



EDUCATION NEWS

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MENTORING IN THE OPERATING ROOM: A STUDENT PERSPECTIVE

The purpose of this descriptive research survey was to elicit opinions of student nurse anesthetists (SNAs) on mentoring in the clinical setting and to identify characteristics that differentiate the roles of clinical mentor vs educator. The results of the study reveal that greater assistance in helping students find a mentor while in the anesthesia program may be warranted. Of the 1,251 students (65% response rate) who completed and returned the survey instrument, 56% indicated that a mentor should be assigned to them, and 98% believe it is important that the mentor be a Certified Registered Nurse Anesthetist (CRNA).

A previous survey of CRNAs reveals that many members of the nurse anesthesia profession believe that didactic edu-

cators are the primary mentors to SNAs. However, it is apparent from this study that students believe that CRNAs practicing in the clinical arena are in a key position to serve in this role. In addition, the 3 most important adjectives for a clinical mentor selected by respondents were knowledgeable (93.8%), approachable (88.9%), and encouraging (74.2%); while the 3 most important adjectives for an educator selected by respondents being similar with knowledgeable (95.4%), resourceful (64.5%), and approachable (58.9%).

Key words: Mentor, mentoring, professional socialization, student nurse anesthetists.

In February 2003, the American Association of Nurse Anesthetists (AANA) Education Committee identified a need to collect perceptions of student nurse anesthetists (SNAs) on the concept of mentoring within nurse anesthesia educational programs. The student representative to the AANA Education Committee along with the student representative to the Council on Accreditation of Nurse Anesthesia Educational Programs were asked to assess SNAs' perceptions of clinical mentoring within their programs. Traditionally, there have been a variety of titles given to Certified Registered Nurse Anesthetists (CRNAs) who foster or guide learning in the clinical setting. While the term *mentor* may provoke debate with respect to exact meaning, research indicates that there is currently no single universally accepted definition within the nursing or nurse anes-

thetia communities. For the purposes of this study the authors used the following definition of mentor: a person who functions as a sponsor, guide, and role model.¹ Since the term *educator* is less ambiguous, it was determined that this definition was not required on the survey tool.

Student nurse anesthetists are in a position to benefit from effective mentoring. As experienced intensive care nurses embarking on a new career choice in the field of nurse anesthesia, they are met with a demanding schedule, exigent coursework, and a completely foreign environment at the head of the table in the operating room. Effective mentoring has the potential to impart a lasting, positive impression that can serve to motivate and encourage students as they progress through a program. If mentoring is absent or ineffective, SNAs may fail to achieve the success and empower-

ment that accompany trainees who benefit from a positive mentoring experience. In 1 study of a mentoring situation, Pearlman et al report a positive correlation between the presence of a mentor for neonatal fellows and adequate preparation for practice. In addition, neonatal fellows who had a mentor were more likely to recommend the fellowship to others, suggesting a positive learning experience.²

Mentoring as a key socialization concept in nursing was first clearly identified in the literature in the early 1980s and led to multiple publications in the 1990s. Two advanced practice nurses recently commented that the complexity within the field of nursing requires a consistent and considerable support system to ensure success.³ While the presence of a mentor is deemed a positive influence in the nursing profession, an exact definition has been elusive because of the

multiple interindividual definitions for the concept of mentoring, including “preceptor, coordinator, facilitator, and supervisor.”⁴ In nursing, Bennett describes a mentor as an “experienced, qualified nurse who helps students apply the knowledge they have acquired in the classroom to real-life situations.” This author goes on to note that mentors also are typically responsible for assessing students’ clinical and professional performance.⁵ The latter description specifically applies to the field of nurse anesthesia, as most CRNAs in an academic setting are responsible for student assessment as well as helping students integrate didactic knowledge into clinical practice.

