



The Ottawa Hospital | L'Hôpital d'Ottawa

# Paying It Forward!

## The Ottawa Hospital Mentoring Program

OCSWSSW Education Day 2013

Judy Vokey Mutch, MSW, RSW  
Karen Nelson, MBA, MSW, RSW

# Outline of presentation



- Defining mentoring in the Social Work context
- Objectives
- Getting started
- Process
- Criteria
- Contract
- Outcomes and Evaluation
- Summary

# Context: TOH Social Work



# Why a mentoring program?



- Sense of belonging
  - Program management and social work in hospitals  
(Globerman, Mackenzie Davies & Walsh, 1996; Berger et al., 1996; Globerman, White & McDonald, 2002)
  - Career advancement
  - Continuation of the support and teaching of supervision
- Staff recruitment and retention
- Healthy workplace



# Supervision versus Mentoring



- **Supervision:** formalized activity with an evaluative component which has 3 functions:
  - 1) Administrative – ensure staff meet agency objectives
  - 2) Educational/Clinical – convey skills and knowledge
  - 3) Supportive – increase self-awareness and reduce job stress(Bogo & McKnight, 2009; Kadushin & Harness, 2002; Tsai, 2005)
- **Mentoring:** formalized activity which is non-evaluative which has 2 functions:
  - 1) Educational – exposure to new practice areasPeer support
  - 2) Supportive – provides peer support, opportunity for self reflection

# Coaching versus Mentoring



- Coaching
  - Focus on the job not the protégé
  - Coach may not have direct experience in the role
- Mentoring
  - Exclusively focused on goals of the mentee
  - Non-hierarchical (Morton-Cooper & Palmer, 2000)



# Mentoring



- Mentoring:



# Objectives



- nurture and support continual learning
- encourage professional skill building
- promote insight into practice
- provide an opportunity for self-reflection
- reduce isolation (Globerman, White & McDonald, 2002)



# Development and Implementation



- developed and modified to suit social workers' unique needs
- primarily for self reflection, coaching, and support and not hierarchical advancement



# Launching the program



- Staff volunteered to form a Committee to develop the program
- Importance of leaders (champions)
- Conceived and implemented by social work staff in November 2006
- Program launched with 10 matches
- Tipping point critical to success
- Over 100 TOH social workers involved in the program (over 50% of staff)

# Getting Started



1. Introduce the program to staff to recruit volunteers
2. Relate the purpose of the program to identified staff needs
3. Provide initial training and orientation session
4. Schedule follow up sessions to find out what was working or not working
5. Sanction as an ongoing work related activity
6. Enshrine as part of the professional practice structure

# Criteria



- Mentees must have finished clinical supervision and completed Ottawa Hospital Core Competencies
- Mentors must have FIVE years experience in health care
- Staff welcome to enter the program throughout their career
- Cross campus and cross program contacts encouraged
- Must make commitment to relationship for one year
- Being a mentor “...increased my skills with teaching and renewed my interest in social work practice and research areas.”

# Process



## Working Committee (at least 3 staff)

- Coordinates application process
- Creates matches
- Oversees evaluation process
- Provides educational events
- Recognizes mentors and mentoring relationships
- Checks in on pairs
- Addresses challenges in relationships if they occur
- Works on a rapid cycle improvement model

# Matching



- Process is intentional and purposeful
- Maintenance of roster of mentors
- Initially all matches were reviewed by Professional Practice Committee
- Now mentees and mentors request matches or mentees are paired with available mentors by committee
- Profile summary used to assist in matching
- Small rate of incompatible matches to date

# Contract



- Verbal contracting
- Professional and confidential relationship
- Focus on mentee's learning goals
- Requires commitment to participation for one year
- Suggested two hours of meeting time per month
- Clear expectations re: non-evaluation, no supervisory responsibilities on part of mentor
- Participation in quarterly meetings



# Setting Goals



Purpose of goal setting :

- Clarify expectations
- Schedule meeting times
- Identify the mentee's objectives for the relationship
- Learn about each other's styles
- Move towards spontaneous discussions

# Mentoring



Mentoring:



# Mentor Role



- provide a trusting environment
- instills confidence
- safe to discuss issues
- confidential and non-evaluative

# Qualities of ideal mentors



- Good listeners
- Confidential in all matters relating to mentee
- Tolerant, non-judgmental
- Reliable
- Consistent
- Eager to learn, inquisitive, open to new approaches
- Supportive presence

# Benefits for TOH Social Work



- ✓ Retention of social workers to hospital
- ✓ Professional development of social workers
- ✓ Morale of social workers
- ✓ Cost benefit
- ✓ Leadership development
- ✓ Addressing the gap between junior and senior employees
- ✓ Engagement – Hewitt Engagement Survey 2012 results put TOH Social Work on par with top employers in Canada

# Mentors



Mentors:



# Benefits for Mentors



## **Career Development:**

- remuneration and promotions

## **Personal Development:**

- insight into new perspectives and ideas that contribute to professional development.
- encouragement, inspiration, enhanced self-esteem and revitalized work interests

## **Learning:**

- enhance abilities as a leader and teacher

## **Motivation:**

- a sense of pride around contribution to the organization; increased respect among their colleagues



# Benefits for Mentees



- Increased engagement
- Improved confidence: nudging, supporting, “You can do this”
- Increased sense of support
- Time for self-reflection
- Stronger clinical skills
- Broadening of professional network
- Defining of career goals and direction
- Investment in self
- Pursuit of new knowledge and practice skills

