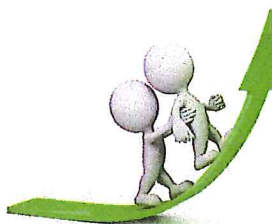


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Mentoring Workshop



January, 2019
Barbara Flanagan, MSN, RN-BC, CNL

VISION, MISSION AND VALUES



YaleNewHavenHealth

Bridgeport Hospital | Greenwich Hospital | Lawrence & Memorial Hospital | Wesley Hospital | Yale New Haven Hospital | Northeast Medical Group

Mentoring Objectives

1. Define role of Nursing Mentor and Mentee
2. List benefits of Mentoring for Mentor, Mentee and organization
3. Summarize qualities and responsibilities of effective Mentors
4. Identify 3 phases of a mentoring relationship
5. Identify 6 Mentoring Practices
6. Identify Key Mentoring Tools

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Mentoring Program Goal

To increase job satisfaction and retention while contributing to the personal and professional development of nurses through relationships that provide nurturing and support

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Mentoring Definitions

"Mentoring is a broad caring role that encompasses formal or informal supporting, guiding, coaching, teaching, role modeling, counseling, advocating, networking and sharing. Mentoring occurs within and/or outside the clinical setting and includes personal and career guidelines". (American Nurses Association)

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Dr. Patricia Benner's "Novice to Expert" theory



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Preceptor

Coach

Mentor

Preceptor	Coach	Mentor
<ul style="list-style-type: none"> • Competent or Proficient RN • Oversees new nurse • Transfers knowledge, skill • Assesses competencies • Short-term relationship (Up to 12 weeks for a new grad) 	<ul style="list-style-type: none"> • Competent or Proficient • Content expert • Teaches skill development • Performance-driven process • Task orientated, short term 	<ul style="list-style-type: none"> • Ideally Proficient, Expert RN • Close, trusted , experienced counselor or guide • Development-driven mentoring relationship • Long-term, Relationship oriented • Should begin after the first year of practice

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Role Definitions (American Nurses Association)

Mentor:

Is an experienced practitioner who establishes a caring relationship with a novice nurse as a trusted counselor

Mentee:

Is a novice or an experienced individual changing jobs or careers who benefits from the caring support, wisdom, guidance, role modeling, networking skills and sharing of a more experienced nurse willing to help the novice in his/her personal and career journey.

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Benefits of Mentoring for Mentee

- Increased confidence
- One to one development tailored to their needs
- Enhanced leadership skills
- Accelerated cultural acclimation
- Prevent nurse isolation
- Advancement opportunities
- Improved visibility & networking ability
- Different perspective on situations
- Put theory into practice
- Help through transition periods
- Build self-reflection skills
- Build a sense of professionalism, positive attitude

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Benefits of Mentoring for Mentor

- A new challenge and a learning experience
- Greater understanding of issues affecting new nurses to the organization
- Career enrichment
- Personal satisfaction in helping a new nurse enter the professional workforce
- Re-energize the staff nurse- renewed interest in career growth
- Builds self-reflection skills
- Put theory into practice
- Promotes quality, patient centered care and safety

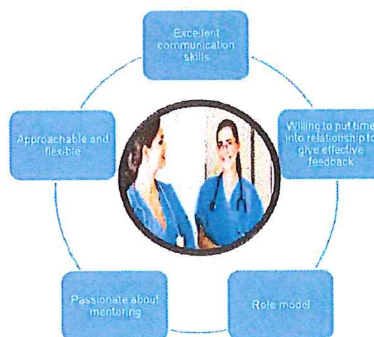
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Benefits of Mentoring for the Hospital

- Increased RN retention
- Improved succession planning
- Improved motivation and morale
- Energized organizational culture
- Develop a more participative atmosphere
- Faster induction of new graduate nurses
- Enhance Professional Development of nurses throughout all stages of their career
- Promote and support changes in the culture

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Qualities of a Successful Mentor



Qualities of a Successful Mentor (con't)

- Willing to learn from your Mentee
- Approachable and flexible
- Embrace diversity
- Excellent Communication Skills
 - Constructive feedback
 - Reflective questioning
 - Conflict Resolution

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Qualities of a Successful Mentor (con't)

