Mitigation of Nurse-Midwifery Burnout: A Mentorship Program Implementation Plan

Alexandria Washington, SNM

Oregon Health Science University School of Nursing

NURS 703B: DNP Project Planning

Jennifer Ham, DNP, CNM, MSCP – Chair

Jennifer Jagger Kaeser, PhD, MSN, CNM, WHNP, FACNM – Committee Member

Cathy Emeis, PhD, CNM – Committee Member

Table of Contents

Managing Nurse-Midwifery Burnout: A Midwifery Mentorship Program

Problem Description

The absence of well-defined mentorship programs for new graduate midwives poses a significant challenge in the healthcare sector. This lack of support at the critical point of transition from education to practice increases stress, decreases job satisfaction, and increases the likelihood of leaving the profession among new midwives (Barnes et al., 2021). This time is characterized by high rates of growth and a high level of change as new midwives attempt to navigate the challenges of practicing as a new midwife. The support of experienced mentors is valuable during this period.

For example, research has shown that mentorship enhances not only the APRN's perceived clinical competence and self-confidence but also their job satisfaction and retention (Horner, 2020; Speight et al., 2019). In addition, a positive transition can enhance the confidence and retention of new graduates in the midwifery workforce (Dixon et al., 2015). Without such programs, new graduate midwives risk developing overwhelming stress and dissatisfaction with their practice, which may, in turn, affect their performance and the quality of service they provide. Hence, this gap must be addressed through effective mentorship programs to support new graduate midwives entering the workplace and remaining in the profession (Bradford et al., 2021; Dixon et al., 2015; Hale, 2018).

For instance, the healthcare industry, including academic medicine and other APRN specialties, has long recognized the need for mentoring during critical transition points (Henry-Noel et al., 2018). Nevertheless, the scarcity of mentorship programs for newly graduated

midwives in Oregon and the United States (U.S.) needs immediate attention (Bradford et al., 2021).

Available Knowledge

Despite the apparent benefits of mentorship in assisting the transition from education to clinical practice, job satisfaction and retention, such programs are not adequately implemented, particularly in regions like Oregon and the United States. This problem of the absence of mentorship programs for new graduate midwives in the United States has its roots in workload and staffing problems, the absence of formal approaches, the lack of adequate mentor training, the lack of organizational support, financial limitations, and cultural factors.

Importance and Benefits of Mentorship

Mentorship is widely recognized as an essential support system for new healthcare professionals to help them develop their clinical skills, professional confidence, and job satisfaction (Gularte-Rinaldo et al., 2023; Wissemann et al., 2022). In midwifery, the International Confederation of Midwives (2020) has defined effective mentorship as a process where an experienced midwife facilitates the professional growth of a novice midwife through reflective practice. According to data from the American Midwifery Certification Board (AMCB), 45% of midwives in the US leave clinical practice within the first five years of practice, and almost half leave within 10 years (ACNM Data Brief No. 1). Well-structured and well-funded midwifery mentorship programs have been shown to increase retention, reduce burnout, and benefit both midwives and new graduates.

Models such as New Zealand's Midwifery First Year of Practice (MFYP), launched in 2007, have clearly demonstrated the real advantages of structured mentorship. The

government pays for and organizes the MFYP program, and the New Zealand College of Midwives sponsors it. It applies to all new graduates of pre-registration midwifery programs in New Zealand, and mentors are paid up to 56 hours of mentoring. The program has increased retention rates, which were 77% before the MFYP program and 87% after the implementation of the program (Dixon et al., 2015; Harrison, 2023; Mtegha et al., 2022). This emphasis on mentorship indicates the country's investment in keeping and preventing burnout among midwives.

On the other hand, the lack of structured mentorship programs in many areas, including the United States, results from a gap between evidence and practice. The American College of Nurse-Midwives (ACNM), the professional organization for certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States, has established national mentorship programs. However, these programs are not always sufficient to meet the demand because the mentors are voluntary and scarce (Bradford et al., 2021).

For instance, ACNM has launched two national mentorship initiatives. The first, launched in 2010 through the Midwives of Color Committee (MOCC), links BIPOC students with BIPOC midwives in practice to promote success in academics and certification. Evaluating the MOCC e-mentoring program posed positive feedback, with most participants finding the program valuable despite challenges such as geographical distance and low communication frequency (Valentin-Welch, 2016). In 2017, the Bridging Midwifery Experiences Mentoring Program was established to match new graduates with ACNM Fellows, and 75% of the participants rated the program positively (Bradford et al., 2021).

Both programs offer valuable mentorship experiences, however, improvements are necessary including the ability to attract enough mentors to meet the increasing need because the positions are voluntary and unpaid (Bradford et al., 2021). This gap emphasizes the importance of robust and structured organization-backed mentor-mentee dyad and new graduate midwives' sustainability. Programs like MOCC also enhance student populations and improve retention and graduation rates. Some groups, like student midwives of color, who are confronted with unique challenges like social isolation and institutional racism, greatly benefit from these programs, which are critical for diversifying the midwifery workforce and reducing health disparities (Valentin-Welch, 2016). Moreover, the absence of robust research on regional or community-based mentorship programs in the U.S. is another major gap in support structures for new midwives (Bradford et al., 2021; Klope, 2023).

Barriers to Effective Midwifery Mentorship

Midwifery mentorship programs for new graduate midwives are hindered by several barriers that affect their development and effectiveness such as excessive workloads, lack of support staff, training, and financial support. Already overwhelmed with patient care responsibilities and managerial duties, these midwives may find it challenging to effectively mentor new graduates (Mtegha et al., 2022; Wissemann et al., 2022). This issue is compounded by the global shortage of midwives, which puts more pressure on the existing workforce (Mtegha et al., 2022). For instance, many mentorship programs are characterized by low participation and engagement rates because of a lack of reward mechanisms and the additional time the mentors who are already pressured with their work commitments spend in the process (Wissemann et al., 2022).

Effective mentorship requires support from the broader organization (i.e., professional organizations, healthcare systems, clinical practices, and/or educational programs), including providing resources, scheduling time, and recognizing the importance of mentoring in professional development (Kakyo et al., 2024; Mtegha et al., 2022). Without this support, mentorship programs are unlikely to be considered or sustained (Kakyo et al., 2024; Wissemann et al., 2022). Some healthcare settings have not established formal and structured mentorship programs to support new graduates, and what is available is often informal and inadequate (Kakyo et al., 2024; Wissemann et al., 2022). Members of the Oregon Affiliate of the ACNM, a regional group of midwifery professionals working to improve midwifery practice in the state, have also shared their limited resources and unwillingness to commit to a mentorship program due to current workloads and other commitments.

Another issue is the inadequate training of mentors. The lack of training and knowledge on mentoring among experienced midwives makes them unprepared to take on mentoring roles (Kakyo et al., 2024; Wissemann et al., 2022). Without proper training, even willing mentors may not be able to provide the much-needed guidance and support to new graduates (Stefaniak & Dmoch-Gajzlerska, 2021).

Financial and resource limitations also hamper the development and sustainability of the mentorship programs. Lack of funding is usually considered a more pressing issue than other patient care needs requiring long-term investment, such as professional development programs like mentorship (Wissemann et al., 2022). Many existing programs are not funded and thus cannot offer structured and effective mentorship. For example, most of the programs within the ACNM are voluntary and non-paying, which limits the availability of mentors and

program continuity (Bradford et al., 2021; Simane-Netshisaulu et al., 2022). A study revealed that 45% of the states selected lack of funding as a primary barrier (Bradford et al., 2021). Some internal financial problems and decreasing membership and engagement at the ACNM national organization and Affiliate level also worsen these constraints (Harrison, 2023). ACNM Membership retention is critical to the management of the mentorship program and the long-term sustainability of the program since only active members can provide the necessary support and resources to run these programs. Furthermore, mentorship programs can be used as a member benefit to attract and retain members and simultaneously create a pipeline for future growth of the midwifery profession (Harrison, 2023).