# Importance of Formal Structure



- Provides a framework
- Intentional, purposeful, sanctioned
- Saves time for mentee in trying to find specific mentors
- “Without structure, mentorship could easily slip into a buddy system without focus”
- Promotion and recognition activities
- Use of testimonials

# Mentoring Program Evaluation



- Approved by TOH Research Ethics Board
- Three-stage Evaluation:
  - 2008: Open-ended questionnaires for both Mentors (N=13) and Mentees (N=6); *56% response rate*
  - 2009: Qualitative interviews with both Mentors (N=7) and Mentees (N=2); *30% response rate*
  - 2010: Focus group with Mentees (N=11); *30% response rate*
- Qualitative Analysis



# Key Findings: Questionnaires and Interviews



- Program met its goals of:
  - Nurturing staff development/professional growth
  - Promoting insight into practice through self-reflection
  - Reducing isolation
  - Providing knowledge acquisition
- Program did not have a large impact on:
  - Fostering enthusiasm



# Key Findings: Questionnaires and Interviews



- Barriers to the program's success:
  - Time commitment required
  - Perceived lack of support from management
- Importance of Trust and Equality:
  - Necessary component of successful mentoring relationship
  - Linked with ability to choose one's own Mentor
  - Mentees are cautious and need assurance that the relationship is not a monitoring system or supervision

# Key Findings: Mentee Focus Groups



- Nurtured Staff development/Professional Growth
  - (e.g., reflecting on one's career path; exploring other clinical content areas)
- Increased knowledge/skills
  - (e.g., benefitting from Mentor's experience; learning new skills in motivational interviewing; developing clinical impressions; charting)
- Reduced isolation

# Key Findings: Mentee Focus Groups



- Important opportunity for insight into practice:
  - *“This experience was excellent since it made me have some time out of my busy day and activities to do something I almost never have time to do, which is reflect on my entire day and scope of practice.”*  
(Mentee)
  - *“It gave me more insight on how to do things differently and how to improve myself.”* (Mentee)



# Staff Development/ Professional Growth



- *“Assisting [my] mentee with conflicts and helping her to resolve them reminds me to explore other options in my own practice as well. It makes me a better worker overall.” (Mentor)*
- *“It gives me a stronger sense of belonging and has made me feel more validated by management that our professional needs/development is important not just productivity. It humanizes the workplace.” (Mentee)*

# Self-Reflection



- *“Having an opportunity to discuss work issues several times a month affords a moment in a busy day to slow down and think about the work we do and the ways we do it.” (Mentee)*
- *“I was encouraged by my mentor to come up with a topic for discussion, it made me reflect on what I knew, my knowledge regarding my scope of practice/ my service, my knowledge as a social worker and at the same time I realized what I knew was also of interest to my mentor.” (Mentee)*

# Reduced Isolation



- *“Having time to share experiences and having support from a colleague has been a wonderful experience for me.” (Mentee)*
- *“ Being a mentee made me realize I wasn’t alone, our mentors had struggles just as much as we did.” (Mentee)*

# Knowledge Acquisition



- *“Thus far, it has fostered an opportunity to reflect on my practice and gain further knowledge and expertise in my day to day practice with clients.” (Mentee)*
- *“ I thought it was very beneficial for me, I learned from my mentor’s experience about the area she was in which was of interest to me too, it also increased my knowledge re: my practice.” (Mentee)*

# Suggestions for Improvement



- Questionnaires/Interviews Participants (both Mentors and Mentees):
  - More formal program structure
  - Further training defining Mentor role
  - Opportunities to choose one's own Mentor
  - Use of technology to facilitate communication
- Mentee Focus Group Participants:
  - Increased support from Mentoring Program:
  - Formal emphasis on confidentiality and trust
  - Opportunities to choose one's own mentor



# Evaluation Conclusions



- Study Limitations
- Overall Conclusion:
  - The Mentoring Program is meeting its originally defined goals.

# Applying the Findings: Improved Program Structure and Mentee Choices



- Key Changes Moving Forward:
  - Revised training sessions; clear definitions of the Mentor role and boundaries
  - Formal education sessions for Mentors and Mentees
  - Mentees are able to chose their own Mentors
  - Bi-monthly telephone support from Coordinator
  - Plans: develop on-line forum; offer quarterly peer support meetings for Mentees





- Acknowledgements re the evaluation portion:
  - Heather Holland
  - Melissa Love
  - Shawna McCusker
  - MaryAnn Notarianni
  - RoseMarie Garces
  - Jeff Goldman
  - Michelle King-Stacey
  - Rita Ofili
  - Leanne Watson
  
  - Karen Schwartz, PhD.

# The Future



- Ongoing evaluation and feedback
- Mentoring established as an important professional practice activity
- Primary component of professional development
- Sharing program model with other healthcare settings
- Publishing qualitative results
- Introducing potential of Facetime, Skype and electronic mentoring across campuses

# Summary



- Overall, the TOH Social Work mentoring program offers a self-directed opportunity to self reflect, develop confidence, enhance resource gathering networks, strengthen problem solving skills, and gain insight into the practice of social work in healthcare
- Sustainability:  
Mentors ask to repeat the experience  
Mentees become mentors

# Questions:



Judy Vokey-Mutch [jvokey-mutch@toh.on.ca](mailto:jvokey-mutch@toh.on.ca)

Karen Nelson [knelson@toh.on.ca](mailto:knelson@toh.on.ca)

## Acknowledgements:

Genevieve Cote, Oncology Professional Practice Leader, TOH

Tamzin Cathers, Social Work Research Co-ordinator, TOH