

**Mentorship Matters: Enhancing Newly Graduated CRNA Onboarding through Implementation of  
Formal Mentor Training**

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NURS 703A: DNP Project Planning

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Submitted to: Linda Kallery, CRNA, DNAP- Chair

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the Doctor of Nursing Practice degree.

## **Mentorship Matters: Enhancing Newly Graduated CRNA Onboarding through Implementation of a Formal Mentorship Program**

### **Problem Description**

Embarking on a career in anesthesia, newly graduated Certified Registered Nurse Anesthetists (CRNAs) encounter heightened challenges when faced with the absence of tailored support and mentor guidance (Scott-Herring & Singh, 2017). Without formal mentor training, new graduate CRNAs face the difficult task of acclimating to increased autonomy and diverse clinical settings (Scott-Herring & Singh, 2017). Developing a successful mentorship program is imperative for sustaining and enhancing anesthesia care quality and begins with educating mentors about their roles and expectations (Scott-Herring & Singh, 2017). Formal training is crucial as it equips mentors with the skills needed to effectively guide and support mentees, thus encouraging impactful learning experiences (Scott-Herring & Singh, 2017). CRNA mentors engage in knowledge sharing and draw from personal experiences to relate to the practice of the incoming graduates, thereby fostering effective professional socialization and skill acquisition (Graf et al., 2020). While the American Association of Nurse Anesthetists (AANA) provides an annual mentorship program, it lacks a standardized framework for mentor-specific education and implementation (American Association of Nurse Anesthesiology [AANA], 2023). With over 2,400 student registered nurse anesthetists graduating annually and subsequently passing the National Certification Examination to become CRNAs, there is a substantial need for comprehensive mentor training (AANA, 2023). Currently, CRNAs at our academic facility serve as mentors without formal training, presenting potential challenges, particularly in the anticipation of approximately 8-10 new graduates in the coming year. A needs assessment research study at our facility indicated a significant interest among surveyed CRNAs in participating in a mentoring class, with an expressed willingness to utilize educational materials if provided (Powell & Ries, 2022).

## Available Knowledge

To achieve sustained professional growth, mentors must gain perspective on their individual mentoring beliefs, fostering positive qualities and elevating their proficiency in precepting personnel (Loosveld, 2020). Research also indicates that mentors consistently express a desire to gain this perspective and elevate their proficiency in precepting new employees (Scott-Herring & Singh, 2017). Generalized studies on mentoring across healthcare fields limit our focus on CRNA-specific mentorship.

Despite this notable limitation, an evidence-based mentorship program at one large academic institution significantly enhanced CRNA mentor-mentee satisfaction and increased overall comfort level in the CRNA mentoring experience (Scott-Herring & Singh, 2017). A needs assessment at our facility found that 66.67% of CRNAs desire access to formal mentor training, with non-clinical time commitment time constraints identified as a major obstacle hindering the implementation of mentorship programs (Powell & Ries, 2022). To address this, the training program, Mentor Lead, offers easily accessible online training materials, aligning with mentors' desire for resources with minimal time commitment. Mentor Lead, selected based on the needs assessment, provides training materials that are easily accessible with minimal time commitment. It will provide content that is transportable (available on a website accessible on mobile devices) and digestible (quick snippets of information) to provide applicable and to the point resources and guidance. A mentorship program with formal guidance and resources has been shown to result in confident newly hired CRNAs with increased mentor satisfaction (Scott-Herring & Singh, 2017). A program that educates mentors without requiring large time commitments would optimally assist mentors to gain confidence while reducing the time commitment barrier. This quality improvement (QI) project will be focused on implementing resources via Mentor Lead at our institution to better support mentors in their efforts to mentor new-graduate CRNAs.

## Rationale

This QI project improving mentoring through training is based on the Institute for Healthcare Improvement's Model for Improvement; it addresses project aim, outcome measures, improvement changes, and a plan-do-study-act stage testing the project (Provost et al., 2023). It will measure perception of improved confidence in ability to mentor after training with Mentor Lead resources. It will ask mentors to rate their confidence in being a mentor prior to and after reviewing resources, and to report learning barriers, quality of materials, and areas for improvement. Results will be systematically recorded. The model will allow for implementation with appropriate measures and results analysis.

Our cause-and-effect process and the recent needs assessment conducted at our institution identified major gaps as areas for improvement. Gaps in our cause-and-effect process include the lack of a formal mentorship program with lack of educational materials available to mentors (Appendix A). The lack of resources for mentors in a formal program is echoed in the needs assessment, with the needs assessment explaining that to adequately address the demand for a formal mentor program, CRNAs in the mentor role must receive training resources to assist their efforts to be confident mentors (Appendix A; Powell & Ries, 2022). The needs assessment addressed these gaps and provided insight into the beneficial impacts of a formal CRNA new-graduate mentorship program for this institution; including increased mentor and mentee satisfaction, proficiency, and confidence (Powell & Ries, 2022; Scott-Herring & Singh, 2017). Our literature review also reflected these gaps by revealing how a mentorship program can have a profound impact for both mentors and mentees, and one must recognize that a large component of mentorship is trained, supported mentors. (Scott-Herring & Singh, 2017).

