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Technical Report Number UGAGC-04-001.

Printed in Athens, Georgia by the University of Georgia Printing Department.

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# Preface

In a society pervaded by self-centered individualism, unquestioning worship of independence as the highest level of human attainment and disdain for all expressions of dependency, it is refreshing to find occasional oases where a kinder, less self-indulgent and more respectful ethos reigns. Over the past 15 years, the Student Conference in Gerontology and Geriatrics has nurtured such an environment. Originating as the student convention of the Georgia Gerontology Consortium, this annual event has grown and flourished because one of its fundamental underpinnings has been a steadfast acknowledgement that we are all, ultimately, interdependent.

I am honored to be asked to write this preface because it allows me a few paragraphs to comment on this theme of interdependency. I attended my first student convention in 1998, when, as a faculty mentor for two doctoral students, we presented a paper entitled "Conundrums of Collaboration" that described and evaluated the innovative elder mentorship program at the University of Kentucky that is revisited in this volume. On the night before our scheduled presentation, my colleagues suggested that we reconstitute and present our text in the form of a script, whereby each of us would take different parts and roleplay the participants in our research. Although I had my doubts about such an unconventional academic research presentation, my colleagues prevailed. Our somewhat unusual performance turned out to be a great success and provoked much thoughtful discussion. Reflecting on the risk we had taken, I realized that the supposed mentor had become the mentee!

And so it is, or should be, with all of our mutual endeavors and with all mentorship relationships. True mentorship involves the triumph of interdependence over hierarchy. In the pages of this monograph, many forms of mentorship are shared: the traditional mentorship of the graduate student guided by the seasoned researcher-faculty member, the fourth-year student who "shows the ropes" to a new student and the mentorship of students by elders who share the richness of their life experiences. There is even the institutional mentorship, in which additional academic institutions that join the consortium each year are mentored by existing members with respect to protocol, the expectations and personality of the convention and, correspondingly, bring their own distinctive vision to our growing network of participating colleges and universities. None of these mentorship relationships, however, is effective when it solely involves a "laying on of hands"—the mere transmission (imposition?) of knowledge from an independent, autonomous, self-sufficient knower to an eagerly awaiting empty vessel. In every case, effective mentorship involves reciprocity within a mutually respectful and caring relationship embedded in an embracing environment.

The Student Conference provides an opportunity for students to present and discuss their work in such a safe, supportive and nurturing environment. However, it is my belief that the convention has the potential for an even greater accomplishment. Each of the neophyte scholars who present within this forum is being mentored and, in turn, is mentoring others in ways that are likely to shape their style of professional engagement throughout their career. Through their experiences at the conference, emerg-

ing scholars learn that the mark of success in the academe is not necessarily the ability to cut down academically vulnerable colleagues through gratuitous criticism and the demonstration of intellectual, professional and academic prowess. Rather, this student forum provides a model of socialization to a supportive world of peers, in which respect, humility, nurturing, constructive critique, openness and an acute recognition of the interdependence of lives and ideas represents a pervasive ethos. As each year the number of participating institutions grows and the range of states from which student participants are drawn becomes more extensive, it is possible that the Convention can contribute to developing new generations of scholars who, as their careers develop and as they assume increasingly senior positions in professional organizations, will be able to transmit this ethos to progressively larger arenas.<sup>1</sup> When this is accomplished, if the spirit of the student convention can be maintained, we shall all be richer for it.

Graham D. Rowles  
Professor and Director  
Graduate Center for Gerontology  
University of Kentucky  
Lexington, Kentucky  
June, 2004

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<sup>1</sup> Sponsors for this year's student convention were Armstrong Atlantic State University, Brenau University, Georgia Southern University, Medical College of Georgia, North Georgia College & State University, University of Alabama, University of Georgia and the University of Kentucky. Student participants were drawn from the states of Alabama, Florida, Georgia, Iowa, Kentucky, North Carolina, South Carolina, Tennessee, Virginia and Wisconsin.

# Foreword

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As part of the Twenty-Fifth Silver Anniversary Meeting of the Southern Gerontological Society, a consortium of academic institutions convened the Fifteenth Annual Student Conference on Gerontology and Geriatrics on April 2, 2004. The theme of this year's conference was "Mentoring: Structure, Design and Implementation for Effective Results."

In the continuing effort to nurture emerging scholars and professionals in gerontology, conferees from eight universities and ten states came together to share personal experiences of mentoring and to hear reports of academic mentorship programs and faculty-mentored student research projects. Student poster presentations also were included to inspire thoughtful discourse. This monograph, which contains new resources for gerontological education and research, offers approaches to mentorship, role modeling and mentoring styles that are as rich and diverse as the backgrounds and experiences of its distinguished contributors.

I join with past student editors and recognize that the opportunity to contribute to this academic publication has rewarded me with professional and life skills that cannot be taught in the classroom. I learned first-hand about developing publication and peer review guidelines, designing a production, working with the printer and bringing in the project on deadline and on budget.

My greatest reward, however, has been the mentoring experience itself. From the outset, the publication team and student and faculty contributors nurtured, guided and, at times, cajoled me through the challenges of the publishing process. I extend my sincere gratitude to the many individuals with whom I shared this experience. I am especially grateful to Leonard Poon, Kevin Lomax, Emily Bower, Carolyn Walsh, Marie Durden and Bonnie Brinegar of the UG-A Gerontology Center. I am particularly appreciative, though, of the encouragement and support I have received from my faculty mentors, Graham Rowles and John Watkins. Thank you all.

James L. Schwar  
Graduate Center for Gerontology  
University of Kentucky  
Lexington, Kentucky

June 2004





# Symposia Contributors

**Jill Hayes, PhD, RN, C**, has been a professor at North Georgia College & State University for the past 11 years. She has served as Head of the Department of Nursing since 1998. Dr. Hayes earned her Bachelor's of Science in Nursing from the University of Texas at Arlington, Master's of Nursing in Nursing Administration from Emory University and PhD in Nursing Administration from Medical College of Georgia. Prior to joining North Georgia College & State University, she taught in the Bachelor's of Science in Nursing Program at Emory University.

