

■ CNE Article

# Survey of Experiences of an E-Mentorship Program: Part II

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Nurse educators (NEs) are responsible for providing continuing education to nurses, who are expected to remain knowledgeable in the diagnosis and management strategies of a range of cancers. Remaining abreast of up-to-date information can be a challenge. Part I of the e-mentorship program was developed in 2009 to provide NEs with the latest updates and educational materials to enhance multiple myeloma (MM) nursing knowledge. The second phase was completed in January 2011. Faculty developed four modules: overview of MM, peripheral neuropathy, bone health, and overview of transplantation. Seventeen MM nurses were identified to participate as mentors and partner with 34 mentees. Mentees were trained through monographs, journal articles, webcasts, and telephone communication, and then they presented the modules to their nurses. All mentees were

asked to participate in voluntary pre- and post-test assessments to measure improved knowledge and clinical competence in the management of patients with MM. A significant improvement in post-test scores, as compared to pretest scores, was seen; therefore, nurses who participated in the e-mentorship program demonstrated improved knowledge. In the future, this type of educational program should be expanded to other cancer types.

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**N**urse educators (NEs) are responsible for providing continuing education (CE) to nursing staff as a part of their regular job function. In addition to providing education in a specialty area, they also may provide patient care. Within a defined specialty practice area, nurses provide care to patients with a variety of diagnoses and yet are required to remain up-to-date on testing, treatment, and side-effect management (de Raad et al., 2010). Patient education is an important component of care and can lead to improved patient outcomes (Koelling, Johnson, Cody, & Aaronson, 2005; Oliver, Kravitz, Kaplan, & Meyers, 2001). Although nurses are responsible for providing such education, they may not have adequate time and resources to remain current on the latest management strategies (Kav et al., 2008).

The first Multiple Myeloma Mentorship Program (MMMP) was developed in 2009 as a two-fold effort to (a) construct a bridge between self-directed learning, didactic training, and clinical practice; and (b) gain valuable insights into the edu-

catinal needs of NEs and nurses in the community who care for patients with multiple myeloma (MM). Based on feedback and experiences from NEs who participated in the inaugural program, the second phase of the MMMP was developed and completed in January 2011. An update of participation, perceptions among nurses, and knowledge gained as a result of the program will be reported.

## Purpose of the Survey

The mentorship program was sponsored by an unrestricted educational grant from Millennium: The Takeda Oncology Company. The funding allowed the Institute for Medical Education and Research the resources to oversee the e-mentorship program, which were integral to the structure, format, and coordination of the 2010 MMMP activities. The MMMP was comprised of mentors and mentees. An MM mentor is conceptually