In our comprehensive literature review on mentorship and its impact on CRNAs, we explored PubMed, Google Scholar and CINAHL. It showed that mentors must be provided with sufficient educational resources that allow for adult learning; while a major characteristic of adult learning includes self-directed training, which Mentor Lead will allow CRNA mentors to pursue the resources they

believe will be most beneficial (Dabbagh et al., 2019; Pappas, 2018; Scott-Herring & Singh, 2017). Ultimately with a formal program with training resources readily available, mentors will be better equipped to share their knowledge and skills (Dabbagh et al., 2019; Pappas, 2018; Scott-Herring & Singh, 2017). Providing succinct resources will be a crucial component of successful training. Our institution needs a formal program to train mentors (Powell & Ries, 2022); and a program with easily accessible resources will improve how mentors learn and teach new-grad CRNAs (Scott-Herring & Singh, 2017).

### **Specific Aims**

The purpose of this project is to provide accessible, time efficient training to mentors via online modules to increase mentor confidence. We will assess the anticipated improved confidence of five CRNA mentors through comparison of a pre-survey in February 2024 and a follow up survey in March 2024. We aim to observe an improvement in the self-reported confidence levels.

### **Context**

Oregon Health and Science University (OHSU) Hospital is a 560-bed level-one trauma center, and the only academic health center in Oregon (OHSU, 2023). The department of anesthesiology and perioperative medicine employs approximately 70 CRNAs who work in settings including 36 operating rooms and multiple non-operating room anesthesia locations including radiology and cardiac catheterization laboratory (OHSU, 2022; Powell & Ries, 2022). OHSU is divided into multiple locations and serves many high-acuity patients. The level-one trauma center designation allows anesthesia providers to provide the highest capability of comprehensive care for patients with complex, multi-system trauma (Oregon Health Authority, 2023). A highly trained mentor is crucial to help assist a new-graduate CRNA to adapt to this fast-paced and dynamic environment to practice anesthesia. Currently, the mentor training program available for faculty at our institution is a three-day certification course geared towards faculty mentoring in research. Powell & Reis's needs assessment results reveal that the time required to complete the certification course is a huge barrier for the CRNAs (Powell & Ries, 2022).

In the last year, an informal mentorship program was started. The needs assessment identified positive feedback regarding starting a mentorship program, though its limitations included lack of resources for mentors to grow within the program (Powell & Ries, 2022). In the first half of 2024, five new-graduate CRNAs will begin their practice at OHSU. In the second half of 2024, at least six additional new-graduate CRNAs will start. For this pilot project, five mentors have volunteered to participate in this formal mentor training with Mentor Lead access to mentor training resources. The implementation of this formal mentor training will empower mentors to gain additional knowledge, skills and confidence to sufficiently mentor new-graduate CRNAs into the specialized and intense environment of OHSU.

### **Interventions**

To enhance mentor training in our institution, we will implement a focused intervention that enriches mentor confidence by providing educational materials on an online platform, Mentor Lead. This intervention will take place from January 20<sup>th</sup>, 2024, through April 1st, 2024. Participating mentors were hand selected by the OHSU CRNA leadership team based off of availability and interest, regardless of their previous mentoring experience. Once identified, CRNAs were asked their preferred contact information in order to facilitate clear communication and instructions. Mentors participated in a pre-intervention survey, utilized resources on the Mentor Lead online platform, and completed a post-intervention survey to assess mentoring confidence and satisfaction levels. Educational resources that included essential topics pertaining to mentorship were chosen by a Mentor Training expert. Four comprehensive modules will provide mentors with educational materials focused on enhancing effective communication skills, fostering dynamic relationships and effectively integrating diverse learning styles into mentoring practices. The participants had access to Mentor Lead over a period of six weeks. Mentors were encouraged to routinely engage with the Mentor Lead platform by revisiting all four modules and exploring the accompanying handouts and resources. A six-week time-period was set to

allow mentors the flexibility to review materials at their own pace, thereby accommodating diverse schedules and preferences. To facilitate seamless integration, mentors received a comprehensive electronic mailing containing instructions on accessing and utilizing the resources available on the Mentor Lead platform. Proactive communication aimed to streamline the onboarding process, ensuring mentors could navigate the platform easily, maximize the use of educational materials provided and allow for mentors to become comfortable using and navigating the platform. The material largely focused on important mentoring skillsets, developing effective communication strategies, and fostering supportive learning environments. Through the use of the Mentor Lead Platform, we aimed to empower mentors with knowledge and thereby foster a more confident mentorship culture. Throughout the implementation period, follow up emails were sent to mentors to facilitate any trouble with the platform as well as integrate feedback regarding satisfaction with educational tools in a timely manner.

### **Study of Interventions**

Our study monitored hospital mentoring initiatives influencing mentor educating at our institution, allowing for a comprehensive analysis of the Mentor Lead intervention's impact. Analysis of increased mentor confidence was completed with figures and graphs comparing our data post intervention with the same data gathered from survey review pre intervention. We tracked common attitudes and perceptions about educational materials through open ended survey questions. Prior to the use of the Mentor Lead Platform, an anonymous online Qualtrics survey (see Appendix D) was distributed to all five mentor participants via email. This survey served as the primary method of data collection with a focus on assessing current confidence level related to mentoring. We incorporated Likert scales, multiple choice questions, and free-text comments to collect demographic information as well as for quantitative interpretation of the data. Additional elements of the survey included asking mentors if the Mentor Lead platform was time efficient, if the length of training videos was feasible, satisfaction with each module, and if handouts and other resources provided were helpful.