- Committed to the mission and goals of Greenwich Hospital
- Strong interpersonal skills
- Strong leadership skills
- Think strategically
- Utilize/seek out available resources
- Patience
- Willing to take risks
- Accountable- live up to expectations and meeting deadlines

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Responsibilities of a Mentor

- Demonstrate proficient or expert practice
- Communicate in clear, concise and professional manner
- Be a good listener
- Keep written records as required
- Complete surveys/evaluations if requested
- Conduct consistent scheduled meetings with the mentee to set goals, provide feedback and evaluate progress
- Have a positive attitude
- Serve as an immediate resource person

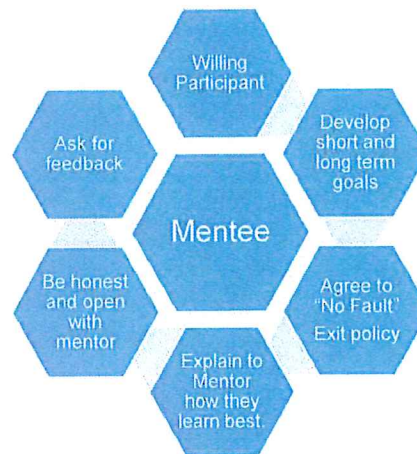
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Responsibilities of a Mentor (con't)

- Provide moral support, guidance and advice
- Encourage the mentee to develop to their fullest potential
- Help the mentee develop their own vision for the future
- Encourage progressive independence in the mentee
- Perform well under stress
- Demonstrate interpersonal problem-solving skills
- Adhere to general principles of volunteerism
- Agree to a "No-Fault" Exit Policy

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Responsibilities of the Mentee



Qualifications of a Mentor

- Takes Mentor Workshop
- Have more than 3 years of nursing experience
- Have an understanding of the science of nursing and nursing standards and principles
- Is proficient or expert in the field according to Benner's "novice to expert" framework
- Is able to make a one year commitment to the mentoring program
- Is successful in building caring relationships
- Is willing
- Applies to be a Mentor

How do I mentor?

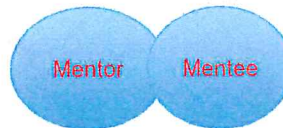


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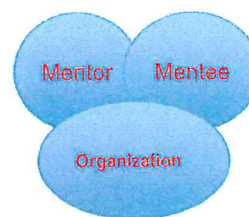
Models

- Peer Mentorship Model
- Group Mentorship Model
- Distance Mentorship Model
- Constellation Mentoring Model

Dyad model



Triad model



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3 Phases of Mentoring Relationship

Beginning Phase

- Build interpersonal relationship
- Establish trust and nonjudgmental acceptance
- Exchange and discuss resumes
- Discuss expectations, determine well defined goals (i.e. frequency of meeting, place to meet, email, text, phone),
- Initiate relevant self-disclosures
- Mentees tend to put mentors on a pedestal and emulate behaviors
- Mentors feel rewarded by their role and value and nurture the development of their mentee

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3 Phases of Mentoring Relationship

Middle Phase

- A safe and comfortable relationship is established and nurtured
- Mentors request detailed information and offer specific suggestions about current plans and progress in achieving goals
- Mentees feel enhanced self esteem due to progress made
- This phase is characterized by high degree of interaction and intellectual exchange
- As the relationship develops feedback is given (both positive and constructive) and taken in a more comfortable and growth producing way
- Mentors encourage less and less reliance and mentees become more autonomous

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3 Phases of Mentoring Relationship

