively about a patient’s care to avoid duplication of services and ensure nothing important is missed through a lost paper trail or failed memory,” said ANA President Karen Daley, PhD, MPH, RN, FAAN.

ANA is positioned to create opportunities that will further engage consumers in improving their own health through information technology.

For more information about the Magnet Recognition Program and to locate a facility in your area, visit www.nursecredentialing.org/Magnet.aspx.

• Consistently deliver better patient outcomes
• Have shorter lengths of patients stays, lower death rates
• Improve patient safety and satisfaction

ANA Explore New Social Networking Principles

Utilizes social media to inform nurses about guidelines

ANAs e-publication, ANA’s Principles for Social Networking and the Nurse provides guidance to registered nurses on using social networking media to maintain professional standards in a world in which communication is ever-changing.

The number of individuals using social networking is growing at an astounding rate. Facebook reports that there are 150 million accounts in the United States while Twitter manages more than 140 million ‘tweets’ daily. Nurses face risks when they use social media inappropriately, including disciplinary action by the state board of nursing, loss of employment and legal consequences.

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This publication is available as a downloadable, searchable PDF, which is compatible with most e-readers. It is free to ANA members on the Members-Only Section of nursingworld.org. Non-members may order the publication at www.nursesbooks.org.

ABA Releases New Social Networking Principles

Silver Spring, MD—the American Nurses Association (ANA) has released its Principles for Social Networking and the Nurse: Guidance for the Registered Nurse, a resource to guide nurses and nursing students in how they maintain professional standards in new media environments.

“Principles are informed by professional foundational documents including the Code of Ethics for Nurses with Interpretive Statements and standards in Nursing: Scope and Standards of Practice; and Interpretive Statements found in the standards that there are 150 million accounts in the United States while Twitter manages more than 140 million ‘tweets’ daily. Nurses face risks when they use social media inappropriately, including disciplinary action by the state board of nursing, loss of employment and legal consequences.

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Advocacy at the State Level: Why it's Important

The American Nurses Association (ANA) addresses many advanced practice registered nurse-related issues at the national level with national stakeholder groups and policy makers. Congress, and federal agencies. However, with the implementation of the “Affordable Care Act” (ACA) and the ongoing scope of practice issues that are to play out in the states, ANA also places an important emphasis on work and in the states, in close collaboration with our constituent and state nurses associations (CSNAs).

One important provision of the ACA that highlights the need for effective national and state partnerships is the establishment of state insurance exchanges. These exchanges—an online marketplace where individuals can purchase health plans—must be up and running by 2013. If a state chooses not to create an exchange, the federal government will step in and do so.

Work is under way to lay the foundation for state-based exchanges, with legislatures in 13 states having passed laws to establish them (Utah and Massachusetts had already created exchanges). A summary of state action toward creating exchanges can be found at www.kff.org/healthreform/8213.cfm. ANA is busy reviewing the proposed rules that will be sections of the rule that address “network adequacy standards” and “essential community providers.” ANA will urge Centers for Medicare and Medicaid Services to broadly define primary care providers to include nurse practitioners (NPs) and certified nurse midwives (CNMs), and to ensure that patients have access to nurse-managed health centers, school-based health centers, and other innovative settings that depend heavily on APRNs to provide care. ANA’s comments on these proposed rules and a host of others can be accessed at http://www.anaphr.org.

While there are some intriguing developments in the direction of federal solutions to scope of practice issues, the current state of scope of practice are the result of state laws and regulations. A variety of initiatives—such as lifting requirements for physician supervision and removing restrictions on prescriptive authority—are on the agenda for many CSNAs. The No. 1 recommendation in the Institute of Medicine Report on the Future of Nursing is, “Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.” This recommendation has generated increased attention to scope of practice problems.

