MENTOR TRAINING

Presented by: CDR Claire Karlson

MENTORING WORKGROUP TEAM LEADS:
CDR CLAIRE KARLSON
CDR SHERRY SECRIST
CAREER DEVELOPMENT
SUBCOMMITTEE OF THE
NPAC

- Leads: CDR Marilyn Ridenour and CDR Mei-Ying Li

- Goals of Career Development Sub-Committee (CDS) include:
  - Participating in activities related to the identification of career needs of PHS nurses and facilitating programs to meet identified needs
  - Identifying resources within HHS personnel systems and developing additional resources, as necessary, to facilitate career development for nurses.
Consistent with these goals, the CDS has formed the Mentoring workgroup with the following goals:

- Facilitate the transition of junior nurse employees (civil service, tribal and CC officers) into the U.S. Public Health Service
- Identify nurse mentor(s) to provide information and serve as a resource to fellow PHS nurses throughout their career
- Promote career development for the mentee thus providing a rewarding experience for both the mentor and mentee

The program brings PHS nurses who have strong leadership abilities and critical knowledge into mentoring/coaching relationships with less experienced PHS nurses
The Mentoring Workgroup (MWG)

- **MISSION STATEMENT**
  - Serves to provide career development information to civilian, tribal, and CC PHS nurses in an effort to assist them in achieving their career goals
    - Who provides this information

- **VISION STATEMENT**
  - To provide a centralized resource through which experienced nurses share career development information with less experienced nurses.
OBJECTIVES

The N-PAC Mentoring Program seeks to:

- Provide PHS nurses the opportunity to share their knowledge, experience, insight and guidance to support the development of high-performing PHS nurses and future leaders.
- Provide mentees with the opportunity to gain broader perspectives about PHS nursing, including its values, norms, expectations and culture.
- Empower mentees to be more proactive in planning and achieving their professional goals; thereby enhancing their ability to make productive career decisions.
- Encourage PHS nurses to participate in the development of others through the sharing of their expertise and knowledge.
- Assist CC nurse officers to continue their professional growth upon Call to Active Duty (CAD) by educating nurse officers on policies and procedures, assisting nurse officers with their promotions and maintaining CC Basic Readiness, guiding nurse officers in proper and available avenues to maintain their nursing licenses, education, and skills, and providing a resource to nurse officers for all questions and concerns.
ROLES & RESPONSIBILITIES

- **Mentoring Working Group (MWG)-**
  
  - Comprised of members from the CDS responsible for the creation, implementation, and monitoring of the N-PAC Mentoring Program. Members of the MWG will be responsible for monitoring the AOL account, responding to routine inquiries, and assigning mentors, as appropriate.

- **Mentoring Working Group Team Leads (MWG TLs)-**
  
  - Leads of the MWG are responsible for the overall direction, successful implementation, and reporting on the Mentoring Program.
ROLES & RESPONSIBILITIES

- **Mentoring Working Group IT Lead-**
  - Member of the MWG responsible for tracking all progress and providing reports to the MWG TLs on program usage.

- **Regional Mentor Coordinators / Mentors-**
  - Selected from a pool of volunteers with a premium placed upon broad knowledge of the culture and workings of the CC, Civil Service, or tribal personnel system generally, and the Nurse category specifically.
MENTORING WORKGROUP MEMBERS

- CDR Shawn Armes – BOP
- LCDR Sidney Hairston – HRSA
- CDR Jason Hartford – FDA
- CDR Jason Humbert – FDA
- CDR Melissa Robb - FDA
- CDR Deborah Schneider – DIHS
- CDR Duane Wagner – OS
- LT Christine Collins- OS
- Team Leads: CDR Claire Karlson and CDR Sherry Secrist
REGIONAL MENTOR COORDINATORS

- REGION 1: LCDR Janice Arceneaux
- REGION 2: CDR Allen Blankenship
- REGION 3: CAPT Lori Hanton
- REGION 4: CDR Cathy Miller
- REGION 5: CDR James Pappas
- REGION 6: CDR Deborah Schneider
- REGION 7: CDR Jill Eich
- REGION 8: CAPT Amy Anderson
- REGION 9: CDR Janet Mehring
- REGION 10: CDR Richard Leland/CDR Deanna Casiano
WHO IS THE MENTOR