**Tomas Vela, BS, RTR (CT), RN**, is a 1999 graduate of the University of St. Francis in Joliet, Illinois. He holds a Bachelor's of Science in Health Arts. Mr. Vela has 20 years experience as a Registered Radiologic Technologist with a specialty in computerized tomography. Pursuing his dream of becoming a nurse, he enrolled in North Georgia College & State University and graduated with an Associate's of Science in Nursing in 2001. He currently works as an oncology nurse in a teaching hospital, while pursuing his Bachelor's of Science in Nursing at North Georgia College & State University.

**Linda Marie Grogan, RN, C**, graduated from Miami-Dade Community College in 1973 with an Associate's in Nursing Science. She has 31 years of experience as a registered nurse. Her professional experience ranges from medical-surgical to labor and delivery nursing. Currently, Ms. Grogan is certified by the American Nurses Credentialing Center in Gerontological Nursing. She works in long-term care nursing in Forsyth County, Georgia and is pursuing her Bachelor's of Science in Nursing at North Georgia College & State University.

**Nora Ann Ziemba** holds an Associate's in Nursing from Daytona Beach Community College. Since 1995, she has pursued a career as a travel-nurse in cardiac and critical care units. She currently is enrolled in the Nursing Program at North Georgia College & State University, where her academic interests are creativity and the processes of aging. As a volunteer at the Lumpkin County Senior Center, she conducted "The Healthy Age Creative Workshop – A Research Service Learning Project." Ms. Ziemba received the Presidential Scholar Award for the best-written research paper in 2004.

**Laura L. Phillips, MS**, pursued her graduate degree in clinical psychology at the University of Colorado at Colorado Springs. She currently is a doctoral student at the University of Alabama. In collaboration with Dr. Rebecca S. Allen, her current research focuses on care alternatives and preferences among older adult prisoners. She is a student representative to American Psychological Association Division 12, Section II (Clinical Geropsychology).

**Susan E. Fisher, MA**, is a graduate student in the Department of Psychology and Center for Mental Health and Aging at the University of Alabama. She completed her Master's Degree in Clinical Psychology at the University of Alabama in 2002. Cur-

rently, she is working on her doctoral dissertation with Dr. Louis Burgio. Much of her dissertation data will be obtained through an NIH-funded grant that she co-wrote with Dr. Burgio. This intervention study teaches nursing home staff to identify pain cues among residents and will be completed in summer 2005.

**Rebecca S. Allen, PhD** is an Associate Professor of Psychology/Center for Mental Health and Aging at the University of Alabama in Tuscaloosa. Dr. Allen is the recipient of a Mentored Research Scientist Development Award from the National Institute on Aging. Her research focuses on interventions to improve quality of life at the end of life in the community and in long-term care settings and on the process of health care decision-making among older adults and their families.

**Louis D. Burgio, PhD**, is a Professor of Psychology and Nursing and Co-Director of the Center for Mental Health and Aging at the University of Alabama. He has done extensive research in Applied Gerontology and has authored over 100 peer-reviewed journal articles. His research focuses on developing interventions for the behavioral complications of dementia in nursing homes and working with dementia caregivers in the community to ease the stress and burden of caregiving. Dr. Burgio has received continuous funding from NIH since 1990 and was recently appointed to the National Advisory Council for Nursing Research at NIH.

**Graham D. Rowles, PhD**, is a Professor of Geography, Behavioral Science and Nursing, Professor and Director of the Graduate Center for Gerontology, and Associate Director of the Sanders-Brown Center on Aging at the University of Kentucky. His research focuses on the experience of aging in such different contexts as inner urban, rural Appalachian and nursing home environments. His publications include "Prisoners of Space? Exploring the Geographical Experience of Older People," four co-edited volumes, and more than 60 book chapters and articles.

**John F. Watkins, PhD**, is Director of Graduate Studies and graduate faculty with the Graduate Center for Gerontology and Associate Professor in the Department of Geography at University of Kentucky. His primary research interests are population aging, life course dynamics, migration, and theoretical and mathematical demography. Current research includes the following: cohort and life course influences on mobility, residential decisions and population dynamics; spatial outcomes and personal consequences of life course trauma; and health seeking mobility behaviors. He has published more than 30 book chapters and articles.

**Kevin C. Lomax, PhD**, was born in Union South Carolina. He received his Bachelor's in Finance, Master's in Health Administration, and Gerontology Certificate from the University of South Carolina. He received the PhD in Gerontology from the University of Kentucky, where he was elected to Sigma Phi Omega. He is Assistant Director of the University of Georgia-Athens Gerontology Center and is co-author of "Two Worlds of Retirement Income: A Comparative Analysis of Retirement Outcomes

Using the Luxemburg Income Study" currently under review for publication.

**Wilson Wong, PhD**, received his Doctorate of Experimental Psychology from the University of Southern California. Following his service with the US Army of Occupation in Germany, he pursued a career in ergonomics until his retirement in 1992. He received a Certificate in Gerontology from the University of Kentucky Donovan Scholars Program in 1997, after which he became one of the pioneering mentors with the University of Kentucky Elder Mentor Program.

# Keynote Address

*Mentors and the Meaning of Life:  
What We Seek to Discover May Be Hidden in Plain Sight*

**James A. Buford, Jr., PhD**  
**Management Division Ellis-Harper, Inc.**  
**Management Department, Auburn University**

I had some misgivings when Dr. Kevin Lomax, the Assistant Director of the University of Georgia Gerontology Center, asked me to deliver the keynote address at this year's Student Mentoring Conference. Although I am a social scientist with the requisite number of dull articles in academic journals, my educational background and experience is in organizational management. I taught and conducted research in that field at Auburn for most of my career and was actually selected as professor of the year by the Alumni Association; I got a certificate and a check for \$500 for that award. Later that year, Auburn had an early retirement buy-out and gave me 100 times that much to get out of town. Well, it works for me. I now have a consulting practice and charge people a lot of money to tell them what they should have learned in school.