Within the nurse anesthesia profession, mentoring has come to the forefront as several articles have recently appeared in literature referring to the concept of mentorship in the operating room. A recent article by Faut-Callahan called on nurse anesthetists to apply the leadership abilities asso-

ciated with the profession to the clinical empowerment of SNAs. The author highlights the importance of mentoring within the nurse anesthesia profession.¹ Mentoring has been identified as playing a key role in the professional socialization of SNAs. Waugaman notes that mentoring of SNAs is valuable in developing this socialization, which, in turn, promotes their commitment to the nurse anesthesia profession.⁶ A recent study by Hand and Thompson reveals that CRNAs involved in student education recognize the importance of clinical faculty members serving as SNA mentors.⁷

The distinction between the term *educator* and *mentor* has been debated in literature with evidence that these terms are often used interchangeably. Hand and Thompson reported that 72% of CRNAs identified a difference between serving in the role of educator and that of mentor to the SNA.⁷ The purpose of this research survey was to solicit an opinion on mentoring from

every student anesthetist currently in training and to determine if CRNAs identified a distinction between the concepts of educator vs mentor.

Materials and methods

The authors chose to use a descriptive study design incorporating an 11-item survey. Approval for the project was obtained from the University of Pittsburgh biomedical institutional review board prior to distribution of the surveys. A letter containing a description of the study, along with information regarding voluntary participation with implied consent accompanied each survey. All 85 nurse anesthesia programs recognized by the Council on Accreditation of Nurse Anesthesia Educational Programs were sent the survey tools via US mail or electronic mail. It was our intent to survey every current student in an attempt to sample the entire SNA population. Inclusion criteria for this study included all graduate students enrolled in a

Table 1. Differentiation between mentor and educator descriptors

Characteristics	Percentage of students who identified attribute as 1 of the top 5 characteristics*		Percentage of students who identified attribute as 1 of the top 5 characteristics*	
	Mentor		Educator	
Knowledgeable	1,173	93.8	1,194	95.4
Sense of humor	180	14.4	133	10.6
Insightful	238	19.0	511	40.8
Approachable	1,113	88.9	737	58.9
Student advocate	596	47.6	562	44.9
Empathetic	130	10.4	55	04.4
Resourceful	634	50.7	807	64.5
Challenging	462	36.9	665	53.2
Respectful	540	43.2	507	40.5
Encouraging	929	74.2	507	40.5
Available	393	31.4	662	52.9
Based on total completed surveys	1,251		1,251	

* n = 1,251

nurse anesthesia educational program recognized by the Council on Accreditation of Nurse Anesthesia Educational Programs. There were no exclusion criteria for enrollment in this study.

Self-addressed and stamped envelopes were included in the packet to each program director, and surveys were returned in otherwise unmarked envelopes to assure anonymity. The investigators were blinded to both the individual student and the respective program from which the completed surveys were mailed. Responses were hand tallied and entered by the investigators into a computerized spreadsheet for analysis. Descriptive statistics were used for categorical responses. Percentages were calculated based on the total number of students responding to each individual item. For items 10 and 11 (Table 1), the percentages of respondents who identified the key attributes of mentors vs educators were calculated based on the total respondents of 1,251.

Results and discussion

A total of 2,000 surveys were distributed with a total of 1,251 (65%) responses consisting of 807 first-year students, 336 second-year students, and 108 third-year students (Table 2). Among the responses, 507 had an existing mentoring program in place in which senior students were assigned to new students to serve as a mentor (Table 3). Whether or not this is deemed an effective mentorship was not determined by this survey.

Fifty-six percent (n = 620) of students felt that they should not self-identify a mentor (see Table 3). Both self-identification and assignment of the mentoring relationship have been explored in the literature. Some research shows that assigned mentors result in successful outcomes, whereas other opinions sup-

Table 2. Respondents by class year

Year	No. of returned surveys	Percentage of total no.
First-year students	807	0.65
Second-year students	336	0.27
Third-year students	108	0.09
Total	1,251	

Table 3. Respondents to survey questions

	No. of students	Percentage of total no.
Is there an existing mentoring program in place?		
Yes	507	0.59
No	744	0.41
Total	1,251	
Should SNAs find their own mentor?		
Yes	485	0.44
No	620	0.56
Total	1,105	
Should CRNAs serve as mentors?		
Yes	1,225	0.98
No	23	0.02
Total	1,248	
Can anesthesiologists be effective mentors to SNAs?		
Yes	684	0.63
No	409	0.37
Total	1,093	
Can nonanesthesia providers be effective mentors to SNAs?		
Yes	21	0.02
No	1,151	0.98
Total	1,172	

