

A long-term partnership among the Butaro Cancer Center of Excellence (BCCOE) in Rwanda, Partners in Health (PIH)/Inshuti Mu Buzima, and Dana-Farber Cancer Institute (DFCI) supports the development of oncology nurses through a clinical nurse educator role. Two senior Rwandan oncology nurses at BCCOE were hired as nurse educators and were mentored by a PIH/DFCI oncology nurse educator using the accompaniment approach. The formalized mentorship process included long-term accompaniment for all educator projects spanning staff training, quality improvement, research, and clinical practice, as well as development of nurse educator competencies and creation of a repository of resources.

AT A GLANCE

- The oncology clinical nurse educator is well placed to support quality oncology care and to demonstrate nurse leadership in a global setting.
- Formalization of a long-term mentorship model using an accompaniment approach can support new nurse educators in a context where the role is less known.
- Building local leadership and expert capacity is a sustainable way to reduce reliance on external support.

KEYWORDS

clinical nurse educator; mentorship; oncology nurses; nurse leadership; cancer care

DIGITAL OBJECT

IDENTIFIER

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Clinical Nurse Educator Mentorship

Implementation at an oncology program in Rwanda

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The Butaro Cancer Center of Excellence (BCCOE) has provided oncology services to Rwanda and surrounding countries since 2012. A long-term partnership among BCCOE, Partners in Health (PIH)/Inshuti Mu Buzima (IMB), and Dana-Farber Cancer Institute (DFCI) prioritizes professional development and support for oncology nurses, including the implementation of the role of oncology clinical nurse educator (Buswell et al., 2016). The clinical nurse educator is a nurse leader who is responsible for staff training, quality improvement, patient care support, and research. This article describes the mentorship process between a PIH/DFCI oncology nurse educator (mentor) and two new Rwandan oncology nurse educators (educators).

The BCCOE, PIH/IMB, and DFCI partnership follows a twinning model, which can inform institutional and individual relationships. In the context of nurse capacity building, it can be described as an “ongoing bilateral relationship between nursing professionals in HICs [high-income countries] and LMICs [low- and middle-income countries], with the purpose of creating sustainable educational programs” (So et al., 2016, p. 13). However, there are limited reports detailing the application of mentorship methods within such a partnership, particularly with a long-term,

on-the-ground clinical mentor. The PIH accompaniment approach informs this mentorship model. In literal terms, accompaniment is about going somewhere together, but in the context of global health work and capacity building, it is also about working alongside others in the long term, with a spirit of cooperation, solidarity, and openness (Farmer, 2011).

Since 2012, mentors have accompanied Rwandan educators at BCCOE. In late 2018, simultaneous turnover of both BCCOE clinical nurse educators prompted the promotion of two senior clinical oncology nurses to the role of clinical nurse educator. A PIH/DFCI mentor joined the team in January 2019 to accompany the clinical nurse educators in their new role during a 15-month period. This unique scenario of two new educators starting at once with a new long-term mentor created an opportunity to formalize the mentorship process.

Strategies for Mentorship

To guide mentorship implementation, a needs assessment was created by the mentor and completed by the two new educators. Its goals were to prompt reflection about the qualities of a good educator and to determine the desired educator skills and preferred learning methods. This assessment then guided further discussion and mentorship planning. Mentorship activities included