

Delivering information to those at the center of quality care

## CONSIDER...COMMIT... TO "A CALL TO MENTORING"

*"Mentoring means everyone takes accountability to help others be successful. It is the culture of the organization."* –Bev Riege, Programmer for Long Term Care Classes at Kirkwood Community College, Cedar Rapids, IA and Certified IC Mentor Train the Trainer



*A Call To*  
**MENTORING**  
TOOLS FOR SUCCESS

The Iowa CareGivers (IC) "A Call to Mentoring" is an effective staff recruitment and retention program when time is dedicated to considering what is best for your organization, then gathering commitment from the entire organization, and enacting the steps to program implementation. This program is not for everyone, but if you want to make a lasting change in the retention and satisfaction of your staff, it can work for your organization.

The program is written in "person served" language and the principles, objectives, skills, and content are universal and not dictated by workplace setting or population served. And while organizations may prefer certain approaches, we highly encourage mentoring as not just peer to peer but rather a culture in which mentoring is a common practice. In addition, the mentor instructor training is expected to be a partnership with the community colleges, and the mentor class can be taught at the community college or at the place of employment.



*First group of Mentor Instructors trained in Omaha in 2015*

### Purpose:

"A Call to Mentoring" program is designed to provide health and long term service and support (LTSS) employers, direct care staff, supervisors and other team members with tools and skills to create a mentor program to:

- ✓ Provide more consistent care and support
- ✓ Retain staff
- ✓ Attract new employees
- ✓ Increase job satisfaction
- ✓ Enhance teamwork, communication, and professionalism
- ✓ Offer employers opportunities to increase wage levels for mentors and an incentive for all to aspire to be mentors
- ✓ Eliminate hierarchies that impede a culture of mentoring

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*This newsletter and the mentor program is made possible by IDPH Contract #5889NW02*

# Why is Mentoring so Important?

Direct care workers make up one of the largest segments of Iowa's workforce, and are in high demand. Yet employers struggle to find and keep direct care staff, nurses, and other staff. The staff shortages and high turnover impact access to and quality of care or supports and places a financial burden on providers.

New direct care staff report a need for longer and more meaningful orientations, and veteran direct care staff report the desire for advancement opportunities within the direct care field. "A Call to Mentoring"® provides solutions for both.

Nurse and other supervisors of direct care staff also leave the field because of the high turnover of those they supervise. "A vicious cycle", according to many.

**A well-implemented mentor program can:**

- Ensure the needs of lowans are met by a stable health and LTSS workforce;
- Improve staff retention;
- Reduce turnover costs to employers and taxpayers;
- Increase overall satisfaction of all staff, persons served, and their families.



BOONE



CEDAR RAPIDS

## Does Mentoring Work? YES!

*By implementing "A Call to Mentoring", we reduced turnover from 60% to 20% in the nursing home portion of our hospital, and we have maintained that for over two years. We are expanding the program to the acute and home health programs as well.*  
 – Robin Martin, Virginia Gay Hospital, Vinton, Iowa

**\$4K**  
 AVERAGE COST TO  
 FILL JOB VACANCY

**97%**  
 OF THOSE WHO COMPLETE  
 THE MENTOR TRAINING  
 SAY THEY WOULD RECOMMEND IT  
 TO A CO-WORKER

**86%**  
 OF THOSE WHO COMPLETE  
 THE MENTOR TRAINING  
 SAY THEY ARE MORE LIKELY TO  
 CONTINUE WORKING FOR THEIR  
 CURRENT EMPLOYER

## Brief History

### Quality Improvement Never Ends: We've Learned Many Lessons So You Don't Have To!

Increased staff retention resulted with every project despite the challenges along the way.

*Facilities receiving interventions experienced a Certified Nursing Assistant (CNA) retention rate of approximately twice as long as those facilities which did not receive the interventions.* – Brad Richardson, PhD, Certified Nursing Assistant Recruitment and Retention Pilot Project

Originally developed by IC as part of a recruitment and retention pilot project in 1998-2000, "A Call to Mentoring"® is a perfect example of a pilot that has experienced success but not without first facing challenges and learning many valuable lessons. Over the years, those lessons are what inform the planning and implementation, curriculum content, and have become the basis of ongoing quality improvement. By sharing these experiences, we hope you can minimize the challenges that you may encounter.

