Literature Review: Online Mentorship Models for Nursing Leadership

Reference	Research question	Appropriateness of articles/studies included (for systematic reviews) -all important relevant studies were included? -did authors assess quality of included studies?	Methodology -did they use appropriate methodology -did it address the research question?	Overall results/findings -how precise are the results?	Can the results be applied to our research question?	Do the results fit with other available evidence/literature?

Literature Review- Appraisal and Synthesis

What is an effective mentorship model for leadership development in nursing (online)?

Search strategy:
Search terms: (public health) AND (leadership or management or administration) AND (mentor* or e-mentor*) AND (online or web or internet)   Limiters: references available; scholarly (peer reviewed) Journals; Published date: 20070101 to 20161231   Database: Academic search premier: CINAHL with Full Text; Health Business Elite; MEDLINE; Nursing & Allied Health Collection: Comprehensive; Psychology and Behavioural Sciences Collection: PsycINFO; Cochrane Central Register of Controlled trials; Database of Abstracts of Reviews of Effects; Cochrane Database of Systematic Reviews; NHS Economic Evaluation Database; Health Technology Assessments; Cochrane Methodology Register; CINAHL Plus with Full Text; Environment Complete; SocINDEX with Full text   Outcome- 5 articles- only 3 relevant

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1. Kroelinger CD, Kasehagen L,	-assess attendees	- not a systematic review	-evaluation conducted at a conference (Annual	Not precise- -while the results focus more on how the	-offers some suggestions related to	

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Barradas DT, & Ali Z. Building Leadership skills and promoting workforce development: Evaluation Data Collected from Public Health Professionals in the Field of M &CH. Maternal Child Health J. 2012 December; 16 (0 2): 370-375	professionals roles and organizational affiliations, opinions on workforce development, mentoring and job-related activities, and provide suggestions for improving conference related activities	-single study	Maternal and Child Health Epidemiology Conference). -assessment forms were available at the registration desk 2009= 297 /425 (70%) submitted evaluations 2010= 303/459 (66%) submitted evaluations -frequencies and % were calculated for both	conference can be used to promote leadership skills and professional development, it does provide some feedback/ideas with respect to mentorship	mentorship -specifically conferences can provide a forum for mentoring early career and mid-level professionals by directly connecting them with senior level MCH epi's. -offer award of excellence in teaching and mentoring -offer career mentoring sessions for students and young professionals	-Recognition -Training
2. Miller LC, Devaney SW, Kelly GL, Kuehn AF. E-Mentoring in Public Health Nursing Practice. The Journal of Continuing Education in Nursing. September 2008. Vol 39, No 9.	Can the use of an e-mentoring learning project enhance population-based skills, leadership ability of local agency nurses, competencies in using	- Not a systematic review - Single study	-Missouri Department of Health, Council for Public Health Nursing identified competencies to practice population based care (competencies lacking according to their survey) -to address this, they developed the Public Health Nursing Workforce Development Plan 1) a course in population-based practice- didactic	-e-mentoring is defined as 'computer mediated, mutually beneficial relationship between a mentor and a protégé which provides learning, advising, encouraging, promoting, and modeling, that is often boundary-less, egalitarian, and qualitatively different than face-to-face mentoring" (Bierema & Merriam, 2002, p. 214). -e-mentoring was used to promote cross fertilization among geographically distant and diverse nurses -mentors were given administrative approval for designated time away from work to participate in the workshops.	-provides a specific example of how an organization utilized an e-mentoring program to assist in the development of leadership competencies among public health practitioners. -focuses on the use of e-mentoring with the	-organizational support, e.g., time

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	technology, and provide an opportunity to build relationships among nurses.		course work in concepts of population based practice delivered online, follow up assignments, dedicated discussion board (taught by University faculty)- students selected an agency-based problem to work on with support of mentor 2) a partnership among practicing nurses to support learning through a mentoring program- during course work, students paired with experienced PHN 'e-mentors' who had a baccalaureate or higher and working in PH. -Used an e-mentoring learning model- grounded project in concepts of adult learning. Zachery's (2002) -Zachary work on the 4 phases of the mentoring process was used as a	-Zachary's (2002) work Phase I- preparation (finding the match between mentor and student to enable learning-this was based on common interests and expectations, diversity of nursing experiences, also based on long-distance- no inter-agency relationships) Phase II- negotiating the relationship (determining what the responsibilities are of both the mentor and the learner to the learning situation, who is accountable to what, what the measures of success will be, and how to bring the mentoring relationship to closure- achieved through personal interaction prior to the start of the online course) Phase III- enabling (the learning takes place and the relationship is carried out. During the course, students and mentors were connected through a dedicated website with a common discussion board) Phase IV- closure (relationship is brought to a close, with a clear endpoint identified and exit strategy implemented) *at closure an assessment of the learning situation is completed, reflecting on both the positive and negative aspects of the process and achievement of predetermined learning outcomes. *This model emphasizes an interdependent relationship between mentor and mentee, in which collaborative and reciprocal co-learning occurs (Darwin, 2000).	goal of mentee growth. -recognizes the value of online in promoting conversations that might not otherwise occur face-to-face. -clarifies benefits and risks with e-mentoring: -Strength- offers flexibility within a work setting. -Risk- loose unstructured relationships and insufficient administrative support for the mentoring commitment can lead to mentoring problems (miscommunication and disengagement). -outlines the process by which they recruited, who was eligible (e.g., nurses with leadership potential were nominated)	-Match (mentor/mentee dyad) -clear roles and responsibilities -admin support -communication -structured process