❖ YOU
MENTOR

- Be a good listener
- Have empathy not sympathy
- Needs political savvy
- Good at generating alternatives
- Comfort at the feeling level
- Talk the talk and walk the walk
- Most important – provide consistent and correct information on programs and policy
MENTORING VS COACHING

- **WHAT IS THE TIME FRAME TO BE CONSIDERED COACHING?**
  - An example of Coaching

- **WHAT IS THE TIME FRAME TO BE CONSIDERED MENTORING**
  - An example of Mentoring
MENTOR

- Provide essential ongoing support
- Training/coaching
- Troubleshoot issues
- Identify opportunities

Ambassador
  - Passion
  - Excellent communication
  - Organizational skills
IDENTIFY YOUR OWN MENTORS:

- Someone who took an interest in your life
  - A role model
    - Someone who took an interest in your welfare when you were starting a new job, a new sport
    - Someone who helped to unleash a new talent, or ability in your life
    - A person who challenged you to have a new vision or take a new direction in your life.
    - That person who made you who you are today!
MENTORING

- Two distinct components
  - **Active Mentoring**
    - Establish a proactive mentoring process
    - Junior PHS nurses are matched with more experienced PHS nurses to provide career development and counseling
  - **e-Mentoring (COACHING)**
    - Provides a mentee with guidance for an immediate need
    - Intended to be short-term
    - This type of mentoring is sought out by the mentee and is accessible via the CDS webpage
WHO IS THE MENTEE?

- Any Nurse within the Public Health Service
  - Commissioned Corps
  - Civil Service
  - Tribal
How are Mentee’s Assigned

- New Officer at OBC Open House
- E-mentoring
  - usphsngmentor@aol.com
- Requests for a mentor through other Officers or agencies to the Team Leads or RMC’s.
WHAT IS SUCCESSFUL MENTORING

- Difference between mentoring and coaching.
  - Coaching is short term, Mentoring can be the life of your career.
  - Which are you?

- Balance of structure and flexibility

- Level of formality
  - Set goals and objectives
  - Timeframes

- Participant Training

- Progressive Tracking

- Communication

- Chain of command
MENTORING

- Progressive growth
- Flexibility in structure
- The needs of the mentee
  - Set milestones
  - Best time to contact
  - Opportunity to change mentorship
  - Be consistent
MENTOR

- Important skills
  - Don’t make decisions for the mentee
  - Don’t develop a dependency

- Be a role model

- Be a Leader
  - Service
  - Integrity
  - Excellence
    - What does this represent?
POLICY & PROCEDURES

Important
- Read & ask questions
- Check links
  - If links are outdated, contact your RMC
- Know your mentees in your region
  Contact information
  Curriculum Vitae
  COERS
  Their goals and objectives & expectations
CHECK LIST GUIDE

- Important to go over the check list (Appendix F, pg. 19 in P & P)
- Date each accomplishment
  - Can you skip an area?

What if you don’t know how to answer a question?
DCCPR

- What does the acronym stand for?
- Should I show this site to my mentee?
- If I don’t find the information I need, what should I do next?
- How do I find the following?
  - Category specific information can be found where?
  - Personnel assigned to DCCPR?
  - Statistical information:
    - How many Officers are there in the CORPS?
    - Nurse Officers in the Corps?
    - Which agency has the most nurses?
    - What grade is the largest in the NPAC category?

http://dep.psc.gov/CCMIS/StatusCharts/PublicPivot.aspx
As of June 14, 2012

Commissioned Corps Officers:
  - 6691

NURSE Corps Officers:
  - 1590

NURSE Corps Officers by Agency: (top 3)
  - Indian Health Service – 521
  - Bureau of Prisons – 343
  - Division of Immigration Health Services Corps -194

NURSE by Temp. Grade

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REGION COVERAGE

- Region 1 - Boston
  Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- Region 2 - New York
  New Jersey, New York, Puerto Rico, and the Virgin Islands
- Region 3 - Philadelphia
  Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
- Region 4 - Atlanta
  Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- Region 5 - Chicago
  Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- Region 6 - Dallas
  Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- Region 7 - Kansas City
  Iowa, Kansas, Missouri, and Nebraska
- Region 8 - Denver
  Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- Region 9 - San Francisco
  Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau
- Region 10 - Seattle
  Alaska, Idaho, Oregon, and Washington
ACTIVE MENTORING

PROCEDURE:

- The Regional Mentor Coordinators will complete the mentor and mentee information on the Mentoring Resource Guide and Checklist and provide it to the mentor to initiate mentoring.
  - Each potential mentee should be assigned a mentor by the RMC and the mentor notified within 10 business days of receipt of the mentees contact information from the MWG TLs.