## Brief History Cont.

In 2003, IC became Iowa's lead organization on a national Better Jobs Better Care (BJBC) grant project funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. The mentor program was revised and used as an intervention to aid in staff retention.

*The mentor program significantly decreases turnover by offering that new employee an immediate built in support system in the new workplace.*

–Julie Rossow, Madrid Home Communities

In previous years, the mentor class was taught by an IC instructor or in partnership with a local community college and those working in direct care were targeted for the classes. What was lacking in that delivery model was the engagement on the part of the employer or direct supervisor. Mentors often returned to a workplace that didn't have a system in place to support their new knowledge, skills, and motivation. Clearly, it is important to mentors to return to a work environment that nurtures and supports them so they can be successful.



This lesson led to the development of the free online Mentor Manager Toolkit and the realization of the need to build capacity for the program. In 2015, Iowa CareGivers launched "A Call to Mentoring"

Instructor Training designed to improve the retention of direct care staff by building capacity in the health care organization/ employer to offer the training onsite. This approach maximizes the flexibility of the organization to customize the 12-hour mentor training when it is needed and to offer it in segments, or a similar arrangement.

Teaching mentor instructors to provide the mentor training for their staff, enables employers more flexibility within their organizations. However, this model presents its own unique set of challenges and lessons, mentioned later.

## IC Certified "Call to Mentoring" Train-the-Trainer Teams:



Bev Riege, Programmer for Long Term Care Classes at Kirkwood Community College, Cedar Rapids, IA

Robin Martin, Foundation Director, Virginia Gay Hospital, Vinton, IA

Robin Martin became a committed instructor after implementing and experiencing the success of the Mentor program in the long-term care unit of Virginia Gay Hospital. (See cover)



## Components to "A Call to Mentoring."

1. "A Call to Mentoring: Free Online Mentor Manager Toolkit" <http://www.iowacaregivers.org/mentor-management/index.html>
2. "A Call to Mentoring: Instructor Training"
3. "A Call to Mentoring: A Guide to Mentoring"

**NINE MENTOR**  
INSTRUCTOR CLASSES WITH  
**95 GRADUATES**  
FROM A TOTAL OF  
**30 EMPLOYER**  
**LOCATIONS**

# Things to CONSIDER in Deciding Whether “A Call to Mentoring” is the Right Fit for Your Organization:

## Component 1 of “A Call to Mentoring” is the Free Online Mentor Manager Toolkit.

“A Call to Mentoring”: Mentor Manager Toolkit® is designed especially for health and LTSS employers of direct care staff who provide most of the hands on care and support to older lowans and children and adults with disabilities.

The “Mentor Manager Toolkit” walks employers through the steps to ready their organization to develop, implement, evaluate, and sustain the mentor program.

Because each level of care or type of service is unique and governed by various rules and regulations, we have provided a toolkit that applies to all settings. It will allow flexibility in developing and implementing your own plan so that you comply with your organization’s policies as well as state and federal rules and regulations.

Begin by developing a planning committee and include a way of soliciting input from direct care and other staff during the planning.

- **CONSIDER these questions for planning:** (Found in Resource 1 of the Toolkit [https://www.iowacaregivers.org/mentor-management/module1\\_02.html](https://www.iowacaregivers.org/mentor-management/module1_02.html))
  - How would you define a mentor or mentoring?
  - Who do you want to provide mentoring opportunities to? All direct care workers? All staff?
  - Will mentoring be a part of everyday responsibilities?
  - Will the organization commit to investing time and resources into this program? (pay raise for mentors, purchase Mentor Toolkits for Students, maintain and share graduate information for permanency of credential/records)
  - What are the desired outcomes?
  - What will be the job responsibilities of a mentor? What changes need to happen to make this possible?
  