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			foundation to help mentor the mentee- mentoring is not product-outcome driven; instead, mentoring targets another's learning and is concerned with the acquisition of knowledge, the application of in practice, and critical reflection.	-as the mentor and mentee move through the mentoring process, the mentor's input fades over an unspecified time frame and is overtaken by the mentee's self-directed learning. At this point, the mentor's responsibility shifts from the early role of facilitator to providing help only when asked. *Zachary (2002) notes that mentors benefit from the mentoring experience by incorporating new perspectives into their practice; demonstrating improved leadership, coaching, and listening skills, and becoming more engaged in their work. Because mentoring is actually about process rather than product, certain key elements need to be in place at the outset of a mentoring program- including commitment by both mentor and mentee to the work of the relationship that is grounded in mutual respect, trust and comfort. -support of the organization is critical	-Mentors received a 3-day face-to-face training- allowing mentors to create a supportive cohort and enhance their leadership skills. -Evaluation is weakly described- sounds as though students completed an evaluation at the end of the course (92% completion rate). -mentors completed a pre-test and a follow up online survey- however online survey was conducted 3 to 4 years after their mentoring experience. Evaluation outcomes- students identified delayed responses as a concern. Mentors cited long-distance communication and limited time as problematic. Mentors	-training -organizational support -commitment by mentor/mentee -communication -organizational support, e.g., time

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					were not always clear how to help students.

**Great example of an online, e-mentoring program/model, however the methodology, specifically, the evaluation and benefits of the program are weakly addressed. | |
| 3. O'Connell EO, Stoneham M, Saunders J. (2016). Planning for the next generation of public health advocates: evaluation of an online advocacy mentoring program. Health Promotion Journal Of Australia, 27, 43-47. | -how effective is the e-mentoring program in changing mentees advocacy knowledge, skills, confidence and experience; the strength of the relationships and networks built between | Single study Qualitative study- -did not identify how e-mentoring model was chosen. | Description of e-mentoring program: -12 month e-mentoring program (2011-2012 and 2013-2014), open to anyone working in a role related to health and well-being. -consisted of two distinct components: 1) knowledge and skills development through program activities and mentoring from an experienced public health advocate. Participants received a monthly | -all mentees reported an increase in advocacy skills and knowledge -gaining knowledge and skills depended on mentee commitment. -time barriers the most commonly cited reason for mentee and mentor withdrawal from program -mentees and mentors agreed on the potential benefits of mentoring; however, there were differences in the reported strength of each relationship and networks built. Mentees who reported regular engagement with their mentor described benefiting from this contact: -biggest way I increased my knowledge was through that mentor/mentee relationship -mentees working in different fields of public health to their mentor reported that the lack of a shared topic of interest discouraged them from | -were specifically looking at the development of public health advocacy skills -description of the actual model that was used (in detail) was not provided, e.g., what model were they using, how often did they have to contact mentor/mentee, what was the role of mentor- was it just to discuss the activity and general matters of advocacy? | -commitment by mentor/mentee -organizational support, e.g., time -commitment by mentor/mentee -matching of mentor/mentee dyad |

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	mentees and mentors; program benefits for mentors; and the contribution of each program component to the overall program outcome.		advocacy-related activity via email and were required to post their response on a blog website, with feedback provided by Public Health Advocacy Institute of Western Australia (PHAIWA) staff. These activities required mentees to draft advocacy documents commonly used as part of advocacy campaigns; e.g., media releases. -mentees also maintained contact with an experienced public health mentor to discuss the activities and general matters related to advocacy. Participants were invited to attend PHAIWA advocacy-skills based workshops and a mentoring networking event; geographic location was not a barrier as the majority of communication was	proactively engaging with their mentor. -a participant who withdrew from program described confusion about the difference between e-mentoring and traditional mentoring: -e-mentoring is so new you default to traditional mentoring…..if you're going to do something different with e-mentoring; you probably need to tell the mentors even more so how it differs from traditional mentoring… -program activities and mentoring were complementary -online format was recognized as enhancing participation, especially for regional participants with limited opportunities for professional development opportunities. -online enhanced program flexibility -mentees discussed potential benefits of a face-to-face component with mentor: 'would have been nice to meet a mentor….face-to-face would have strengthened relationship' -opinions about mentee blog varied with suggestions made to improve website functionality and usability: 'weekly discussion topic facilitated on the board, able to read other people's responses, -participants wanted PHAIWA, as program facilitator, to provide more support and guidance throughout the program -	-can apply e-mentoring model to other areas of public health -overall results and findings can be applied in implementing any e-mentoring program -mentoring combined with practical, on the job experience facilitates reflective practice and thus has the potential to improve practice beyond what would be learnt independently (Palermo et al). -mentees appreciated being matched with an experienced PH professional but found it difficult to develop a strong r/s due to working in different areas of PH -impact of the online	-benefit of face-to-face element -communication -admin support, e.g., coordinator

