Now in its fourth year, ACHCA’s National Mentoring program is working to build strong leaders through the connection of mentors and protégés in the field of long term care. In 2008, efforts began to create Fellows that would be mentors to young or soon to be administrators and in 2011 a grant commitment from Life Care Centers of America was received. A framework for the program was set up and the ACHCA Mentoring Program was established. The first cohort of the National Mentoring Program was chosen and paired up in 2012. The group was then introduced at the annual Convocation in Nashville that year. Each year the new mentoring class is introduced at that year Convocation. To date, there have been four cohorts including the initial (2012), the second (2013), the current cohort (2014) coming up on the year marker of their relationship, and the fourth cohort (2015) that will be introduced at the 49th annual Convocation in San Antonio.

The ACHCA mentoring committee matches mentors and protégés based on a profile that they fill out. Requirements have been set to ensure mentors are eligible, that they have the time to commit to the program, are knowledgeable in their field, and are participating voluntarily. Once matched, the mentor and protégé pair each complete a state of the art, eLearning course focused on mentoring relationships based on Chip Bell’s SAGE model.

A web site review was conducted in order to compare key elements of professional society mentoring programs. This comparison will be used to identify opportunities for improvement, including program effectiveness, efficiencies and cost. In the comparison was ACHE, ASCP, AMDA, NODONA, and Sigma Theta Tau. Of these five organizations, two appeared to have developed formal mentoring programs. ACHE and AMDA both have programs to develop healthcare leaders and professionals. With the given information from the websites, ACHCA had similarities and differences from these programs in the areas listed below, yet it was also reassuring that ACHCA does have a solid approach.

### Program Approaches

The ACHCA mentoring committee matches mentors and protégés based on a profile that they fill out. Requirements have been set to ensure mentors are eligible, that they have the time to commit to the program, are knowledgeable in their field, and are participating voluntarily. Once matched, the mentor and protégé pair each complete a state of the art, eLearning course focused on mentoring relationships based on Chip Bell’s SAGE model.

### Comparison

A web site review was conducted in order to compare key elements of professional society mentoring programs. This comparison will be used to identify opportunities for improvement, including program effectiveness, efficiencies and cost. In the comparison was ACHE, ASCP, AMDA, NODONA, and Sigma Theta Tau. Of these five organizations, two appeared to have developed formal mentoring programs. ACHE and AMDA both have programs to develop healthcare leaders and professionals. With the given information from the websites, ACHCA had similarities and differences from these programs in the areas listed below, yet it was also reassuring that ACHCA does have a solid approach.

### Program Results

In the first two years there have been strong mentor/protégé relationships to help guide the mentee (or protégé) in the start of their careers. This year, the percent change in self-reported management skills of mentors/protégés from the beginning of the relationship to the year mark increased 16% in self-assessed skills and 34% in comparison to colleagues. This compared to a 5% increase in the 2012 cohort and an increase of 11% in 2013. The 2014 cohort also had the highest percent of mentors and mentees that wanted to continue the relationship. Of the participants that completed the evaluations, 62% stated that they plan on continuing their relationship.

### Discussion

Overall, the program is showing improvement for mentoring relationships. Mentors and mentees are reporting higher skill levels after a year of being in the mentoring relationship. There is also an ongoing number of mentors and mentees that want to continue their relationship.

One of the significant factors that continues to be prominent in the relationships is the highly favorable ratings of pairs regarding the level of comfort disclosing information to each other, their belief that the partner has the best interests of the relationship at heart and the overall trustworthiness of the partner in mind. These are all critical elements of a good mentor/protégé relationship.

We continue to struggle with the use of the eLearning mentoring course with only approximately half of the participants taking advantage of this resource. Of the written comments that participants provided in the evaluations, there were two that seemed to recur from the first two years. One is that commitment to the program needs to be ensured from the beginning of the relationship. Some members expressed frustration in losing contact with their mentor or mentee and not being able to regain a connection. The other is that mentors and mentees prefer closer geographical location to each other. Both parties have expressed that being able to meet in person makes a better connection in the relationship.

### Progress and Next Steps for the Program

The ACHCA National Mentoring initiative effort continues to be a signature program for the health care and aging services profession. This past year, a “Train the Trainer” program was launched with a pilot state and a pilot district. A program evaluation was also completed for the program year ending 2014, and for the end of the funding cycle for the initial program sponsor, Life Care Centers of America.

The subcommittee has established a robust agenda for the year ahead to include:
- Evaluate the results of the 2014 pilot program that brought the national mentoring program to three pilot sites.
- Fully implement the pilot district/CHAPTER mentorship program to 1) create enhancements based on findings from the first year’s results and 2) identify new chapters/districts to launch the mentoring program, and 3) explore expanding the program with a corporate partner(s).
- Increase number of protégé participants in the national and chapter/district program by 20%.
- Implement the approved mentor credential equivalency qualifications.
- Evaluate the overall success of the ACHCA mentoring program and make recommendations for the future.

### Mentoring Subcommittee

- Jan Farley, CNHA, FACHCA, Chair
- David Wolf, PhD, CNHA, CALA, CAS, FACHCA, Vice Chair
- Members: Ron England, Sally Henkapp, Michael Hetz, CNHA, FACHCA, Keith Kopp, PhD, CNHA, FACHCA, Scott Lester, PhD (Consultant), Christopher Lynch, Doug Olsen, PhD, FACHCA (Board Liaison & Consultant), Thomas Vargha, and Jan Wilson
- Michelle Berry, Staff Liaison
- Marianna K. Grachuk, CNHA, CALA, FACHCA ex-officio

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- This study was also endorsed by the ACHCA Academy for Long Term Leadership and Development

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