



## ***“A Call to Mentoring”: Manager Toolkit©***

### ***Tips for Employers on How to Implement a Peer Mentor Program for Direct Care Professionals (DCPs)***

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*“All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.”*

*Dr. Martin Luther King Jr.*

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**“A Call to Mentoring”: Manager Toolkit©**  
***Tips for Employers on How to Implement a Peer Mentor Program for  
Direct Care Professionals (DCPs)***

**Introduction** Page 1

**Introduction**

Congratulations on considering launching a Direct Care Professional (DCP) Peer Mentor Program within your organization. It is our hope that this online toolkit will provide helpful information and resources to aid in the successful implementation of a DCP Peer Mentor Program.

This Manager Toolkit is designed for those managers, human resource staff, supervisors, administrators and others who may be responsible for implementing the mentor program within their organization(s). For the purposes of this toolkit, health, support, and long term care employers include home care/home health agencies, companion services, nursing and assisted living facilities, hospitals, hospices, group homes, residential care facilities, and home and community providers that serve persons with disabilities.

The preferred process is for employers to use the Manager Toolkit to ready their organization for implementation of the DCP Mentor Program before DCPs complete the Mentor Education Program. The DCP Peer Mentor Manager Toolkit is offered in that spirit. DCPs can, however, attend the DCP Peer Mentor Program on their own or without their employers having used the Manager Toolkit.

The information presented is based on experiences of others who have used various approaches to implement a DCP Peer Mentor Program. It is intended to provide employers with some practical, easy to understand, sample tools that are downloadable, flexible, and modifiable to setting. It is written with the understanding that there are many corporate, governmental, union, or other policies and regulations that may impact overall planning. Those implementing the DCP Peer Mentor Program must ensure their own program is in compliance with policies and procedures pertinent to their employment setting.

We begin with an overview of basic historical and background information about the program, educational standards for DCPs, and clarification of the language used throughout this toolkit.

**Introduction** Page 2**Who Are Direct Care Professionals (DCPs)?**

Direct Care Professional (DCP) is the state of Iowa's umbrella term for individuals who provide "services, care, supervision, and emotional support to Iowans." The state's definition does not include licensed professionals such as registered nurses or licensed social workers.

DCPs provide hands-on personal care and support for children and adults of all ages in a variety of settings. These settings include homes, nursing homes, hospitals, assisted living communities, hospices, adult day centers, residential facilities, pre-vocational services, supportive employment, and other environments. DCPs go by many titles, for example, Direct Support Professional; Certified Nursing Assistant (CNA); Medication, Rehabilitation, Restorative, and Hospice Aide; Patient Care Technician; Personal Care Assistant; and some 30 other titles.

In this toolkit we will use Direct Care Professional (DCP) to refer to all those mentioned above.

**Mentor Defined**

The term "mentor" can mean different things to different people. Many find it difficult to distinguish among on-the-job training, a preceptor program, employee orientation and the role of a supervisor. For clarification we offer these definitions:

- 1) DCP Mentor: A trusted counselor, guide, coach, or tutor in a long-term, on-going relationship with another DCP.
- 2) DCP Preceptor: Also a trusted counselor, guide, coach, or tutor, but for a short-term or one-time relationship with another DCP.
- 3) Employee orientation: A new employee orientation is typically a list of policies and procedures that new employees need to be aware of in order to perform well in their jobs, comply with company/organization policy, and ensure their safety and well-being, e.g., fire safety, payroll schedules, tours of various departments, amenities, and parking.
- 4) On-the-job training: Training given to employees as they perform everyday work activities. Training typically consists of observation and participation in job skills demonstrated by experienced workers until the employee demonstrates competency and can work independently.
- 5) Supervisor: An individual who reviews job performance, may provide coaching and guidance, but is not considered a peer and is often not a DCP.

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### Components of the Direct Care Professional Peer Mentor Program

Iowa CareGivers' "A Call to Mentoring" Program© has two key components:

- 1) "A Call to Mentoring": Manager Toolkit©. It is an online downloadable program that prepares employers to implement a DCP Peer Mentor Program.
- 2) "A Call to Mentoring": A Direct Care Professional's Peer Mentor Education Program©. It is a face-to-face training that prepares DCPs to mentor new and existing direct care staff. The peer mentor program is not a preceptor or short term mentoring program, but rather it strives to facilitate an ongoing mentoring environment within an organization.

Some organizations have also found the DCP Peer Mentor Program suitable for dietary, housekeeping, and other staff.