## **Measures**

The first outcome measure for this project was to identify mentor level of confidence and training efficacy at this institution. Data collection included Likert scale questions asking mentors about their level of agreement or disagreement with certain questions. The second outcome measure was to identify benefits and barriers of the Mentor Lead platform by analyzing post-intervention survey responses. Balancing measures to consider with this improvement project included setting time commitments for participants to complete pre and post surveys as well as identifying suggested time spent training.

## **Analysis**

Data was collected through Qualtrics surveys. Respondents were asked to complete a pre-survey and post-survey, with responses recorded and compared between pre- and post-surveys. Both Likert scale and multiple-choice responses were put into graphs for visual representation and comparison of data. Feedback from comments from participants will be organized into identifiable themes and reported in table form.

## **Ethical Considerations**

Ethical considerations for this quality improvement project included confidentiality of participants and appropriate results communication. Mentor Lead is a password protected program purchased by OHSU, and participants accessed password protected Qualtrics surveys with dual authentication and results remained anonymous when communicated in graphs and tables created from analyzed data. The project received a letter of support as approval from the OHSU IRB.

## **Results**

Pre-intervention surveys were administered to six CRNAs two weeks prior to the release of the online mentor training modules for participants. Participants completed four online mentor training modules in a two-week period, and five of the six CRNAs took the post-intervention survey in the



following two weeks (with one participant unable to complete it due to an unexpected leave from work). Both pre- and post-intervention surveys measured participant's self-rated confidence in different areas of mentorship. The pre-intervention survey additionally collected demographic information, while the post-intervention survey also asked participants to rate their satisfaction of the online training modules. Of the participants, 33.33% had been a CRNA for four to ten years, while 66.67% had been a CRNA for greater than ten years. Interestingly, 20% of participants had prior formal mentorship training, while 80% had not. The participant with previous mentor training rated their pre-intervention mentorship skills as "moderately confident." When comparing pre- to post-intervention survey results, participant's confidence in mentorship did not improve for one module topic, "qualities of being a mentor," yet participants showed overall stronger confidence in mentorship for each of the remaining three module topics: "expectations of being a mentor," "how to mentor," and "how to create accountability as a mentor" (Appendix E: Table 1).

When asked "Do you wish there was more training than what is currently available on Mentor Lead?," 80% of participants responded "no," while 20% of participants (one CRNA) responded "yes," offering the feedback, "I think it would be valuable to attend a conference specific to mentoring techniques." Opinions related to having an in-person training component were mixed, with 20% of participants "somewhat disagreeing" with wanting a component of training in-person, 20% "indifferent," and 40% of participants wanting this component. An overwhelming 100% of participants either "somewhat agreed" or "strongly agreed" that they liked the ability to stream the training online and found ease in accessing training modules. Overall, there was also an increase in the extent participants felt they could meet mentee needs following the intervention (Appendix E: Table 1).

### **Summary**

This project's specific aims were to measure any change in participants' perception of confidence in ability to mentor following online mentor training. Data related to self-reported confidence levels pre-

and post-intervention were recorded and compared. Key findings revealed the ease of training with online accessibility, high training material quality contributing to general improvement in participants' confidence in mentoring, and a suggestion for improvement to include an additional in-person training component to enhance quality of training. Particular strengths of the project include high response rate, with six of six CRNAs (100%) participating in the pre-intervention survey, and five of six CRNAs (83.33%) participating in the training and post-intervention survey, suggesting this survey sample accurately reflecting this target group of CRNAs. The Mentor Lead resources provided accessible, time efficient training to mentors via online modules with an overall improvement in self-reported confidence levels.

### **Interpretation**

The intervention, which consists of online mentor training modules, is strongly correlated with an overall increase in CRNAs' self-rated confidence across various mentorship areas. The observed increase in perceived confidence among CRNAs in key aspects of mentorship, such as mentorship qualities, setting expectations, and fostering accountability, strongly suggests a direct correlation between the Mentor Lead training modules and the observed outcomes. This association can be attributed to several mechanisms inherent in the Mentor Lead platform, including providing mentors with clear guidelines and strategies for effective mentoring, facilitating interactive learning through quizzes, and enabling convenient self-paced engagement with training materials. The positive feedback on the accessibility and ease of the online modules suggests that the intervention effectively addressed mentors' needs for resources with minimal time commitment (Powell & Ries, 2022).

Comparing these results to current literature, it is evident that structured mentorship training can improve mentors' confidence and skills, aligning with our observation of increased confidence in specific mentorship areas. Research by Loosveld (2020) and Scott-Herring & Singh (2017) emphasizes the importance of mentors gaining perspective on their mentoring beliefs and elevating their proficiency

in precepting personnel, reflecting the desires expressed by our study participants. Scott-Herring & Singh (2017) demonstrated that an evidence-based mentorship program significantly enhanced CRNA mentor-mentee satisfaction and comfort levels. Similarly, this study found that online training modules increased participants' confidence in mentorship roles, corroborating the effectiveness of structured, accessible mentorship resources.