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			online or via telephone. Evaluation: -evaluated mentors and mentees -25 mentors and 25 mentees participated in the program between 2013- and 2014. Only 11 remained at program conclusion (++ withdrawal). All however, were invited to participate in semi-structured interviews. 18 participants expressed interest (4 mentors, 7 mentees, 3 withdrawn mentees, 4 withdrawn mentors). -used prepared open ended questions to guide interviews -each transcript analyzed manually using a content analysis approach -evaluation is clearly described		format and lack of face to face had mixed responses- difficulty of designing online programs that suit all participants -state that based on previous e-mentoring programs, having at least one face-to-face meeting with mentors was important before participating in online discussions -it is important to clarify the difference between online and traditional mentoring modalities at start of program -this program had a great deal of withdrawal- therefore interviews provided limited information on benefit for mentors	-element of face-to-face important -difference between online vs. traditional mentoring

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					-when mentees withdrew, they often did not communicate to mentors, leaving them feeling frustrated- this impacts future recruitment of mentors	-communication

Search strategy:

Search terms: (mentoring or mentor* OR coach*) AND (framework OR model) AND leadership AND nurs*

Limiters- References Available; Scholarly (Peer reviewed) Journals; Published Data: 20110101-20161231
Narrow by Language-English

Database- Academic search premier: CINAHL with Full Text; Health Business Elite; MEDLINE; Nursing & Allied Health Collection: Comprehensive; Psychology and Behavioural Sciences Collection: PsycINFO; Cochrane Central Register of Controlled trials; Database of Abstracts of Reviews of Effects; Cochrane Database of Systematic Reviews; NHS Economic Evaluation Database; Health Technology Assessments; Cochrane Methodology Register; CINAHL Plus with Full Text; Environment Complete; SocINDEX with Full text

Outcome- 56 results, of those that were relevant, duplications removed and only 1 new (relevant)

4. Lach HW, Hertz JE, Pomeroy SH, Resnick B, Buckwalter KC (2013> The challenges and benefits of distance	-to explore distance mentoring from the perspective of mentees and to provide guidance for those planning	-single study	Defines 'mentoring' a relationship between two people in which the one with greater experience and/or expertise teaches and counsels the other to develop professionally (Morrison-Beedy, Aronowitz, Dyne &	-besides traditional expert-to-novice top-down mentoring, other mentoring models have been identified including mentoring by teams of experts, mentoring to groups of novices, peer mentoring, and mentoring forward (Byrne & Keefe, 2002)	-using the results from the study, They developed a model of distance mentoring -mentoring is a reciprocal relationship where the mentor has expertise and resources and is willing to be available to assist others who may not be in the	Varying completion rates, programs tend to lose mentors/mentees if engagement is lost, if roles are not clearly defined and clear goals and

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mentoring. J of Professional Nursing, Vol 29 (1).	similar arrangements. The following research questions were addressed: 1. In what types of distanced mentoring situations do nurses participate? 2. What are the benefits of distance mentoring? 3. What are the challenges of distance mentoring?		Mkrandawire, 2001, p 291). Traditionally, mentoring arrangement are spontaneous, involving a reciprocal long-term partnership that enhances the careers of both mentor and mentee; however organized mentoring programs have become more common. -because of lack of local mentors, there is a growing trend toward mentoring provided by someone from another institution or other city, or state. Methodology: -used an online survey focusing on nurses who had experienced distance mentoring as a mentee -survey included 33 multiple-choice short-answer, and open ended questions focused on details regarding distance mentoring experiences. -items reviewed for face validity by investigators, and pretested by 5 nurses. -purposively recruited those	-tech has led to online mentoring 67 nurses responded to the survey, most women with mean age of 51.1 years. -most had received their mentoring in last 8 years -primary purpose for mentoring were research and leadership development -most resided over 200 miles from mentor -length of mentoring ranged from 3 months to 8 years, avg=2 years 5 themes emerged as reasons for selecting a distance mentor: 1. lack of a local mentor 2. fit of the mentor with goals for mentorship 3. access to supportive resources 4. ability to keep established commitments 4 themes around challenges to distance mentoring 1. challenge of finding the	same geographic location. -the mentee has needs to develop skills in clinical practice, leadership; research or teaching that cannot be met locally. -key features that emerged were communication and connection *additional research is needed to test model with perspective of mentors -most critical element identified is the match between the mentee's career goals and mentor's experience. -mentor's letter of support needs to convey their qualifications and how their expertise can help the mentee reach his or her goals. Mentor's commitment to mentees training and availability to complete the mentoring should be assessed. -explicit plans for mentor-mentee communication and regular meetings must be clearly articulated and quantified.	meeting guidelines established -mentor/mentee relationship is crucial -communication and connection -match -commitment by mentor/mentee -communication -clear expectations, e.g., meeting