Mentoring, however, is something I don't know a lot about, particularly in the academic arena. I never took any courses in the subject or contributed to the literature. Until a short time ago, I had not even read any of the mentoring literature. The other thing is that my usual assignment at professional conferences has been to make PowerPoint presentations with graphs and flow-charts to small groups in breakout sessions. My concept of a keynote speaker is a chaired professor at a prestigious university with a standard text in its 15<sup>th</sup> edition, perhaps an A-list notable who is cashing in on his or her 15 minutes of fame, or possibly a former Toastmaster who has hit the big time and flies around the country making motivational speeches that inspire the participants to greater heights—if it's Tuesday it must be the dentists' convention in Dallas because yesterday it was cosmetologists in Cleveland and tomorrow the annual meeting of the Farm Equipment Dealers kicks off in Fargo.

It then occurred to me that maybe Kevin invited me for something other than my academic credentials or speaking ability. So, I did a little checking and learned the real reason. He asked one of his own mentors, who also happens to be a friend of mine, to recommend someone. I later quizzed my friend about why he recommended me. Was it because relating my experience as both a protégé and a mentor might suggest an area requiring further investigation and attract a research grant? Perhaps the fact that I went to graduate school at the University of Georgia tugged on the old school tie to a conference associated with the red and black. Go Dawgs! Then again, I am a published, creative writer with three books, although my work has been slow in catching on with people other than my own family and relatives. Let's also not forget the gerontological angle. I know from experience that when you're working on a study you always need another

observation. I got my Medicare card last year, so if I bore anybody to death with this talk, see me afterward and I'll fill out your questionnaire. As it turns out, it wasn't any of those things. Kevin just asked our mutual friend to find him a person with a couple of degrees who lived at least 50 miles from Atlanta and would work cheap. Anyway, I'm glad to be here.

Let me take this time to share a few things with you beginning with my own participation in the mentoring process. In this context, the term "mentor" is somewhat classically defined—an older and wiser individual, typically a male, who guides another person's individual development unconditionally or without any expectation of a quid pro quo. Having now established the paradigm, I would like to share with you some highlights of my experience as a participant in the mentoring process. I especially want you to meet two mentors and a protégé that I encountered along that ribbon of highway we call the road of life.

My first mentor appeared to me when I was about six or seven, out of the box, so to speak, because she was not very old and definitely not male. She is my aunt, the wife of my Dad's little brother, and was probably in her late teens or early 20s at the time. Her name is Nell and she is still my "go to" person. I published my first collection of essays entitled "The Kindness of Strangers" a few years ago. As I think back, the inspiration for that book was undoubtedly provided by my mentors. I suggested in one of the essays that these individuals were blessings: "You don't have to look for them. Just know they are out there and they will find you." I go on to write these lines specifically about Nell:

We always have so much to talk about. I remember when I was much younger thinking even though I was far from being a perfect kid, she loved me anyway. She still does.

Well, I moved on far from being perfect as a kid to being far from perfect as a teenager and, suddenly, here I am on the shady side of mid-life still far from being perfect. Time flies when you're far from being perfect. If I have amounted to anything, though, much of the credit has to go to the mentors I had along the way. As it is with my Aunt Nell, it did not seem to matter to any of them that I was far from being perfect. Each one loved me anyway. By that, I mean a kind of love that carries with it an unconditional acceptance that is not often expressed by other people who play significant roles in our lives, even our parents. For example, when I once accidentally broke a window with my air rifle, my Mom sat me down and told me I was careless, was lucky I didn't put somebody's eye out and "let this be a lesson" that I might get to play with my air rifle again when I had paid for the window out of my allowance. Telling Aunt Nell about it, she said that things like that happened, it wasn't all that bad and to remember to be more careful next time. She then gave me a dollar to make up for my lost allowance. To keep my life on track, I undoubtedly needed my Mom, my high school basketball coach, my battalion commander and, most recently, assorted deans, CEOs, priests and other authority figures. Like my Mom, they loved me, but felt the need to shape me up.

So, how did I acquire my mentors? Like Aunt Nell, they seemed to have appeared in my life at just the right time. I remember being in Athens, Georgia one early fall

working out my program of study. The Vietnam G. I. Bill had passed the year before and I was ready to begin serious work on my doctorate at the University of Georgia. My major professor was a noted scholar who also happened to be the dean. How's that for an authority figure? Again, we're out of the box. Although I had attended a seminar where he presented a paper, I now was about to meet him face to face. I may have been an ex-paratrooper, but I felt considerable trepidation as I waited in his outer office. To make things worse, it suddenly occurred to me that there was a form I was supposed to have sent in a month before reporting to him. As I entered his office, I saw him sitting behind a big desk looking through a folder. He looked up at me and asked about the form. I knew I was toast. Deans have more important things to do than bother with graduate students who don't have their forms. He just smiled, made a couple of calls and told me not to worry about it. He then marked through several courses on my plan of study and said we could cover all that with "special problems" seminars to be held in his office. I hadn't been there more than five minutes before I knew he was my mentor.

The next time I showed up at his office he gave me a book and a few articles from the Academy of Management Journal and Harvard Business Review. He told me to look the stuff over and come back in a couple of weeks. When I returned, he asked me what I thought about what I had read, made a few comments and told me some war stories. He gave me another book and a few more articles to read. Things went on like this for about a year, when my mentor said I was ready to take my comprehensive examinations. I should also mention here that I took other courses and did very well, thank you. Over the objections of some other faculty members in my program, who thought that I required more than one year of preparation, my mentor gave the go-ahead for me to take the exams. It's really amazing just how much power a major professor has, especially when he's the dean. To this day, I attribute my good performance on the exams mainly to what I had learned from the books and articles he had given me.

There is one other story about him that I want to relate. I was back at Auburn working on my dissertation about a year later. I needed to spend a semester on campus to finish it and I didn't have much money. I mentioned to another professor, who also happened to like me, but who I would not call a mentor, that my finances were tight. He put me on a grant, which meant I didn't have to ask the dean, my major professor and mentor, for help. I later learned, however, that he had anticipated my need for financial assistance and had already worked out an alternative. It hurt his feelings that I had not come to him. Though I somehow always meant to make amends, I couldn't figure out how and he never brought it up. He died a few years ago. Maybe the point here is that perhaps you should give your mentor a call. I wish I could call mine.