SNAs = student nurse anesthetists

CRNAs = Certified Registered Nurse Anesthetists

port the idea of mentoring as an intentional relationship that should not be assigned.¹

It is evident that SNAs value the

importance of having a CRNA mentor during the course of their program. Most students who report an existing mentoring program in place

identify the individual as a more senior student assigned to them as an incoming student. The concept of pairing an individual CRNA mentor to one particular student for the duration of the program appears to be a rare occurrence. Ninety-eight percent (n = 1,225) of students indicated that it was important for CRNAs to serve as their mentors (see Table 3). This statistic mirrors the Hand and Thompson article concerning clinical faculty opinion of mentorship with 95.6% of respondents in that survey indicating that it was important for clinical faculty to serve as mentors to SNAs.⁷

The use of anesthesiologists as effective mentors for SNAs is an unexplored concept within the literature. Waugaman identifies role modeling by nurse anesthetists and anesthesiologists as a significant tool in the development of professional socialization. In our survey, 63% (n = 684) of students felt that an anesthesiologist has the ability to serve as an effective clinical mentor for them (see Table 3). However, 98% (n = 1,151) felt that nonanesthesia providers could not serve in the mentoring role for an SNA (see Table 3). In light of these findings, further study is warranted to determine the exact perceptions of students with regard to anesthesiologists serving as mentors in the nurse anesthesia profession.

One other area of interest covered in this survey deals with the distinction between the terms *mentor* and *educator*. Ninety-three percent (n = 1,161) of students felt that there is a difference between the characteristics associated with a mentor and that of an educator (Table 4). Students were given a list of personality characteristics to choose from and were asked to identify the top 5 adjectives associated with each term. The 3 most frequently selected adjectives for a clinical mentor included knowledgeable (93.8%), approach-

Table 4. Respondents' differentiation between mentors and educators

Is there a difference between a mentor and an educator?	No. of responses	Percentage of total no. of responses
Yes	1,161	0.93
No	82	0.07
Total	1,243	

able (88.9%), and encouraging (74.2%). The 3 least selected attributes of a clinical mentor were empathetic (10.4%), sense of humor (14.4%), and insightful (19%). The 3 most frequently selected adjectives for an educator were similar, with knowledgeable (95.4%), resourceful (64.5%), and approachable (58.9%). The 3 least valued attributes of an educator included empathetic (04.4%), sense of humor (10.6%), with respectful and encouraging tied for third least selected (40.5%) (Table 2). This study forced respondents to choose the 5 most important attributes, and secondary analysis of this data could prove useful to determine if those students who said there was no difference were able to differentiate between the 2 terms when identifying associated personality characteristics. In addition, these results supplement findings by Hartland and Londoner who evaluated 22 characteristics of effective clinical instruction in a survey of nurse anesthesia program directors, CRNAs, and SNAs. In their study a randomly selected group of 354 respondents were asked to rank 22 characteristics important to student clinical instruction. Interestingly, all 22 characteristics were perceived as critically important with little difference noted between respondent groups.⁸

While there are limitations to this study, several important concepts have been identified. The most important idea is that SNAs value the mentor role and feel strongly that a CRNA should serve as their mentor during the course of

their program. This survey also has shown that most existing mentoring programs pair students with other students, and that pairing 1 student with 1 individual CRNA as a mentor to serve as a guide, resource, and role model is a rare occurrence.

In summary, the results of this survey are supported by the literature within the nurse anesthesia profession that clearly suggests the mentor role is a concept that is highly valued. Additional insight and input from both students and clinical instructors could be elicited in order to fashion a "model" for mentoring program within anesthesia programs. Perhaps each program could develop a mechanism that would initiate and provide oversight for these mentoring relationships between students and CRNAs. As the professional milieu of CRNAs becomes increasingly complex, direct transfer of key professional information as well as modeling of important professional behaviors can perhaps best be accomplished through such a mentoring program. This study supports the need for further research to determine the best method of implementing a mentoring program within current nurse anesthesia curricula so that students can maximally benefit from positive and meaningful mentoring experience.

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