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			who had experienced mentoring relationships. -snowball sampling was implemented by searching the web sites of schools belonging to the AACN. -email recruitment letter explained study and how to access online -mentees eligible to participate if they had completed at least 1 year of a distance mentoring program or had completed the entire program if less than 1 year in length. -Distance mentoring was defined as 'a structured mentoring situation with an expert who is outside of the institution where you work" -data collection extended over a 6 month period -data analysis described in detail	most effective and compatible methods to communicate 2. Challenge of finding the most compatible methods to communicate 3. missing opportunities and activities because of not being at the mentors location 4. mentors challenged in finding time to devote to mentorship b/c of competing demands (planning time and options for adequate communication with the mentor) -study was based on a small sample and most respondents were nurses who were working on doctoral, research or post-doc fellowships- therefore caution with generalizing	-have developed a visual Reciprocal model of distance mentoring.	guidelines -communication -org support, e.g., time
Search strategy:						

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Search terms: (mentoring or mentor* OR coach*) AND (framework OR model) AND leadership AND nurs*

Limiters- References Available; Scholarly (Peer reviewed) Journals; Published Data: 20110101-20161231
Narrow by Language-English

Database- Pub Med

Outcome- 85 results, after reviewing abstracts, 3 identified as relevant

Reference	Research question	Appropriateness	Methodology	Overall results/findings	Can the results be applied	Do the results fit
5. Byrne G, Topping A, Golding KS. Developing a national mentorship scheme to enhance the contribution of clinical academics to health care. Nurse Researcher, 2014, vol 22 (2).	How effective is a national mentorship scheme in enhancing the contribution of practitioner researchers to the quality of health care in England	Single study	-Kirkpatrick's (2006) four-level evaluation model was used to provide a framework to evaluate the scheme and explore the role of mentorship in supporting NIHR fellows. Leve1- evaluation of reaction (for e.g., response to training, facilitators or learning resources) Level 2- evaluation of learning (changes in knowledge, skill and attitudes) Level 3- Evaluation in behavior Level 4- Evaluation of results (measurable outcomes such as grants, publications)	Evaluation was limited and only included a small group of mentees (20 at baseline and 9 at year end). Baseline evaluation- identified key issues of focus, common goals and aims End of year evaluation- responses from 9 mentees, all but one had at least one face to face meeting. -Mentoring conversations lasted between one and two hours- discussions focused on career direction, prof development, grant applications etc. -7 reported that mentoring had helped them to become better clinical academic leaders, helped them to achieve professional goals. -mentees reported that it would have been helpful to receive preparation for the role, so they knew what to expect and how to	-the model used identifies some key elements that need to be considered with any mentorship model. -the model could be adapted for online Scheme organization- the NIHR mentorship scheme is managed by a coordinator with support from an administrator Mentors- senior health care scientists, academics and professional leaders within a range of experience; they bring unique sector knowledge and understanding of the leadership challenges; mentors apply and are	-preparation for role of mentor recognized as essential to its effectiveness. -mentees also need preparation (what to expect) -admin support, e.g., coordinator -training

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			-evaluation design was embedded from the outset -20 post-doc fellows joined the scheme and were invited to complete a baseline and year-one evaluation questionnaires and interviews	make best use of their mentoring relationship	appointed to the scheme using predetermined criteria (recognized leadership in the field of health and research; professional portfolio that demonstrates significant track record in competitive grant capture, publication and capacity building in health research; experience of interdisciplinary working and an appreciation of the different ways of working in professions; in a position where they are active in leading and developing research; enthusiastic about developing the potential of others) -participate in a one day interactive preparation program designed to develop their skills in building an effective mentoring relationship. Build a community of mentoring practice. Mentee: individual mentorship is available for all	-matching -training

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					NIHR funded post-doc senior clinical lecturers and clinical lecturers	
					Recruitment and matching- all eligible NIHR fellows are contacted and invited to enroll for mentoring in the scheme. Once enrolled, they nominate three candidate mentors from the scheme faculty(encouraged to select mentors who possess skills and knowledge that might otherwise be unavailable to them)	-matching
					-mentees are matched with one of their nominated mentors- an initial conversation is brokered to ensure compatible (ensure realistic expectations and mutual respect) - after they confirm that they are ok to proceed.	
					Working together- mentors and mentees negotiate their own ways of working,	-clear meeting guidelines