The last personal experience I want to share came when I was in the 82<sup>nd</sup> Airborne Division in 1962. By then, I had benefited from my Aunt Nell's counsel for some 15 years and it would be 7 years more before I encountered my major professor. Don, a young ROTC graduate who had just completed the officer basic course and jump school, reported to my battery. He was 21 years old and a second lieutenant who addressed me as "sir" with a look of trust in his eyes. I was 23 years old and a first lieutenant, but in Army years and rank that translates into being much older and a lot wiser. Anyway, I explained how things worked in the battery and a few things he could do to avoid being

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jerked around until the next second lieutenant showed up. The next day he asked me if I had a few minutes to cover additional steps in his rite of passage. Somehow, we both knew I was his mentor. Actually, he already had all the human relations and military skills he needed to succeed. He would have done well on his own. However, he checked everything out with me, even after he had proven himself and was known as one of the most outstanding junior officers in the division. We had our last conversation shortly before I was sent overseas. He said he was thinking about applying for flight school and I told him I thought that would be a good idea because there were many opportunities for Army aviators. He graduated first in his pilot training class and received orders for Vietnam. On his first day in country, his helicopter went down and he was killed. Don would have turned age 63 this year, but to me he will always be that 21-year-old second lieutenant who addressed me as "sir" with a look of trust in his eyes.

So, there you have it. Two people, my Aunt Nell and faculty mentor, who showed up at just the right moment to offer a steady hand and a kind heart to guide me through uncharted territory. There were a few others who touched my life in a very similar way. I also suspect that a few of my protégés have similar feelings about me. I know now that Don did. If our time together had been longer, I would have learned more things about him, the names and address of his parents, for example. After he was killed, I was resigned to the fact that I would never be able to visit or call to tell them that I was proud of him. I, however, did express my feelings by writing about him in one of my books. Two days after it was published, I got a call from his Dad who said that a friend showed him and his wife the book and that they wanted us to get together. When I visited them, they told me that Don had spoken highly of me and about the importance of our connection. I would like to think that I had offered him a steady hand and a kind heart.

I am sure that most people have their own mentorship stories. I think that most people also would agree that their participation in the mentoring process was a memorable and beneficial life experience. We should certainly attempt to reproduce the process and extend it to other settings. Unfortunately, this is easier said than done. For example, only a few of the many older and wiser people who I have encountered during my life have mentored me. In the same way, out of all my military comrades, students, subordinates, colleagues, assorted nieces and nephews and others who regarded me as older and wiser, the number who became my protégés is very small.

As for extending the process, I remember during my last few years at Auburn University that our department received a foundation grant of approximately a million dollars to develop rural leaders and teach them the basics of building coalitions, wielding political power and marketing their communities and other skills to improve the dismal economic and social conditions in their localities. Although other similar programs had failed, this one succeeded in the area of mentorship because we contracted with individuals with the right knowledge and skills to be mentors to these rural leaders and guide them every step of the way. Still, things didn't go exactly as planned. Though we managed to establish successful mentorships with the rural leaders and spend the million dollars, the program had a minimal impact on economic and social conditions. It may have reduced the rate at which things were getting worse, but not by much.

So, this brings us to the question of why do two people enter into this relationship.

Why also do two people usually fail to connect, even though an individual possessing all the characteristics of a mentor may be well qualified to fill a certain set of needs for a potential protégé who has that set of needs? It's rare to encounter a mentorship that resembles the familiar boy-meets-girl scenario. Of course, some people do experience mutual attraction. Take, as examples, "South Pacific," where "Some enchanted evening you may meet a stranger..." or Anne Murray singing, "Can I have this dance for the rest of my life?" These connections, however, occur mainly in movies and love songs. In real life, it's more like "Nice to meet you. Call me some time." You might also have two friends who are "ideal for each other" and fix them up with a blind date. However, you would be lucky if either one ever speaks to you again. On the other hand, it is said that for all of us there are many people with whom we could fall in love and be happy. We often read stories about people who hardly knew each other in high school, yet fell in love at their 13<sup>th</sup> class reunion. It may be this way in mentoring, as well. What we need, however, are theories and principles that facilitate these matches.

Let me now get academic and go into how we discover the theories and principles that are the foundation for the body of organized knowledge associated with any discipline. We employ the scientific method, in which we have an idea, state a hypothesis, collect data and test our hypothesis using an appropriate experimental design and statistical technique. If everything works out, we conclude there is a cause and effect relationship and publish our results in a scholarly journal. If our research is in the physical or biological sciences, our results are typically unambiguous, have a high degree of predictive validity and can be applied in a variety of settings. For example, the results still hold for the following research, which took place several centuries ago: If one drops an object in a vacuum, one can predict with certainty its velocity after it has fallen a given number of feet. Based on this principle and adjusted for air resistance, we can predict that you will be traveling at about 176 feet-per-second when you hit the sidewalk after falling 80 stories. If you want to commit suicide, therefore, you know that jumping from the top of an 80-story building will kill you every time.

In biological research, meanwhile, we often develop a production function. Using a Latin square design, we might test how much the yield of corn increases with each additional unit of elemental Nitrogen. Our results will not be as precise as for an object dropped in a vacuum, but we can still estimate the yield within narrow ranges by holding constant such other variables as rainfall and soil type. As a practical matter for growing sweet corn in your garden, you would throw out a few handfuls of Ammonium Nitrate along each row when the stalks get about three feet high to produce all the corn you can eat with some left over for your neighbors. Trust me.

Note that there are severe consequences from being wrong in each of my examples. Let's say we derive the wrong equation for the velocity of a falling body and come up with a lower, non-life-threatening estimated velocity for the person who hits the sidewalk after jumping from the top of an 80-story building. The person who wants to live out their natural life and is only seeking the cheap thrill might jump from the top of the building, but the outcome wouldn't be a pretty sight. Similarly, if our production function is off by a factor, farmers will spend more money on fertilizer and still not make any more corn. Some will go broke and have their farms repossessed by the bank or be forced to sell to a strip mall developer. In these cases, we err on the side

of caution and do our best not to confirm a false hypothesis; we try to avoid a Type I error, thus increasing the likelihood of rejecting a hypothesis that is true and making a Type II error. And well we should. The person who wants to end it all and survives the jump may be inconvenienced, but he can always take poison. The farmer will still make some corn, even though he might well have missed the opportunity to increase his yield more than enough to pay for the fertilizer.