Cultural and systemic barriers within healthcare organizations also limit the growth of mentorship programs. Such barriers include, among others, resistance to change, ignorance of the benefits of mentorship, and focus on short-term results at the expense of long-term professional development (Mtegha et al., 2022). Other systemic issues, such as the lack of diversity in the midwifery workforce and the difficulties facing minority midwives, also challenge the development of effective mentorship programs (Fung & Lacy, 2023). The midwifery workforce in the United States is predominantly white; more than 90% of midwives are white (Almanza et al., 2019; Wren Serbin & Donnelly, 2016). Only 7% of members of the ACNM and 5.8% of CNMs/CMs recertifying through the AMCB identify themselves as people of color (Wren Serbin & Donnelly, 2016). The lack of diversity poses a significant problem for BIPOC student midwives who want to find mentors who are similar in culture and race (Wren Serbin & Donnelly, 2016). Since culturally similar mentor is required to give culturally

appropriate guidance, the scarcity of minority midwives limits these opportunities (Almanza et al., 2019; Alspaugh et al., 2023; Fung & Lacy, 2023).

Healthcare organizations, policymakers, and the midwifery community can only meet these challenges by focusing on, and spending money on, straightforward mentorship programs that can assist new graduates in transitioning to the workplace as competent and confident midwives.

Context

The AMCB certifies midwives in the US through an initial examination and recertification is also required every five years. As of January 2024, there are 14,198 AMCB certified midwives in the U.S., 14,067 CNMs and 131 CMs. The average age distribution of these midwives is 48.5 years, and 15.1% were 65 years or above. The profession is mainly female (98.9%), most are White (83.3%) and non-Hispanic or Latino/a (90.3%). The next largest racial group is Black or African American (8.3%). More than 95.9% of the midwives surveyed said that English is their preferred language (American Midwifery Certification Board, [AMCB] (2024).

Employment data show that 76.3% of the midwives are employed in full or part-time midwifery positions, and the majority (69.5%) of the full-time employees earn between one hundred and one hundred and forty-nine thousand nine hundred and ninety-nine dollars annually. Educationally, a master's degree is a prerequisite for certification, and approximately 12% of midwives hold doctoral degrees. The results also show that most midwives have been certified for 10 years or less, which indicates a relatively new increase in the profession (AMCB, 2024).

According to the ACNM, in 2023, Oregon had 395 midwives certified by the AMCB. In 2022, there were 39,493 births in Oregon, and 8,457 of these births were attended by midwives, which comprised 21% of all births. This is about 21.4 births per midwife. Furthermore, 30% of the vaginal births in Oregon were conducted by midwives (ACNM, 2023).

The ACNM was founded in 1955. It promotes the midwifery profession and fights for women's health care. The Oregon Affiliate has been there for midwifery in the state for many years, working towards the same goal of the national association but also fulfilling the specific objectives of the state. The Oregon Affiliate is devoted to enhancing the health and well-being of persons in need of sexual, reproductive, newborn, and primary care in Oregon through supporting and developing the midwifery profession as practiced by CNMs and CMs.

The Oregon Affiliate is an incorporated entity with a Board of Directors of 5-9 voting members, including the President, Vice President, Secretary, Treasurer, and Committee Chairs. The election is held once a year, and the terms are staggered. The decision-making structure of the governance structure is based on member engagement and the affiliates' bylaws. The ACNM in the United States has the same governance structure as the national body, with a board of directors that controls the organization and sets general policies.

The Oregon Affiliate Board meets once every month to handle the Affiliate's administrative functions or to make recommendations for improving the Affiliate. The Board's primary responsibilities include strategic planning, financial management, and committee organization. The full Affiliate membership meets four times annually, either in person or hybrid, to address other organizational objectives and activities and to have members participate in the direction of the Affiliate.

As of August 2024, the Affiliate had 134 total members, 65 active members, 28 students, and other membership categories. The membership trends show a very low increase compared to previous years, which could be associated with the challenges the ACNM faces nationally, such as financial problems. The fiscal health of the Affiliate has declined, and the membership dues have reduced from $10,200 in 2019 to $4,600 in 2023. The financial situation of the Oregon Affiliate has changed over time, and membership fees are one of the primary sources of the organization's income. The budgeting process includes the Finance Committee, which develops the budget to ensure financial sustainability and to meet important objectives. The ACNM exercises a more substantial budget than the Oregon Affiliate since it gets its income from membership dues, donations, and grants to implement multiple projects and advocate for various causes.

The Oregon Affiliate has several rotating active committees: Legislative & Advocacy, Finance, Membership & Communications, Public Relations, DEI & Anti-Racism, Practice Issues, and Outreach. Each committee is very important in the attainment of the Affiliate's mission through the division of the various areas of focus such as membership, finance and advocacy. At the national level, ACNM also has several committees and task forces that deal with issues including policy, education, and clinical practice in line with the organization's overall objectives.

The Oregon Affiliate communicates with its members through different means, including email, social media, and newsletters. The Board works internally through online meetings, and the Affiliate President communicates with the national ACNM to ensure that all actions are consistent with the national policies and goals. The national ACNM also regularly

communicates with its affiliates through updates, resources, and meetings to ensure that local chapters are up to date and assisted.

Finally, the primary consumers and stakeholders of the Oregon Affiliate and the national ACNM are CNMs, CMs, and the women and families they serve. Organizations also work to engage with midwifery partners, healthcare providers, policymakers, and the general public to enhance the visibility of midwifery and the health of women and newborns.

Rationale

Program implementation framework

The Consolidated Framework for Implementation Research (CFIR)(Exhibit 1) was applied to this project to help develop the implementation plan and provide a framework for incorporating elements of the UCSF/Aspiring Midwives Mentorship Program into the Oregon Affiliate. This is because CFIR takes a holistic and systematic approach to examining the process of implementing a mentorship program within an organization. Through the identification of five key components: intervention characteristics, outer setting, inner setting, characteristics of individuals, and process, the CFIR framework provides a structured approach to the examination of the factors that may determine the success of implementation (Damschroder et al., 2022).

This holistic approach is advantageous in identifying potential barriers and facilitators at different levels to develop strategies to enhance adoption and sustainability. In addition, the CFIR is flexible in its application to various contexts, which makes it suitable for addressing the needs and dynamics of the Oregon Affiliate when seeking to tailor and integrate the mentorship program. Thus, CFIR can be used as a framework in designing the intervention for

this proposal, as it is a comprehensive framework that addresses different factors that may affect the implementation of the intervention.

Description of the CFIR Framework

CFIR is a systematic and holistic approach to understanding and managing the processes involved in implementing programs or interventions within an organization. It consists of five major domains that collectively provide a detailed roadmap for successful implementation:

Intervention Characteristics. This domain concentrates on the specific characteristics of the mentorship program itself, including its specificity, simplicity, complexity, and relative advantage compared to other approaches. This is important as it helps modify the program to fit the organization's needs and context, a role that CFIR plays.

Outer Setting. This domain includes the external factors likely to affect implementation, such as the community's needs, external policies, and the relationship between the organization and the external environment. In this case, the mentorship program, the laws and regulations regarding midwifery practice in the United States, the needs of new midwives in the community, and the relationship with midwifery education institutions have been considered.

Inner Setting. This domain examines internal organizational factors such as culture, readiness for implementation, resources, and communication channels. Assessing the inner setting helps determine the Oregon Affiliate's existing strengths and possible weaknesses that can affect the implementation process.

