

NURSES MENTORING NURSES

PURPOSE

The purpose of this continuing nursing education activity is to promote the mentoring role in nursing professionals.



OBJECTIVES

At the completion of the continuing education activity the participant will:

1. Identify the significance of the construct of mentorship to career development.
2. Articulate characteristics of positive and dysfunctional mentorship.
3. Discuss the spirit of mentoring.
4. Characterize a mentoring relationship.
5. Outline strategies to facilitate a protege/mentor relationship.
6. Analyze components of mentoring experiences.
7. Create toolkits to facilitate mentoring.
8. Analyze the impact of mentoring on self-esteem and self-confidence.

CONTINUING EDUCATION

CONTACT HOURS

"An application has been submitted to the Delaware Nurses Association. Please call Christine Jarrell at Tau Beta Chapter, Wesley College 302-736-2497 or email: jarrelcb@wesley.edu for more information about contact hours.

TAU BETA CHAPTER



Sigma Theta Tau International
Honor Society of Nursing

Wesley College
120 N. State Street
Dover, DE 19901
Phone (302) 736-2550
Fax (302) 736-2548

**Nurses Mentoring Nurses:
Success Stories and
Train Wrecks**

Friday, October 17, 2008

8:00 A.M. – 1:00 P.M.

Duncan Center
500 W. Loockerman St.
Dover, Delaware 19904
302-674-3031

Sponsored by

TAU BETA CHAPTER
Wesley College



Sigma Theta Tau International
Honor Society of Nursing

PROGRAM SCHEDULE

7:30 – 800 a.m. Registration
Visit Poster Presentations

8:00- 8:15 a.m. Greetings and Recognitions

8:15 – 9:15 am Keynote Address

Mentorship

*Speaker: Nancy C. Sharts-Hopko, PhD, RN, FAAN
Professor, College of Nursing Villanova University
Treasurer, STTI Foundation Board*

9:15 – 10:15 a.m.

Mentoring: The Experience of a Lifetime

*Facilitators: Christine Jarrell, MSN, RN
Mary Ann Lush, MSN, RN*

10:15- 11:00 a.m. Brunch

Visit Poster Presentations

11:00 a.m. – 12:00 p.m.

Toolkits for Successful Mentoring

*Facilitators:
Lucille Gambardella, PhD, RN,CS, APN-BC,CNE
Karen Panunto, MSN, RN, APN
Nancy D. Rubino, EdD, RNC*

12:00 – 12:45 p.m. Impact of Mentoring on
Self-esteem and Self-confidence

Speaker: Nancy D. Rubino, EdD, RNC

12:45 – 1:00 p.m. Questions and Answers

Evaluation

Keynote Speaker: **Nancy Sharts-Hopko**

is a Professor in the College of Nursing at Villanova University and Director of the Doctoral Program. She served on numerous National League for Nursing committees and is currently an NLN Ambassador. She served on the international board of Sigma Theta Tau International and is currently the Foundation Board Treasurer and member of the Leadership Succession Committee.

DIRECTIONS

From the north: Go South on Route 1(toll road) to exit 104 (SR 8 Alt/N Dover/W Dover Ind area) Cross Route13 staying on Scarborough Rd. Scarborough Rd becomes DE15 . Turn left on Forest Ave./DE 8. At fork bear right on to Loockerman St. 500 W. Loockerman will be on the right.

From the south: Take Route 1 N to exit #95 Dover/Camden(US 113N) toward Dover. Continue on S. duPont Highway N(US13N). Turn left on to E. Loockerman (SR8) go 1 mile. Bear right follow SR8. Turn left on Slaughter St. Turn left on to W. Lookerman St.

From the west: Route 50 over the Bay Brige. Follow 50 and 301 North (stay on Route 301 when they split). Turn right (east) on route 302 to Dover. Turn right at Templeville on to Route 454. This becomes route 8 in Delaware. Follow signs to Dover. In Dover at fork, stay right on to Forest Ave./Loockerman St. 500 W. Loockerman will be on the right.

FEES

	Before 9/29	After 9/29
STTI Members	\$50	\$60
Non-STTI member	\$55	\$60
Students		
Undergraduate	\$15	\$60
Graduate	\$30	\$60
Poster Presenters	\$30	\$60

REGISTRATION FORM

Please complete, detach, and mail to:
Tau Beta Chapter, STTI
Wesley College Department of Nursing
120 N. State Street
Dover, DE 19901

Name _____

Address _____

City, State, Zip _____

Daytime Phone Number _____

Home Phone _____

Email _____

Payment enclosed - check payable
to Tau Beta Chapter, STTI. \$ _____

Please charge my VISA/Master Card in
the amount of \$ _____.

MasterCard/Visa Account Number

Card Expiration Date: Mo. ___/Day___/Yr___

Signature

Date