MENTORING PROGRAM GUIDES NEW HOSPITAL TRUSTEES

he complex healthcare environment and the demands of responsible governance can be daunting and confusing to newly appointed board members. Thus in 1990 the Sisters of Charity began offering a mentoring program to ensure that sisters who serve on boards of its sponsored institutions can fulfill their commitment to effective stewardship,

A collaborative effort of the sponsors and the Sisters of Charity Healthcare Systems, (SCHS), Cincinnati, the program addresses the orientation and educational needs of sisters serving as first-time trustees on healthcare institutional boards. Since the program's inception, 10 new trustees and 8 mentors have participated in facilities throughout SCHS.

The mentoring program is coordinated by the Sponsorship Effectiveness Steering Committee, a subcommittee of the governing board of the Sisters of Charity that oversees the relationship between the congregation and its sponsored institutions and programs. The committee collaborates with the systems' mission effectiveness office in planning and implementing the mentoring program.

BENEFITS OF THE PROGRAM

For participating healthcare facilities, the mentoring program offers an assurance that their trustees will have a clear direction, common information, and a mission- and value-based orientation proA Religious

Institute

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Orientation

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And Value

Based

BY SR. MARYANNA COYLE, SC cess. The new trustees and mentors benefit as well.

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Summary In 1990 the Sisters of Charity began offering a mentoring program to ensure that sisters who serve on boards of its sponsored institutions can fulfill their commitment to effective stewardship.

For participating healthcare facilities, the program offers an assurance that their trustees will have a clear direction, common information, and a mission- and value-based orientation process. The new trustees gain a basic understanding of their role and responsibilities as trustees, including the ministerial dimension. Mentors in the program benefit by refreshing their understanding of issues facing trustees.

Participants in the mentoring program must meet the criteria for all trustees and demonstrate a special commitment to the congregation's mission and philosophy. The mentors are selected on the basis of their experience, availability, and commitment to the congregation's mission and philosophy.

After participating in at least one board meeting, the new trustees, along with their mentors, attend an orientation seminar that focuses on sponsorship's history, purposes, principles, and policies and the system's services, roles, and functions. A second seminar is held nine months later for evaluation and follow-up. In addition, the mentors and trustees meet regularly before and/or after each board meeting to discuss pertinent issues, board dynamics, and the new trustees' participation.



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healthcare, the governance structures of the healthcare systems, and the heritage of the healthcare ministry.

Mentors in the program also benefit by refreshing their understanding of these issues. They are given an opportunity to share their knowledge, experience, and commitment as a trustee and to establish a common basis for discussion, evaluation, and growth. Those of us who have served as informal mentors for other trustees discover that our own agenda review in preparation for board meetings becomes more focused and analytical.

PROGRAM PARTICIPANTS

Participants in the mentoring program must meet the criteria for all trustees and demonstrate a special commitment to the congregation's mission and philosophy as it is carried out in the member institution. The new trustees must agree to:

- Undertake in-depth education, specific skill development, and suggested independent enrichment study
- Attend basic orientation programs and follow-up sessions
- Make attendance at board meetings and pertinent programs and functions a priority
 - · Participate in the evaluation process

The mentors are "seasoned" sister trustees, as well as lay trustees, selected on the basis of their experience, availability, and commitment to the mission and philosophy of the Sisters of Charity. For example, Sr. Mary Assunta Stang, SC, former president and treasurer of the Sisters of Charity, brings a wealth of experience and understanding to her role as mentor. "I felt good about being able to support new people coming into the field and in seeing the growth and increased confidence in their board participation," she said.

Mentors must communicate the goals of the program and give updates to the CEO and to the total board or a nominating committee of the board. In addition, the mentors:

- Attend orientation and follow-up programs with the new trustee
- Review with the new trustee the purposes, policies, codes, and

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related resources of the institution

- Review significant agenda items with the trustee before board meetings, and schedule time afterward to clarify issues and discuss performance
- Help the new trustee assess her performance, strengths, and weaknesses and develop goals for continued growth and development
- Evaluate the new trustee and give reports to the designated committee regarding progress of the mentoring experience

THE MENTORING PROCESS

New trustees at SCHS facilities usually attend an orientation session before their first board meeting. After participating in at least one board meeting, the trustees, along with their mentors, attend another orientation session.

The seminar, held in the boardroom of the healthcare systems, focuses on the sponsors' history, purposes, principles, policies, relationships, and effectiveness plan. The session also includes an introduction to the system's services, roles, and functions; a tour of the office; and a chance to interact with system staff.

