



EDUCATION NEWS

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ARE WE REALLY MENTORING OUR STUDENTS?

Nurse anesthesia requires the involvement of clinical instructors to teach skills and assure patient safety. The methods used to instruct may or may not encompass mentoring. Clinical faculty members from 2 programs were surveyed to determine their views on mentoring students. Most instructors indicated they served as mentors and benefited from the involvement.

The faculty respondents' professional careers were influenced primarily by clinical instructors. No matter the method, either mentoring or something else, clinical faculty make significant contributions to the preparation of anesthesia students.

Key words: Mentor, mentoring, professional development.

The nurse anesthesia profession depends on Certified Registered Nurse Anesthetists (CRNAs) and anesthesiologists to instruct and supervise students in all clinical venues. Both groups of anesthesia providers are needed to provide appropriate practice opportunities, guide performance, and provide specific clinical experiences for students in a supportive environment all the while assuring patient safety. But exactly what are these faculty members doing? Are they serving as mentors or simply imparting their knowledge to the students as educators?

The use of the terms “mentor” and “mentoring” have now become so mundane they have been rendered banal and essentially meaningless. Today, everyone believes he or she is mentoring someone. Faut-Callahan aptly described mentoring, defined the roles in the mentoring relationship, and emphasized the importance of mentoring to the viability of the nurse anesthesia profession.¹ However, uncertainty and confusion remains among nurse anesthesia clinical faculty about what is

involved in mentoring. Apparently nurse anesthesia is not alone in this quandry. The healthcare profession literature substantiates that most healthcare groups are confused by mentoring.² One group has even decried the deterioration of mentoring.³ Since the initial 1977 appearance of the word “mentoring” in nursing literature, many authors have published descriptions of the mentoring process, analyzed the mentoring role, and have advocated the mentoring process.⁴ Unfortunately, many individuals have come to believe that teaching, providing clinical instruction, supervising student experiences, serving as role models, serving as a preceptor, and acting as a sponsor are synonymous with mentoring.⁵

Methods

In an effort to determine clinical faculty perceptions of mentoring and its ascribed importance to students, the authors conducted a descriptive study that involved a brief, voluntary, anonymous pilot survey at several existing clinical sites. Both CRNAs and anesthesi-

ologists were included in the convenience sample since both professionals are actively engaged in clinical instruction of nurse anesthesia students. The table provides the survey questions with respondent data. Surveys were distributed either at conferences or placed in the individual clinical faculty's mailbox. Additionally, in order to expedite survey completion and encourage faculty participation, except when asked to specify a mentor (Question 6), questions were written to elicit only a dichotomous response. The surveys were returned to the investigators' mailboxes, and the results were tabulated.

Results

The overall survey response rate was almost 44%. There was a total of 90 respondents comprised of 74 (82.2%) CRNAs and 16 (17.8%) anesthesiologists. Interestingly, 19 (21.1%) of the respondents, a group that included 15 CRNAs and 4 anesthesiologists, did not consider themselves mentors for students. Unfortunately, all of the 15 CRNA respondents believed they

Table. Survey questions with respondent data*

	Anesthesiologist	CRNA
1. Are you an/a anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)?	16 (17.8)	74 (82.2)
	Yes	No
2. Do you consider yourself a mentor for student nurse anesthetists?	71 (78.9)	19 (21.1)
3. Do you think student nurse anesthetists consider you a mentor?†	68 (75.6)	21 (23.3)
4. Do you derive any benefit from serving as a mentor for student nurse anesthetists?‡	76 (84.4)	8 (8.9)
5. Do you believe there is a difference between serving as an educator and serving as a mentor for student nurse anesthetists?§	72 (80.0)	16 (17.8)
6. During your anesthesia education and career, did you have someone whom you considered a mentor?	71 (78.9)	19 (21.1)
If so, was this person:	Selection.¶	
a. A CRNA didactic instructor	a = 5 (6.2)	
b. An anesthesiologist didactic instructor	b = 1 (1.2)	
c. A CRNA clinical instructor	c = 25 (30.9)	
d. An anesthesiologist clinical instructor	d = 8 (9.9)	
e. Other	e = 4 (4.9)	
	a,c = 11 (13.6)	
	b,d = 5 (6.2)	
	c,d = 3 (3.7)	
	d,e = 3 (3.7)	
	a,b,c,d = 3 (3.7)	
	a,b,c,d,e = 2 (2.5)	
	Missing = 11 (13.6)	
7. Do you think it is important for clinical faculty members to serve as mentors for student nurse anesthetists?	86 (95.6)	4 (4.4)

* Data are given as number (percentage).

† No response was given to this item by 1 (1.1%).

‡ Not applicable or no response was given to this item by 6 (6.7%).

§ An equivocal response was given to this item by 2 (2.2%).

¶ Respondents recorded 81 single or multiple response combinations.

never had a mentor during their anesthesia education. Almost all of these 19 respondents included themselves among the 21 individuals who stated that nurse anesthesia students did not consider them as a mentor.