Closing Phase

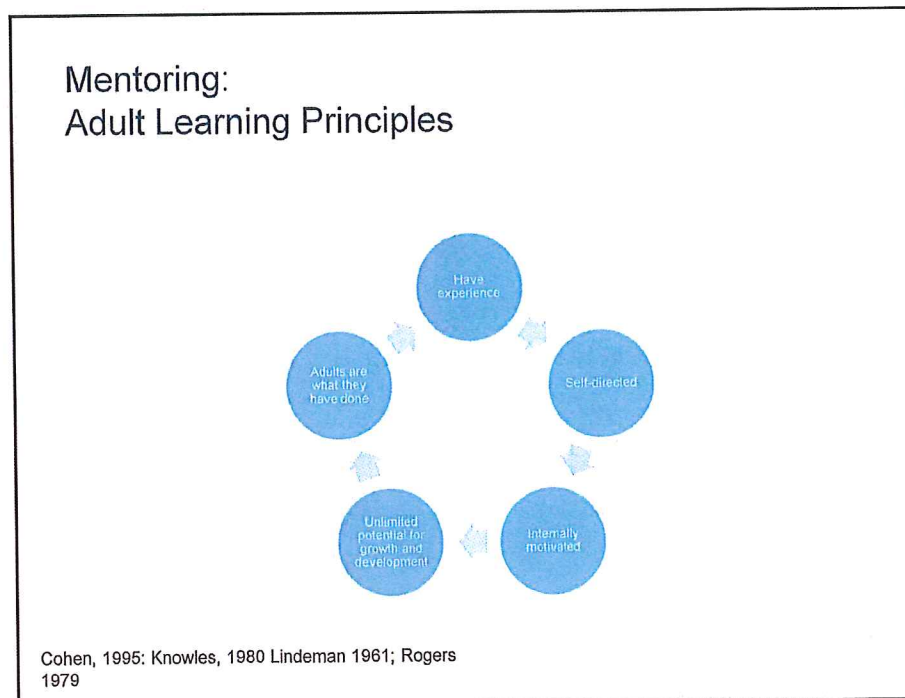
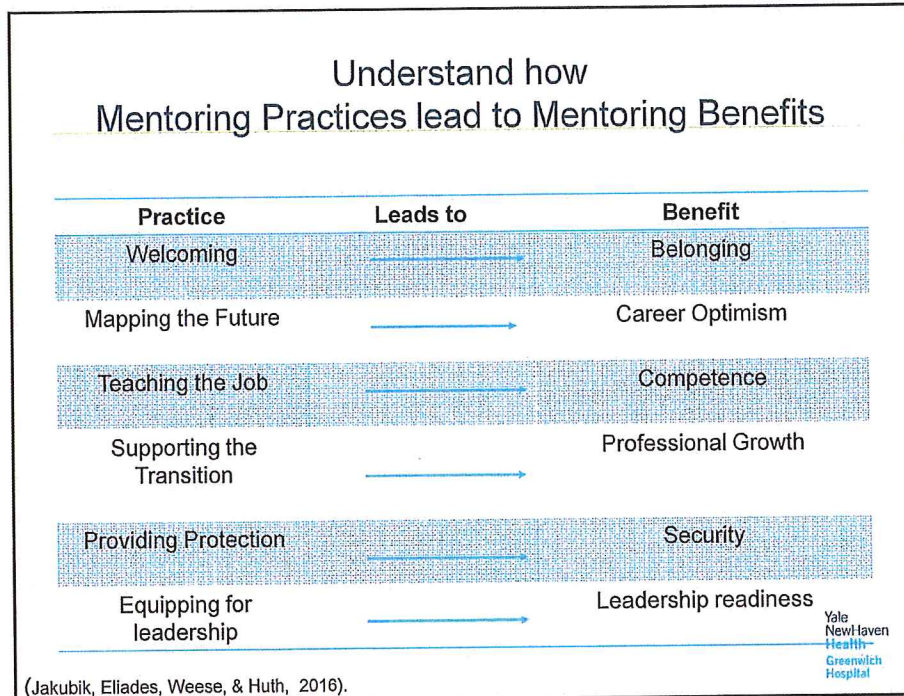
- Formal part of mentoring comes to closure when mentees feel comfortable functioning on their own.
- Mentors encourage mentees to reflect critically on outcomes, achievements and future plans
- Mentors motivate mentees to take risks, make decisions without certainty of results, overcome difficulties in the journey to reach their career goals and become independent adult learners
- Mentees achieve greater autonomy and become empowered
- Both may mutually seek to dissolve the relationship
- Alternate between feelings of loss and liberation

AMSN Mentoring program

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Mentoring Tools and Strategies

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Mentoring: Understanding Adult Learners

- As adults, mentees assume responsibility for their own learning
- As teachers, mentors act as guides and facilitators of learning
- Mentors need to be aware of the mentee's learning needs and their stage on the learning curve.
- Mentors must be flexible and willing to make adjustments in the learning experience based on mentee's maturity and learning style

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Mentoring: Adult Learning Principles

- Adults need time to learn at own pace
- Unlimited potential for growth and development
- Moving from simple to complex gives adult a sense of achievement
- Learning must be based on learner's need. The facilitator help learner diagnose the gap between what they know and what need to know
- Adults are what they have done. They have a deep investment in the value of their experiences
- Adult education fosters critical thinking
- Adults need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others

Cohen, 1995; Knowles, 1980 Lindeman 1961; Rogers
1979

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Mentoring: Communication is Key

Essential component of the mentor-mentee relationship. Set up the structure you will use to communicate effectively.