In interpreting the association between the intervention and the outcomes, it is essential to consider potential confounding variables that may have influenced the observed results. While the increase in perceived confidence among CRNAs in certain mentoring areas suggests a positive impact of the intervention, several factors could have contributed to these outcomes. For instance, participants' prior experience in mentoring or leadership roles, individual characteristics such as personality traits, and external support systems outside of the training program may have influenced their confidence levels independent of the intervention. However, despite these potential confounding variables, the consistency in the observed improvements across the intervention group underscores the validity of the intervention's effect on enhancing mentorship confidence.

The intervention had a noticeable impact on the CRNAs involved, enhancing their perceived ability to meet mentee needs and their overall confidence in mentorship roles. This improvement in mentorship capabilities is likely to have a significant positive ripple effect on the larger healthcare system, potentially improving the quality of mentorship provided to new CRNAs. By increasing the confidence and effectiveness of mentors, the program contributes to better support for mentees, which can lead to enhanced job satisfaction, reduced turnover, and improved patient care outcomes within the healthcare system (Mahoney et al., 2020).

The primary cost associated with the project was the time investment required for CRNAs to complete the training modules. However, the modules' online nature minimized logistical costs and

maximized accessibility, allowing participants to engage with the material at their convenience. The trade-off between the convenience of online modules and the potential benefits of in-person training components was evident in the mixed feedback regarding the desire for an in-person element.

### **Limitations**

The lack of improvement observed in the mentorship module "Qualities of being a Mentor" may be attributed to the inherent limitations of online modules, which may not fully capture the nuanced aspects of mentorship qualities. Participants' diverse backgrounds and prior experiences with mentorship could have also influenced their responses and learning outcomes. The generalizability of these findings may be limited due to the small sample size of mentors participating in the formal mentor training program. With only five mentors completing the survey, this study may be susceptible to biases and imprecisions in measurement and analysis. Additionally, the anonymous nature of the survey prevents linking pre- and post- survey results, further complicating the ability to directly measure results. Efforts were made to acknowledge and address these limitations by recognizing the potential impact of the small sample size on findings. Increasing the number of participants in future studies could improve the reliability of the findings by enhancing internal validity. Additionally, conducting multi-site studies across diverse healthcare settings could strengthen the generalizability of the findings beyond the specific context of this academic center.

### **Conclusions**

This project demonstrated that the Mentor Lead resources are both easily accessible and time efficient for training CRNAs in mentoring at this institution. As a free resource to this anesthesia department, Mentor Lead training is a sustainable, no-cost resource for employees to access and learn mentoring skills. This project may be used to support further use of the Mentor Lead resources for additional CRNAs formally taking on the mentor role at this academic health center. Furthermore,

Mentor Lead resources could potentially be integrated into mentorship programs in other departments that have not yet employed these resources. Implications for further study include incorporating a larger sample size to study the impact of Mentor Lead resources and the potential addition of in-person training as part of training for the mentor role. Because Mentor Lead's training modules had positive impacts on the mentor role, suggested next steps for future projects include studying the impacts of a formal mentorship program on the mentee role.

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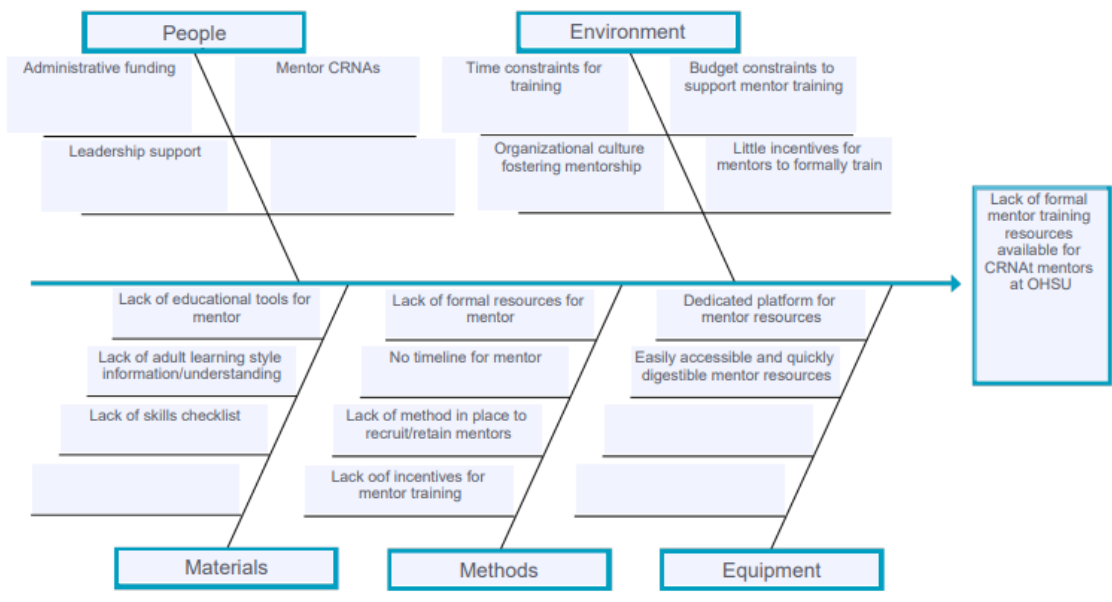
### Appendix A

#### Cause and Effect Diagram

#### Template: Cause and Effect Diagram

Team: \_\_\_\_\_ Project: Implementation of Formal Mentor Training

- 1) Input the effect you'd like to influence.
- 2) Input categories of causes for the effect (or keep the classic five).
- 3) Input causes within each category.