Just as coalition building is crucial to advocacy efforts, efforts to form effective coalitions with consumers and with other health care professionals. In 2006, ANA played a leading role in the formation of the Coalition for Patients’ Rights (CFR), a group of health care provider organizations that responded to efforts by the American Medical Association (AMA) to limit their members’ scope of practice. CFR recently established a State-Based Coalition (SBC) program to facilitate networking and information-sharing at the state level among APRN organizations and to coordinate the activities of state-based CFR coalitions that reflect the national membership. The purpose of these coalitions is to provide an organized, proactive response by stakeholders to scope of practice developments at the state level, particularly attacks by the AMA on the practice authority of APRNs. The new SBC network is www.anaphr.org is an example of the kind of resource sharing CFR facilitates.

The development and implementation of the COI Model of Practice Partnerships is another example of close collaboration between national organizations and efforts in the states. ANA contributed to the development and implementation of the state-level, accreditation, certification, and education (LACE) network at the national level, but much of the work necessary to fully implement the model must be done in the states. ANA continues to provide updates to the states and assistance as requested.

ANA has an exciting array of tools for APRNs, thanks to opportunities provided by the ACA and increased attention to the role APRNs can play in improving access to quality care. ANA urges nurses to get involved at the state level and help leverage these opportunities.

—Lisa Summers is a senior policy fellow at ANA.

Mentoring: The Gift that Keeps Giving

Theresa Latorre-Tegtmeier, BSN

Theresa Latorre-Tegtmeier earned her ADN from Delaware Technical and Community College and her BSN from Wilmington University. Theresa is currently practicing as a med-surg nurse on 1A at Bayhealth Medical Center-Kent Campus and is past president of IA’s Shared Governance Council.

When I embarked on my nursing career, I had no mentor. I worked on the medical-surgical floor. Though I existed in nursing school, my experience was limited to the small amount of time I spent on patient care during my clinical rotations. My initial feelings of working on a busy med-surg floor were ones of fear, intimidation, and inadequacy. Though I had wonderful preceptors who oriented me and guided my transition into nursing, it was my mentor who encouraged me and listened when I needed to work out issues. She opened my eyes to the many gifts I had to offer as a nurse, and helped me follow up with me to this day. By understanding the definition of a mentoring relationship and clearing up misperceptions that exist regarding the current view of mentoring, one can improve practices and develop lifelong connections that will ultimately increase nurses’ satisfaction and reduce turnover rates.

According to Shaneberger, a mentoring relationship is one in which an experienced, proficient nurse, or mentor, is assigned to a younger nurse, or mentee, with the responsibility of the manager. Though they may use it as a tool, mentoring is very different from managing. Managing must keep the focus on the unit and the organization as a whole. Where as a mentor places the focus on the relationship between mentor and mentee and on the individual and his or her career development. Another major misconception is that precepting is equivalent to mentoring. Precepting focuses on the orientation and skill development within a particular environment. It involves evaluating and appraising ones function within that environment. Mentoring is a broader, less structured relationship that does not involve reviewing and evaluating ones performance.

Mentoring is not easy and cannot be done by everyone, as is often thought. To be a mentor one has to be able to make an emotional connection that will allow the development of a trusting relationship. The mentor must be flexible to change and be adept at listening and helping the mentee develop strategies that will help them succeed in their environment. The mentor must be able to provide feedback and guidance to help the mentee succeed. It is important that there be mentors to assist with the development and growth of a less experienced colleague. In today’s busy medical environment, it is imperative that there be mentors to assist with providing the moments of enlightenment that occur when the mentee finally distinguishes the meaning of what it is that he or she is experiencing. Many studies have shown that mentoring is a major factor in retaining new nurses and building a skill base that elicits confidence and performance satisfaction and safety. Despite all the proven, positive results that come from mentoring, it is not formally implemented in many institutions. This is often the result of antiquated views and myths that confuse and obscure present views of mentoring.

It is often thought that mentoring is the responsibility of the manager. Though they may use a mentor, mentoring is very different from managing. Managing must keep the focus on the unit and the organization as a whole. Where as a mentor places the focus on the relationship between mentor and mentee and on the individual and his or her career development. Another major misconception is that precepting is equivalent to mentoring. Precepting focuses on the orientation and skill development within a particular environment.