- **CONSIDER these steps for implementation:** (Refer to Resource 4: [https://www.iowacaregivers.org/mentor-management/module2\\_02.html](https://www.iowacaregivers.org/mentor-management/module2_02.html))
  - Develop a job description ([https://www.iowacaregivers.org/mentor-management/module2\\_03.html](https://www.iowacaregivers.org/mentor-management/module2_03.html))
  - Determine incentives
  - Develop eligibility criteria and an equitable application and selection process ([https://www.iowacaregivers.org/mentor-management/module2\\_04.html](https://www.iowacaregivers.org/mentor-management/module2_04.html))
  - Develop a realistic and achievable timeline
  - Establish a plan to measure progress.
  - Educate all staff about the mentor program ([https://www.iowacaregivers.org/mentor-management/module2\\_05.html](https://www.iowacaregivers.org/mentor-management/module2_05.html))
  - Hold selection process ([https://www.iowacaregivers.org/mentor-management/module2\\_06.html](https://www.iowacaregivers.org/mentor-management/module2_06.html))
  - Orient new mentors ([https://www.iowacaregivers.org/mentor-management/module2\\_07.html](https://www.iowacaregivers.org/mentor-management/module2_07.html))
  - Conduct mentor training or send DCWs to a local mentor training at a community college
  - Acknowledge new mentors
  - Ensure all mentors receive Mentor Kits with ready-made tools to ensure consistency
  - Provide new mentor assignments
  - Ensure ongoing support, problem-solving (<https://www.iowacaregivers.org/mentor-management/module3.html>)
  - Evaluate periodically (<https://www.iowacaregivers.org/mentor-management/module4.html>)

# Consider

- ✓ Time spent planning a mentor program is an important investment!
- ✓ Depending on size and type of organization and level of staff turnover it may take one year or more to ready your organization for the roll-out of a mentor program.
- ✓ Creating a “culture of mentoring” may alter the entire organizational culture.
- ✓ All staff need to know they are respected, appreciated, and know that the mentor “is there for them.”
- ✓ All direct care staff, and if you choose, all team members should have the opportunity to apply to become mentors. Sometimes we underestimate individuals’ capabilities. Avoid hand picking favorites which may have the opposite impact.
- ✓ Mentor programs can help mentees develop a “sense of belonging” and an understanding of the critical role they play in the organization.
- ✓ “Buy-in” from all levels of the organization is critical to the success of a mentor program, but “buy-in” means different things to administrators, supervisors, nurses, direct care staff, mentors, and mentees.) (Resource 3 [https://www.iowacaregivers.org/mentor-management/module1\\_04.html](https://www.iowacaregivers.org/mentor-management/module1_04.html))
- ✓ A mentor program requires a dedicated staff person, and investment of other resources for a long-term commitment.
- ✓ View more advice from those who have administered or managed a mentor program within their organization (Resource 2A: [https://www.iowacaregivers.org/mentor-management/module1\\_02.html](https://www.iowacaregivers.org/mentor-management/module1_02.html))

Once you have **CONSIDERED** all of the pieces for planning and implementation and decided that the IC “A Call to Mentoring” program is right for your organization, it is time to **COMMIT**.

## Component 2 of “A Call to Mentoring” is the Mentor Instructor Training

This seven-hour training is designed for individuals who have experience in teaching, supervising, or working with direct care staff in any health, long-term care or community-based setting and want to become a mentor instructor.

### Course Content and Materials:

#### Instructors receive the following materials:

##### 1. Mentor Instructor Manual:

An Instructor Manual provides step-by-step direction on teaching the 12-hour Mentor class. Included is discussion about potential benefits and challenges of mentoring. Key elements include: mentoring definition and expectations, qualities of effective mentors, role of mentors, personal values, communication, etc.

##### 2. Free Online Mentor Manager Toolkit:

During Instructor training there is focused discussion on implementing a mentor program. Each Instructor receives copy of the Mentor Manager Toolkit which is also free and available online that leads the organization through steps needed to plan and implement a mentor program. Use of the Manager Toolkit is necessary in the planning phase to establish a strong foundation for the mentor program and to get “buy in” from all levels of the organization (Referenced previously under “Consider”)

##### 3. Student Workbook:

The Student Workbook is used during the 12-hour Mentor Training. Each mentor uses the workbook in completion of the activities required for the class. Each student keeps the workbook as a resource to use as they perform mentoring activities.

##### 4. Mentor Magic Toolkit:

The Mentor Magic Toolkit is a bag of “Magical” tools that mentors use in their day to day mentoring roles. Communication, ability to “get to know” the person you are mentoring, and ability to offer support and recognition are a few keys to successful mentoring. This toolkit includes ready to use and modifiable activities/tools for key communication with mentees as well as a log to schedule and record mentoring activities.