## Appendix B

### Project Timeline

	Dec	Jan	Feb	Mar	Apr	May	June	July-Nov
Finalize project design and approach (703A)	X							
Complete IRB determination or approval (703A)	X							
PDSA Cycle (703B)		X	X	X				
Final data analysis (703B)					X			
Write sections 13-17 of final paper (703B)						X	X	
Prepare for project dissemination (703B)								X

Send out pre-survey: February 19, 2024

Pre-survey expected completion date: March 4, 2024

Access to Mentor Lead: March 4, 2024-April 1, 2024

Send out post-survey: April 1, 2024

Post-survey expected completion date: April 15, 2024

## Appendix C

### Letter of Support from Clinical Agency

Date: 11/26/2023

Dear Stephanie Eshleman and Ashley Rodriguez,

This letter confirms that I, Linda Kallery, allow Stephanie Eshleman and Ashley Rodriguez (OHSU Doctor of Nursing Practice Students) access to complete their DNP Final Project at our clinical site. The project will take place from approximately January 20th 2024 to April 1st, 2024.

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

- **Project Site(s):** Oregon Health and Science University, 3181 SW Sam Jackson Park Rd, Portland, OR, 97239
- **Project Plan:**
  - Identified Clinical Problem: A previous needs assessment identified the need for formal mentorship training for CRNAs at OHSU. Developing a successful mentorship program is imperative for sustaining and enhancing anesthesia care quality and begins with educating mentors about their roles and expectations.
  - Rationale: Beneficial impacts of a formal platform for educational resources available to CRNA mentors include increased proficiency, confidence and satisfaction. By following the Institute for Healthcare's Model for Improvement, we will collect and analyze results to appropriately measure successes and areas for improvement in delivering educational materials to mentors to enhance their mentoring skills and experiences.
  - Specific Aims: The purpose of this project is to increase mentor confidence using educational materials available on the Mentor Lead platform. Pre and follow-up surveys will be collected and analyzed using quantitative measures.
  - Methods/Interventions/Measures: The measures we will be collecting include mentor level of confidence and benefits and barriers to the Mentor Lead platform. The

intervention we will complete includes granting access to the platform for CRNA mentor participants. The methods for implementing and evaluating our intervention include providing an internet link for the platform and sending out pre and follow-up surveys with reminders to participate and abide by deadlines.

- Data Management: Data will be collected through Qualtrics surveys. Data will be de-identified, with surveys only accessible through password protected dual authentication.
- Site(s) Support: OHSU will allow participants to access the Mentor Lead platform and complete surveys during their downtime on campus.

During the project implementation and evaluation, Stephanie Eshleman and Ashley Rodriguez will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact Stephanie Eshleman, Ashley Rodriguez and Linda Kallery (student's DNP Project Chairperson).

Regards,

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DNP Project Preceptor (Name, Job Title, Email, Phone): \_\_\_\_\_

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Signature

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Date Signed

**Appendix D**

## Survey Questions: Pre-Survey and Post-Survey

How many years have you been a CRNA?

<2

2-4

4-10

>10

Did you have a mentor at OHSU?

Yes

No

I have prior experience being a mentor or mentee

Yes

No

How many years have you been an informal or formal mentor for CRNAs?

<2

2-4

4-10

>10

N/A

Have you had prior mentor training? Was it formal or informal?

Yes – formal

Yes – informal

No

Rate your current confidence in your mentorship skills.

Likert scale 1-5 (1 = low, 5 = high)

To what extent do you feel you could potentially/are currently meeting your mentee's needs?

Likert scale 1-5 (1 = low, 5 = high)

Additional Survey Questions: Post-Survey

After having accessed the mentor training modules, rate your current confidence in your mentorship skills.

Likert scale 1-5 (1 = low, 5 = high)

After having accessed the mentor training modules, to what extent do you feel you could potentially/are currently meeting your mentee's needs?

Likert scale 1-5 (1 = low, 5 = high)

Was it easy to access resources on Mentor Lead? Please comment w/ ideas for accessibility if applicable.

Yes

No

Comment (Optional)

How much time did you spend utilizing resources from Mentor Lead on average per week?

<15 min

15-30 min

30 min – 1 hour

>1 hour

Do you feel the time you spent utilizing resources from Mentor Lead was an efficient use of your time?

Please comment w/ ideas for better efficiency if applicable.

Yes

No

Comment (Optional)

Please rate your confidence level regarding how you feel in embodying the qualities of a great mentor, as discussed in Module 1: Qualities of a Great Mentor.