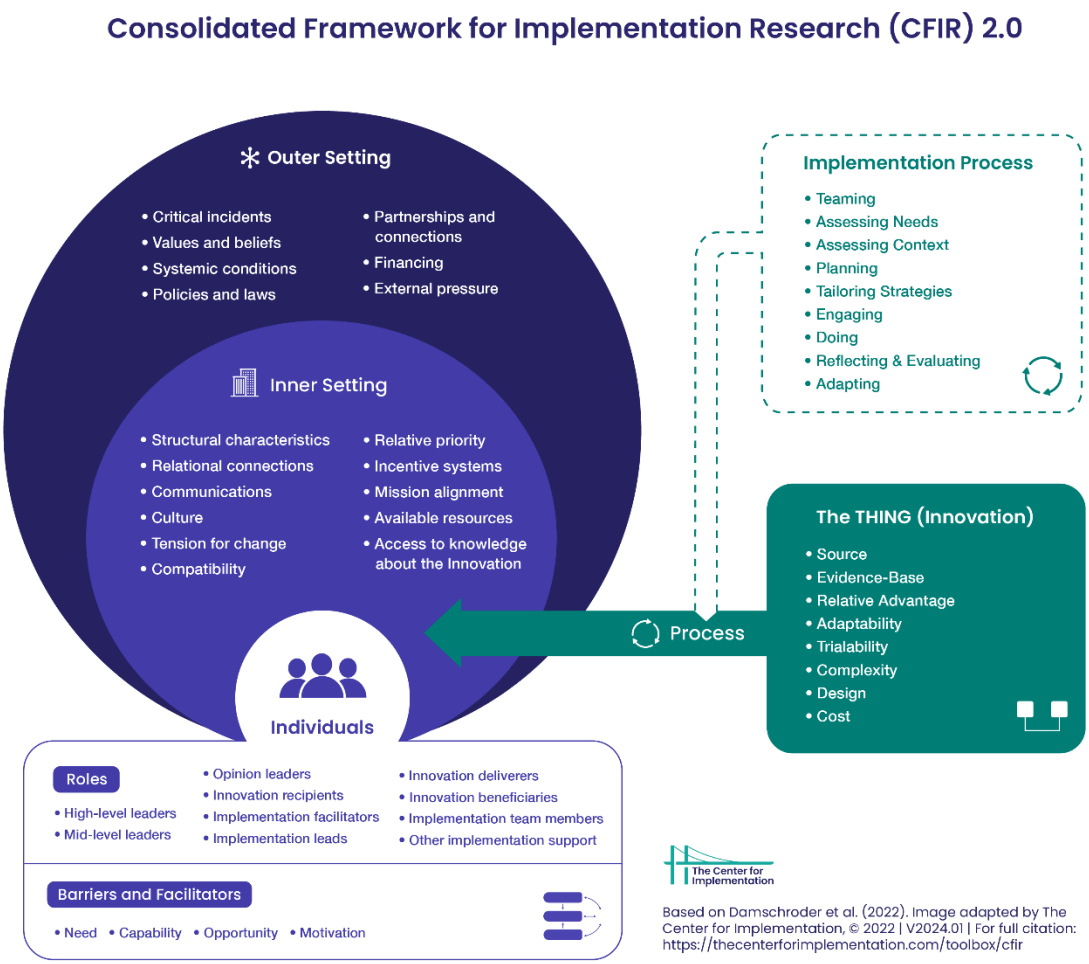
Characteristics of Individuals. This domain looks at the individual attributes of the implementers, such as knowledge, attitude, self-efficacy, and skills**.** In the case of the

mentorship program, this means understanding the mentors and mentees and their motivations and capacities and ensuring they are well-equipped for the job.

Process. This domain describes the implementation process, which includes planning, engaging stakeholders, implementing the plan, and evaluating the results. The process domain focuses on the need for a systematic and cyclic approach to the implementation process to enable continuous learning and change (Damschroder et al., 2022).

Through these five domains, the CFIR framework offers a clear and practical approach to developing the mentorship program (Damschroder et al., 2022). It guarantees that all relevant factors are addressed to ensure a smooth and effective implementation process suitable for the Oregon Affiliate and its members.

Exhibit 1


Consolidated Framework for Implementation Research (CFIR) 2.0
Outer Setting
• Critical incidents
• Values and beliefs
• Systemic conditions
• Policies and laws
• Partnerships and connections
• Financing
• External pressure
Inner Setting
• Structural characteristics
• Relational connections
• Communications
• Culture
• Tension for change
• Compatibility
• Relative priority
• Incentive systems
• Mission alignment
• Available resources
• Access to knowledge about the Innovation
Individuals
Roles
• High-level leaders
• Mid-level leaders
• Opinion leaders
• Innovation recipients
• Implementation facilitators
• Implementation leads
• Innovation deliverers
• Innovation beneficiaries
• Implementation team members
• Other implementation support
Barriers and Facilitators
• Need • Capability • Opportunity • Motivation
Process
Implementation Process
• Teaming
• Assessing Needs
• Assessing Context
• Planning
• Tailoring Strategies
• Engaging
• Doing
• Reflecting & Evaluating
• Adapting
The THING (Innovation)
• Source
• Evidence-Base
• Relative Advantage
• Adaptability
• Trialability
• Complexity
• Design
• Cost
The Center for Implementation
Based on Damschroder et al. (2022). Image adapted by The Center for Implementation, © 2022 | V2024.01 | For full citation: https://thecenterforimplementation.com/toolbox/cfir

Evidence-Based Midwifery Mentorship Program

The Midwifery Mentoring and Belonging (MMB) Program, developed by the University of California, San Francisco (UCSF) in partnership with California State University, Fullerton (CSUF), is an evidence-based initiative initiated to enhance the representation of BIPOC midwifery students and address the issue of the lacking diversity in the midwifery workforce (Midwifery Mentoring & Belonging Program, 2024). This program matches BIPOC students with community-based midwives, with a focus on the type of mentorship that can help the BIPOC individuals who navigate through discrimination, bias, and systemic racism. The MMB Program seeks to improve the preparedness of the BIPOC students to practice as midwives and, therefore, provide culturally safe midwifery care to clients (Midwifery Mentoring & Belonging Program, 2024).

An important part of the MMB Program is the focus on financial support because the program's authors understand that paying mentors is crucial for keeping and developing these relationships (Midwifery Mentoring & Belonging Program, 2024). Through generous donations and grants, the program provides quarterly stipends to mentors to enable them to spend quality time with their mentees. This financial component respects the mentors' time and effort and contributes to the project's success and sustainability.

The UCSF Mentorship guidelines are based on evidence. They incorporate mentoring theories, findings from the literature, and best practices that have been found to enhance the learning experience and retention of new graduates in other disciplines, such as midwifery.

The MMB Program is complemented by the BIPOC Aspiring Midwives program, which was created by UCSF alumna Asmara Gebre in 2020 (Klope, 2024). This evidence-based

program offers structured and specific mentorship to future midwives at different levels of their journey through education. The program aims to create positive interactions between community mentors, aspiring midwives, and midwifery education settings to enhance support for BIPOC individuals who want to become midwives (Klope, 2024). It was initially launched as a pilot project in response to the need for support during the journey to midwifery education, and it has grown and aims to expand its scope by onboarding other BIPOC midwives as mentors (Klope, 2024).

Both the MMB and the BIPOC Aspiring Midwives programs are good examples of evidence-based mentorship programs in midwifery, especially in terms of diversity, equity, and inclusion. These programs provide much-needed mentorship in underrepresented communities and offer a clear structure through which the program can be adapted and extended to other regions. Based on the principles and structures of these programs, the UCSF MMB program and Aspiring Midwives guidelines for midwifery mentorship effectively enhance diversity, inclusion, and support for new midwives.

Exhibit 2

BIPOC Aspiring Midwives

Aspiring Midwives

Activity	Frequency	Hours
Orientation	Once	1
1:1 Meetings with mentor	Monthly	1.5
Group Aspiring Midwives Meeting (QI + Program Evaluation)	Quarterly	2
1:1 Meeting with Program Director	Biannual	1
Annual Gathering (Aspiring Midwives + Mentors))	Annual	4
Total Time Commitment	Annual	33

Mentors

Activity	Frequency	Hours
Orientation	Annual	1
1:1 meetings with aspiring midwife	Monthly	1.5
Group Mentors Meeting (QI & program evaluation)	Biannual	1
Development- mentoring skills workshops	Quarterly	1
Facilitate aspiring midwives group meeting	Annual	2
1:1 meetings with program director	Annual	1
Annual Gathering (Aspiring Midwives + Mentors)	Annual	4
Total Time Commitment	Annual	32

Aims

The purpose of this project is to start the process of implementing a midwifery mentorship program within the Oregon Affiliate. To achieve this goal, a specific aim is to develop the components of a comprehensive implementation plan based on CFIR by December 13, 2024. This plan will define the what, how, why, when, and where of the necessary steps, resources, and plans for integrating the program into the Oregon Affiliate. The second specific aim is to present and share the implementation plan with the Oregon Affiliate Board members by March 21st, 2025. Creating an implementation plan for an evidence-based midwifery mentorship program within a local nonprofit organization may enhance the experiences and retention of new graduate midwives in Oregon, ultimately benefiting the state's new graduate midwives.