### Historical Perspective: DCP Educational Standards and Policymaker Support

The Direct Care Worker Task Force, now referred to as Direct Care Worker Advisory Council, was first appointed by Governor Tom Vilsack and Lt. Governor Sally Pederson in 2005. The Advisory Council has been charged with reviewing and streamlining the educational standards for DCPs across all care settings. This monumental task has been administered by the Iowa Department of Public Health. To learn more about the recommendations of the Direct Care Worker Advisory Council, click on any of the links below:

- [DCW Contributions to Health Reform](#) 
- [Advisory Council Interim Report](#) 
- [Report to the Legislature, January 2011](#) 
- [Strategic Plan May 2010](#) 

Or, visit this Iowa Department of Public Health Link:

<http://www.idph.state.ia.us/directcare/Council.aspx>

Iowa policymakers have continued to show commitment to the DCP profession through funding and legislation that supports the Direct Care Worker Advisory Council and the Iowa CareGivers.

Lt. Governor Kim Reynolds video link

[http://www.iowacaregivers.org/advocacy/come\\_care\\_with\\_me.php](http://www.iowacaregivers.org/advocacy/come_care_with_me.php)

<https://www.youtube.com/watch?v=cHKDlc9RXvY> (direct link)

Senator Jeff Danielson video link

[http://www.iowacaregivers.org/advocacy/come\\_care\\_with\\_me.php](http://www.iowacaregivers.org/advocacy/come_care_with_me.php)

<https://www.youtube.com/watch?v=DwWaaAK4hRoc> (direct link)

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### History of Iowa CareGivers

The Iowa CareGivers, a nonprofit and nonpartisan organization, was founded in 1992 by a former nurse assistant who understands first-hand the challenges of being a DCP. The Iowa CareGivers exists to ensure that ALL Iowans receive good care and support when and where they need it. The Iowa CareGivers does this by serving the needs of the DCPs who provide most of that care and support. The Iowa CareGivers offers educational conferences; leadership, mentor, and advocacy training; newsletters; website; and other resources tailored to DCPs.

### What is Iowa CareGivers' Mission?

Iowa CareGivers' mission is to enhance the quality of care by providing education, recognition, advocacy, and research in support of those who work in the field of direct care.

A Direct Care Professional's Go-to-Place for Personal and Professional Development and Peer Networking

[http://www.iowacaregivers.org/uploads/pdf/ROC\\_brochure\\_single\\_pg.pdf](http://www.iowacaregivers.org/uploads/pdf/ROC_brochure_single_pg.pdf)

### History of "A Call to Mentoring"© Program

The Iowa CareGivers' original mentor program, "A Call to Mentoring"©, was developed and piloted in 1998 as part of the state supported Certified Nurse Assistant Recruitment and Retention pilot project. While the project focused on Certified Nursing Assistants in nursing home settings and is more than ten years old, the findings are worth noting.

Brad Richardson's quote:

*"Those facilities receiving interventions experienced a CNA retention rate of approximately twice as long as those facilities which did not receive the interventions."*

Brad Richardson, PhD, Certified Nursing Assistant recruitment and Retention Pilot Project.

Two pages of report in PDF format: [PDF/BRichardson\\_Rpt001.pdf](PDF/BRichardson_Rpt001.pdf)

In 2003, the Iowa CareGivers became Iowa's lead organization on a national Better Jobs Better Care (BJBC) grant project funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. The purpose of the BJBC project was to establish policies and practices to improve recruitment and retention of DCPs. The mentor program was revised as part of the BJBC project and was used as an intervention to aid in DCP retention.

Quote from Martha Toben:

*"We were losing CNAs as fast as they were coming. Iowa Caregivers' mentor program has been our biggest asset. We needed direction. Fourteen nurse aides went through the program. Our turnover has reduced from over 100% to 13%."* Martha Toben, Brentwood Good Samaritan Center, LeMars, IA

In both cases, Iowa Caregivers' "A Call to Mentoring"© was proven to be effective in significantly reducing DCP turnover.

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### The New Online Version

The current version of “A Call to Mentoring”: Manager Toolkit© was edited to benefit employers and DCPs in all settings. It has been reviewed by employers representing hospital, nursing home, in-home, and community living settings; educators; DCPs, and this grant project’s Leadership Team members. Now that it has been converted to an online toolkit, employers will have easier access to it.

This first version of an online product is made possible through a contract with the Iowa Department of Public Health (IDPH) and in partnership with the experts at the Upper Midwest Public Health Training Center (UMPHTC), University of Iowa.

### Why Mentoring?

With the increasing demand for workers in the direct care field, health and long term care employers already experiencing extremely high turnover rates, and the growing number of people who are needing care, support, and services; it is essential that we develop and maintain a more stable direct care workforce. “A Call to Mentoring” program is offered as a valuable resource to help retain staff and attract new workers. The benefits of this program include more consistent care from more consistent staff.

For more information on the need for those who work in direct care, view the 2013 Care Gap Fact Sheet.