Likert scale 1-5 (1 = low, 5 = high)

Please rate your confidence level regarding your understanding and confidence in meeting the expectations of being a mentor as outlined in Module 2: Expectations of Being a Mentor.

Likert scale 1-5 (1 = low, 5 = high)

Please rate your confidence level regarding your ability to apply the principles and techniques discussed in Module 3: How to Mentor.

Likert scale 1-5 (1 = low, 5 = high)

Please rate your confidence level regarding your understanding of how to create accountability as a mentor as outlined in Module 4: How to Create Accountability.

Likert scale 1-5 (1 = low, 5 = high)

Which module was the least helpful?

Module 1: Qualities of a Great Mentor

Module 2: Expectations of Being a Mentor

Module 3: How to Mentor

Module 4: How to Create Accountability

Which module was the most helpful?

Module 1: Qualities of a Great Mentor

Module 2: Expectations of Being a Mentor

Module 3: How to Mentor

Module 4: How to Create Accountability

Do you wish you had more training than what is currently available on Mentor Lead?

Yes – please comment

No

Comment specifically what topics you want more information on (Optional)

Rate how much you agree with this statement:

Likert scale 1-5 (1 = low, 5 = high)

I wish the mentor training was available in person

I think a component of mentor training should be in person

I liked that the ability to stream the mentor training

I am satisfied with my training

How likely are you:

To use the handouts or other resources provided on mentor lead

To watch the modules on mentor lead again

To recommend your colleagues to watch the modules



## Appendix E

Table 1: Pre- and post-intervention confidence levels for mentorship skills and each module:

Mentorship skills:	When asked to rate confidence in mentorship skills pre-intervention, 20% of participants responded, "somewhat confident," 40% responded "moderately confident," and 40% responded "strongly confident." Post-intervention, 20% of participants responded, "somewhat confident," 20% responded "moderately confident," 40% responded "strongly confident," and 20% responded "extremely confident."
Module one:	When participants were asked to rate their confidence pre-intervention in the topic of the first module, "qualities of being a mentor," 80% responded, "moderately confident," while 20% responded, "very confident." Post-intervention, 20% responded, "somewhat confident," while 80% responded, "very confident."
Module two:	When participants were asked to rate their confidence pre-intervention in the topic of the second module, "expectations of being a mentor," 20% responded, "somewhat confident," 40% responded, "moderately confident," and 40% responded, "very confident." Post-intervention, 20% responded, "moderately confident," while 80% responded, "very confident."
Module three:	When participants were asked to rate their confidence pre-intervention in the topic of the third module, "how to mentor," 20% responded, "somewhat confident," 40% responded, "moderately confident," and 40% responded, "very confident." Post-intervention, 20% responded, "somewhat confident," 20% responded, "moderately confident," and 60% responded, "very confident."
Module four:	When participants were asked to rate their confidence pre-intervention in the topic of the fourth module, "how to create accountability as a mentor," 40% responded, "somewhat confident," 40% responded, "moderately confident," and

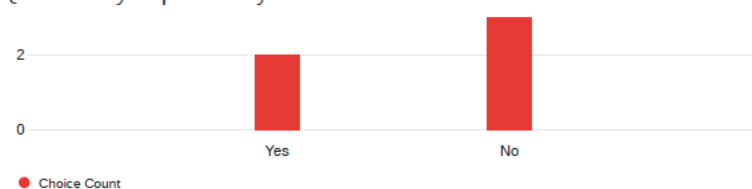
	20% responded, “very confident.” Post-intervention, 20% responded, “somewhat confident, 20% responded, “moderately confident,” and 60% responded, “very confident.”
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### Pre-intervention survey results:

Q1 - How many years have you been a CRNA?



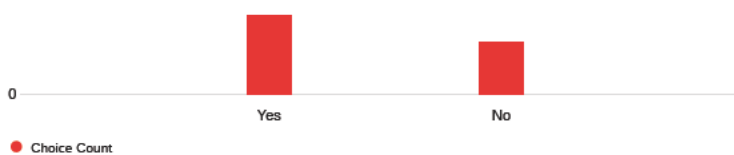
Q2 - Have you previously mentored at OHSU?



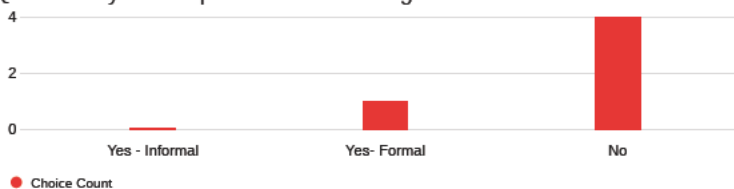
Q3 - If answered yes above, how many years have you been a formal or informal mentor at OHSU?



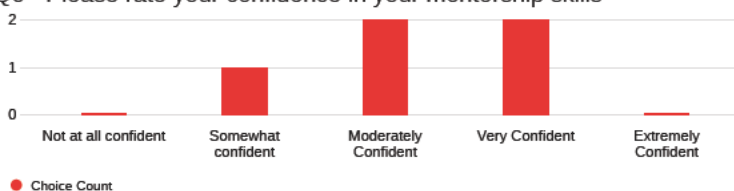
Q4 - Do you have experience being a mentor somewhere other than at OHSU?