According to Fox, recruitment and retention of new nurses is a major issue of concern when looking at the healthcare system, and the desire to provide the highest quality care possible. A two-year study by the Coalition for Nurses in Primary Care showed that 35% of nonmentored nurses had left the health care field, while only 5% of nurses who were mentored resigned. The concept of mentoring has been studied and researched by many hospitals. Mentoring often alleviates stress that comes with transitioning from student to practicing nurse. It is often thought that when one begins a new job, one should not be easily overwhelmed and leave the profession. Mentoring is also known to alleviate the negative effects that have been experienced by new nurses when they begin their careers working with seasoned and sometimes disenchanted nurses. Those who consistently complain about patients, doctors, and their administration can leech the positivity that new nurses have. Driscoll lists ten characteristics that mentors can use to nurture the new nurse and foster a positive, respectful environment where everyone can flourish. Simple steps such as being respectful, encouraging participation and inclusion, and especially acting like mirrors that reflect positively on each other are steps that everyone can implement immediately.

Nursing is a wonderful and rewarding profession. It can also be strenuous, taxing, and daunting. It has been proven that formal mentoring programs can be beneficial to both mentor and mentee because they will take their way through their initiation into nursing and beyond. The mentor provides the mentee with the support they need to fully succeed in the art of nursing. The mentors positive attitude, and ability to negotiate and resolve conflicts help the mentor grow in their position, and the mentee becomes a more positive, resilient nurse and the organization retain high quality nurses who care about their practice.

References:
The Impact of Cultural Awareness on a Mentoring Relationship

Eunice B. Gwanmesia, MSN, MS (in HealthCare Administration), RN

Eunice Gwanmesia earned her BSN from Delaware State University and her MSN and MS from Wilmington University. She is currently enrolled in a doctoral program with anticipated graduation date of 2014. Eunice worked as a staff nurse in ICU at Bayhealth for eight years before moving into academia. Currently, she continues to work PRN as a staff nurse on an oncology unit at Bayhealth when not teaching. She is currently a nursing instructor at Delaware State University where she has taught for eight years. Eunice can be reached by email at agegwanmesi@deau.edu or on her cell phone at (302) 399-5776.

For a long time I’ve wondered where I would be today had I not had the mentors who have made a difference in my life. Teachers in the classroom and in the workplace make a difference in the lives of their students, and I believe several of my teachers made a difference in mine. I grew up in Kumbo, a small town in the Northwest Province of Cameroon, West Africa. I remember vividly the years I spent in Kumbo. During those years there were two teachers, who I can say with certainty, helped to make me who I am today.

The first was late Vincent Jaff who taught me in form one at St. Augustine’s College Nso, Cameroon. He was an intellectual who had a passion for teaching. He cared about his students and always reminded us that we can be whatever we make our minds to be and that nobody can stop you from reaching your goals if you are determined. The second teachers were my mother and father. They taught me that I was the best. They instilled in me the value of education and the desire to work hard for a better future. My mother always told me that education is ‘everyone’s first husband’: Four years after migrating to the United States, I completed a Bachelor of Science degree in nursing and passed the NCLEX examination, and gained employment in the intensive care unit in a local hospital where everybody was different and spoke with a different accent. Many nurses claimed not to understand me because I had a different accent and looked different. My life changed when a dedicated and caring nurse called Angel Dewey took me under her wings and became my mentor and mentored me into the culture of the unit. Angel was selfless with her time and commitment. She taught me to always want more and strive for excellence and advised me how to reach my goals. On the other hand many experienced nurses have horrible stories related to the painful experiences as they transitioned from school to the workplace as new graduate nurses. Therefore, with these past experiences and the current state of our health care system and increasing patient needs, I believe that mentoring is needed more now than ever before.