[http://www.iowacaregivers.org/uploads/pdf/2013\\_iowa\\_care\\_gap10.7.13.pdf](http://www.iowacaregivers.org/uploads/pdf/2013_iowa_care_gap10.7.13.pdf)

Lt. Governor Reynolds' video comment about the demand for direct care workers:

<http://www.iowacaregivers.org/mentor-management/ReynoldsComment.html>

The costs of turnover to Iowa’s employers and taxpayers is already significant, but will reach staggering amounts if not more is done to help retain those who work in direct care. For current turnover cost information, please refer to the following reports:

Direct Care Worker in Nursing Facilities Turnover Report: December 2013

[http://dhs.iowa.gov/sites/default/files/Direct\\_Care\\_Worker\\_In\\_Nursing\\_Facilities\\_Turnover\\_Report.pdf](http://dhs.iowa.gov/sites/default/files/Direct_Care_Worker_In_Nursing_Facilities_Turnover_Report.pdf)

Quote from Julie Rossow:

*“The Mentor program significantly decreases turnover by offering that new employee an immediate built in support system in the new workplace.”* Julie Rossow, Director of Nursing, Madrid Home Communities.

The reasons DCPs leave the field include the job duties not being what they expected, low wages, lack of benefits such as affordable health coverage, limited opportunities for advancement within the field of direct care, and lack of respect for the important work they do. Turnover has been demonstrated to decrease when there is effective ongoing management commitment resulting in a well-managed peer mentoring program.

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### **It's Personal: Iowans Expect Consistent and Quality Care and Support**

Persons served by health, support, and long term care organizations and their families rely on DCPs to provide the highest quality care and support possible. Not being able to find and keep DCPs affects the citizens of our state in very personal ways.

### **DCPs Have the Desire to Provide Quality Care and Support**

New DCPs report the need for longer and more meaningful orientations, and veteran DCPs report the desire for advancement opportunities within the direct care field. "A Call to Mentoring"© provides solutions for both. And, as an added bonus, employers may experience more stability among direct care staff, higher retention rates, cost-savings, and an enhancement in the services provided to the persons they serve.

### **The Manager Toolkit**

The goal is to provide you with an easy-to-access, downloadable toolkit that contains printable sample templates, frequently asked questions, lessons learned from employers who have implemented mentor programs, resources, and checklists that will enable you to ready your organization at a pace consistent with your time and other resources.

The Toolkit is comprised of an Introduction and four modules:

Module 1: Management's Commitment

Module 2: Steps to Implementing a Direct Care Professional Peer Mentor Program

Module 3: Supporting Direct Care Professional Peer Mentors

Module 4: Evaluating Your Direct Care Professional Peer Mentor Program

Because each level of care or type of service is unique and governed by various rules and regulations, we have provided a toolkit that applies to all settings. It will allow you flexibility in developing and implementing your own plan so that you comply with your organization's policies as well as state and federal rules and regulations.

We also view this first Iowa CareGivers downloadable Manager Toolkit as an opportunity for us to learn ways to improve the existing products, toolkit content, and presentation of materials.

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**“A Call to Mentoring”: Manager Toolkit© Objectives**

After using the online “A Call to Mentoring”: Manager Toolkit©, employers of Direct Care Professionals (DCPs) will be able to:

- ✓ Discuss the underlying philosophy of a DCP Peer Mentoring Program.
- ✓ Describe key concepts that DCPs will learn in the “A Call to Mentoring”: A Direct Care Professional’s Peer Mentor Education Program©.
- ✓ Describe the crucial ongoing role management plays in a successful DCP Peer Mentoring Program.
- ✓ List the steps to develop and implement a DCP Peer Mentoring Program tailored to your organization.
- ✓ Describe how to access resources to support implementation of a DCP Peer Mentoring Program.

## MODULE 1: Management's Role and Commitment

### Module 1

### Page 1

#### Introduction

A Direct Care Professional (DCP) Peer Mentoring Program can provide veteran direct care staff an opportunity for a promotion or advancement and can provide new direct care staff a more meaningful orientation and work experience.

Whether you decide to use the Mentor Program 1) as a means to promote certain individuals through an application process, pay increase, and other incentives or 2) to encourage all direct care staff to complete the mentor training by simply enrolling in the class...a well thought out plan and "buy-in" from management are essential for success.

#### Embracing a Philosophy of Mentoring

Ideally, you will create a mentoring environment among **all staff**, persons served, and their families. Fundamental to the DCP Mentor Program is the promotion of professionalism within the field of direct care. It is important that your organization can or already does embrace direct care staff as the professionals they are.

Mentoring is about sharing the power. In a world where it is sometimes easier to "just do it myself" or "It saves time and money if I can just do it myself"...it can be difficult to step back and take the time needed to give others the opportunity to learn and grow in their confidence at a pace that is suitable for them. This means managers will need to step back and empower DCP Mentors, and DCP Mentors will need to step back and empower new and existing DCPs and, for that matter, the persons and families they serve.

#### Mentor's Quote:

*"Empowering others doesn't mean doing something FOR them or that your way is the only way to do something."* (Mentor)

### What Will the Direct Care Professionals You Employ Learn at “A Call to Mentoring”©?

“A Call to Mentoring”: A Direct Care Professional’s Peer Mentor Educational Program© is a two-day face-to-face program that is taught by an Iowa CareGivers approved instructor. The program is usually taught in a group setting at a community college or other community setting.