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					communicating (e.g., face to face, skype etc.). Mentees identify goals and aspirations.	-communication -goals and aspirations
6. Nick JM, Delahoyde TM, Del Prato D, Mitchell C, Ortiz J, Ottley C, Young P, Cannon SB, Lasater K, Reising D, Siktberg L. Best Practices in Academic Mentoring: A Model for Excellence. Nursing Research and Practice, 2012.	To provide an overview of a model for excellence in establishing a formal mentoring program for academic nurse educators.	-authors did not identify how they assessed quality of articles included. -limited information is provided around the inductive process used to identify themes and how practices were categorized down to 6 themes.	-authors participated in a formal distance mentoring program and determined to engage in a heuristic inquiry to study mentoring. -inductive process to identify mentoring themes. -at a face-to-face meeting, each participant shared lived experiences of being mentored or mentoring. -through reflection and dialogue the group clustered 25 original practices into 6 categories served as the basis for six in-depth reviews of the literature; refinement of the categories occurred over several months during exploration of the research literature. -search terms are clearly	-results from their literature reviews provide a good overview of important elements to include in an effective mentoring program. 1) Achieve appropriately matched dyads by; using pairing scenarios; seeking dyad input during the matching process 2) Establish clear mentorship purpose & goals by: expressing reciprocity, specifying time commitment; planning activities spread over time 3) Solidify the dyad relationship by: creating collegiality; establishing regular communication; exchanging frequent feedback from mentor and mentee; building a supportive environment 4) Advocate for and guide the mentee by: providing psychosocial support; achieving life balance; advising career progression 5) Integrate the mentee into the academic culture by: teaching networking skills; facilitating	-results from literature review, e.g., 6 themes can be used/considered when building a mentorship program -literature review did not specifically look at online mentorship excellence, therefore some of the themes identified may be more challenging to meet in an online environment (e.g., integrating the mentee into the culture). -focus of this was Academic mentoring; however principles/themes could apply to all mentorship dyads. -recognizes the benefits of the schema in creating programs of mentoring and functions and as a basis for evaluation	-consistent with other articles which emphasize the importance of appropriately matching mentor and mentee, Clearly identifying purpose and goals, and establishing regular communication. -commitment

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			identified as well as databases searched. Limited to English.	socialization 6) Mobilize institutional resources by: gaining administrative support; including mentoring expectations in promotion and workload documents; offering mentor training programs; providing release time.	of program effectiveness.	-admin support -training -org support, time
7. Weiss LW, Williams CA, Drake AC, Cumberlander LB, Gordon CL. Veterans Health Administration Mentoring Model for New Nurse Executives. Nurse Admin Q, 2008, vol 32 (3).	Research question unclear- surveys were completed, evaluations completed on the model however not clear what was being evaluated	-single study	-poorly described -evaluations were completed after each of the face-to-face meetings -does not clarify what was being evaluated -after mentor and mentee completed a year of partnership, a survey was done to look at best practices and opportunities for improvement.	-76.5% of the attendees strongly agreed that they were satisfied with the program -opportunities for improvement included ensuring that the mentor and mentee were no more than one time zone apart, and the need to reinforce the role of mentor -new nurse executives hired in the VHA (Veterans Health Administration) are assigned an experienced mentor. -VHA continues to promote the certification of experienced nurse executives so that there is a continuous pool of resources to draw from. The program has demonstrated its success over the past 3 years by providing a standardized approach to support newly appointed nurse executives in their role	-Refer to a mentorship program however program is now clearly described (elements of program are not described in detail) -program is intended to support integration of new appointees into the nurse executive role. Program has produced a written resource to support effective functioning in the role. Program includes a leader skills self-assessment to evaluate leadership style and assist with senior leadership team integration. -not an online program (however not clear as to how communication occurred in	a commitment to regular and recurring communication was necessary to success of mentorship model -need to reinforce role of mentor (training, clear roles and responsibilities) -tools -certification program for mentors to ensure ongoing pool of mentors to draw from- recognition

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				and supporting succession planning.	most relationships and what the overall distance was between mentor and mentee dyads) -aligned goals of the mentoring process with the 8 core competencies of the High Performance Development Model (HPDM). HPDM provides a framework to develop a highly skilled, customer-centered workforce for the 21st century. -survey questions were created to reflect core competencies -mentees were asked to identify 3 competencies in which he or she desired further development and the mentor asked to identify 3 competencies in which he or she exhibited strength. -matching of mentees and mentors was accomplished on the basis of the self-identified strengths and identified areas for development.	-matching

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					-goals mutually agreed upon, electronic personal development plan was initiated by the mentee in collaboration with mentor -template provided an active document for planning and tracking learning successes and was readily available to our mentoring program.	-clear goals
					-once pairings established, face-to-face learning session was implemented for mentors and mentees – included a 360 assessment and a Myers-Briggs Type Indicator (MBTI) evaluation to assist in identifying managerial styles and strengths and weaknesses of the individual participants. Face-to face allowed both to meet and establish a working relationship. -each completed MBTI tests with goal of becoming aware of the factors that influenced his or her style and how he or she routinely responds. – shared results	-face to face element -tools to support appropriate matching

