

RN • NETWORK

MODULE 2

Finding Your Person

The Mentorship Factor That Changes Everything

MODULE 2 OVERVIEW

Every nurse who survives year one can point to at least one person who made it possible. A preceptor who took the time to explain instead of just correct. A charge nurse who checked in without being asked. A coworker who stayed late to help you think through a complicated patient.

That person didn't appear by accident. In most cases, they were found — intentionally or instinctively — by nurses who understood that no one succeeds in this profession alone.

MODULE 2 LEARNING OBJECTIVES

- Define what mentorship looks like in a clinical setting
- Identify what makes someone a good mentor for YOUR needs
- Learn how to approach a potential mentor without awkwardness
- Build a peer support network alongside formal mentorship
- Recognize what to do when your assigned preceptor isn't the right fit

What Mentorship Actually Looks Like in Nursing

Forget the formal program. Most meaningful nursing mentorship happens in the margins — before report, in the break room, in the hallway after a difficult code. It's less "scheduled meeting" and more "that person I can ask anything."

A mentor in nursing is someone who:

- Answers your questions without making you feel stupid for asking
- Shares what they wish someone had told them
- Helps you debrief after a hard shift instead of leaving you alone with it
- Tells you the truth about your performance, kindly but directly
- Has your back when unit culture gets rough

WHAT TO LOOK FOR

You don't need a mentor who's perfect. You need one who's honest, available, and a few steps ahead of where you are.

How to Find Your Person

Step 1: Observe Before You Ask

Watch how experienced nurses interact with patients, families, and colleagues. Who handles pressure without crumbling? Who explains things clearly? Who still seems to care?

Step 2: Start Small

You don't ask someone to be your mentor on day one. You ask them one question. You thank them genuinely. You show up when they're working and pay attention. Mentorship is built, not assigned.

Step 3: Be Direct

After a few weeks of organic interaction, it is completely appropriate to say: "I really appreciate how you explain things. Would you be open to me checking in with you when I'm working through something tough?" Most nurses say yes to that ask.

When Your Preceptor Isn't the Right Fit

This happens more than orientation programs admit. A preceptor who is technically skilled but poor at teaching is not a failure — they're just misaligned with what you need. Here's how to handle it:

1. Document specific gaps — what are you not learning that you should be?
2. Have a direct conversation with your preceptor first: "I learn best when I understand the why — can we add more explanation to our debriefs?"
3. If nothing changes in two weeks, speak to your educator or charge nurse privately.
4. Request a supplemental preceptor or resource nurse for areas where you need more support.

Advocating for your own education is not insubordination. It is the clinical judgment you will need for the rest of your career.

HARD TRUTH

A preceptor mismatch is a problem with a solution. Do not white-knuckle through six months of inadequate orientation because you didn't want to create waves.

Building a Peer Support Network

Mentorship from one experienced nurse is powerful. A peer network of fellow new nurses is equally essential — for different reasons.

Your peer group is where you can say: "I almost gave the wrong dose today and I'm not okay" without worrying about how it affects your evaluation.

- Connect with your new-grad cohort within the first month — before stress fractures the group
- Create a group text or private social channel just for your cohort
- Schedule a monthly debrief — coffee, dinner, whatever works — away from the hospital
- Protect the group from gossip and venting spirals. Keep it solution-focused.