#### “A Call to Mentoring”© Program Objectives

At the conclusion of this program, Direct Care Professionals will be able to:

- ✓ Define and demonstrate the act of mentoring.
- ✓ Describe how personal and professional values affect their ability to mentor others.
- ✓ Identify qualities of effective mentors.
- ✓ Discuss ways to organize methods used in new staff orientation.
- ✓ Discuss the link between effective mentoring and retention of co-workers.
- ✓ List ways to promote the development of a Direct Care Professional Mentor role within their organization.
- ✓ Describe how to encourage a team approach within their organization.
- ✓ Identify ways to assist with the successful implementation of the mentor program within their organization.
- ✓ Describe how to self-evaluate their effectiveness as a mentor.

### Is a Direct Care Professional (DCP) Peer Mentor Program Right For Our Organization?

A good place to start is by forming a planning committee that consists of administrators; human resource staff; those who educate, manage, schedule, and supervise direct care staff; preferably one or two direct care/support staff from your organization; and any others you deem appropriate. Answering some fundamental questions will help to ensure that everyone is at least on a similar page by the end of the meeting.

Provided here is a worksheet that is intended to 1) help you evaluate how a DCP Peer Mentor Program will fit into your organization’s culture, 2) identify your desired organizational outcomes, and 3) decide whether you are willing to invest the time and other resources necessary to be successful. You may add or delete questions as you see fit. We recommend using a flip chart to record the committee members’ comments during the meeting. Making it possible for everyone to view the same information from a flip chart facilitates better discussion.

**Resource #1:** “Is a Direct Care Professional Peer Mentor Program Right for Our Organization?” worksheet

**Resource #2:** “In Their Own Words: Administrators, Supervisors, and Mentors Talk About Mentor Program Success”

**Resource #2A:** “Advice from Those Who Have Been There: Lessons Learned and Barriers”

FAQ: Should we enroll all Direct Care Professionals (DCPs) in the mentor program or just a few?

Answer: It varies by employer. There are pros and cons either way. Some have found that a selection process with clear guidelines and expectations works well. Others have learned that if not handled properly, a mentor program can actually create conflict among existing direct care staff and those selected as mentors. Some have preferred to avoid the risk of competition among DCPs and simply provide ALL DCPs the opportunity to advance as a mentor after they have worked for the organization for a certain period of time. If resources allow, a pay raise to those who become mentors is recommended. However, if a pay raise is used as one of the incentives; limited resources may reduce the number of mentors you can employ within your organization.

Quote: *“Frankly, I think all DCPs should become mentors. It makes it fairer and it gives us more flexibility and makes it easier to cover new hires. When they aren’t mentoring new hires...they mentor each other, and that is a good thing.”* A graduate to the Iowa CareGivers’ “A Call to Mentoring” program.

Quote: *“We like giving direct care staff the opportunity to advance within our organization as a mentor. We offer them permanent pay raises. Having the right people doing the mentoring is important.”* An employer that implemented Iowa CareGivers’ Direct Care Professional mentor program.

### **Management's Commitment – “Buy-in”**

It is essential that administration commit the time and resources needed to not only implement, but also to maintain the program.

We have learned from the experience of many organizations that without ongoing commitment from the administrative and management staff within your organization, it is difficult to have a successful DCP Peer Mentor Program. A mentor program requires the time, dedicated staff, and investment of other resources for a long-term commitment.

Quote: *“What you permit is what you promote.”* Julie Rossow, Director of Nursing, Madrid Home

An even more valuable lesson learned is that commitment or “buy in,” as some would call it, means different things to different people. Before you begin, it is a good idea to get clear about what “buy-in” means to administration, DCPs, and supervisory/management staff. Defining those commitment expectations will alleviate assumptions that may hamper your progress. Saying that there is “buy-in” is one thing. It is quite another to demonstrate or explain what exactly that means. It can be helpful to put expectations of mentors and administration/management in writing.

**Resource #3:** "What Does 100% Buy-In to a DCP Peer Mentor Program Mean? What Others Have Said"

## MODULE 2: Steps to Implementing a Direct Care Professional Peer Mentor Program

### Module 2

#### Page 1

#### Introduction

The steps to implementing your Direct Care Professional (DCP) Peer Mentoring Program will vary by 1) the size of your organization, 2) type of services you provide, 3) clientele you serve, and 4) your organization's philosophy regarding the selection of individuals to participate in the DCP Peer Mentor Program.

Module II will provide tools to help you think about not only the steps in implementing your DCP Peer Mentor Program, but also perhaps more importantly, the order in which the steps occur.