Interventions

As part of the intervention process, the facilitator will meet once a week for one hour via virtual meeting with 1-2 Oregon ACNM volunteer board and/or members for ten weeks as a workgroup. These meetings will be based on building the BIPOC Aspiring Midwives/UCSF mentorship program components using the CFIR constructs. Furthermore, the facilitator will report to the Board at the regularly scheduled board meetings. These updates will ensure a continued alignment with the Board's strategic direction and provide a way to obtain feedback and change the implementation plan as needed. The meeting schedule is as follows: September 8th, October 13th, November 10th, and December 8th, 2024.

The final implementation plan will be presented in March 2025 and will serve as a comprehensive informational session for the general membership and the Board of the Oregon

Affiliate. This session will cover all the aspects of the implementation plan and ensure that all the stakeholders have received the co-created information. Oregon Affiliate volunteers indicated that they would be more likely to volunteer to implement a program if a step-by-step implementation plan was available, as opposed to an unstructured goal. The Oregon Affiliate may include this implementation plan in future events, which could serve as a platform for more detailed presentations and discussions.

Ethical Considerations

When implementing the mentorship program, one has to consider possible ethical issues, such as the increased burden of work on volunteer mentors and the pressure on the Oregon Affiliate's available resources. It is crucial to find a balance between the program's potential benefits and these potential burdens so that board volunteers are not overstressed, and existing priorities are not overlooked. These considerations will be addressed through regular feedback throughout the process.

Results

The process of developing the mentorship program implementation guide began with the recruitment of workgroup volunteers. The workgroup consisted of one student midwife, one ACNM board member/experienced midwife, and one new graduate midwife. During this timeframe the experienced midwife participated in 7 of 8 meetings, the new graduate student participated in 5 of 8 scheduled meetings and the student facilitator 8 of 8 meetings. Two meetings were canceled due to either sickness or the holiday season. The two meetings with the expert consultant were separate from the workgroup meetings. The first 6 meetings

workgroup members focused on and discussed the various aspects of the CIFR constructs per the meeting agenda (refer to table below).

Throughout the fall 2024 quarter, the workgroup focused on developing an implementation plan for a mentorship program aimed at supporting new midwifery graduates. The team comprised one new graduate midwife, one current midwifery student, and one experienced midwife, who convened regularly to refine the mentorship program's structure, identify key challenges, and develop strategies for moving forward. The facilitator also met with an expert mentorship consultant who was not a part of the workgroup. The following table summarizes the activities and outcomes of each meeting.

Date	Participants	Duration	Key Focus
October 3, 2024	new graduate midwife, student, and experienced midwife	~30 minutes	Introduction of workgroup members and project overview. CFIR framework adoption, role assignments, and weekly Friday meetings (1-2 PM) established.
October 11, 2024	student, and experienced midwife	~1 hour	Explored mentorship program context, funding sources, recruitment strategies, and support for non-traditional practitioners.
October 18, 2024	new graduate midwife, student, and experienced midwife	~1 hour	Discussed organizational readiness, resource challenges, committee structure, and recruitment strategies.
October 25, 2024	new graduate midwife, student, and experienced midwife	~1 hour	Refined mentor-mentee matching system, discussed promotion strategies and program monitoring.

November 1, 2024	Canceled	Canceled	Meeting canceled due to illness
November 8, 2024	student, and experienced midwife	~1 hour	Strategic planning for website development and resource management.
November 15, 2024	new graduate midwife, student, and experienced midwife	~1 hour	Focused on phased implementation, strategic planning, and one-year timeline development.
November 19, 2024	Student and consultant	~1 hour	Program design discussion, scope definition, and role expectations.
November 22, 2024	New graduate midwife and student	~1 hour	Review of previous discussions and strategy refinement.
November 29, 2024	Canceled		Holiday weekend
December 4, 2024	Student and consultant	~ 1	Follow-up on mentorship design and implementation strategies.
December 6, 2024	Student and experienced midwife	~47 minutes	Discussed member recruitment and program foundation, focusing on strategic planning and pilot program objectives.

Analysis

Discussion

The formation of the workgroup and the discussions centered around CFIR constructs provided critical insights into the challenges and facilitators of implementing a midwifery mentorship program within the Oregon Affiliate. Key themes arose throughout both the development of and maintenance of the work group, in addition to projected workloads and include: the demanding workload of midwives, the voluntary nature of mentorship roles, the

necessity of structured organizational support, and the importance of committee formation in sustaining mentorship efforts.

The primary goal of this project was to develop an implementation roadmap for a mentorship program, with the initial objective of defining its components through workgroup discussions using CFIR. Despite scheduling conflicts and the competing responsibilities of midwifery practice, substantial progress was made in laying the groundwork for an implementation plan. The workgroup successfully identified critical aspects of mentorship program development, including recruitment strategies, funding sources, mentor-mentee matching systems, program structure, and phased implementation.

Although the fall workgroup meetings were impacted by absences due to illness and holiday schedules, the virtual engagement of volunteer key stakeholders enabled meaningful discussions. The consistent participation of workgroup members in most meetings demonstrated a committed effort towards addressing midwifery mentorship gaps.

Reflecting on the progress made, the discussions in the first six meetings played a pivotal role in shaping the roadmap by identifying barriers and opportunities for implementation. Prior to this project, there was no established mentorship committee within the Oregon Affiliate, which meant that integral components such as mentor recruitment, program structuring, and sustainability planning had not been previously addressed. The formation of this workgroup, even with its limited size, represented an essential first step in moving from conceptual discussions to structured planning.

Challenges in Mentorship Program Implementation

One of the most salient observations from these discussions is that midwives are incredibly busy, and mentorship planning requires dedicated time and effort. The voluntary nature of mentorship further complicates program sustainability. These findings align with existing literature, highlighting workload and time constraints as primary barriers to effective mentorship programs (Mtegha et al., 2022; Wissemann et al., 2022). Midwives already face significant clinical responsibilities, and adding mentorship obligations without compensation or institutional support makes it difficult to sustain engagement (Bradford et al., 2021).

The workgroup overcame these barriers by taking advantage of the existing structure and routines of the Oregon Affiliate and integrating the mentorship efforts into a platform that midwives are already engaged in. This connection helped the outreach for the workgroup, engaged the active midwives and made the mentorship planning consistent with the current workflows. Furthermore, having a student from a large academic university allowed the group to develop goals, statement of vision and strategies that are evidence based. The workgroup was able to get the best of both worlds; the practical application of strategies from midwives who are in practice and the new ideas from a new graduate, increasing its chance for success.

Moreover, the workgroup discussions revealed that while the benefits of mentorship are widely acknowledged, there is a gap in translating this knowledge into structured action. The literature supports this finding, as studies have shown that while mentorship programs improve clinical competence, confidence, and retention, they are often underfunded and lack formal support structures (Dixon et al., 2015; Horner, 2020). The absence of clear implementation guidelines further contributes to the overwhelming nature of program

development. This was overcome by having a student integrate from a large academic university with close proximity to research and mentored by midwives in doctorate roles.

A key takeaway from the workgroup discussions is that mentorship initiatives cannot advance effectively without organizational support. The lack of a dedicated team was previously a major barrier within the Oregon Affiliate, but the formation of this workgroup has laid an essential foundation for long-term mentorship program planning. However, sustainability requires more than just a committee, depending on leveraging actively engaged midwives within ACNM's existing channels to drive meaningful change. By embedding this initiative within the organization's structure and ensuring strong leadership, along with supporting documents to guide its purpose and direction, the mentorship program can become a lasting and impactful effort.

How Discussions Informed the Roadmap

The CFIR framework discussions provided a broad understanding of what is necessary for successful program implementation. Each meeting focused on different aspects of mentorship program development, allowing the team to address potential barriers and solutions systematically. Discussions on organizational resources and committee formation emphasized that mentorship must be embedded within the existing ACNM infrastructure to be sustainable. The workgroup also acknowledged the challenges of recruiting mentors and mentees, leading to the identification of potential funding sources and incentives. Additionally, members recognized the importance of a clear timeline, strategic promotional efforts, and a phased rollout to ensure program feasibility.