An early definition of culture in the 1950s came from Leininger. She defined culture as, ‘Learned, shared, and transmitted knowledge of values, beliefs, and life ways of a particular group. These values and beliefs are passed on from generation to generation and influence thinking and decision making’. This has contributed to the increase in the diverse population in the United States workforce and the expansion into the global arena, there is also increased communication and interaction across cultures. With this come challenges of cultural understanding nurses are obliged to become culturally sensitive and competent to effectively mentor new nurses, especially those from other cultures. Culture influences virtually every aspect of life, from one’s general perspective or outlook on the world to the understanding of what constitutes socially acceptable behavior. Therefore, to expand the capacity for professional caregivers to meet the needs of a diverse society, peer mentors, and faculty mentors are in great need. Berman et al stated that cultural awareness is the first step in achieving cultural competence among a diverse population. ‘Professional relationships, understanding patterns of others and not theirs. However, mentors are in great need of cultural awareness in a mentoring relationship(8)’.

With the increase in the diverse population in the United States workforce and the expansion into the global arena, there is also increased communication and interaction across cultures. With this come challenges of cultural understanding nurses are obliged to become culturally sensitive and competent to effectively mentor new nurses, especially those from other cultures. Culture influences virtually every aspect of life, from one’s general perspective or outlook on the world to the understanding of what constitutes socially acceptable behavior. Therefore, to expand the capacity for professional caregivers to meet the needs of a diverse society, peer mentors, and faculty mentors are in great need. Berman et al stated that cultural awareness is the first step in achieving cultural competence among a diverse population. ‘Professional relationships, understanding patterns of others and not theirs. However, mentors are in great need of cultural awareness in a mentoring relationship(8)’.

Mentoring when done effectively with mutual trust and respect has a positive effect on employees professional and career success. An effective mentor- mentee relationship can result in job satisfaction, high-quality health care, and improved patient outcomes.

According to Hill(6), racism and sexism are barriers to effective and non-discriminatory practice when mentoring nurses from other parts of the world. Mentoring has an impact on employees when a good ‘match’ is made and when mutual interest, respect, and trust are the focus of the relationship. Also gender, race, ethnicity, and culture shape a mentoring relationship. Nurses just like any human being have the tendency to question the cultural patterns of others and not theirs. However, anyone involved in a mentoring relationship must be culturally aware and sensitive to have a positive relationship. If the mentee and mentor focus on both the differences and similarities, they are challenged to reflect on their preconceptions and prejudices and build a trusting relationship. Keeping in mind the multicultural world we live in can help us understand more about the world we live in can enhance the mentor- mentee relationship. Accepting that one way may not always be the right way; being honest when examining prejudices and stereotypes is ways of developing cultural awareness in a mentoring relationship. Race & Skees(6) stated that high quality effective mentoring is a valuable tool in recruiting and retaining nurses. Also effective mentoring begins with organizational commitment to mentoring and support from key administrators and non-discriminatory practice when mentoring nurses, educators, and nurse leaders.

In conclusion, to develop an effective mentor- mentee relationship the partners must have open, honest, and discreet communications and above all trusting and culturally sensitive relationship. There also must be a mutual attraction; to maintain a relationship one must be culturally aware and sensitive to the meaning of a mentor has come to signify a wise, mentor is the name of the trusted counselor who cared for Odysseus’ son, Telemachus, who Odysseus was away from home. Per Hall, Ropers, and Rogers-Hullman(5) the modern-day meaning of a mentor has come to signify a wise counselor, a trusted teacher, and a role model. A wonderful gift to give and receive is mentorship. A wonderful gift to give and receive is mentorship. With this come challenges of cultural understanding nurses are obliged to become culturally sensitive and competent to effectively mentor new nurses, especially those from other cultures. Culture influences virtually every aspect of life, from one’s general perspective or outlook on the world to the understanding of what constitutes socially acceptable behavior. Therefore, to expand the capacity for professional caregivers to meet the needs of a diverse society, peer mentors, and faculty mentors are in great need. Berman et al stated that cultural awareness is the first step in achieving cultural competence among a diverse population. ‘Professional relationships, understanding patterns of others and not theirs. However, mentors are in great need of cultural awareness in a mentoring relationship(8)’.