#### **A Plan for Implementation of Your Direct Care Professional Peer Mentor Program**

It is important to have a plan in place before the DCPs complete the training and return to your organization to begin serving in their new roles. Setting things in motion as soon as possible after the DCPs complete mentor training will keep the momentum going.

You may allow two to six months or longer readying your organization, depending upon the size of your organization and other factors.

## Module 2

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**A Checklist of Steps**

A checklist of the steps needed to begin the implementation process can be helpful in keeping things on track. And there is nothing like the rewarding feeling of marking something as “completed” on one’s checklist! Below is a sample checklist as well as a downloadable and printable document for your planning committee. Throughout this module we will be providing samples, templates, explanations, lessons learned from other providers who have implemented a DCP Peer Mentor Program, and other helpful modifiable resources.

**Resource #4:** “Checklist of Steps to Implementing a Direct Care Professional Peer Mentor Program.”

**Steps to Take to Implement a Direct Care Professional Peer Mentor Program**

Efforts have been made to place the items in the checklist in the order in which they need to be done, but you may find it necessary to revise the order.

**Ready the Organization**

- ✓ Form a Direct Care Professional Peer Mentor Program Planning Committee (See Introduction)
- ✓ Conduct an initial planning using the tool, “Is a Direct Care Professional (DCP) Peer Mentor Program Right For Our Organization?” (See Introduction) If yes, the Peer Mentor Program is right for your organization, continue with next steps.

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**Develop an Implementation Plan****✓** Develop a Job Description for the DCP Peer Mentor Position

A job description that details the responsibilities of the new position of Direct Care Professional Mentor will need to be developed and become part of your personnel policies. It will be critical that you ensure that any delegation of duties is in keeping with governmental, corporate, union, and other policies, laws, or regulations governing your industry, as well as educational standards or qualifications of the employees.

When the new mentors return from their training, they will be motivated and ready to embrace their new roles. Some providers develop an orientation task list for new mentors to use as a guide when orienting new staff. Your DCP staff can be very helpful in the development of an orientation task list.

**Resource #5:** "DCP Mentor Duties and Responsibilities"

**Resource #6:** "Sample: Direct Care Professional Peer Mentor – New Staff Orientation Checklist."

**✓** Determine the Incentives Your Organization Will Offer DCP Peer Mentors

Before promoting your DCP Peer Mentor Program, you must decide upon a consistent way to incentivize the DCPs to become or want to eventually become DCP Peer Mentors. Making up the rules as you go will only cause needless setbacks.

Module I should have helped you decide about whether you will promote your DCP Peer Mentor Program as 1) an opportunity for advancement for select DCPs or 2) a culture of mentoring in which all of the DCPs in your organization will be given the opportunity to become mentors based on more limited eligibility and criteria such as their length of employment with the organization. Some providers have said that offering the opportunity to everyone helps avoid a top-down structure among the mentors and mentees. Consider this sample list of incentives and decide what incentives are right for your organization.

**Resource #7:** "Potential Incentives to Offer Direct Care Professional Mentors"

## Module 2

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- ✓ Develop an Equitable Selection Process  
An equitable selection process is key. If you personally hand-pick or select the DCPs that you want to become DCP Peer Mentors without a process in place, be prepared for some hostility from those who may perceive the selection process as unfair. Do all you can to avoid any appearance of favoritism that can sabotage your program before you get it off the ground. And be sure to ensure you have checked and are complying with your company policies, hiring practices, and any labor laws pertinent to your process.
  - ✓ Develop eligibility criteria for applicants for your DCP Peer Mentor Program  
**Resource #8:** “Sample: Direct Care Professional Peer Mentor Applicant Eligibility Criteria”  
**Resource #8A:** “Sample: Commitment to CNA Practice Committee”
  - ✓ Develop a job application or use/modify an existing application  
**Resource #9:** “Sample: DCP Peer Mentor Job Application Form”
  - ✓ Prepare interview process and questions
  - ✓ Consider providing to applicants in advance the questions that require some thought  
**Resource #10:** “Sample: Interview Questions for DCP Peer Mentor Program Applicants”
  - ✓ Develop a scoring process if one is to be used.  
**Resource #11:** “Sample: Scoring Process for DCP Peer Mentor Program Applicants”

Scoring applicants can be helpful. Your final decision should be based upon the applicant eligibility criteria your organization has established and the applicant’s interview. The selection criteria can be based on a point system based upon your eligibility criteria.

- ✓ Use a Timeline  
Logging key dates and staff assignments on a timeline as they are decided (e.g. application deadline, selection deadline, training dates) will help keep you on task and accountable. Allow the time to do it right.  
**Resource #12:** Sample Project Timeline
- ✓ Develop an Evaluation Plan  
Your overall evaluation of the DCP Peer Mentor Program will ideally link back to your early planning decisions using the worksheet entitled “Is a Direct Care Professional Peer Mentor Program Right for Our Organization?” As part of that discussion and process you should have listed a few expected outcomes (e.g., reduction in staff turnover, enhanced job satisfaction). (See Module 4)

✓ Educate All Staff and Other Interested Persons About the DCP Peer Mentor Program

Whether you decide to establish the mentor position as a promotion for only those who meet specific criteria or eligibility or as an opportunity for all, the DCP Peer Mentor position should be presented as something that every DCP within your organization has the opportunity to apply for. You may promote it as something that is special, but attainable for ALL!