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					-defined expectations of mentoring relationship (how often to meet, how they would communicate and in what manner, and whether or not visits to each other's facility would be beneficial) -a commitment to regular and recurring communication was necessary -created opportunity for nurse leaders to become certified mentors (2 day training session to receive didactic education needed to begin mentor certification process	-clear meeting guidelines -communication -training -recognition, e.g., certification
Search- grey literature, google scholar, references						
8. Bhimani H, Wong C, Roitenerg J, Irvine L. Debut of a Framework for Coaching and Mentoring Nurses for Leadership.	-goal- to build leadership capacity among nurses through a Nursing Directors' mentoring program -to design a leadership	-evidence is drawn from a synthesis of the literature, and views of PHNs, managers, and directors about formal and informal coaching relationships that currently exist in our organization.	-literature review and synthesis -aim- to develop a leadership development framework based on principles of coaching and mentoring 1) literature review to identify best practices in coaching and mentoring	-describe Thompson et al (2010) model in which preceptoring and coaching is defined for nurses as they journey through their career development from novice to experienced nurses and then to nursing executives. **literature review** -2005-present, Ovid Medline, Ovid Health Star, CINAHL, PubMed, and Wiley Online Library databases searched using "Coach" or "Mentor" and "Framework" or "Strategy" or "Initiative" and "Nursing" or "Public Health" or "Health	Study highlights critical success factors for an effective coaching-mentoring relationship- all of which should be considered when developing/adopting an online model	Critical to effective coaching:- - -establishment of a trusting coach-coachee relationship - matching(strategies identified that could be transferred to an online model include- being objective,

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	development framework that is based on principles of coaching and mentoring		used in field of healthcare and business 2)explored with PHNs, what they identify as critical success factors that contribute to effective coaching and mentoring relationships designed for building leadership capacity -conducted 5 focus groups and two interviews to help us identify critical elements that make coaching and mentoring relationships focused on leadership development successful. -3 focus groups= 18 PHNs -2 focus groups= 10 nurse managers -2 interviews with nurse directors Participants of focus groups and interviews had participated in formal or informal coaching	professionals" * search strategy clearly defined, similar to our search strategy however, they were not focusing on online -articles selected if they had direct relevance to topic and contributed to a deeper understanding. 32 articles chosen. Highlights from literature review- Critical to effective coaching/mentoring- 1) establishment of a trusting coach-coachee relationship/ building the coaching relationship (strategies= being objective, demonstration of empathy and curiosity by the coach; coach's understanding of the organizational requirements, culture and philosophy also assist in sustaining an effective relationship) 2) thorough assessment for problem identification and goal setting to address development issues (tools that support reflection on the coaches areas of strengths, goals and aspirations, shortfalls, expectations, and approaches to challenge and conflict help in setting appropriate developmental goals); 3) problem solving by development of action plans 4) assessing the person and the situation 5) challenging thinking and promoting new		demonstration of empathy and curiosity by the coach) - thorough assessment for problem identification and goal setting to address development issues (strategies suggested that could transfer to online model include use of tools that support reflection on the coachee's/mentees areas of strengths, goals and aspirations, shortfalls, expectations, and approaches to challenge and conflict help in setting of appropriate developmental

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			relationships focused on enhancing leadership skills in our organization. -qualitative analysis of the data collected revealed critical success factors	behaviours 6) supporting the coachee to take action 7) facilitating achievement of results *also suggest using a strengths based approach- working with strengths to deal with problems and deficits *strengths based coaching/mentoring discussions energize mentees as it is authentic to their true self and capabilities- often begins by identifying strengths through completion of strength-based assessment (see item # 2 above), followed by discussion on ways to further enhance one's strengths, identification of strengths that are under-utilized and looking at new opportunities in the existing work environment to use strengths with more intention. Focus group/interview findings -critical success factors which support effective coaching and mentoring relationships for leadership development= 'Sandwich model' Elements identified by Coachee/Mentee: -flexibility in the approach to the coaching conversations with less structure -allowing coachees/mentees to define the goals and discussion topics for coaching conversations -use of guided questions and leadership development frameworks to shape the coaching conversations and explore leadership topics		goals) - problem solving by development of action plans-clear goals/expectations/ guidelines -assessing the person and the situation -building the coaching relationship -challenging thinking and promoting new behaviours -supporting the coachee to take action -facilitating achievement of results- clear roles and responsibilities -frameworks and tools to support