Although the CFIR framework is practical for designing, evaluating, and implementing evidence-based interventions, it proved cumbersome for this project. As a result, consultant meetings were held with a mentorship program expert to provide external validation and insights on program scope, role expectations, and long-term sustainability strategies. Ultimately, the workgroup collectively decided to shift toward a more linear, stepwise approach based on established mentorship frameworks, as recommended by the mentorship expert. While this transition was intentional and aligned with the project's scope and objectives, the CFIR constructs remain a valuable framework for considering implementation processes. The mentorship committee can continue to utilize them alongside the recommendations outlined in the Affiliate's implementation guide.

Rather than relying solely on CFIR, this project will deliver evidence-based suggestions, resources, and recommendations in a step-by-step guide that the Oregon Affiliate can use to develop its mentorship program. The Five Steps to Build a Successful Mentorship Program and A Mentoring Program Toolkit were selected as the most suitable resources to support a structured, adaptable, and sustainable mentorship initiative. These tools will provide the Affiliate with a clear roadmap for navigating the implementation process effectively.

Recommendations

The Roadmap to Creating a Successful Mentorship Program: Step-by-Step Guide is a structured framework for developing a sustainable and impactful mentorship program within the Oregon Affiliate. The guide is designed to align with organizational goals while addressing the professional development needs of mentors and mentees. Drawing from established mentorship methodologies, including Laura Gail Lunsford's *The Mentor's Guide* and the

Mentoring Program Toolkit developed by the United States Patent and Trademark Office, this roadmap provides a straightforward, evidence-based approach to program implementation.

The guide is formatted as an electronic document and is intended to be a living resource, allowing for continuous updates and refinement as the mentorship initiative evolves. A PDF version is also available for accessibility and reference, ensuring committee members and program users can navigate the content easily, regardless of their preferred format. The roadmap is divided into five phases, guiding users through each step of the mentorship program's development, from initial planning to long-term sustainability.

The first phase, Laying the Foundation, establishes the mentorship program's core structure, forming a dedicated mentorship committee comprising three to six ACNM members. This phase includes exercises to define the program's mission, vision, and objectives, ensuring alignment with broader midwifery workforce goals. A logic model is introduced to map expected program outcomes and ensure clear alignment with mentorship objectives.

The second phase, Designing the Program Structure, involves defining the mentorship model, participant engagement strategies, and matching criteria for mentors and mentees. The roadmap provides guidance on selecting an appropriate mentorship format—whether one-on-one, peer mentorship, group-based, or hybrid models—tailoring the structure to the needs of new midwives entering the profession.

The third phase, Recruitment, and Preparation of Participants, outlines best practices for attracting and onboarding mentors and mentees. The roadmap emphasizes the importance of clear communication strategies, including outreach through ACNM channels, social media, and professional networks. It also highlights the role of mentor education and training in

fostering effective relationships. By establishing structured training sessions and orientation programs, this phase ensures that both mentors and mentees are well-prepared for their roles.

The fourth phase, Implementation, marks the official launch of the mentorship program. This phase includes detailed steps for executing planned activities, monitoring initial mentor-mentee interactions, and ensuring smooth program operations. This stage's key components are orientation sessions, networking opportunities, and structured mentor-mentee meetings. Program coordinators are encouraged to provide ongoing support and address any challenges during the mentorship period.

The final phase, Monitoring, Evaluation, and Program Sustainability, focuses on measuring the impact of mentorship through structured evaluation tools, including mid-program assessments and end-of-program reviews. Feedback from participants informs continuous improvements, ensuring that the program evolves to meet the changing needs of midwifery professionals. Additionally, this phase includes strategies for securing funding and institutional support to ensure the mentorship program remains viable in the long term.

How the Implementation Roadmap is Intended to Be Used

This roadmap is a comprehensive guide that can be used by midwives, Oregon Affiliate of ACNM committee members or other board members seeking to implement a structured mentorship program. Given the flexibility of an electronic document, it allows users to access, update, and customize the guide based on evolving program needs. Since board and committee members may change regularly, multiple ways to access the implementation plan’s history and is necessary. The PDF version ensures accessibility across various platforms, facilitating widespread use among stakeholders.

This roadmap is structured to provide a step-by-step approach, enabling the committee to follow a clear, replicable process for mentorship program development. Embedded evidence-based resources for midwives support seamless implementation, including templates for mentor-mentee agreements, program evaluation tools, and outreach strategies. The document also serves as a training tool for committee members, ensuring that new volunteers or leadership transitions do not disrupt program continuity.

Recommendations for Effective Utilization

To maximize the effectiveness of the roadmap, the mentorship committee is responsible for overseeing the program's execution and refinement. This committee should maintain the document, incorporate lessons learned from pilot cohorts, and ensure that program strategies remain relevant. Before full implementation, a small-scale pilot program should be conducted to test key components, refine the mentor-mentee matching process, and identify potential challenges. This will help ensure that the full rollout is informed by practical insights gained from early participants in the local program.

Organizational support is essential for the long-term success of the mentorship program. The roadmap should be leveraged to engage ACNM leadership, secure funding, and advocate for institutional backing. Committee members would report back to the board through regular board meetings and board specific communication routines. Financial sustainability should be prioritized, and the committee can plan to seek grants, sponsorships, and other funding sources to support mentor stipends or program infrastructure. Continuous evaluation and feedback mechanisms should be built into the program to assess its impact. Key performance indicators such as mentor-mentee engagement levels, participant satisfaction,

and research on long-term career retention rates could be tracked to demonstrate program effectiveness. Program evaluation and feedback responses, built into the program, could be communicated back to the board and members to inform the chapter affiliate of any changes or needs.

Future Vision for the Roadmap

In the future, this roadmap has the potential to serve as a foundational tool for mentorship efforts within other affiliates of ACNM. As mentorship programs expand, the document can be updated to include case studies, program/chapter specific feedback from participant testimonials, and additional best mentorship practices. Possibly, it may also serve as a model for other midwifery organizations with structured routines that seek to establish structured mentorship programs. Efforts to ensure sustainability of the program within structured midwifery organizations, such as ACNM, must be built into the roadmap and program through established communication channels.

Long term benefits of a sustained midwifery mentorship program may start with early steps such as generating interest in an organization where midwives are active. By formalizing mentorship within the midwifery profession, this roadmap provides a sustainable framework for a program that may support new graduate midwives, reduce both early and mid-career burnout, and foster professional growth. Since research shows that the profession can benefit from improved retention, confidence and career satisfaction from structured mentorship activities, the midwifery workforce may overall be leveraged.

Conclusion

While the workgroup made meaningful progress toward developing a mentorship implementation roadmap, significant challenges remain. The voluntary nature of mentorship, competing professional responsibilities, and limited organizational resources present substantial barriers. However, forming a dedicated workgroup was a crucial step forward, as it established a foundation for future mentorship program planning. The introduction of an academic doctorate seeking midwifery student ensured that the approach to planning and considerations for a midwifery mentorship program were grounded in both co-created chapter knowledge and broader evidence-based structure.

This project highlights the importance of structured, evidence-based mentorship models to support new midwives and introduces a process for the development of an implementation plan that overcomes barriers. Moving forward, the Oregon Affiliate of the ACNM can continue to utilize the newly formed committee and step by step implementation roadmap to continue to bring the pilot mentorship program to fruition.

Appendix

Roadmap to Creating a Successful Mentorship Program

Roadmap to Creating a Successful Mentorship Program: Step-by-Step Guide for Oregon ACNM Affiliate

This guide is designed to support the development of a structured, sustainable, and impactful mentorship program within the Oregon ACNM Affiliate. It provides a step-by-step framework for implementation, ensuring that the program aligns with organizational goals, meets the needs of mentees and mentors, and achieves measurable success.

> This guide has adopted the FIVE STEPS TO BUILD A SUCCESSFUL MENTORSHIP PROGRAM methodology based on Laura Gail Lunsford's *The Mentor's Guide* and *How to Build a Mentoring Program: A Mentoring Program Toolkit* developed by the United States Patent and Trademark Office.