We who work in the social sciences, however, must face the fact that our research will never produce such definitive results. Moreover, when we do occasionally obtain useful results in one study, the treatment often has a negligible effect if it is applied to different subjects or in another setting. Even worse, we might not be able to replicate our results in the same setting or with the same population. Well, things are not really that bad, but you get the point.

So, what's a social scientist to do? How, for instance, do we get this mentoring process to work more often? For one thing, we need to realize that we are not working with objects dropped in a vacuum or fertilizer for corn. We are dealing with the very complicated area of human behavior. Maybe we need to introduce better (but not necessarily more) variables or revisit the "iron laws" of statistics. Let's also consider the illusive factor of "chemistry" in our examination of how relationships are formed.

I will assume that most readers are aware of various tests that purport to identify one's personality type. This information is useful in a number of areas, including which career field to pursue, how to minimize conflict with other personality types, matching strategies for assignments that call for a person's specific "style" and, not insignificantly, guidance on the formation of close personal relationships. Such tests are used to counsel people regarding whether a romantic involvement should lead to a happy marriage or whether it's best to break up before things go too far. A number of practitioners in the field claim they can make such predictive determinations with a great degree of success. Maybe they exaggerate a little, but these things are important. For example, the Myers-Briggs Type Indicator is considered to have a high degree of validity. My personality type is INTJ, which describes individuals who are analytical, rational and able to come up with logical and well-reasoned solutions to everything, if only people would listen to us. We are greatly under-appreciated and considered by many to be eccentric or strange. However, we may be compatible with a few other types that can tolerate or even find themselves attracted to us, such as NFPs—those people who are accepting and see the possibilities in unconventional ideas. Oppositely, we INTJs are advised not to get involved with STJs, the natural teachers who go by the book, even if it's the wrong book. I remember a college girlfriend who thought I was pretty cool. As I think back, she was most likely an NFP. I then met Betty who I have since learned is an STJ, but who I thought had good-looking legs and who wore short skirts before they were popular. The rest is history. I tried out a coping strategy after we had been married a few years, in which I asked her to sit down while I explained why I was right. However, she would put on that skirt, lean back, cross her legs and cause me to lose my train of thought.

Even if we discount the claims of the pop psychologists, there is solid evidence that personality type is an important factor in relationships: how they are formed, how deep they are and how long they last. Why, then, does much of the literature deal

mainly with importance, demographics and applications of mentoring, but much less on how the process works? Incidentally, there are some articles on this process, but I had to search for them. Perhaps if we had typed the participants in our rural leadership project and selected compatible types for mentors, we could have brought about an "Alabama Miracle." Then again, perhaps we couldn't. Still, we could learn from what the agnostic said when asked why he went to church every Sunday: "It might help, and it can't hurt."

This brings me to a final point. Social researchers are rightly concerned with the integrity of the processes of drawing the sample, designing the experiment and interpreting the results. Typically, the probability of our assumption about a parameter of a population (or working hypothesis) being true must be 95 percent or higher (the .05 level). In the area of management, for example, I believe that productivity will increase if a supervisor periodically praises employees for good performance. I could conduct a study to determine if my belief is correct and publish it in a journal if it revealed that the chances are 95 out of 100 that praise increases productivity. If I discovered that the chances are only 80 out of 100, I couldn't get it published, at least in the *Journal of Applied Psychology*. If you are a supervisor, though, you might want to try praising employees for good work periodically. It might help, and it can't hurt.

Let's now turn to the state of research-based knowledge in the world of social science. I'll only comment on my own little corner of that world where I have made modest contributions and occasionally see my work cited in the modest contributions of others. In the area of employee motivation, neither Herzberg's Two-Factor Theory nor Maslow's Hierarchy of Needs Theory would have ever been published if the standards we observe today had been in effect when they did their work. Herzberg's research design was flawed in that only accountants and engineers were sampled. Maslow's Hierarchy has been criticized and even discredited because, among other things, no one has been able to replicate his five levels of needs. On the other hand, these theories make intuitive sense and have at least a practical level of validity. Imagine a construction company where electricians are putting in what a so-called "fair day's work," but not much more. Their average pay is \$18 per hour, which is about the same wage that other employees receive. We conclude that they are satisfied, at least to the extent that they are not leaving for higher pay. We might also conclude that they would be more satisfied earning \$20 per hour and, therefore, more motivated to "go the extra mile." Both Maslow's Hierarchy premise and the Two-Factor Theory suggest tying our electricians' future pay increases to performance would be a better motivational and more cost-effective tool. It then follows that perhaps we should give all electricians a \$2 per hour raise. According to the Two-Factor Theory, however, granting additional across-the-board increases would have little or no motivational value with our company's electricians. Hence, we now intuitively surmise that their attitude would be, "Why work harder if our pay is going to be increased anyway?" Although this would be right in most cases, what do we have to lose? It might help, and it can't hurt. Actually, other more recent theories with greater academic respectability tend to confirm these ideas, but until they came along Maslow and Herzberg were all we had.

Another problem with social science research is that we employ sophisticated techniques that can tease out correlations between obscure factors to explain part of

some outcome under certain conditions. For example, how long do people who want their work to be "meaningful" remain with an organization in contrast to those who would rather have a short commute? The answer is in an article entitled "Cognitive vs. Affective Determinants of Continuance Commitment among Single Mothers Performing Clerical Work in a California Public Agency: A Preliminary Investigation." A careful study of the confirmatory factor analysis table reveals that the short commute trumps meaningful work, but only when wages are held constant. The implication is that this demographic would drive a few extra miles for meaningful work if it paid more, but only if gas prices didn't go up. This conclusion is all well and good. Nevertheless, is it relevant for married forklift operators in upstate New York? More importantly, what is the economic or practical significance of the findings? In other words, who cares? In reality, the title is a composite of several I found in the management literature. These findings, however, are quite typical and illustrate how pervasive the cult of statistical significance has become. The Economist (2004), for example, found that four-fifths of the articles published in the 1990s by one of the most respected journals in economics either reported findings that had little real world relevance or rejected useful findings because the estimates were not significant.