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				-encouraging self-reflection on essential leadership capabilities and attributes -providing opportunities for practical application of leadership skills discussed in the coaching conversations Elements identified by the Coach/Mentor: -coaches believe in human development and are interested in developing the unique leadership potential of coaches -coaches are able to use a variety of techniques to suit the coaches style and meet their leadership goals -use reflective practice exercises to support coaches in gaining self-awareness -utilize specific case scenarios and case studies to help coaches better understand specific leadership topics -provide individual and group coaching sessions to support learning through multiple experiences -continue mentoring when coaches put their knowledge into practice through application -need to clearly identify the capabilities needed to successfully lead (e.g., LEADS Framework- LEADS identifies the higher level skills which go beyond bare minimum competencies)		discussions and explore leadership topics -tools/strategies -training -framework and tools to support discussions, goals etc....
9. Queensland Government. A	-establishing a mentoring	-report	-not described, report outlining framework	-Developed the Mentor Framework for Continence Clinicians primarily focuses on a one-to one	Framework clearly identifies elements	

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Mentoring Framework for Queensland Continence Clinicians and those with a special interest in continence. 2011.	program for continence clinicians throughout Queensland.		developed -unclear as to process used to develop framework, literature reviewed etc. (therefore interpret findings with caution)	relationship for mentoring -Three step process of reflecting, reframing and resolving to empower the participants, and a process of introduction, goal setting, troubleshooting and evaluation. -mentoring conducted through formal and informal processes -structure of mentoring not as important as the quality of the mentoring and both formal and informal should be promoted to foster a culture that results in high quality mentoring Formal- occurs when the mentoring relationship is facilitated and supported by the organization so that a large pool of participants can benefit. -generic resources, tools and guidelines are used to support the creation and maintenance of mentoring relationship Informal- a supportive relationship that develops spontaneously or informally without assistance from the organization *Distance mentoring- may be suitable where parties agree to conduct their mentoring relationship by phone, fax, email, video conference, telehealth etc., with communication/meetings whenever circumstances allow. –works best for people in	needed for successful mentorship: -characteristics and attitudes -clear roles and responsibilities -address boundaries, barriers and concerns -clear guidelines for implementation -clear processes in place to ensure quality *did not indicate if model was/is for face-to-face, distance mentorship, however elements of framework identified can be applied to online model	-clear roles and responsibilities -clear guidelines e.g., meeting, communication -org support -tools/strategies to support relationship

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				rural/remote areas where parties know each other or have had the opportunity to form a prior relationship. Framework components: -characteristics and attitudes (specific characteristics of mentor and mentee listed , e.g., able to encourage, see potential in others, role model, accept change, problem solving skills, provide constructive feedback, challenge, analyze and evaluate…) -boundaries, barriers and concerns that need to be considered when implementing a mentoring framework include: mentoring is time consuming and emotionally draining; mentors may develop attitudes of superiority which may result in exploitation, fostering of dependency, anxiety, manipulation or inappropriate demands; failure to measure outcomes; lack of appropriate commitment and support and/or sponsorship from organization; withdrawal from the relationship; peer resentment of mentee-mentor relationship; lack of appropriate resources -Roles and responsibilities- to facilitate success both mentor and mentee must understand their roles and responsibilities Mentor roles- meet regularly with mentee, listen to mentees needs, facilitate mentees development, motivate and support in		-matching -org support, e.g., time -commitment to mentor/mentee dyad -admin support -clear roles and responsibilities -meeting guidelines

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				achievement of goals, provide information, guidance and constructive feedback; facilitating and evaluating mentees decision making and problem solving; reviewing and evaluating relationship; maintaining a professional relationship; acting as a role model; providing evidence of mentees achievements; maintaining confidentiality of matters discussed Mentees role: identifying and achieving new knowledge and skills applicable to their career; seeking guidance and advice related to ongoing developmental opportunities; actively accepting responsibility for own development, decision and actions; acting on 'expert' advice, relating this to evidence based practice findings; completing tasks and projects to a satisfactory standard; being receptive to feedback; maintaining confidentiality of matters discussed; allocating time to complete developmental tasks and prepare for the meetings with mentor; keeping mentors advised of availability and making time to meet; Framework coordinators role: receiving applications from prospective mentors and mentees; facilitating the mentoring partnership; providing training and support to mentors; facilitating the evaluation process; developing and disseminating reports		-admin support, e.g., coordinator

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				Implementation -matching of formal mentors and mentees- success dependent on several key factors such as mentors experience, knowledge, skills, and professional/organizational knowledge. Mentor should purposefully seek relevant opportunities for the mentee, be aware of and apply the principles of succession management/career development in assisting the mentee. -must be agreement by both mentor and mentee to invest time, skill and knowledge and emotion into the relationship Quality processes -initial meeting between mentor and mentee is important to agree on some basic principles and the purpose of the relationship -clear statement of expectations for both parties and the goals to be achieved will assist with the relationship to produce desired outcomes -no formula for how often they should communicate or the length of a mentoring relationship- regular reviews of the relationship will guide this process -in preparation and planning for mentoring, the needs, interests and concerns and expectations of the mentee need to be explored (NICE- tool can be used to guide and assist in these discussions; suggest providing NICE to mentee prior to meetings)		-matching -commitment -initial meeting -clear goals and expectations -clear meeting guidelines, communication -tool to support goals/expectations