Among the respondents, 80% (72) felt there was a difference between being an educator and being a mentor. Most of these same individuals felt that student nurse anesthetists perceived them as a mentor. Of the 19 respondents who did not consider themselves to be a mentor, 11 felt that a dif-

ference existed between being a mentor and an educator. Of all the individuals who responded, 84.4% (76) believed that they derived some type of benefit from their perceived mentoring activities.

Out of all of the survey participants, 78.9% (71) decided that someone had served as their mentor. Out of those who indicated they had a mentor, 11 respondents did not indicate the category of that mentor. All of the anesthesiologists (16) either identified a didactic or clinical anesthesiologist or another person as individu-

als they considered as mentors. One anesthesiologist indicated a CRNA as his or her sole mentor, while 3 CRNAs identified a clinical anesthesiologist as their only mentor. The remaining CRNAs responding identified a number of combinations of individuals whom they felt related to them in a mentoring role. Only 6 respondents indicated academic instructors as their notable mentor, while 4 responded by choosing the other category. In the absence of an identifiable mentor, 21.1% (19) obviously left this area blank.

One interesting occurrence was that 36 response combinations solely identified clinical instructors—either CRNA, anesthesiologist, or both in combination—as their mentor. An additional 24 respondents noted the influence of a clinical instructor in combination with a didactic instructor. Collectively, excluding the 11 missing responses, 85.7% (60 out of the 70) of the respondents noted the impact of an apparently memorable clinical instructor during their anesthesia educational career.

An overwhelming 95.6% (86) of respondents believed that it was important for clinical faculty members to serve as mentors for student nurse anesthetists.

Discussion

While the design, response rate, sample size, and distribution methods severely limit the external validity of the results, several interesting observations were made, and additional questions were revealed. Although most (75.9%) respondents indicated that there was a difference between educator and mentor, it is possible that nurse anesthesia clinical faculty confuse the term “mentor” with “preceptor.” Those respondents who indicated that they were not mentors, also indicated that there is a difference between being a mentor and an educator. Perhaps these respondents realized the true definition of mentoring. Even those respondents who did not consider themselves mentors felt that it was important that students have mentors. It is noteworthy that three fourths of the respondents indicated they had received the benefit of a mentor. Additionally, three fourths of the anesthesiologists felt that they served as a mentor for student nurse anesthetists.

The mentoring process and the relationships involved are usually considered voluntary. Bowen^{6(p31)} defined “mentoring” as when, “...a senior person (the mentor) in terms of age and experience undertakes to provide information, advice, and emotional support for a junior person (the protégé) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties.... the mentor uses...influence to further the career of the protégé.”

Based on this accepted definition, many nurse anesthesia faculty members provide information and advice to their students. Some faculty may even construe encouragement or approval as emotional support. The emotional relationship conveyed by mentoring seems to indicate a deeper more qualitative type of relationship. In most academic programs, student assignment to an instructor is based on the need for experience or reimbursement and is usually not completely voluntary. The duration of most student-faculty relationships in anesthesia seem to be temporarily limited to a rotation. Possibly most of what occurs in the faculty-student relationship in nurse anesthesia clinical education involves only the provision of information and advice and the effort to consistently guide and encourage students to engage in the best clinical practice. Gordon describes “precepting” as a formal assigned role that occurs within a defined time period that is concerned with completing specific tasks.⁷ Perhaps the nature of this type of interpersonal relationship alone significantly contributes to the caliber and quantity of the clinical experiences and availability of learning opportunities.

Since other disciplines have

noted that students with mentors have a distinct advantage over those who have not, perhaps program directors and full-time nurse anesthesia faculty are obligated to ask several difficult questions. Even though it would be tremendously beneficial, is it realistic to expect faculty to enter into a mentoring relationship with every student? Even full-time faculty find it impossible to be mentors for all but a very few exceptional students.

Does every student need or even want to participate in a mentoring relationship? Is “being mentored” a prerequisite to become a safe, autonomous anesthesia practitioner and productive member of the profession? More honestly, is it even possible or desirable to expend the time and energy of faculty in this unattainable pursuit? It seems obvious that being a good academic instructor or clinical preceptor is of considerably more value and has more import for the development of our students. Perhaps we should focus our energies on the continued growth and development of our clinical faculty? Ultimately, this would be much more beneficial for our students and our profession.

Mentoring is a tremendously beneficial process and should be encouraged whenever there is mutual agreement between the involved parties. However, is it necessary to continue encouraging our didactic and clinical faculty to be mentors when it is not feasible? Perhaps full-time nurse anesthesia educators should devote their time and energy toward teaching the clinical teachers. Obviously clinicians make a significant impression on students since almost half of the respondents indicated the impact of either a clinical CRNA or clinical anesthesiologist on their own personal anesthesia career. Regardless

of what nurse anesthesia instructors are doing, it is clear that nurse anesthesia clinical faculty may significantly underestimate their own contributions and influence on the educational, clinical, and professional preparation of student nurse anesthetists.

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