##### 5. “A Call to Mentoring” Instructor Training Certificate issued by Iowa CareGivers:



## Impact: WHAT MENTOR INSTRUCTORS SAY ABOUT BENEFITS OF A MENTOR PROGRAM:

- ✓ Improve work environment, sustainability, and engagement by staff.
- ✓ Retention; provides needed framework for training.
- ✓ Help facilitate a welcoming and team atmosphere and promote better care for residents.
- ✓ Facilitate an environment focused on mutual respect, values, and community with our employees in our workplace.
- ✓ This will support our culture of serving each other and staff retention/staff satisfaction.
- ✓ When we get everybody on board, it can be really beneficial.
- ✓ This will hopefully get everybody on the same page by promoting and stimulating enthusiasm, creating a better workplace.
- ✓ This will help our staff feel more like a team.
- ✓ This will help with staff appreciation, communication, and overall morale.
- ✓ This will help set up a stable work environment.
- ✓ This will help people be more knowledgeable and more positive about their jobs.
- ✓ Provides the groundwork for meaningful discussions and mentor identification.
- ✓ The Color Code Personality Profile really shows the importance of training people and different approaches.



*“Crestview invested in sending a C.N.A. and an RN to the Mentor Instructor training. The tools provided at the training, as well as the buy-in from these two team members have assisted in the development of our mentor training program. Mentorship is vital to the success of new team members.”*  
 –Cheryl Mercer, Crestview, West Branch, IA

### Component 3 of “A Call to Mentoring” is “A Guide to Mentoring”

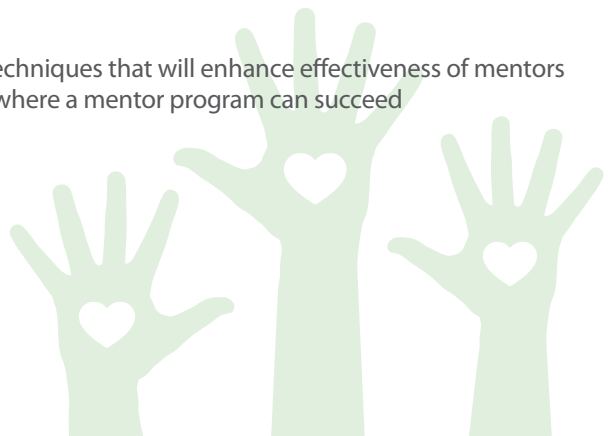
“A Guide to Mentoring” was originally designed for those in direct care (certified nurse aides, home care aides, direct care or support professionals, patient care technicians, personal care assistant, hospice aide, and home health aide.) This 12-hour training helps prepare direct care professionals to become mentors in their place of employment. But the program can be tailored to all staff. The principles are the same.

#### What Will Participants Learn in the Mentor Training?

“I was reminded not to be judgmental, give everyone a chance and just because something is not done my way, does not mean it is the wrong way!” – A Call to Mentoring graduate

Participants will be able to:

- Define the meaning of mentoring
- Explain how personal and professional values affect the ability to mentor others
- Identify qualities of effective mentors
- Discuss how different personalities impact a mentor program
- Describe the link between effective mentoring and retention of staff
- Discuss roles of mentors
- Demonstrate effective communication, recognition, and other skills and techniques that will enhance effectiveness of mentors
- Describe how to promote a mentor program and foster an environment where a mentor program can succeed
- Discuss how to use mentoring tools and resources
- Self-evaluate one’s effectiveness as a mentor



## Lessons Learned:

1. Assignment of a dedicated staff/team member as the instructor as well as someone to coordinate/manage the program is needed. That individual does not have to be someone who is directly responsible for the care and supports provided. In fact, in some instances that has proven to be a best practice.
2. Train-the-Trainers, mentor instructors, and mentors need a mechanism for ongoing communication and networking. The talents of these trainers and their passion for improving the work environment through mentoring is the foundation of the program.
3. Community Colleges provide the instructor training and can help to sustain the program through offering regularly scheduled instructor and mentor classes. Many community colleges over the years have provided valuable technical assistance such as approval of nursing CEU's for instructors, providing space, and assisting with curriculum development, program planning and promotion.
4. Letters of Agreement between community colleges, employer sites, and IC help provide clarity of expectations and ensure proper reporting.
5. With the addition of the mentor instructor training and the option for organizations to train their own mentors come both pros and cons. Accessibility and tailoring the program to the needs of the organization is important. However, the portability of the mentors' training credential is also important. The ability to maintain permanent records is lost when organizations do not report completed training participant list to the IC and community colleges. That impedes the ability to promote the program as a best practice and maintain a status of being an evidence-based program.