Let me summarize and make a few concluding comments. I hope I have convinced you that my mentors had a major and positive impact on my life and that I believe mentoring is an area we need to know much more about. I suggested that research on mentoring needs to identify better (but not necessarily more) variables and have proposed personality type as an example. Please ignore my example if this has been done or is being done, but continue to look for even better variables. I also built a case that social science researchers are too concerned with avoiding the Type I error, even when the cost of making that error is negligible, in addition to the negative consequences that are associated with the Type II error. Finally, I criticized the growing amount of literature that has little value in the real world.

I'm not holding my breath and waiting for new research methods or published findings that have the kind of information I need to raise my fees. On the other hand, most statisticians would say that I should learn about the more modern techniques because research methodology has advanced significantly since the days of calculators and one-way analysis of variance. They may have something there. Think of what I could charge my clients for a contributory factor analysis or even a correlation matrix. Anyway, I am confident that you will design studies that are on the cutting edge and use variables that are better than I can ever imagine. You will discover exciting new theories and principles of human behavior. However, do me one favor. If you come across an idea that sounds neat, but P was only 0.8, let me know and I'll give it a shot. It might help, and it can't hurt.

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# Symposium I

## Mentoring: Structure, Design and Implementation for Effective Results

### *Mentoring Students into the World of Research*

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Keywords: mentorship, research, creativity, scholarship

The Department of Nursing at North Georgia College & State University (NGC-SU) is a part of the School of Natural and Health Sciences and includes Associate's, Baccalaureate's and Master's Degrees in nursing programs of study. The curricula of all three programs emphasize the importance of mentoring students and colleagues into the professional roles of registered nurses and advanced practitioners. The curricula also provide a significant emphasis on the importance of research and the care of older adults.

The mission statement of NGCSU reflects the university's goal to provide a liberal arts education, pre-professional and professional programs and to serve the community in which the campus resides. Community service is also a major goal of the NGCSU Department of Nursing. All nursing students are required to participate in service learning activities throughout their program of study, further enhancing the university's commitment to the community. The university's commitment to the community is exemplified through partnerships with such community agencies as the community elder care facility, the Second Wind Dreams Foundation, the Foundation for Hospital Art and Habitat for Humanity. Funding is available to support university faculty in scholarly research involving research either individually, collaboratively with colleagues and/or with students. Many of these activities occur within the university community.

The educational experiences offered to all nursing students include a strong emphasis on gerontology in an effort to promote the concept of healthy aging and to promote an appreciation for older adults and competency in the care of older persons in a variety of settings. NGCSU offers a certificate program in gerontology and has proposed a minor study program in gerontology. Many students take advantage of the university's partnership with the community nursing home for service learning experiences. They also participate in some or all gerontology certificate program courses as electives, in addition to completing the required gerontology courses at the Associate's of Science in Nursing (ASN) and Baccalaureate's of Science in Nursing (BSN) levels.

As a profession, nursing has worked tirelessly to enhance its knowledge base through empirical exploration. Criteria employed to define professions include the existence

of a body of knowledge separate and distinct from other disciplines (Nieswiadomy, 1998). Through basic and applied research, nursing has developed a significant body of knowledge and advanced its standing within the healthcare arena. At our institution, ASN students are introduced to nursing research at the beginning "consumer" level as they prepare to embark on their professional careers. All BSN students are required to complete an introductory research course successfully. Within the context of this course, students have the opportunity to explore and critique research currently reflected in the literature that is applicable to their practice arena and/or clinical practice. In this manner, students gain expertise as a consumer and "informed critic" of research. Master's of Science in Nursing (MSN) students must enroll in an additional required research course, in which they engage in a review of the current research and/or initiate an applied research project.

Mentoring has been defined as "a dynamic noncompetitive nurturing relationship in which an older more experienced person teaches, guides, advises, sponsors, role models, and befriends a younger less experienced person" (Cuesta & Bloom, 1998, p. 111). Brey and Ogletree (1999) further state that mentoring is a vibrant, reciprocal relationship between an individual with an advanced career and a protégé at the beginning of her/his career that is designed to promote the career development of both parties. Mentorship has demonstrated value in fostering development of individuals through socialization and personal mastery or skill development (Hamilton, Murray, Lindholm & Myers, 1989). Throughout the literature, mentors are described as possessing many attributes, such as the modeling of (job) expertise and socialization with an emphasis on professional role development.

The significance of research and professional mentoring is visible throughout the educational programs offered within the nursing department at NGCSU and other departments across campus. Novice nurses entering the ASN program possess little to no skill in healthcare related activities. Consequently, nursing faculty initiate the mentoring relationship immediately to promote skill acquisition for nursing practice and socialization into the profession of nursing. As students enroll in and progress through their programs of study, faculty strive to mentor them into advancing professional roles, including that of scientific inquiry.

Mentoring programs are in place to ease the transition of first year ASN students into the program. BSN students are encouraged to visit the classrooms of the ASN students to promote role socialization into the profession of nursing and the concept of life-long learning, which is critical for anyone entering into a healthcare profession. Master's Degree students, in turn, mentor BSN students through their program with "caring groups." Faculty at all three program levels mentor their colleagues into the academic role and the university's tripartite mission of teaching, service and scholarship.

The NGCSU Foundation provides funding to promote and support faculty and/or student research activity through each of the four schools on campus. Faculty are invited to apply for this funding through "Mini faculty development grant applications" to facilitate their scholarly activities. In fall 2004, this author applied for two such grants to support two projects proposed by several BSN students enrolled in their required research course and to mentor them through the research process. This course requires that all students participate in the review of the literature and develop projects

that promote evidence-based practice in nursing. Both grant applications were funded and have enabled the three students involved to participate actively in applied research. These projects offered the students an opportunity to explore topics of interest to them, complete course requirements and provide valuable services to the university community. Student discussions related to both funded projects follows.