- The Mentor will contact the mentee within 5 business days of receipt of the potential mentees contact information from the RMC.

- Mentors will provide monthly updates on each mentee to the RMC by submitting the Mentoring Resource Tracking Worksheet that notes the areas of mentoring that have been accomplished, The RMC will forard to the MWG IT Leader.

- The MWG IT Lead will update the Mentoring database accordingly.
Procedures continued

- Upon completion of all mentoring activities with a mentee, the mentor will provide the RMC a completed copy of the Mentoring Resource Tracking Worksheet that notes all mentoring that has been accomplished and the status (to continue mentoring or not).

- The RMC will provide status to the MWG IT Lead, who will update the Mentoring database accordingly.

- Within 1 business day of completion of mentoring, the mentor will send the mentee a copy of the survey to determine satisfaction with the program and solicit any recommendations or areas for improvement. The form will then be returned to the RMC.
TRAINING

- FOLLOW POLICY
- USE YOUR CHECK LIST
  - Web pages change frequently, so know what you are talking about.
  - Returning the checklist

- UNIFORM POLICY IS VERY IMPORTANT
  - STRESS THE MANDATE OF WEARING EVERY DAY AND EVERY TIME REPRESENTING USPHS

- E-OPF / Direct Access & make sure it is correct

- LIST SERVE

- Officer’s are responsible for their own career!
  - Billets, Benchmarks, Leave, Nursing Accession Bonus, Awards,
Training

- BASIC READY
  - Not scored or weighted on the promotion precepts
    - Expected as an Officer
    - A requirement!
    - Don’t wait till last minute to do 5 year physical
    - Check the front page of your e-OPF for immunizations

- Don’t pretend to know everything. That is what the chain of command is all about. They are there to help YOU!
CLOSURE AND TRANSITION

1. Mentors and mentees are paired for 6 months.

2. During the closure/transition process, there are a few activities to complete. Mentees, touch-base with your mentor to:

   a. Review your Individual Development Plan and developmental goals to measure progress, and to determine if you should engage in any subsequent follow-on developmental activities post mentoring relationship.

   b. Celebrate your successes! Boast about your accomplishments. Revisit the journey. Share your appreciations about each other. There is an old saying “If you don’t have a sense of where you come from, going backward looks like progress.”

   c. Discuss your relationship transition. Stay in touch on an informal basis.
3. Closure offers the opportunity for reflection and growth, allowing the harvesting of our learning. Some questions to discuss when you meet include:

a. What did you learn?

b. What were the implications of that learning?

c. How can I apply and integrate that learning?

d. What other development opportunities could be helpful?

e. What worked well in our partnership?

f. What did we learn about ourselves?

g. What did we learn about each other? What are our gifts and strengths?
   - i. “I admire you’re…”
   - ii. “You have a real knack for…”
   - iii. “I especially appreciated it when you…”

h. What didn’t work so well and why? What did you learn from these experiences? Missteps offer rich experiences for learning.
TRANSITION

4. Having a reflective conversation about specific learning that has taken place during, and as a result of the mentoring partnership, encourages the relationship to come to a learning conclusion.

5. Next Steps

- Mentee or Mentor may request an extension to the process
- Send notice to the MWG IT person to close out this account if no extension is required
- The IT person will send an evaluation to the mentee
To assure all PHS nurses have access to resources to support career development as federal nurses, the N-PAC mentoring program will continue to offer counseling and mentoring initiated through e-mail requests from the N-PAC website. However, the program has instituted formal guidance that outlines policies, procedures, and qualifications of mentors.

- The desire for career counseling will be initiated by the mentee through an e-mail to a general AOL e-mail account dedicated to PHS career development inquiries. If formal counseling is requested for failure to promote, a request is made to the NPAC.

- Members of the MWG will be responsible for monitoring this account in accordance with the established procedures. In order to ensure this program is meeting the needs of the PHS nurses, an evaluation survey will be implemented.
References

- HHS Mentoring Program. Retrieved on April 17, 2009 from https://mentoring.hhs.gov/
THANK YOU! ANY QUESTIONS