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6. Race TK, Skes J. Changing tides: Improving outcomes through mentorship on all levels of nursing, 2010; Critique Nursing Ethics, 33(2): 164.
8. Race TK, Skes J. Changing tides: Improving outcomes through mentorship on all levels of nursing, 2010; Critique Nursing Ethics, 33(2): 164.
Mentoring in Nursing: A Key Component of Future Growth and Success as a Profession

Megan McNamara Williams, MSN, FNP

Earned a BA in Anthropology and BS in Nursing from the University of Delaware in 1994, completed my MSN and Family Nurse Practitioner certification at University of North Carolina-Chapel Hill in 2005. Megan has worked as RN and FNP in wide variety of in-patient and out-patient settings. She is currently pursuing a Doctorate of Nursing Practice at Jefferson University while work fulltime at Beebe Medical Center in Lewes, DE. Megan is the Delaware State Rep for the American Academy of Nurse Practitioners and a founding member of the Delaware Coalition of Nurse Practitioners.

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It is two o’clock in the afternoon and I wake up in an utter panic. I forgot to give Mr. C his morning dose of insulin! Will he be OK? Will they cancel his surgery? Will I lose my job, my license? I began to breakdown in tears. I do not think I can do this. This is not how I thought it was going to be. Becoming a nurse has left me stressed, irritated and on the brink of breakdown.

At the time, I felt like I must be the only nurse in the world who felt this horrible, this overwhelmed by my new role as a night-shift cardiac nurse. The reality is, I was not alone. In fact, most of my peers who were now beginning their first jobs as a Registered Nurses, were feeling the same desperation.

The first months, even years, of practicing as a nurse can be painful and chaotic, which leads to mental breakdown. Indeed, 66% of new nurses report symptoms of burnout and depression within the first two years of practice. Sounds like a prescription for success, huh?

In the Fall of 2010 the Institute of Medicine in conjunction with the Robert Wood Johnson Foundation, released the report The Future of Nursing: Leading Change, Advancing Health. This was truly a defining moment in nursing history. The report highlights the many strengths of nurses and emphasizes the importance of maximizing the vital role and full potential we have in designing and implementing a more efficient and effective health care system. In order to fulfill this role, several recommendations were made. One recommendation focuses specifically on attracting, retaining and preparing nurses into the health care field. This certainly sounds simple enough, yet as many in nursing will tell you, it is actually one of the greatest challenges we face.

Why is it so difficult to recruit and retain nurses? The example above is by far a mild depiction of the stressors faced by nurses today, but it highlights the feelings that most experience during the first few years of practice and beyond. If we aim to support our nurses and create a working environment that fosters growth, it is imperative that we develop programs and models of transition into practice that provide us with the clinical skills and social support to excel as leaders in health care. As a result of this need, many health care organizations are implementing mentorship programs for their nursing staff.

A mentor, by definition, is a trusted counselor or guide and the goal of a mentor-mentee relationship is to promote career development and success by guiding, reflecting on strengths and weaknesses, establishing goals and evaluating achievements and failures. This relationship is different from a preceptorship in that, the role of a preceptor is more limited, focusing specifically on learning tasks and implementation of mentoring programs. We know best how to mitigate the stresses and overcome them, to succeed in providing quality care for our patients. Nursing is the most trusted profession and we truly believe that we are all provided education and support, we will realize our full potential as highlighted in the recent IOM report and prove to be integral leaders in our new health care system.

References

Megan McNamara Williams
Diversifying Health Care: The Positive Impact of Mentoring in the Community

Kimberly K. Holmes, RN, MSN, PCCN

Kimberly K. Holmes, RN, MSN, PCCN earned her BS in Nursing from Delaware State University and her MSN from Delaware State University. Kimberly is currently completing a post-master’s certification in Adult Health, Clinical Nurse Specialist at the University of Delaware. Kimberly is board certified in Adult Progressive Care Nursing at Bayhealth Medical Center- Kent Campus. She is a Clinical Practice Leader in the Cardiac Catheterization and Electrophysiology Laboratories. Kimberly is the co-chair of the Diversity Committee at Bayhealth Medical Center. She is also an avid volunteer for the American Heart Association, as well as, community member. Kimberly is a Nurse Practitioner and my passion is education. Our paths crossed at an eye-opener and challenger makes navigating the future.