A second seminar is held about nine months later for evaluation and follow-up. Participants

start out sharing insights gained since seminar one. Then they learn about strategic planning and trustees' role and responsibilities; mission effectiveness and ethics; current issues and challenges in Catholic healthcare; and financial operations in the systems' facilities.

In addition to the scheduled seminars, the mentors and trustees meet regularly before and/or after each board meeting to discuss pertinent issues, board dynamics, and the new trustees' participation. Mentors use the sponsors' policy document, the systems' trustee manual, and any current, appropriate informational material in guiding and educating their charges.

PROGRAM RESULTS

The Sponsorship Effectiveness Steering Committee solicits feedback on the mentoring program through written evaluations com-

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MENTORING PROGRAM

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pleted by all participants and personal meetings with trustees at sponsored institutions. Oral and written feedback from the new trustees and mentors indicate the program has been well received and provides a sound basis for effective trustee development and participation. In some cases the program has helped the facilities and new trustees realize that the position is not meant for everyone.

One sister who successfully completed the program, Sr. Louise Lears, SC, is currently vice president of mission effectiveness at Penrose-St. Francis Healthcare System, Colorado Springs, CO. "The program enabled me to get a clearer understanding of the local community environment and the structure and direction of the hospital," she reports. "Both the hospital orientation before the first meeting and the sessions with my mentor made me feel much more comfortable in assuming the trustee role at St. Joseph Healthcare System in Albuquerque."

Each year, based on participant feedback and the systems' current situation, the Sponsorship Effectiveness Steering Committee reassesses the systems' needs and adapts the program accordingly. The question of the hour is whether to broaden the participant base to include new lay trustees in the mentoring program. Extending the mentoring program to our lay trustees will strengthen their understanding of our sponsorship purposes and tradition.

The Sisters of Charity Governing Board believes that knowledgeable and involved trustees, both sister and lay, will enable us to play a vital role in the direction of our sponsored institutions. With women and men who see trusteeship as a true ministry, we continue and extend our mission and our heritage in the healing ministry of the Church.

AT-RISK YOUTH

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for parenting skills.

To provide at-risk youth and their families with education and counseling to help them overcome these obstacles, the mission project developed a Parenting Re-entry Program. The 12-week program focuses on how to parent through exploration of self, family, and community resources. The program addresses a variety of topics, including values clarification, communication skills, and positive reentry into the community. Since its inception, nearly 170 families have benefitted from the program (see Box, p. 40).

SMALL STEPS TO SUCCESS

The successes in rehabilitating troubled youth can be measured in small steps: One child opening up. A family talking without arguing. A teenager asking questions.

One key to the Parenting Re-entry Program is finding common ground among most of the parents and youth. Whether it is dealing with gangs, drugs, or other negative influences, many participants have had similar experiences in coping. Sharing those experiences with the group helps participants deal with their anxieties and improves their problem-solving skills.

Sharing personal experiences goes hand-in-hand with the flexibilities built into the program. Although the regular lesson plan requires participants to address specific topics, McDonald encourages the group to choose what direction a meeting might take, whether it involves exchanging ideas on paper or making things out of Play Dough. Group projects of any kind are always encouraged.

Parenting Re-entry begins with three lessons on self-awareness, including topics such a who am I, values clarification, and health and nutrition. Lessons four through eight focus on the family unit, addressing communication skills, anger, problem solving, goal setting, family unity, and family roles. The next four lessons, about community, cover career exploration, risk factors, and

community resources. The final summary session deals with leadership and stress management. In addition, youth and their families are involved in a sixmonth aftercare program to continue skill building and family reunification.

"Participants are welcome to stay in the program as long as they want," says McDonald. "In fact, we have many families and individuals who continue to come to our meetings for ongoing support."

An outgrowth of the Parenting Reentry Program has been the development of a Mission Project Community Coalition. This advisory group brings together key community leaders and representatives of the vulnerable population to prevent crime among at-risk youth and their families. The coalition focuses on addressing service gaps in the community and strengthening both the traditional and nontraditional family system. The Family Focus Center is the first program spearheaded by the coalition.

A DREAM FULFILLED

Today, the Parenting Re-entry Program is available for at-risk families throughout San Bernardino at the Family Focus Center, established by St. Bernardine Medical Center in spring 1994. This 1994 mission project is the culmination of the dreams and vision of key leaders from within the community.

In addition to the parenting program, the Family Focus Center offers counseling services, an information referral library, and a Teen Focus Component that features an evening basketball league, a drama club, and other healthy alternative activities for teens. St. Bernardine hopes to establish a network of comprehensive support centers in San Bernardino.

Adams emphasizes that such a network would bolster St. Bernardine's commitment to the community "The center," he says, "is part of our ongoing effort to be partners in the community and to be in touch with our community's needs."