### RESPOND TO THE CALL TO MENTORING

#### "A Call to Mentoring:"<sup>®</sup> Student Mentor Experience

The Student Mentor Experience was created from a partnership between IC and the Ottumwa Job Corps CNA Apprenticeship Program. The IC "A Call to Mentoring" program was modified in 2017 to accommodate a Student Mentor Experience curriculum which was incorporated into the CNA Apprenticeship Program.

The purpose of the 12-hour "A Call to Mentoring"<sup>®</sup> Student Mentor Experience is to provide students enrolled in a health care education curriculum with tools and skills to use in mentoring other students in achieving their educational goals. Student mentors become role models for other students. An IC certified mentor instructor on staff at Job Corps has trained 25 student mentors since 2017. These students have experienced success in providing support to their peers and encouragement to complete the CNA Apprenticeship program.



## NATIONAL RECOGNITION:

**Workforce Challenges Not Unique to Iowa  
Other States have inquired about "A Call to Mentoring"**



*"The mentor program can help reduce turnover rates and is a possible solution to the caregiving crisis." -Rockport Mentor Instructor Graduate*

### Rockport Takes First Steps to Corporate Integration of "A Call to Mentoring"

After researching many mentor programs, Rockport Health Care Services selected the IC's "A Call to Mentoring" program and has begun planning and implementing their mentor program to address their recruitment and retention challenges. Rockport Health Care Services operates 70+ skilled nursing facilities in California.

In February 2019, ten Rockport staff completed the IC certified Mentor Instructor program provided by Bev Riege, Kirkwood Community College, Cedar Rapids, IA and Robin Martin, Virginia Gay Hospital, Vinton, IA. Another training is anticipated as Rockport takes steps to ready their organizations for implementation.

All participants rated this training as excellent/very good.

Iowa CareGivers is pleased to offer "A Call to Mentoring" training and materials to organizations outside of Iowa.

### An Evolution:

First developed and tested over 20 years ago, "A Call to Mentoring" has withstood the test of time. It has undergone several changes including the addition of the free online Mentor Manager Toolkit and the recent development of the Train the Trainer team model to teach the Mentor Instructor Training.

Some of the most significant changes over the years is in the language we use as well as the philosophical approach to mentoring. What began as a program solely focused on retention of CNAs in nursing homes has evolved to be more universal. In fact, we strongly recommend that organizations approach mentoring, not from a specific population served or care or support setting, but rather from a "person-served" approach regardless the setting or one's ability. With the movement toward more integrated or interdisciplinary training, the mentor program is no different. Regardless one's title or role within an organization mentoring can and should be something that all team members aspire to, thus creating a culture of care and support not only for those receiving care or supportive services, but for each and every member of the team. And that is what will guide the next steps:

### Next Steps:

The following next steps are being planned:

- ✓ Review and update all components of the mentor program with more generic language that supports not only peer mentoring but embraces a philosophy of a culture of mentoring among all team members;
- ✓ Develop new logo and update branding of "A Call to Mentoring"
- ✓ Explore CEUs for other health professionals;
- ✓ Build additional Teams of Two Train the Trainers to teach the mentor instructor training;
- ✓ Continue to work with community colleges to provide the regularly scheduled mentor instructor training;
- ✓ Establish a more concrete agreement with employers to ensure training portability for mentors;
- ✓ Develop a communication network for train the trainers, mentor instructors, and mentors to share information and teaching tools.
- ✓ Create a means to bring greater attention to employers utilizing the mentor program and their successes and challenges.
- ✓ Ongoing quality improvement.



*Building Additional Train the Trainer Teams pictured are Brenda Helmuth, Hawkeye Community College; Tammy Steinwandt, Des Moines Area Community College; Bev Riege, Kirkwood Community College; Robin Martin, Virginia Gay Hospital*

### Conclusion:

A mentoring program isn't the only possible solution to staff recruitment and retention challenges, but mentoring has proven to yield positive outcomes. By setting realistic expectations, embracing what is unique about your organization, taking the time needed for planning, and expecting set-backs rather than miracles ... over time mentoring will become a natural part of your organizational culture.

If you are ready to Consider... Commit and Respond to A Call to Mentoring, you can begin by accessing the free online manager toolkit that will walk you through the steps toward implementation.

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