Phase 1: Laying the Foundation

▼ Step 1: Forming the Mentorship Committee

Objective: Establish a team of 3–6 ACNM members responsible for the design, execution, and evaluation of the mentorship program.

▼ Committee Roles & Responsibilities

Each committee member contributes to the success of the mentorship program by:

- Developing and implementing the Plan of Action and Milestones.
- Recruiting and selecting mentors and mentees.
- Designing and delivering mentor/mentee training.
- Establishing policies, guidelines, and documentation.
- Creating program materials (applications, mentoring agreements, evaluation forms).
- Matching mentees with mentors based on defined criteria.
- Monitoring and evaluating program effectiveness.
- Optional: Designate a Spokesperson. While not required, a designated spokesperson can advocate for the program, communicate with stakeholders, and secure organizational support.

▼ Step 2: Define the Program's Goals, Mission, and Vision

Objective: Establish a clear "why" behind the mentorship program. A strong foundation ensures alignment with organizational values and provides a roadmap for success.

Key Questions to Define Your Program's Purpose

1. **What is the goal of this mentorship program?**
   - How will success be defined?
   - How does mentorship advance professional and leadership development?

▼ Here are some sample program purposes (or goals) to help guide you—your program can have more than one purpose or goal:

1. Support transition to practice
   - Build clinical confidence and decision-making skills
   - Navigate challenging patient cases with experienced guidance
   - Develop effective communication with healthcare team members
2. Learn practice management and business aspects of midwifery
   - Establish work-life balance strategies
   - Network within the midwifery community
   - Master documentation and billing procedures
3. Enhance cultural competency in patient care
   - Develop leadership skills within the healthcare setting
   - Learn advocacy skills for patients and profession
   - Create sustainable self-care practices

2. **Why is this goal important, and what is the motivation behind it?**

   Answers to this question may suggest the activities your program might sponsor for mentors/mentee pairs.

   o What organizational challenges does it address (workforce burnout)?

   o What benefits will mentors and mentees gain (guidance, networking, support)?

   Example of BIPOC Aspiring Midwives' Background, mission, and vision

Defining Goals & Measurable Outcomes

Once you've gathered feedback on these questions, summarize the key points for stakeholders and align them with the program goals. Then, you can create specific, measurable outcomes to track success. Remember that *goals describe what you want to achieve, while outcomes show how you'll measure that achievement*

Please use the blank table below to specify your goals and outcome. Refer to the completed table below as an example and for guidance on structuring your program's objectives.

Example:

Category	
Program Goals	1. Establish structured mentorship relationships 2. Support professional development 3. Increase member engagement and retention
Available Resources	1. Experienced midwives as mentors 2. Online meeting platforms 3. Educational materials and guidelines
Expected Impact/Outcomes	1. Enhanced clinical confidence in new midwives 2. Stronger professional network 3. Improved career satisfaction and retention

Use the table below to create your goals and outcomes.

Category	
Program Goals	1. 2. 3.
Available Resources	1. 2. 3.
Expected Impact/Outcomes	1. 2. 3.

How Will Success Be Measured?

- Attitudinal (Increased job satisfaction, sense of belonging)
- Behavioral (Improved leadership skills, active participation)
- Career-Related (Mentorship leads to promotions, skill development, and job attrition)
- Health & Well-Being (Reduced stress, increased self-efficacy)

Source: Adapted from Eby et al. 2013.

▼ Step 3: Mapping your theory of change

Objective: A crucial step in establishing a successful mentorship program is defining a **theory of change**—a structured approach that clarifies how mentorship will create a meaningful impact. This process uses a logic model that enables program coordinators to develop clear expectations, ensure alignment with organizational goals, and evaluate effectiveness.

The Role of a Logic Model

A **logic model** is a valuable tool that visually represents and outlines how mentoring functions within a program and its intended impacts. It simplifies program evaluation, helps communicate its structure and goals to participants and stakeholders, and, if needed, makes the case as to why your program needs resources.

Logic models consist of five key components:

1. **Resources & Inputs** – The time, funding, personnel, and materials needed to run the program.
2. **Activities** – The structured events, training sessions, and interactions between mentors and mentees.
3. **Outputs** – The measurable results of activities, such as participation rates and session completion.
4. **Outcomes** – The short- and long-term benefits experienced by mentors, mentees, and the organization.
5. **Impact** – The overall change within the organization, such as improved retention, enhanced leadership skills, or greater job satisfaction.

Below are two similar but different examples of logic models.

Example # 1:

Logic model overview

There are different ways to present a logic model. However, all logic models have five elements: resources, activities, outputs, outcomes, and impact (see Figure 5.1). Logic models are read from left to right. The left side of the model refers to your planned activities (items 1–2 in Figure 5.1), while the right side of the model shows the results of these activities (items 3–5 in Figure 5.1). As you read about each element, use the example in Figure 5.1 to create a logic model for your mentoring program.

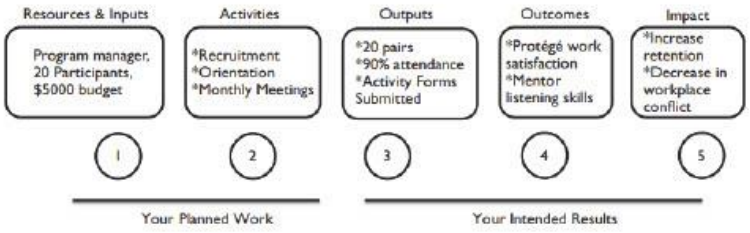
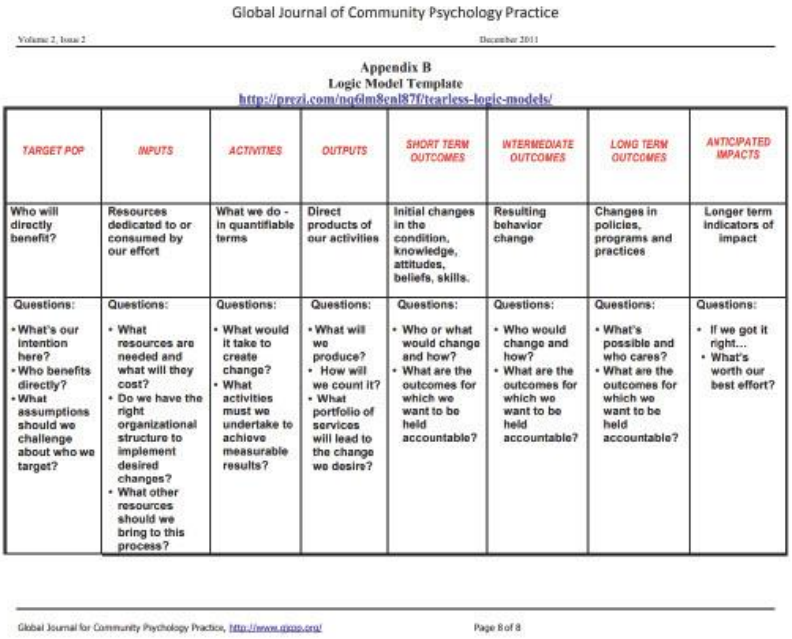


Figure 5.1 Logic model example.

Example # 2:



Global Journal of Community Psychology Practice

Volume 2, Issue 2 December 2011

Appendix B
Logic Model Template
http://prezi.com/nq6im8cnl87f/tearless-logic-models/

TARGET POP	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES	ANTICIPATED IMPACTS
Who will directly benefit?	Resources dedicated to or consumed by our effort	What we do - in quantifiable terms	Direct products of our activities	Initial changes in the condition, knowledge, attitudes, beliefs, skills.	Resulting behavior change	Changes in policies, programs and practices	Longer term indicators of impact
Questions: • What's our intention here? • Who benefits directly? • What assumptions should we challenge about who we target?	Questions: • What resources are needed and what will they cost? • Do we have the right organizational structure to implement desired changes? • What other resources should we bring to this process?	Questions: • What would it take to create change? • What activities must we undertake to achieve measurable results?	Questions: • What will we produce? • How will we count it? • What portfolio of services will lead to the change we desire?	Questions: • Who or what would change and how? • What are the outcomes for which we want to be held accountable?	Questions: • Who would change and how? • What are the outcomes for which we want to be held accountable?	Questions: • What's possible and who cares? • What are the outcomes for which we want to be held accountable?	Questions: • If we got it right... • What's worth our best effort?