- ✓ Plan and hold an informational meeting about the DCP Peer Mentor Program. Answer any questions or concerns early on. Better to resolve issues before the program is implemented than to have to face attempts to block or sabotage the program after it begins.

**Resource #13:** "Sample: All Staff Meeting Notice: Agenda Will Include Discussion About DCP Peer Mentor Program"

**Resource #13A:** "Sample: Direct Care Professional Peer Mentor Program Interest Inventory"

- ✓ Post a DCP Peer Mentor Program flyer announcing the opportunity in employee lounges, on bulletin boards, on your website, in your organization newsletter, as check stuffers, or via company email.

**Resource #14:** "Sample: DCP Peer Mentor Promotional Flyer to Post"

**Resource #14A:** "Sample: DCP Peer Mentor Promotional Check Stuffer"

Solicit DCP interest in the "A Call to Mentoring"© program and seek applicants by inserting a stuffer in DCPs' payroll checks, lockers, or organizational mailboxes. The check stuffer or flyer should contain some information about the program, who can apply, qualifications required, and the application deadline. And, stick to the deadline unless you have too few applicants. If so, extend the deadline, but for everyone and not just one or two individuals who may be late in submitting their applications.

✓ Implement the Selection Process

Don't be disappointed if DCPs are not knocking your door down asking for an application. Even after having an informational meeting and answering questions about the opportunity, there are a number of reasons why people may not express an interest. Among the reasons are FEAR, FEAR, and FEAR:

- Fear of being perceived as “hoity toity” by their fellow DCPs.
- Fear of failure or of “looking stupid.”
- Fear of the unknown and change.
- Fear of applying and not being accepted when another co-worker may be selected. (This is why opening the program to all who are interested after a certain period of employment may work better for some).

✓ Accept applications for the DCP positions.

✓ Screen applicants for eligibility based upon on eligibility criteria you established.

✓ Interview applicants.

✓ Select applicants based upon the selection criteria and scoring process you have established.

✓ Notify applicants.

It is important that you use the same message and process to notify all those selected (in person, letter, or both...but it must be consistent). The notification process for those not selected is probably even more important than for those who were selected. They will need to be assured that there will be another opportunity.

✓ Enroll DCPs in Mentor Program training. (Iowa CareGivers mentor training, “A Call to Mentoring”: A Direct Care Professional’s Peer Mentor Educational Program© will be offered at scheduled times during the year. Call Iowa CareGivers or visit their website for schedule).

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- ✓ Hold a Meeting with the Selected DCP Mentors to Ready Them for the Mentor Training. Hold a brief orientation meeting with those selected to become mentors prior to their scheduled mentor training. The key here is to keep it very brief so as NOT to overwhelm them. View it as a time to celebrate and answer any questions they may have before they attend the mentor training without setting too high expectations. Below are some items that you may want to cover in the meeting:

**Resource #15:** “Sample: DCP Peer Mentor Orientation Meeting Agenda”

- ✓ Review or restate your organization’s philosophy about mentoring
    - ✓ Review their new job description and incentives.
    - ✓ Clarify what they can expect after they complete the training:
      - Share the training dates with them so they can add to their calendars.
      - Let them know if they will be paid during their time at the mentor training and whether you plan to pay mileage, etc.
      - Inform them about any overnight/hotel arrangements they need to know about.
      - Share and go over the objectives of the “A Call to Mentoring”: A Direct Care Professional’s Peer Mentor Educational Program”© with them so they have some idea of what to expect when they attend the mentor training.
- Resource #16:** “What Direct Care Professionals Will Learn at “A Call to Mentoring”: A Direct Care Professional’s Peer Mentor Educational Program. ©”
- Let them know when incentives/mentor perks or benefits will go into effect (e.g. pay increase/bonus, issuance of a new name badge and title upon completion of the training).
  - Discuss the expectations for their new role (assure them it will be a gradual process until they are more comfortable in their new roles).
  - Provide encouragement.

- ✓ Receive New DCP Mentor Graduates
  - ✓ Acknowledge their accomplishment and provide the incentives promised as soon as possible upon completion of their graduation from the mentor training.
  - ✓ Provide assignments. The sooner mentors can begin their new roles, the better. If there are no new staff members to mentor/orient, they can still use their skills and new role to be ambassadors to existing staff. They can encourage, empower, and support all staff!
  - ✓ Provide ongoing support, problem-solving, and encouragement.
- ✓ Evaluate the program periodically (Prepare for the reality of each organization’s pattern.)