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				-evaluation of mentoring relationship is recommended to assist mentors and mentees to make decisions about- how well relationship is going; what has been achieved; what changes need to be made; when is the time to end the mentoring relationship; future education and training requirements (use of Mentoring Agreement Review form can be useful for this- Original Goals/What has been achieved/What more needs to be done/any new goals/actions to be take: by whom/when/next review date)		-evaluation of relationship -tool to evaluate relationship
10. PHRED. Ontario Nursing Strategy: Preceptorship/Mentorship Initiative. Evaluating a Public Health Nursing Mentorship Initiative. 2007.	-objectives of evaluation were:- evaluate use of NMRG to guide implementation of nursing mentorship initiative; describe process of implementation; influence sustainability of nursing mentorship	-report to describe the implementation of mentorship in 4 Ontario health units and the findings from an evaluation examining barriers and enhancers to implementation and the sustainability of mentorship.	-literature scan provided evidence for the recommendations in the Nursing Mentorship Resource Guide (NMRG) (literature scan 2000-2007) -NMRG was evaluated by participants in pilot sites. -multi-method data collection process that included a combination of mail-out surveys, electronic surveys and telephone interviews	Literature review: Mentor/mentee matching should be based on mutual respect, trust and an understanding of the others responsibilities in the relationship. -relationships are more successful when the styles of the dyad are compatible in outlook, goals and style (assigning can be difficult because mentoring is informal by nature) Distance mentoring- challenge. Long-distance mentoring is less demanding but it was less effective for the mentee and less fulfilling for mentor (Luckhaupt et al. 2005). -distance mentoring had advantage of providing a flexible arrangement that enables geographically dispersed individuals to access mentors. - mentoring should be enhanced by initial face-to-face meeting, careful matching of pairs and		-matching -initial face to face meeting

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			Sample- PHNs, directors, managers and clinical nurse specialists who participated in the Nursing Mentorship Initiative participated --8 mentors and 2 mentees withdrew (29 mentors and 14 mentees= 14 matches) 14 matched across the 4 pilot sites -senior nurse leaders and champions were contacted for interviews= 9 -methodology clearly described -pre-implementation and post-implementation surveys- quantitative data analysis using SPSS	training for mentors and mentees. Other opportunities should be in place to augment the relationship such as face-to-face interaction. *mentoring not recommended when mentee is a direct report Implementing innovations- success depends on adequate planning, resources, organizational and administrative support as well as appropriate facilitation. Support from organization is critical to success of mentorship. Need a project leader/coordinator to provide the energy required to coordinate the project on a day-to-day basis to achieve goals. Findings from evaluation: -benefits attained with mentorship (increased organizational knowledge, feel more connected with workplace; feel supported in workplace; ease of transition to a new role; increased confidence in a professional role; opportunity to expand professionally) -Enhancers-factors within the mentorship initiative that strengthen, augment, intensify, or increase the value of the mentorship implementation within a health unit: previous experience with mentorship; training for mentorship; use of NMRG; anticipated confidence in the role; length of time in the mentorship initiative;		-training -org support -admin support, coordinator -training -tool/framework to support program

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				mentor/mentee matching; mentor/mentee support; assistance with learning plan; organizational supports; and operational supports. Challenges/Barriers(those factors that have the potential of obstructing, delaying or hindering the implementation of mentorship in a health unit)- Time (scheduling meetings, prep time, time to build relationship with mentee; mentee felt time to complete tasks, time to meet with mentor); difference in attitudes and philosophies between mentor/mentee; skills of mentor- 'mentors may not be as qualified or up to date in an area I want to learn more about'; type and quality of communication- concerns re effectiveness of communicating with mentors by e-mail rather than face-to-face; balancing workload; risk- information on relationship boundaries as helpful in NMRG; *importance of regular meetings- need to establish routine times for meetings- important *NRMG- useful guide to facilitate in-hour training sessions for mentors and mentees, clarify roles, responsibilities and tasks of mentors, mentees, the champions etc. Telephone interview with Senior Nurse leaders and champions:		-matching -org support -admin support -org support, e.g., time -match- similar philosophies, attitudes -meeting guidelines, communication -meeting guidelines -tools/strategies to implement program

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				Successful mentorship program requirements -organizational supports- "buy-in" from senior administration -operational supports – a supportive senior nurse leader, a dedicated position to coordinate the mentorship initiative, and recognition of staff participation -recognition for mentors and mentees Barriers and Challenges -Time- time to implement, plan, schedule and train -organizational challenges- senior admin commitment and active promotion of mentorship was limited -operational challenges-limited # of mentors and mentees a challenge (can impede ability to appropriately match mentor and mentee when options are limited) -sustainability- ongoing need for a dedicated champion to continue mentorship program was identified		-org support -admin support, coordinator -recognition -org support, e.g., time -operational challenges- limited # of mentors/mentees Sustainability=coord inator