Q5 - Have you had prior mentor training?



Q6 - Please rate your confidence in your mentorship skills



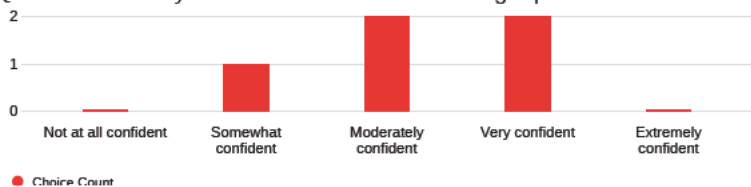
Q7 - Please rate your confidence in the following topic Qualities of being a mentor



Q8 - Please rate your confidence in the following topic Expectations of being a mentor



Q9 - Please rate your confidence in the following topic How to mentor



Q10 - Please rate your confidence in the following topic How to create accountability as a mentor

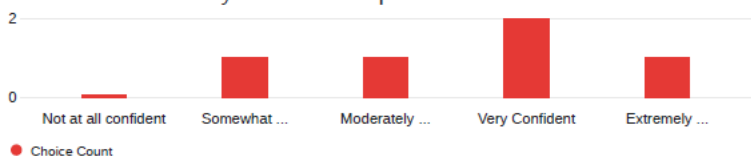


Q11 - 7. To what extent do you feel you could potentially meet or are currently meeting your mentee's needs?

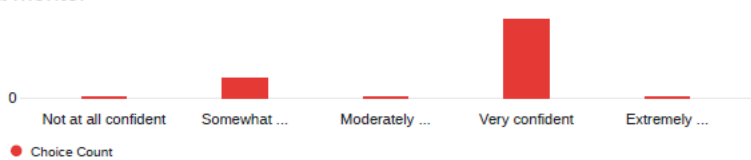


Post-intervention survey results:

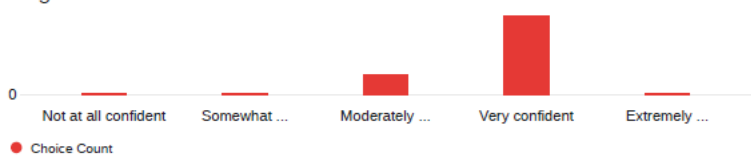
Q1 - After having accessed the mentor training modules, rate your current confidence in your mentorship skills.



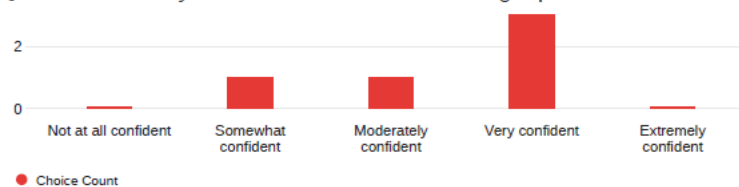
Q2 - Please rate your confidence in the following topic Qualities of being a mentor



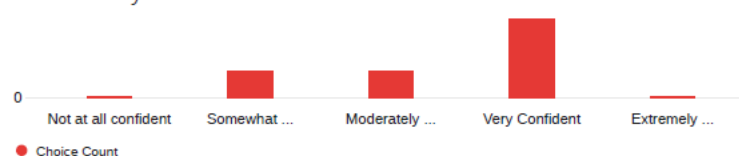
Q3 - Please rate your confidence in the following topic Expectations of being a mentor



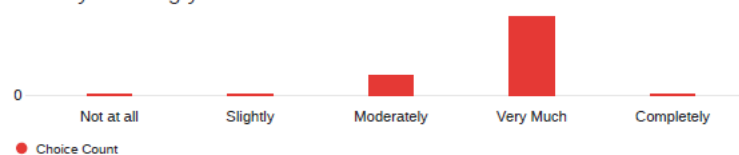
Q4 - Please rate your confidence in the following topic How to mentor



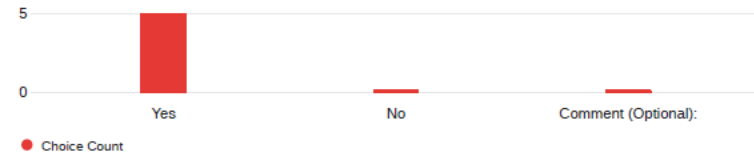
Q5 - Please rate your confidence in the following topic How to create accountability



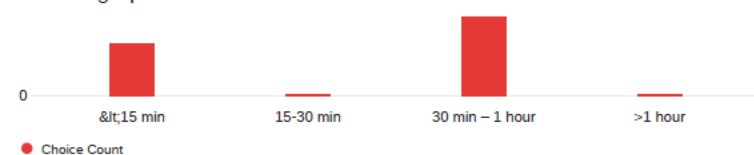
Q6 - To what extent do you feel you could potentially meet or are currently meeting your mentee's needs?