- Clear Expectations
- Mentor/Mentee will communicate a minimum of once a week (or once every other week -a time frame that you both agree on)
- Stop by the unit your mentee is working on
- Have a break together
- Leave them a note
- Call, text, emails or Skype
- Track Mentor/Mentee Communication in Communication log
- Research shows effective interactions can be as little as 5 minutes

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Mentoring: Effective Questioning

Mentors use questions to help mentees:

- Identify and describe problems, situations, events
- Reflect on their feelings, assumptions, and beliefs
- Identify alternatives and options they may not have considered
- Come to new understandings about themselves and the issues at hand

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4 Levels of Questions

1. Objective Level

Based on facts. Seen as "what questions"

2. Reflective Level

Invite personal reactions – relate to "gut feelings"

3. Interpretive Level

Draw out meaning, values- "why" questions

4. Decisional Level

Elicit resolution, decisions are made, "now what" questions

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Mentoring: Feedback

Feedback is hard

Effective Feedback can do many things:

- Feedback honors competence and priorities
- Feedback helps align expectations and priorities
- Feedback fills gaps in knowledge
- Feedback lets people know where to take corrective action
- Feedback alleviates fear of the unknown

AHRQ, 2016; Allard, Harper, & Smith, 2016; Mauer, 2011)

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Mentoring: Giving Feedback

- State behavior objectively
- State impact of behavior
- Speak only for yourself
- Be timely
- Describe, don't judge
- Be specific and clear
- Focus on behavior, not interpretation of behavior
- Avoid labeling
- Be supportive, encourage recipient's contribution
- Avoid long preface and wishy-washy talk

AHRQ, 2016; Allard, Harper, & Smith, 2016; Mauer, 2011)

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Mentoring: Receiving Feedback

- Listen to information
- What is the concern?
- What is the impact?
- Ask clarifying questions
- Summarize what you heard (this does not mean that you agree)
- Agree with what you can
- Open the conversation to resolve the issue **ONLY** after validating that you correctly heard the concern

AHRQ, 2016; Allard, Harper, & Smith, 2016; Mauer, 2011)

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Mentoring: Conflict Resolution

Principles of Managing Conflict

- Set the stage to have crucial conversations
- Create a safe environment
 - Avoid creating an openly hostile environment
 - Avoid creating an environment where others become withdrawn
- Avoid assumptions: ask objective, non-judgmental questions
- Seek to learn
- Actively listen

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Conflict Management (con't)

Styles of Conflict Resolution

Avoidance	Issues avoided, not addressed, not resolved - (worst)
Competition	Lack of compromise, (win-lose)
Accommodation	Focus is on preserving the relationship, not resolving the conflict. (win-lose)
Compromise	Each party gives up something, (lose-lose)
Collaboration	Active engagement, mutually agreed upon solution (win-win ; best)

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Conflict Management (con't)

Conflict Management Process

- Restate information shared
- Find common/ground/values
- Separate people from issues
- Define stakeholders and what their interests are
- Focus on interests, not positions
- Define areas of agreement
- Define options
- Clarify benefit
- Prioritize options
- Reach agreement/consensus on win-win basis

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Conflict Management (con't)

"I" Messages

Purposes:

Sender takes accountability
Avoids putting the listener on the defensive

Components of "I" Message

1. State the effect of the behavior on the sender
2. Objectively state the description of the listener's behavior
3. State the effect of the behavior on the sender
"I felt __ (1) __ when you __ (2) __ because __ (3) __."
4. Tell what you would like to happen instead.

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Mentoring: Setting Expectations

- Develop clear expectations to build a strong relationship
- Unclear expectations will break down communication and trust
- Clearly stated expectations will take the pain out of confrontations

Expectations should be:

- Observable
- Achievable
- Stated in a positive way
- Reviewed frequently to determine meaningfulness

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Mentoring: Confidentiality

Mentoring relationship is confidential.

