

Mentoring Those New to Oncology

BY KERRI MICHALIK, MHA, BSN



Oncology is often viewed as a challenging field, but those who work in oncology find many small and large rewards that make the daily challenges worth the effort. Unfortunately, these challenges are exacerbated in programs experiencing a shortage of clinical care staff (i.e., oncologists, registered nurses, and advanced practice providers), often resulting in increased burnout and turnover rates among staff. More, oncology providers and professionals gain opportunities to grow in their career and often move on to different care settings along their career trajectory. In my breakout session at the 37th ACCC [Virtual] National Oncology Conference, held Sept. 14-18, 2020, I shared that mentorship is often the missing link to facing these staffing challenges.

Getting Started

Building a mentorship program in your cancer program or practice helps staff feel more connected to the work that they do and to the organization they work in, while also improving staff retention and decreasing turnover rates. The shortage of health-care workers in the United States has only worsened since the pandemic. It's a buyer's market and staff can go wherever they want. If they express an interest in oncology, it's our responsibility to make them feel at home in that setting and to keep them anchored.

The key to maintaining staff is investing in them through education, growth opportunities, and/or promotion. Through mentorship, cancer programs and practices

better understand their own staff, so nurses, oncologists, advanced practice providers, front desk staff, and even management can build on their weaknesses, celebrate their strengths, and grow within their organization.

Flexibility is the key to effective mentorship. If you are just getting started developing a mentorship program or are looking to revitalize an existing one, follow these five simple steps:

1. Use mentors who *want* to mentor.
2. Ensure that the mentor and mentee share a *genuine* connection.
3. Understand that mentoring requires a *commitment* of time and effort.
4. Consider starting with a 360-degree feedback *assessment* and/or a DiSC assessment. (The DiSC model describes four main styles: D is for Dominance, i is for Influence, S is for Steadiness, and C is for Conscientiousness. Learn more at discprofile.com).
5. Set both short- and long-term *goals*.

Assessments serve as a foundational base of a mentorship program, providing both parties (mentor and mentee) with a profile of the mentee's strengths, weaknesses, and opportunities for improvement. Assessments like DiSC also help mentees better understand themselves; that is, their personality and how they work. From the mentor perspective, a 360-degree assessment can identify a specific weakness and bolster your efforts to bring that person out of their shell and work on that weakness together and in a respectful way.

How to Mentor Well

The mentor-mentee relationship is vital to building what should be a long-lasting relationship. If either party feels pressured to participate, no one will benefit. In this situation, mentors and mentees simply skip meetings.

So, the first step to building an effective mentorship program is finding mentors who truly want to help those new to oncology and who are open to sharing experiences together. If, for whatever reason, the relationship between the mentor and mentee fails, build a safe environment where either party can request a new partner. The pairing of mentors and mentees is a flexible and adaptable process. The end goal is to foster a strong relationship that benefits both participants.

Mentors should provide their mentees honest feedback in a respectful manner to help them grow. Mentors should also feel comfortable opening up to their mentees so that they may learn from their mentor's experiences. A mentor is responsible for helping the mentee grow. This means sharing their own pitfalls and mistakes and being as candid as possible. Mentoring and being mentored are both a commitment. Both individuals need to want to put in the time and effort. In some instances, mentors and mentees choose to meet outside normal work hours—sometimes over a shared meal. It's most beneficial when the mentors and mentees designate a time to meet based on their own schedules, rather than having a set time assigned by another individual or the cancer program.

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One of the largest benefits of mentorship for those new to oncology is the connection to a person they trust and can learn from. The mentor becomes their go-to person when the mentee is having a rough day or has made a mistake and needs guidance. In most cases, the mentor should not be the mentee's direct manager or even a close colleague; sometimes a mentor can come from outside the organization itself as long as the expertise is there. Don't burn bridges when people move on in their career. Stay connected with colleagues and others who offer valuable experience and knowledge. You may onboard someone who would be a great fit with a mentor who just left your program or practice and with whom you still share a relationship.

Lastly, sharing valuable resources is often overlooked when mentoring. These resources could be professional organizations like ACCC or ONS (the Oncology Nursing Society), where individuals find a community to help them grow. Mentors should also share any books, podcasts, and lecture series they like to help their mentees with continuing education. Experienced mentors share resources so their mentees can continue to learn and grow on their own time and at their own pace.

Challenges Faced

Setting up a mentorship program in a large cancer program or practice spread out across multiple clinic locations is not an easy task.

In one such situation, a participant at my breakout session shared that their cancer program did not pair its expert staff with new staff in a traditional mentor and mentee relationship, mostly due to the availability and ratio of experts to new staff. Instead, the cancer program hosted central calls where experts across the organization were available to teach and answer attendee questions. This structure was thought to be an underlying reason behind the low attendance. To improve attendance, the cancer program incorporated these town hall-style meetings into the internal certification program that all staff must complete to maintain their education and position in the cancer program. Interestingly, this new structure brought only slight improvements in attendance.



At Geisinger Cancer Institute, we developed a similar town hall approach in response to the COVID-19 pandemic and the increased need for psychosocial services our staff was experiencing. These town halls connected staff with psychologists—regardless of whether there was a mentor relationship or not—to talk about their challenges. Our staff could participate in these town halls at a time that was most convenient for them, and it was something staff felt like they *wanted* to do versus something they *had* to do.

Another attendee of my breakout session shared how it can be challenging to differentiate between preceptorship and mentorship—especially with nursing. Unlike the preceptorship process that pairs senior nursing staff with new nurses, this cancer program found that the same group of nurses on the floor would mentor nurses seeking guidance and that the nurses doing the mentoring were advanced in their role or in a leadership position. In other words, individuals who wanted to mentor would naturally do so and would do so on their own time.

This experience was similar to another one shared during my breakout session. Instead of setting up a robust mentorship program in this small community program, nursing leadership noticed that new nurses generally found their niche during the onboarding process and would then assign these nurses to the area they gravitated toward. Mentoring occurred naturally as new nurses were welcomed and included by senior nursing staff in the area that best fit their personalities. Unfortunately, this type

of organic mentorship is difficult to create in larger programs, especially in cancer programs or practices with multiple locations, which is why a formal mentoring program can help.

Building Community

One of the best rewards you can gain from mentoring (whether you are the mentor or the mentee) is a greater sense of inclusion and community within your organization. This sense of community will in turn help your cancer program or practice decrease turnover rates and build staff satisfaction.

In another example shared during my breakout session, one ACCC member program sought to build a close-knit community between staff by making sure that infusion nurses and staff are part of the small celebrations and everyday rewards that oncology often brings. For example, this cancer program includes its nursing staff in its survivorship days. Nurses are taken off the floor (even just for an hour) so they can see and visit with patients who were once part of their daily routine but who are now in survivorship care. Often infusion staff are not able to participate in these types of celebrations because they are needed to treat current patients. But when this cancer program arranges scheduling so that staff members can participate in celebrations, staff feel connected, silos are broken down, and everyone is reminded of the key part they play in the cancer program and patients' lives. 

Kerri Michalik, MHA, BSN, is vice president of cancer services at Geisinger Health System, Geisinger Cancer Institute, Danville, Penn.