Considering all the various ways a nurse can positively influence outcomes through teaching, I ask the question “Why not mentor?” Mentoring is a way to help young people develop their potential and shape their future. Mentoring is in a sense a relationship that involves teaching, a caring and compassionate fashion. The number one goal of a mentor is to be a positive adult role model. Following the advice of Mentoring, forty percent of all children at some point will reside in single parent households. These children can benefit greatly from the emotional support and guidance that a mentor can provide. A mentor is also able to instill confidence in the mentee which will enable the mentee to establish a clear vision for the future. Native American statistics on mentoring conclude that in comparison to non-mentored peers, mentored youth were more likely to enjoy school, go on to higher education, and avoid substance abuse.

As the United States becomes increasingly more diverse, it is imperative that nursing reflects that diversity. The minority population in the United States has reached 104.6 million, which translates into one out of three residents being a minority. Minority youth do not have the social or academic advantages that non-minority youth have. This scenario all too often results in a lack of success in education. Mentoring can provide a solution to this problem. By offering a minority youth a chance to be mentored, there is an increase in self-motivation and a decrease in teenage pregnancy. Minority youth can be educated and mentored.

As the minority population becomes more diverse, it is imperative that nursing reflects that diversity. As the United States becomes increasingly more diverse, it is imperative that nursing reflects that diversity.

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1. Benner, P. (2000). From novice to expert: Excellence and power in clinical practice and judgment to new nurses. Dracup and Bryan-Brown state mentor-mentee relationships should be partnerships that are respectful, mutual and equal. Their work suggests that such relationships are nurtrural and give life-long confidence to both parties.


3. Bonaduce and Quigley speak of millennial mentoring. They see the importance of providing a role model to those who desire to have someone to look up to.


A Gift to Give and Share

Kathleen W. Neal, MSN, RN, CRRN, CPN

Kathleen W. Neal, MSN, RN earned her BS in Nursing from Wilmington University and is currently pursuing her PhD in Higher Education at Widener University. She holds certifications in both Adult Progressive Care and Rehabilitation nursing, and has fourteen years of pediatric nursing experience. She is currently the Nurse Orientation Coordinator at Nemours/Alfred I. duPont Hospital for Children and a non-adjunct faculty position with Wilmington University. Kathy can be reached by email at kNeal@nemours.org or at her office at (302) 651-5548.

My first nurse-mentor was “just a nurse” as she liked to say. She worked in the office of my family physician. Because I had many small children, I saw her frequently. I shared with her my secret – I had decided to leave my career in financial services to pursue a career as a nurse. Her immediate response was not that of so many others – that I would miss the money, the prestige or the travel. She simply said that she was thrilled for me, and she would be there if I needed help or support. As the class work overwhelmed. They knew that their mentor would help when needed. This made it a safe environment to learn and to grow their practice in amazing ways as a result of mentoring experiences.

If given a few minutes, many of us can picture that one person who really made a difference in our career. The person who helped to keep you from feeling totally overwhelmed. It was the nurse who let you talk when you were trying to make a big decision. They were the ones who were there to support you. They already knew what you needed to do to take your career to the next level. Take a few minutes to remember how you can at support them. Consider mentoring someone, as a thank you to your mentor. And, thanks, Sandy! You made all the difference in my life!

References

Nurse—RN

Bright Horizons Family Solutions is the nation’s leading provider of workplace childcare. We have corporate childcare centers nationwide and are currently recruiting for a “School Nurse” at our children’s center in Charlotte, NC.