Mentors should not disclose any information with the exception of:

1. Violation of hospital policy
2. Patient Safety concern
3. If mentee is not keeping appointments

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Getting Started- Next Steps

- Ask yourself "Do I have what it takes to be a Mentor? Can I make the commitment?"
- Apply- (More to come on this)
- Mentor/Mentee pairing determined by:
 - Leadership (for Nurse Residents)
 - Voluntary (for all nurses)
- Mentor/Mentee Contract- one year commitment.
- Meet a minimum of once a month- preferably bi-weekly
- Check in with Program Supervisor once a month

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Mentor- Mentee Agreement

Commit to communicating with mentee at least once weekly

Agree to a no-fault policy if it is not a good fit

Mentor-Mentee Agreement

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Forming a Mentor/Mentee relationship will improve practice by identifying and strengthening a mentee's personal goals through the advice, coaching, support and guidance by a mentor. A successful mentor/mentee relationship requires commitment from both parties. This agreement provides the formal expectations of that commitment.

Mentor Responsibilities:

1. Be a willing participant, assume the role of teacher, coach, advisor, confidant, counselor, sponsor, role model, leader
2. Be familiar with policies and procedures of Greenwich Hospital
3. Lead by example
4. Be approachable and available
5. Be an active listener and deliver reflective, constructive, feedback
6. Be a source of moral and professional support
7. Establish comfortable modes of communication, timeframes and environment.
8. Help create realistic personal and professional goals along with a plan to meet those goals
9. Hold mentee accountable for the goals
10. Maintain confidentiality
11. Agree to a no-fault policy in case there is not a good fit between mentor and mentee.

Mentee Responsibilities:

1. Be a willing participant, ready to commit to personal and professional growth and engage in a process of self-assessment and self-reflection.
2. Initiate the process by meeting with assigned mentor and communicate specific needs
3. Provide your mentor with bright and honest learn back.
4. Solicit feedback from the mentor.
5. Agree to the modes of communication, time frames and environment.
6. Speak openly and honestly to your mentor.
7. Be prepared to make goals both long and short term and actively work to meet goals and deadlines
8. Maintain confidentiality
9. Agree to a no-fault policy in case there is not a good fit between mentor and mentee

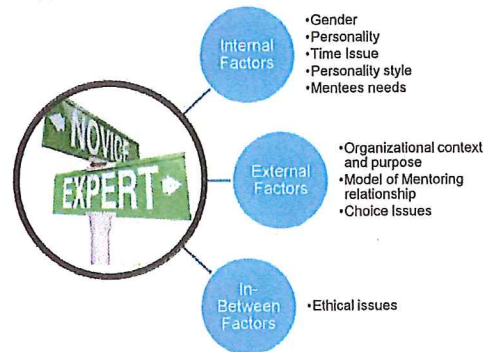
I agree to honor the above agreement for one year.

Mentor _____ Date _____

Mentee _____ Date _____

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Factors that influence the mentoring relationship



Potential Problems

- If the relationship is forced can lead to resentment, discontent
- Personality mismatch
- Lack of follow up and commitment to sustain relationship
- Mentor is overbearing
- Mentee becomes too dependent on mentor
- Personal or ethical differences
- Gender issues between mentor/mentee of opposite sex- conflict management, delegation styles
- Failure of either mentor/mentee can reflect on the other. Guilt by association
- Toxic mentors- detrimental to the success of the mentee
- *** Prior to relationship both parties agree to a No-fault exit clause

Mentor Resources

Binder –

- Goal to have one in every unit
- Articles – Topics to include
- "How to Mentor", Giving Feedback, Conflict Resolution, Levels of Questioning
- Academic options
- Scholarship opportunities

- In development at this time

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Community Health Mentor Program Video

- The Value of Mentoring for a New Graduate Registered Nurse
- <https://www.youtube.com/watch?v=fD-sGXNVKkg>

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Thank You!