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## ***Faculty-Student Research in Nursing: The Art of Mentoring***

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Key Words: mentoring, collaboration, research, aging

### **Introduction**

A mentor, as defined by the American Heritage Dictionary (1981), is "a wise and trusted counselor or teacher" (p. 820). Nursing research, meanwhile, is a "process that allows nurses to ask questions that are aimed at gaining new knowledge to improve patient care" (Fain, 1999, p. 4). From a personal perspective, these dynamics have contributed greatly to our educational experience at North Georgia College & State University.

### **The Project**

Our research collaboration with faculty began with the success of our Service Learning Project during the fall 2003 semester. Our Service Learning Project was inspired by an organization called Second Wind Dreams (SWD). In short, SWD is an organization whose goal is to enlighten the public about gerontological issues by fulfilling the "dreams" of residents in long-term care facilities. Because of the success of our project, we were invited by Dr. Jill Hayes to participate in a research project with her.

### **Implications**

The research project proposed by Dr. Hayes enabled us to return to the long-term care facility (LTCF) where we had conducted our service learning work. The ultimate goal of the research project was to assist the LTCF with regulatory issues that they had encountered. The project was a challenging and enriching experience both academically and personally.

From an academic standpoint, our faculty mentor's project introduced us to the world of research and the LTCF regulatory process. From information gathering and data analysis to the summation and proposed corrective plan of action, the collaboration with Dr. Hayes was incredible. Her expertise and enthusiasm were the cornerstones of our success. Because of the scope of the project, we were able to have it funded with a grant from the university. Dr. Hayes was instrumental in the acquisition of the funding. The grant ensured us freedom of stress in researching our topic, while enabling us to explore and learn without financial barriers. Projects such as this provide students the opportunity to gain personal scholastic achievement while contributing to the community.

From a personal standpoint, this project has enabled us to share our results with our colleagues in other disciplines, enrich our own professional nursing practice and enhance our social awareness of gerontological issues, especially in long-term care. This project made us aware that mentoring is found in all stages of life and in all academic disciplines. Without it, success would be difficult.

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*The Healthy Age Creative Workshop:  
A Research Service Learning Project*

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Keywords: creativity, healthy aging, service learning, research

### **Introduction**

This article describes a student nursing research study entitled "The Healthy Age Creative Workshop." The qualitative research was descriptive, or co-relational in nature. It was conducted on a convenience sample of senior citizens at the Lumpkin County Senior Center. The design of the project was to collect data significant to creative thought processes, or epiphanies, from both males and females that were 65 years of age and older. This was accomplished through researcher observations, informal interviews, surveys and videotaped sessions of the workshops. Explanations of the student's original projections are described. Necessary revisions were made to the study due to the inherent problems found while conducting the survey. To support the findings, a literature review of similar studies was utilized to draw authoritative inferences. Participation was voluntary, the expressed consent of the participants was obtained, and participants could withdraw without penalty.

### **The Project**

North Georgia College & State University Service Learning Projects require that students be enrolled in the "Healthy Aging" and "Analysis & Reasoning" courses. The original concepts for this research/service project came from the student's observation of non-active elderly persons at the Lumpkin County Senior Center and related information gleaned from these two courses. The concern was that while some seniors seemed actively involved, others were not.

The study was designed to be non-threatening. It was titled "The Healthy Age Creative Workshop" in an attempt to avoid generating negative feelings of ageism among the older subjects. Immersion in the literature and study setting, meanwhile, familiarized the student with the sub-population. The NANDA Pyramid, which illustrates hierarchical needs met in group work with the aged, gave the student insight into aspects of well-being and the realization that if tasks were set forth through processes of imagination, a means of transcendence could exist through the mental capacities of self-actualization needed for original thought and the desirable self-efficacy necessary to accomplish creatively (Ebersole & Hess, 2001).

By setting forth these creative tasks, the individual participants could achieve

through group workshops higher levels of self-esteem. The student believed that the workshop study would demonstrate this concept and be a purposeful, dynamic project that benefited the elders at the center. The student also acknowledged that the expected tasks required the use of hand/eye coordination and that creative thought would give rise to covert and overt activities. Obviously, creativity is a matter of mastering one's senses. As such, the creative tasks were designed to emphasize and include the use of one or more of the five major senses. The creative workshop projects were initiated to understand phenomena associated with creativity and aging regarding to the functional and emotional capacities thought to be beneficially associated with self-esteem. Videotaping allowed the workshops to be further analyzed and to bracket observed biases. Memos were made from these tapes in an attempt to categorize phenomena. The calendar of creative projects included hand-building with clay, painting, sing-alongs, pastel portraits (real, imagined or experiential), cake baking and cake decorating. The creative projects allowed artistic license and free expression. Appropriate to the promotion of an awareness of time, the creative projects complemented the seasonal events held at the center.

The findings allowed the discovery of the core phenomena and gave the student insight into the participants' aptitudes, personalities, disabilities and abilities. Frequently, interpersonal actions with and reactions to the creative works of others occurred. The equal inclusion of disabled individuals also was observed. Participants were found to have supported one another; there were noticeable degrees of meditation; concentration and unification in meaning; and orientation to task. Several times, one or more participants would do more than one creative project in a given workshop. Furthermore, once the intuitive, creative purposes of individuals were displayed to others, a sense of self, belonging and attachment was instilled within the individual's psyche, which seemed to result in a desire to remain an integral part of the group. Indeed, the bridge of creativity to a higher awareness and self-esteem was being exhibited through the mutual affiliations within the group.

As the workshops progressed, they served to provide a special place for socialization, therapy, entertainment and cohort affiliation, which allowed the participants' actions to unfold at their own pace. Positive stimulation resulted from displays of affection, during which a large degree of contentment was felt among the individuals who proudly displayed their creative works; self-esteem and self-efficacy levels increased, a general sense of well-being was conveyed, increased feelings of self-worth were recognized and the energy level of enjoyment was exuberantly displayed. While inductive and deductive reasoning skills were demonstrated throughout the creative process, abstract and concrete thinking skills were observed to be necessary to the creative process. Cohort affiliation, meanwhile, became necessary in order for the most introverted individuals to complete creative projects that required materials be shared, and with the student's instruction and administration of materials, creative activities were accomplished by those deeply affected by the advanced stages of Alzheimer's disease.