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call 800-441-7048 ext. 23678

Kimberly Holmes
Kimberly K. Neal

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AA/EOE
How Mentors Have Influenced My Nursing Career

Capturing Nursing History

Do you remember sharpening needles? Or maybe you can remember donning your nurse cap and wearing uncomfortable while polyester pants. Do you have a patient that you can’t forget? What have you learned along the way?

These are the types of topics the Delaware Nurses Association is looking to capture. As we come to the end of DNA’s Centennial Year, it is an ideal time to capture the history of individual nurses to learn from their experience, share in their stories and learn from the past. The Delaware Nurses Association would like to capture your stories and perspectives. By capturing this valuable history, nurses can learn from the contributed experiences, share in the stories and learn from the past. Please visit www.denurses.org for more information and to download the questionnaire. This opportunity is open to ALL nurses! Please share and distribute!

Defining a Mentor

A mentor is defined as a coach or advisor, who is someone who exemplifies the profession and becomes a role model. They help create a plan for professional development and are approachable. A mentor is someone you trust and can share your professional experiences with. A mentor is a resource that you can rely on to keep growing. A mentor is someone you can count on to provide advice and support in your career.

The Incumbent in this Position

The incumbent in this position is responsible for developing, implementing and overseeing the new accredited associate degree program in Health Information Technology. Oversight also includes the active Medical Coding Studies Program and the Medical Transcription Program. Responsibilities include organization, administration, continuous program review, planning, development and general all-inclusive effectiveness of the program. Time is devoted to curriculum implementation, development and evaluation, student advisement, teaching classes, program management, accreditation and administrative duties.

Minimum Qualifications:

- Bachelor’s degree in a relevant field. Master’s degree preferred.
- Four (4) years of relevant experience
- Ability to effectively communicate subject matter content and to relate to a student population in an educational environment.
- Certified as a Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) as required for accreditation.

Salary to be determined by relevant education and experience.

In order to be considered for this position, a DTCC Employment Application must be received by the College by the due date/time. Request an application and list of Principal Authorities by emailing w-jobs@dtcc.edu, or by calling (302) 573-5469 or (302) 454-3916.

**Highly Competitive Benefits Package**

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Research Recruitment

Researchers are eligible to submit research recruitment notices for distribution via the DNA member email list and on the DNA website. Research notices will be included in the weekly email to members. By submitting your recruitment notice, your research request has a good chance of being viewed by a large audience. The DNA website receives approximately 980 unique visitors per month*. For more information, please visit: www.denurses.org

* Based on statistics from April 1-21, 2011

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Don’t Wait.
Because one in eight is one too many.

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The monthly sessions were very busy and productive and the fall is going to be very busy as well. The President of the board, Evelyn Nicholson, and I attended the National Council of State Boards of Nursing (NCSBN) annual meeting in Indianapolis, IN August 3-5, 2011, and I attended the Nurse Licensure Compact Council (NLCA) meeting on August 2nd. Both meetings were informative with many business initiatives. Information was presented from the National Council of State Boards of Nursing. The Assembly adopted revisions to the Uniform Licensure Requirements which assists nurse mobility. There were 56 boards represented at the meeting.

The NCSBN sponsors numerous meetings throughout the year and Delaware board members and I attended the Education Committee conference in August, and Dr. Bob Contino (Vice-President and Educator member) attended the NLC Conference in September. We are very fortunate to have active board members who participate in conferences and then bring information back to keep us informed.

The committees of the board are also actively working on many initiatives and committees, chaired by Lynette Byrd (RN member), for example, Roger Akin (Hearing Officer) attended the Attorney/Investigator Symposium in May. Dr. Mary Lomax (public member) attended the NLC/Consumer Meeting in June. Pam Tyranski (RN member) and Tracy Littleton (LPN member) attended the Long Term Care Conference in August, and Dr. Bob Contino (Vice-President and Educator member) attended the NLC Conference in September. We are very fortunate to have active board members who participate in conferences and then bring information back to keep us informed.

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Welcome New Members!