Global Journal for Community Psychology Practice, http://www.gjcpp.org/ Page 8 of 8

Resource: https://www.gjcpp.org/en/tool.php?issue=7&tool=9

In the PDF below, use the blank logic model template to map out your program's theory of change. You can either review the resource provided on how to complete the logic model or go directly to the second-to-last page of the document to download and complete the activity:

attachment:3fef162b-3980-471c-ab64-fc69de3e5118:Logic_model_guide_W.K._Kellogg_Foundation_Basic.pdf

Resource: https://wkkf.issuelab.org/resource/logic-model-development-guide.html

Phase 2: Design the Program Structure

▼ Step 4: Program Design

Objective: Design and establish a comprehensive framework for the mentorship program that effectively supports participants and achieves program goals through structured activities, clear guidelines, and appropriate resources.

- **How should the program operate to achieve these goals?**
  - What mentorship model will be used? Mentorship Format: 1:1, peer, group, or hybrid.
  - What is the ideal program duration? Fixed term (e.g., six months, one year) vs. ongoing.
  - How will participants engage? (In-person, virtual, hybrid)
  - Matching Process: Criteria for mentor-mentee pairing (e.g., career interests, skill gaps, experience level).
  - Who can join as a mentee or mentor? (ACNM members vs non-members, new grad midwives vs experienced midwives)
  - What is the expected meeting frequency?
    - Common meeting frequencies include:
      - Weekly or bi-weekly for the first month
      - Monthly meetings thereafter
      - Quarterly check-ins with the program coordinator
      - Ad-hoc meetings as needed for specific challenges or opportunities
      - BIPOC Aspiring Midwives Schedule Example
- **To build a strong mentor pool, consider these key selection methods:**
  - Use career levels - Mentors should be at least one level above potential mentees
  - Consider experience - Look for 5+ years of relevant experience while being careful not to exclude newer professionals who demonstrate

positive engagement despite having less experience

- Gather peer recommendations - Ask colleagues to identify candidates with desired mentoring qualities
- Allow self-nomination - Let interested individuals volunteer, but be clear about expectations:
  - Mentors must:
    - Model continuous learning and growth
    - Be open to feedback
    - Feel comfortable explaining decisions
    - Understand that training doesn't guarantee matching
  - Mentees should demonstrate:
    - Commitment to self-development
    - Initiative in improving skills and knowledge
    - Openness to feedback and guidance
    - Respect for the mentor's time and resources
    - Active engagement throughout the program
    - Ability to provide honest feedback about the mentoring relationship

Managing Mentor-Mentee Mismatches

Despite careful planning, mentor-mentee mismatches can occur. Here's how to handle them professionally:

- Use neutral language - refer to it as a "mismatch" rather than a "poor match" to avoid blame
- Conduct mismatch checks after the first month by speaking with both parties separately
- Maintain a "no-fault" policy focused on meeting mentee needs
- When dissolving a match:

- Speak to each person individually
- Focus on program criteria rather than personal factors
- Emphasize that quick initial matching was done to provide immediate support
- Reassure mentors about future matching opportunities

Program Closure and Transitions

When the formal program ends, encourage relationships to evolve in one of these ways:

- Continue informally if goals are still in progress
- Transition to a different mentor if new skills are needed
- Shift to peer coaching for mutual professional growth

Allow for natural endings when goals are met or circumstances change, ensuring proper transitions for all parties involved.

- **When choosing program activities, choose activities related to your program goals.**
  Program Activities to Consider:
  - Orientation session for mentors and mentees
  - Group networking events
  - Skill-building workshops
  -

  Case study discussions
  - Professional development seminars
  - Peer learning circles
  - Virtual coffee chats

  Which activities will be mandatory vs optional? Consider making foundational program activities like orientation, graduation, and progress reviews mandatory while keeping supplementary activities such as speaker speakers, group discussions, and site visits optional.
- The Mentoring in Midwifery Facilitator's Guide from NSW Health is a comprehensive resource that provides structured guidance for

implementing mentorship programs in midwifery settings. It includes detailed session plans, facilitation tips, and activities for mentor-mentee development. The guide covers essential topics like establishing effective relationships, communication skills, and professional development strategies specifically tailored for midwifery practice.

▼ Mentoring in Midwifery Program Outline from NSW Health

▼ Mentoring in Midwifery Facilitator's Guide from NSW Health

https://vimeo.com/654347709

- The companion Resource Book offers practical tools, worksheets, and templates that mentors and mentees can use throughout their mentoring journey. It includes assessment frameworks, reflection exercises, and goal-setting tools for midwifery professionals.

  ▼ Mentoring in Midwifery Resource Book from NSW Health

Support Materials to Develop (see resources below):

- Program handbook with guidelines and expectations
- Communication templates
- Goal-setting worksheets
- Progress tracking forms
- Feedback and evaluation surveys
- Resource Library for mentors and mentees
- Meeting agenda templates
- Professional development tracking tools

Key Resources:

Tools Needed:

- Application forms for mentors and mentees — see templates and forms
- Matching criteria and selection process guidelines — see UCSF Faculty Mentoring tool p19

- Mentoring agreement forms outlining expectations — see templates and forms

▼ Templates & Examples:

- **Templates and forms -- additional mentoring program resources**
- **Mentoring Meeting Journal**
- **Individual Development Plan for UCSF Faculty**
- **UCSF Faculty Mentoring ToolKit**
- UCSF Navigating the Relationship Worksheet
- **Mentoring at NSF**

Phase 3: Recruit and Prepare Participants

▼ Step 5: Recruit

Develop a clear communications strategy that leverages your ACNM's existing channels to:
- Promote the mentoring program effectively — at least 8-12 weeks
- Keep members informed with regular updates
- Track and report program outcomes

Consider which communication methods (in-person, digital, or print) will work best, and establish a regular reporting schedule for key stakeholders.

Training and Onboarding Participants

Mentor Recruitment and Education

Host information sessions to attract potential mentors. Share program details through ACNM Connect, social media, newsletters, emails, and promotional materials. Focus on communicating the value and importance of mentorship rather than using recruitment-focused language.

Information Session Content

- Program overview and goals

- Mentor roles and responsibilities
- Selection and matching process
- Guidelines for handling mismatches
- Training requirements and next steps

Phase 4: Implement the Program

After completing the initial planning steps and establishing your timeline, implementation begins with these key phases:

- Review and approve mentor/mentee applications
- Match participants based on compatibility criteria
- Host orientation sessions
- Execute planned program activities
- Celebrate!

Phase 5: Monitor, Evaluate, and Improve

Evaluation occurs at three key points:

- Mid-program assessment using the Mid-point Evaluation Form
- End-of-program evaluation during graduation
- Three-month follow-up to measure long-term impact

Use feedback from each evaluation phase to make improvements before launching the next program cycle.

https://ohsuitg.sharepoint.com/sites/eii/_layouts/15/embed.aspx?UniqueId=277494f8-b984-4e9f-bfc1-bec8e734ef50

5. Other resources

6. References

American Heart Association. (2023). Mentoring guidelines and best practices. Retrieved from https://www.heart.org/mentoring

Lunsford, L. G. (2021). The mentor's guide: Five steps to build a successful mentor program. Jossey-Bass.