## MODULE 3: SUPPORTING DIRECT CARE PROFESSIONAL (DCP) PEER MENTORS

### Module 3

#### Page 1

#### Introduction

Mentors, mentees, managers of the mentor program, and administration will need encouragement and praise along the way. It is likely that there will be mistakes. What's important is to embrace the mistakes as valuable lessons learned. Providing an ongoing supportive environment that extends beyond the initial implementation of the Peer Mentor Program is essential.

Module III will focus primarily on ideas for establishing supports, aside from the original incentives offered, for the DCP Peer Mentors in your organization. We recommend a combination of supportive opportunities and perks both within the workplace and outside the workplace.

It is natural for new DCP Mentors to experience butterflies and uncertainty about their new leadership role. They will feel like they are under a microscope at first (and they will be). Even if they have been mentoring for years without the formal title...a new title, additional training, and a pay increase can create new expectations on the part of co-workers and the mentors alike.

Some of the possible DCP incentives you decided on early in your planning process may also be on your list of internal supports. Here are some examples of supports to try both in the workplace and outside the workplace:

**In the Workplace**

- ✓ Provide encouragement (a personal face-to-face thank you from administration, program coordinator, supervisory staff).
- ✓ Mail handwritten notes or postcards to their homes.
- ✓ Provide mentors with stickers for a job well done or inspirational sayings. (Note: we have learned that mentors and most of your DCP staff feel better about giving a sticker to someone else (a co-worker, person they serve, employer) than receiving one. They are care “**givers**” after all!
- ✓ Hold regularly scheduled mentor meetings.
  - ✓ A meeting with mentors just to check in can be helpful in keeping them motivated, giving them an opportunity to share challenges and successes, and to problem-solve. Meetings can be brief (30 minutes), but long enough to validate their roles and thank them. This may also be a good time to collect periodic evaluations on their satisfaction with the program (See Module 4). Scheduling the meetings regularly on a certain day and time of the month is recommended (e.g. 2<sup>nd</sup> Tuesday of the month). We also recommend holding the meetings no less than quarterly. The important thing is to establish a realistic meeting schedule so you can give the meetings the priority they need. Cancelling 4 out of 5 meetings doesn't send the message that the DCP Mentor Program is important.
  - ✓ Encourage DCP Mentors to take turns facilitating their own meetings with perhaps an area of focused conversation around finding solutions to a particular challenge. Provide a list of potential topics for their meetings. DCPs will also brainstorm on a potential list of topics during their mentor training. They can and should be able to identify some of their own meeting topics.

**Resource #17:** "Sample: Direct Care Professional Peer Mentor Potential Meeting Topics"

- ✓ Respond to feedback you receive from them or learn from periodic program evaluations.
- ✓ Solicit their input on what you might offer in the way of continuing education to enhance their mentoring skills (communication skills, how to empower or motivate others, meeting facilitation, and how to deal with difficult co-workers).
- ✓ Allow the mentor to mentor! This reinforces the importance of the position and the importance of orientation for new staff. One of the biggest downfalls mentors have encountered is being “pulled” from their role as a mentor because of working short-staffed.

**Outside the Workplace**

The Iowa CareGivers promotes the Direct Care Professional Mentor Program as a career advancement opportunity for Direct Care Professionals. Those who are advancing in any profession need quality continuing education and networking opportunities with others in their field.

- ✓ Providing DCP Mentors and all DCP staff with external supports is important. Iowa CareGivers provides a number of supports such as newsletters, educational conferences, and a website tailored for DCPs.
- ✓ Iowa CareGivers holds a statewide annual educational conference for DCPs. Some employers pay DCPs for their time off, registration, and travel expenses when attending the Iowa CareGivers conference. This may work best when selection criteria for deciding which DCPs can attend the conference are established and used.  
**Resource #18:** "Sample: Qualifying criteria for CNA Selection to Attend 2010 Annual Conference for Direct Care Workers"
- ✓ There are a number of other supports and programs offered through community colleges, universities, associations, and service organizations, as well as online.

The key is to provide all of the DCPs employed within your organization with opportunities, choices, and options for education, recognition, and support both inside and outside the workplace.

Iowa CareGivers Mission: Enhancing quality of care by providing education, recognition, advocacy, and research in support of those who work in the field of direct care.

Visit our website: [www.iowacaregivers.org](http://www.iowacaregivers.org)

## MODULE 4: EVALUATING YOUR DIRECT CARE PROFESSIONAL PEER MENTOR PROGRAM

### Module 4

### Page 1

#### Introduction

There are a number of approaches to evaluating your DCP Peer Mentor Program. It is best if you can decide early in your planning how your organization will address the evaluation. Your evaluation strategies do not have to be sophisticated. It's not a research project, but rather a means to identify where there may be gaps or areas that need enhancements. Your evaluation may consist of qualitative methods like focus groups or interviews and/or quantitative measures like written surveys. Your methods can be conducted internally or by a third party if you have the resources to do so. You may already have measures in place that are a normal part of your quality assurance practices or required by state or federal law such as tracking and reporting staff turnover or retention rates.