Jennifer Adams Wilmington
Walle Adams-Gerlts Wilmington
La Donna Allen Smyrna
Norberto Aquino New Castle
Stephan Betins Rehoboth Beach
Sabina Bonfadini Dagsboro
Beverly Bull Hockessin
Anne Cloud Hockessin
Beth Collins Frankford
Jessica Creeden Greenwood
Mary Ann Faralli Bear
Cynthia Griffin Middletown
Jennifer Heaney Smyrna
Mary Beth Hocutt Wilmington
Kimberly Hollowell Dover
Sung Hughes Smyrna
Jennifer Joy Dover
Nancy Lambert Newark
Taffy Lang Dover
Michelle Lette Camden, WY
Elizabeth Light Selbyville
Lauri Mahoney Wilmington
Melodye Neal Wilmington
Ezekiel Osundina Newark
Catherine Priem Townsend
Ann Marie Records Newark
Melissa Schriber Clayton
Ellen Schwartz Wilmington
Daneen Smith Newark
Cristina Strain Wilmington
Alma Surratt Mendenhall
Deborah Warshawsky Camden
Denise Zavitsky Dover

On July 27th, the Delaware Nurses Association took off for Washington DC on our first ever Road Trip. Sixty two participants joined DNA on its maiden voyage to visit with ANA Government Affairs staffers and to meet with our national legislators. Nate Parker-Guyton MSN, RN, NEA-BC, CPHIMS, treasurer of the DNA and first Delawarean to be elected to a position in the ANA-Congress on Nursing Practice and Economics gave a motivating lecture on the merits of participating at the state and national level.

The success of this Road Trip has lead to the planning of an April 2012 DC Road Trip. In addition to meeting with ANA staffers and legislators, participants will be able to enjoy festivities of the Centennial Celebration of the Cherry Blossoms.

Bus Trip 2011

It’s the people we help.......
Mentoring is described as wise guidance, advisement, teaching, or counseling. Nurse mentors are viewed as experienced and knowing professionals who are willing to share their knowledge and capabilities with lesser experienced colleagues. The relationship grows and may continue forever. Useful qualities include mutual respect, positive and proactive belief about the profession, communication, commitment, common interests, and role development through life-long learning. This column provides articles, books, toolkits, position papers, and evidence-based practice findings about mentoring.

ARTICLES:

BOOKS:

TOOLKITS:

POSITION PAPERS:

EVIDENCE-BASED PRACTICE:
“Why did you want to become a nurse?” is a question all nurses have been asked at some time. And a common answer is “I want to help people.” But becoming a nurse and working in the health care field may leave nurses with a desire to do even more. More? More? How can you do even more?

Think about getting involved in your community as a volunteer through Red Cross as one excellent opportunity to do more. Jane Delano RN, a national leader in the nursing community, established the Red Cross Nursing Service in 1909. Red Cross nurses were the first public health nurses and served with the military in World Wars I & II.

Nurses today serve in a variety of roles within Red Cross, across all lines of service. They serve in management and supervisory positions, as employees and volunteers, as providers of direct care services to those affected by disasters, as teachers, and as representatives of the Red Cross with local and community partners.

As of 2011, our disaster health services response is provided within a nurse-led model of care, using licensure/certification and scope of practice in a community setting. Red Cross nurses provide services to individuals and families who lived at home prior to large disaster events such as hurricanes or floods, as well as to help local chapters respond to client needs for local disasters such as multi-family house fires. Nurses also help Red Cross in teaching preparedness, health and safety classes, working with our armed forces and veterans, helping with biomedical services to ensure a safe and adequate blood supply, or working locally to aid international services.

Red Cross nurses also work in collaboration with external partners such as the Medical Reserve Corps and local health departments. Other members of the Red Cross Disaster Health Services team include physicians, nurse practitioners, psychologists, social workers, EMTs (all levels), student nurses, and certified nursing assistants. Students and new graduates also find volunteering with Red Cross provides excellent experience and individual fulfillment.

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