New South Wales Health. (2022). Mentoring in midwifery facilitator's guide. Retrieved from https://www.health.nsw.gov.au/nursing/culture/Publications/mentoring-facilitators-guide.pdf

New South Wales Health. (2022). Mentoring in midwifery program outline. Retrieved from https://www.health.nsw.gov.au/nursing/culture/Publications/mentoring-program-outline.pdf

New South Wales Health. (2022). Mentoring in midwifery resource book. Retrieved from https://www.health.nsw.gov.au/nursing/culture/Publications/mentoring-resource-book.pdf

United States Patent and Trademark Office. (2023). How to build a mentoring program: A mentoring program toolkit. Retrieved from https://www.uspto.gov/sites/default/files/documents/MentoringProgram-template.pdf

University of California, San Francisco. (2023). Faculty mentoring program toolkit. Retrieved from https://facultyacademicaffairs.ucsf.edu/faculty-life/mentoring-resources/UCSF-Faculty-Mentoring-Program-Toolkit-11.02.17.pdf

U.S. Office of Personnel Management. (2023). Mentoring at NSF workbook. Retrieved from https://www.opm.gov/wiki/uploads/docs/Wiki/OPM/training/Mentoring/Mentoring_Workbook_2013-2014.pdf

Five Steps to Build a Successful Mentor Program Guide.pdf

MentoringProgram-toolkit (1)

The Mentor's Guide_Five Steps to Build a Successful Mentor Program

Mentoring Models

Aspiring midwives Mentoring Schedule

Aspiring midwives Mentoring Background_MIssion_Vision

Templates and forms -- Mentee Action Plan

Logic model guide_W.K. Kellogg Foundation_Basic

UCSF Navigating the Relationship Worksheet

Mentoring Partnership Agreement

References

ACNM - workforce data brief no.1 - 230307 [PDF]. (2023). https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000008810/Data%20Brief%20No.%201.pdf

Almanza, J., Karbeah, J., Kozhimannil, K. B., & Hardeman, R. (2019). The experience and motivations of midwives of color in minnesota: Nothing for us without us. *Journal of Midwifery & Women's Health*, *64*(5), 598–603. https://doi.org/10.1111/jmwh.13021

Alspaugh, A., Suárez-Baquero, D. F., Mehra, R., Lanshaw, N., Joseph, J., Combs, M., Spiller, K., McLemore, M. R., & Franck, L. S. (2023). "patients want to see people that look like them": Aspiring midwives of color as resistance to racism through concordant care in the united states. *SSM - Qualitative Research in Health*, *3*, 100226. https://doi.org/10.1016/j.ssmqr.2023.100226

American College of Nurse-Midwives. (2023). *Midwifery fact sheet: Oregon* [PDF]. https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000009109/Oregon.pdf

American Midwifery Certification Board. (2024). *AMCB 2023 Demographic Report* [PDF]. https://www.amcbmidwife.org/docs/default-source/default-document-library/demographic-report-2023.pdf?sfvrsn=432df54b_0

Bradford, H., Hines, H., Labko, Y., Peasley, A., Valentin-Welch, M., & Breedlove, G. (2021). Midwives mentoring midwives: A review of the evidence and best practice recommendations. *Journal of Midwifery & Women's Health*, *67*(1), 21–30. https://doi.org/10.1111/jmwh.13285

Damschroder, L. J., Reardon, C. M., Widerquist, M., & Lowery, J. (2022). The updated consolidated framework for implementation research based on user feedback. Implementation Science, 17(1). https://doi.org/10.1186/s13012-022-01245-0

Dixon, L., Calvert, S., Tumilty, E., Kensington, M., Gray, E., Lennox, S., Campbell, N., & Pairman, S. (2015). Supporting New Zealand graduate midwives to stay in the profession: An evaluation of the midwifery first year of practice programme. *Midwifery*, *31*(6), 633–639. https://doi.org/10.1016/j.midw.2015.02.010

Fung, L., & Lacy, L. (2023). A look at the past, present, and future of Black midwifery in the United States. Urban Institute. https://www.urban.org/urban-wire/look-past-present-and-future-black-midwifery-united-states

Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2023). Mentorship ReSPeCT study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. *Nurse Leader*, *21*(2), 262–267. https://doi.org/10.1016/j.mnl.2022.07.003

Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. Nursing Forum, 53(3), 333–338. https://doi.org/10.1111/nuf.12259

Harrison, L. (2024). *Mentorship in midwifery: Examining the role of the American College of Nurse Midwives in supporting newly certified midwives* (C. Emeis, Ed.) [PDF]. OHSU. https://doi.org/10.6083/bpxhc42854

Henry-Noel, N., Bishop, M., Gwede, C. K., Petkova, E., & Szumacher, E. (2018). Mentorship in medicine and other health professions. Journal of Cancer Education, 34(4), 629–637. https://doi.org/10.1007/s13187-018-1360-6

Horner, D. (2020). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. Plastic Surgical Nursing, 40(3), 150–165. https://doi.org/10.1097/psn.0000000000000333

Institute for Healthcare Improvement. (n.d.). *How to improve: Model for improvement: Testing changes*. Retrieved July 8, 2024, from https://www.ihi.org/how-improve-model-improvement-testing-changes#:~:text=Depending%20on%20their%20aim%2C%20teams,lead%20to%20the%20desired%20improvement.

International confederation of midwives. (2020). International Confederation of Midwives. https://www.internationalmidwives.org

Kakyo, T., Xiao, L., & Chamberlain, D. (2024). Exploring the dark side of informal mentoring: Experiences of nurses and midwives working in hospital settings in Uganda. *Nursing Inquiry*. https://doi.org/10.1111/nin.12641

Klope, L. (2024). Midwifery mentoring & belonging program. Midwifery Mentoring & Belonging (MMB) Program. https://midwifementoring.ucsf.edu/

Lunsford, L. G. (2021). The Mentor's Guide (2nd ed.). Taylor and Francis. Retrieved from https://www.perlego.com/book/3026798/the-mentors-guide-five-steps-to-build-a-successful-mentor-program-pdf

Midwifery mentoring & belonging program. (2024). Midwifery Mentoring & Belonging (MMB) Program. https://midwifementoring.ucsf.edu/

Mínguez Moreno, I., González de la Cuesta, D., Barrado Narvión, M., Arnaldos Esteban, M., & González Cantalejo, M. (2023). Nurse mentoring: A scoping review. *Healthcare*, *11*(16), 2302. https://doi.org/10.3390/healthcare11162302

Mtegha, M., Chodzaza, E., Chirwa, E., Kalembo, F., & Zgambo, M. (2022). Challenges experienced by newly qualified nurse-midwives transitioning to practice in selected midwifery settings in northern malawi. *BMC Nursing*, *21*(1). https://doi.org/10.1186/s12912-022-01012-y

Murray, M., Sundin, D., & Cope, V. (2019). Benner's model and duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nurse Education in Practice*, *34*, 199–203. https://doi.org/10.1016/j.nepr.2018.12.003

Nolan, S., Baird, K., & McInnes, R. J. (2022). What strategies facilitate & support the successful transition of newly qualified midwives into practice: An integrative literature review. *Nurse Education Today*, *118*, 105497. https://doi.org/10.1016/j.nedt.2022.105497

Rohatinsky, N., Cave, J., & Krauter, C. (2020). Establishing a mentorship program in rural workplaces: Connection, communication, and support required. *Rural and Remote Health*. https://doi.org/10.22605/rrh5640

Simane-Netshisaulu, K. G. (2022). Student to midwife transition: Newly qualified midwives' experiences in limpopo province. *Health SA Gesondheid*, *27*. https://doi.org/10.4102/hsag.v27i0.1992

Speight, C., Firnhaber, G., Scott, E. S., & Wei, H. (2019). Strategies to promote the professional transition of new graduate nurse practitioners: A systematic review. Nursing Forum, 54(4), 557–564. https://doi.org/10.1111/nuf.12370

Stefaniak, M., & Dmoch-Gajzlerska, E. (2021). Evaluation of a mentor training program for midwives in two hospitals in warsaw, poland - a qualitative descriptive study. *BMC Medical Education*, *21*(1). https://doi.org/10.1186/s12909-021-02769-7

Valentin-Welch, M. (2016). Evaluation of a national e-mentoring program for ethnically diverse student nurse-midwives and student midwives. Journal of Midwifery & Women's Health, 61(6), 759–767. https://doi.org/10.1111/jmwh.12547

Wissemann, K., Bloxsome, D., De Leo, A., & Bayes, S. (2022). What are the benefits and challenges of mentoring in midwifery? an integrative review. *Women's Health*, *18*, 174550572211101. https://doi.org/10.1177/17455057221110141

Wren Serbin, J., & Donnelly, E. (2016). The impact of racism and midwifery's lack of racial diversity: A literature review. *Journal of Midwifery & Women's Health*, *61*(6), 694–706. https://doi.org/10.1111/jmwh.12572