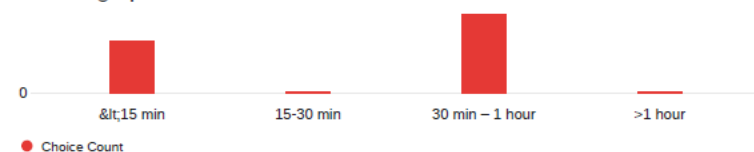
Q7 - Was it easy to access resources on Mentor Lead? Please comment with ideas for accessibility if applicable. - Selected Choice



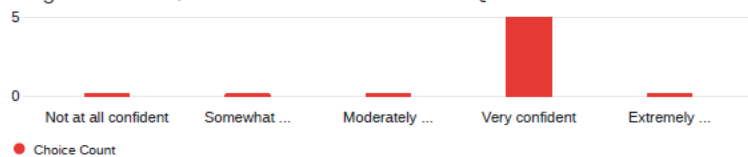
Q8 - How much time did you spend utilizing resources from Mentor Lead on average per week?



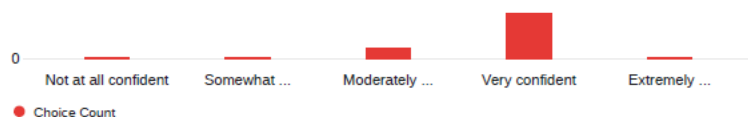
Q8 - How much time did you spend utilizing resources from Mentor Lead on average per week?



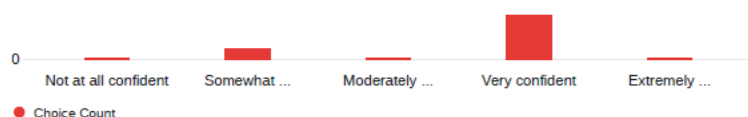
Q10 - Please rate your understanding in the following topic The qualities of a great mentor, as discussed in Module 1: Qualities of a Great Mentor.



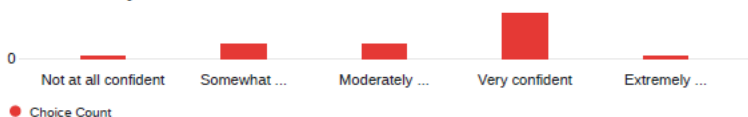
Q11 - Please rate your understanding in the following topic Expectations of being a mentor as outlined in Module 2: Expectations of Being a Mentor.



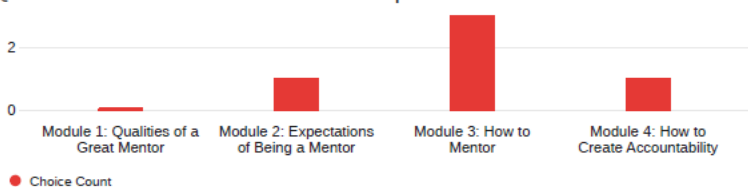
Q12 - Please rate your understanding in the following topic Your ability to apply the principles and techniques discussed in Module 3: How to Mentor.



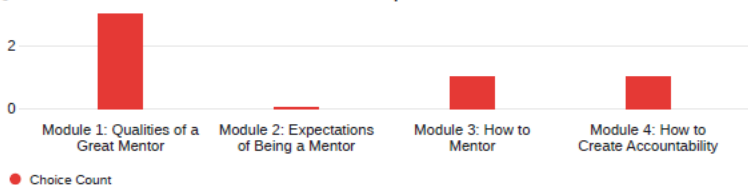
Q13 - Please rate your understanding in the following topic How to create accountability as a mentor as outlined in Module 4: How to Create Accountability.



Q14 - Which module was the most helpful?



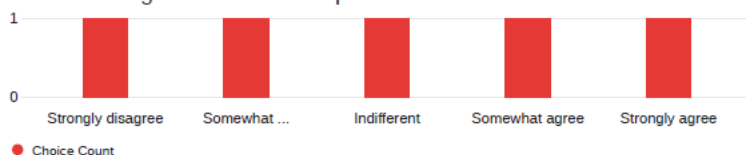
Q15 - Which module was the least helpful?



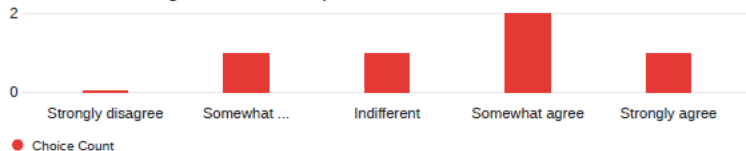
Q16 - Do you wish you had more training than what is currently available on Mentor Lead? - Selected Choice



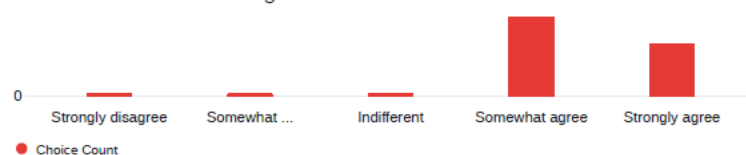
Q17 - Rate how much you agree with this statement I wish the entire mentor training was available in person.



Q18 - Rate how much you agree with this statement I think a component of mentor training should be in person.



Q19 - Rate how much you agree with this statement I liked the ability to stream the mentor training.



Q20 - Rate how much you agree with this statement I am satisfied with my training.