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**GREENWICH HOSPITAL
EDUCATION DEPARTMENT**

Request to Post Unit-based Educational Programs in Healthstream Database

RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE Jan 10, 2009

SPEAKER/PRESENTER Barbara Fanagan RN

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 2pm END TIME _____ LENGTH _____

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. Elizabeth Kinnen, RN	<i>Elizabeth Kinnen, RN</i>	Maternity/Nursing	RN
2. Rachel Victoria, MSN	<i>Rachel Victoria</i>	ED	RN
3. W. Modene, Delore	<i>W. Modene</i>	med	RN
4. Carol Ann Boherty	<i>Carol Ann Boherty</i>	Surgery	RN/CC
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Request to Post Unit-based Educational Programs in Healthstream Database

RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE 1/15/19

SPEAKER/PRESENTER Barbara Flanagan

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 0900 END TIME 1000 LENGTH 2.00

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. Gina Trovato MSN, RN, CPN	<i>Gina Trovato</i>	Intermediate Care	Nurse Clinician
2. Marie Trovato BSN, RN, CCRN	<i>Marie Trovato</i>	MSICU	Clinical Nurse Specialist
3. Cathleen Scanton	<i>Cathleen Scanton</i>	Maternity	Clinical Resource RN
4. Patty Willard R.N.	<i>Patty Willard</i>	OPC	Clinical Coordinator
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Request to Post Unit-based Educational Programs in Healthstream Database

RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE Jan 17 12th - 2p

SPEAKER/PRESENTER Barbara Flanagan, RN, MSN, CNL, EN-BC

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME _____ END TIME _____ LENGTH _____

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. <u>Mary Jacobs RN, BSN</u>	<u>[Signature]</u>	<u>LDAP</u>	<u>RN</u>
2. <u>Jessica Elie RNC BSN, CNW</u>	<u>[Signature]</u>	<u>maternity</u>	<u>RNC, CNW</u>
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RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE Jan 29, 2019

SPEAKER/PRESENTER Barbara Flanagan

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 8^A END TIME 10^A LENGTH _____

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. Stephanie Marenco	<i>Stephanie Marenco</i>	ED	Nurse Clinician
2. MERCY PADAVIL	<i>Mercy Padavil</i>	NICU	CRAI
3. KATHRYN H BARTO BSN RN	<i>Kathryn Barto</i>	NICU	RNC
4. Victoria Costabile	<i>Victoria Costabile</i>	SURG-ORC	RNC
5. Maryna Abtashka	<i>Maryna Abtashka</i>	NRU	RN
6. Katerin Ugal	<i>Katerin Ugal</i>	LTD	RNC
7. Kathryn Perez	<i>Kathryn Perez</i>	LTD	RN
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RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE Jan 29, 2019

SPEAKER/PRESENTER Belanagen, RN

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 2pm END TIME 4pm LENGTH _____

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. CRISTIANE DESOUZA, RN, BSN	<i>C. Desouza</i>	IV TEAM	NURSE CLINICIAN
2. Marissa Facetta, RN BSN	<i>Marissa Facetta</i>	IUF	Nurse clinician
3. Carianne Kreymborg, RN	<i>Carianne Kreymborg</i>	Mother Baby	Nurse Clinician
4. Monserrat Morda Galizi RN	<i>M. Galizi</i>	ED	RN
5. Danielle Chery RN	<i>D. Chery</i>	Flood Pool	RN
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Request to Post Unit-based Educational Programs in Healthstream Database

RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE May 21, 2019

SPEAKER/PRESENTER Barbara Flanagan

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 8^A END TIME 10^A LENGTH _____

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. <u>A. SOMBOONTHUM</u>	<u>[Signature]</u>	<u>CARE MGMT</u>	<u>RN/CM</u>
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**GREENWICH HOSPITAL
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Request to Post Unit-based Educational Programs in Healthstream Database

RECORD OF ATTENDANCE

PROGRAM TITLE Mentor Workshop DATE July 16, 2019

SPEAKER/PRESENTER Barbara Flanagan

SPONSORING UNIT _____ CONTACT _____ EXT _____

PROGRAM START TIME 8^A END TIME 11³⁰ a LENGTH 3 1/2 hrs

NUMBER OF TRAINING SESSIONS PROVIDED _____

NAME (PLEASE PRINT) (please include credentials i.e., RN, BSN)	SIGNATURE	DEPARTMENT	TITLE
1. Helen T. Brugger, BSN, RN, CRR	<i>H. Brugger</i>	Long Ridge	Infection Control
2. Victoria Yasko, RN, BSN	<i>V. Yasko</i>	MSICU	RN
3. NICHOLE METZ, RN, BSN	<i>N. Metz</i>	Laboratory	RN
4. Linda Tankoos, RN	<i>L. Tankoos</i>	IDAP	EN
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PLEASE COMPLETE BOTH SIDES OF THIS FORM