#### Developing Your Evaluation Plan

Developing your evaluation plan is simply deciding how you will measure the “desired outcomes” you identified in your early planning phase (Module I: “Is a Direct Care Professional Peer Mentor Program Right for Our Organization?”) Don't wait until the mentors have begun their new roles to put together an evaluation plan – do it at the outset.

While your evaluation will be unique to your program and workplace, we offer some recommendations and tips for consideration. You may choose to evaluate your program and track your success internally or choose to go through a third party to conduct the evaluation. Here is a worksheet to help you think through how to best evaluate your DCP Peer Mentor Program.

**Resource #19:** Sample: Evaluating Your Direct Care Professional Peer Mentor Program

**Internal or Third Party Evaluation**

Methods for data gathering are important to consider. You may choose 1) a third party option, 2) an internally administered evaluation, or 3) a combination of the two. There are pros and cons to all methods, and you will decide what will be the best fit for your organization.

**Third Party**

Obviously, having an open door policy for sharing concerns or creating a work environment in which everyone can be open and honest without fear is ideal, however, that isn't always easy to maintain. If you have the resources, you may want to engage a third party in the collection of confidential evaluation data in order to eliminate any feelings of intimidation or conflicts of interest. Third party involvement in the evaluation is more costly, but may ensure an unbiased and objective analysis of the data findings.

**Internal Evaluation Is Preferred by Many**

Many employers prefer the internal evaluation due to limited time and resources. Internal evaluations may provide more immediate feedback and greater flexibility in making adjustments to the program. If you choose to use an internal process for evaluating your DCP Peer Mentor Program, we recommend regularly administered evaluations of DCP mentors and mentees.

### How to Administer Evaluations of Mentors and Mentees

The way in which you administer mentor and mentee evaluations can make or break your process and outcomes. Assure staff that the sole purpose of the evaluation is to find ways to better support or strengthen the mentor program and not to single out anyone for criticism. It is extremely important to explain to mentors and mentees that this is nothing more than a way to gather their feedback and information about how “together” you can enhance the program and celebrate successes. *And don't just talk about celebrating a success, but actually do it! No success is too small to celebrate...in fact...when recognized, the small steps to success can be the most significant!!*

We recommend that evaluations of mentors and mentees are completed quarterly during mandatory staff meetings, randomly, or during meetings with mentors and mentees. Quarterly evaluations of the DCP mentors and mentees will provide ongoing feedback.

From the information gathered you can determine:

- ✓ Need for additional education or training for mentors and mentees.
- ✓ Areas for management to do a better job of offering supports.
- ✓ Areas that need further clarification.
- ✓ Areas that call for celebration.

**Resource #20:** "Sample: Direct Care Professional Peer Mentor Program Evaluation Form (for Mentors)"

**Resource #21:** "Sample: Direct Care Professional Peer Mentee Program Evaluation Form (for Mentees)"

**How to Use and Share Evaluation Results**

Collective findings should be shared with management, mentors, and mentees in a joint meeting, with only highlights of the findings reported. It will be important to celebrate the positives. And where there are concerns, let staff know that concerns have been heard and will be addressed. If the concerns can't be addressed, let staff know why. Engage all staff in an open discussion about what steps can be taken "together" over the next few months to improve the program.

The information should be used to help coach the mentors or identify potential topics for continuing education programs for Direct Care Professional Mentors and other Direct Care Professional staff and NOT as a criticism. Management can set a good example by owning the need for change in management's approach or action. For example, *"Some have said that management could do a better job of making sure new DCP employees are assigned a DCP mentor immediately upon hire, and we are going to explore ways we can do a better job of that. Do you have any specific recommendations on how we might do that?"* This kind of modeling will create a safe environment for others to speak up without feeling threatened or compromised in any way. Of course, it is important to ensure that you mean what you say and are equipped to "walk your talk" when you leave the meeting.

**Other Evaluation and Tracking Tools**

If you currently do not track staff retention or turnover as part of an internal quality assurance program or requirement of the state or federal government, you may want to set up such a system. Here are a couple of tools that can easily be integrated into your organization so long as you have the staff to manage the data tracking system. There are also a number of federally recommended formulas for calculating turnover or retention rates.

**Resource #22:** "Sample Tracking Tool" (Word document that explains coding)

**Resource #22A:** "Tracking Spreadsheet in Excel"

**Resource #23:** "Log of Lessons Learned"

Use this modifiable sample tool to help evaluate overall progress being made in your DCP Peer Mentor Program by logging issues/concerns raised as well as recommendations for actions to make enhancements or adjustments to the program. It is critically important to implement the agreed upon change and communicate it to all concerned in a timely manner and then continue to monitor or track outcomes of any changes made to the program. ©