The literature review included recent articles by Cohen (2001; 1998), who is known for this work in gerontology and developmental psychology. In one article (Cohen,

2001), for example, he argued that "Research is showing how psychological growth and creative expression can continue independent of age, and that age is associated with new internal and external sources of positive stimuli" (p. 51). The findings from "The Healthy Age Creative Workshop" appear to support this contention.

### Conclusions

This study underscores the need to conduct further research in the clinical areas of nursing and the field of occupational therapy with regard to creativity among elderly persons, particularly those with organic brain syndromes, anxiety disorders and depression. Every attempt should be made to utilize creative projects or to adapt creative tasks within the context of elder healthcare regimes. Creativity is unique, in that one must imagine a state of being or believing to accomplish it. One must act on formulas or spatial dimensions to accomplish a creative task—to construct or render ideas tangibly in order to express or convey creation. In these ways, creativity may be a natural component of self-esteem and genius at any age. Creativity, however, is particularly significant to elderly persons because they hold memories of transmitted knowledge and dimensions of wisdom.

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***Mentorship in the University of Alabama  
Center for Mental Health and Aging***

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Rebecca S. Allen, PhD<sup>1,2</sup>, and Louis D. Burgio, PhD<sup>1,2</sup>**

The process of academic mentoring involves building a relationship between the faculty member and the student that is focused on fostering and developing student interests, enhancing and expanding skills and promoting gradual independence through incremental steps. As Antonucci (2003, Spring) stated, mentoring is "individualistic and idiosyncratic" (p. 6) for both the professor and the student. The mentoring relationship may be extremely rewarding and, when it works, allows individuals to "share the evolution of a career" (Antonucci, 2003, Spring, p. 6). The Center for Mental Health and Aging (CMHA) at the University of Alabama (UA) has developed a mentorship program that adopts this goal and adapts it to individual student-professor pairings across disciplines. In this paper, we present the goals and assumptions that underlie the CMHA mentorship model, outline the resources available within the CMHA and highlight the experiences of two students currently engaged in CMHA mentorship while pursuing doctorates in clinical psychology with a special emphasis in aging at UA.

**Presentation by Dr. Rebecca S. Allen and Dr. Louis D. Burgio**

The CMHA mentorship model has five specific goals for students: (1) to learn research and professional skills; (2) to develop a research program based on the student's interest and learning objectives in collaboration with CMHA faculty; (3) to publish empirical journal articles, book chapters and literature reviews; (4) to develop a competitive vita and expertise to acquire an academic position after graduate school; and (5) to become *Leaders* in gerontology. The CMHA faculty strives to help students meet these goals through development of positive and constructive mentoring relationships in an interdisciplinary setting. As currently enacted, students in psychology, social work and applied statistics have the opportunity to interact with faculty from psychology, social work, business and other disciplines across the UA campus.

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Several assumptions underlie the CMHA mentorship model. First, we are aware that students start their graduate program at different places in their professional training. All social work students and some psychology students enter the program with Master's Degrees. Other students enter with Bachelor's Degrees and a few years of employment in the research field. Still other students enter the program directly after completing their Bachelor's Degrees. All of these students have independent interests and goals, but the CMHA model assumes that all students will benefit from interdisciplinary training and experiences and the CMHA "close-knit system of trust." Students learn through faculty modeling professional behaviors, collaboration and resolution of disparate ideas. Regarding academic scholarship, students are included on presentations or publications of projects with their intellectual contribution. Authorship is discussed up-front, but may shift based on intellectual contribution during the process of preparing the presentation or manuscript.

Upon entering the CMHA mentorship system, students may become involved with several archived databases or ongoing projects. The archived databases include nursing home projects (SERCA, K01AG00491, Burgio, PI; Sequential Analysis, NINR/RRF, Burgio, PI; Staff Management, R01NR03497, Burgio, PI; ComBook, R01AG13008, M. Bourgeois and L. Burgio, PIs; Audiotape, R01NR02988, Burgio, PI) and community-based projects (REACH I, U01NR04261, Burgio, PI; CIT, K01AG00943, Allen, PI; Living Well with Living Wills, Allen, PI). Students may review these data and devise research questions for a "First-Year Project" designed to provide the student with knowledge of research, CMHA resources and mentorship by CMHA faculty. Alternatively, students may develop an adjunct study to one of our ongoing projects in the community (REACH II, U01NR04261, Burgio, PI; Legacy, 1H79SM54569-01, Allen, PI) or in nursing homes (Team Functioning, R01NR03497, A. Stevens and L. Burgio, PIs; PACT, R03NR008517, L. Burgio and S. Fisher, PIs).

In developing a "First-Year Project" in the CMHA Track, students work with the Data Management and Analysis Core, which meets weekly for two or three hours to discuss various CMHA research projects. These meetings are facilitated by Drs. Burgio and Allen, in addition to the CMHA statisticians, Drs. J. Michael Hardin and Jamie DeCoster. This team also includes two part-time graduate students in applied statistics, a Bachelor's-level data manager and additional CMHA faculty. Research questions are brought to this team for discussion and brainstorming.

The experimental questions for "First-Year Projects" are developed with heavy input from the faculty mentor. Analyses are completed by the statistics core. The student, however, is responsible for *fully understanding* the analyses.

The CMHA mentor contributes significantly to writing the manuscript resulting from a "First Year Project." The analyses and results sections of the presentation or manuscript may be completed by the statisticians or faculty mentor. Although order of authorship is determined by the amount of student contribution, the student is given first authorship in ambiguous cases.

When students complete their Master's Thesis within the CMHA, it is often, but not always, a project related to their "First-Year Project." For the thesis, students complete their own analyses with assistance and guidance from the statistician and

faculty mentor. The mentor has less input in writing the manuscript(s) resulting from the thesis and, except under extraordinary circumstances (i.e., the student leaves the graduate program), the student is always first author.

Dissertations completed by students within the CMHA involve even more autonomy than with the Master's Thesis. The goal is for students to learn grantsmanship in collaboration with a CMHA faculty member by targeting foundation funds for dissertation awards, NIH funding for dissertation awards or R03 funding mechanisms. Although students cannot directly receive funds through the R03 funding mechanism, they contribute heavily to the grant writing process and function as Project Managers and Co-Principal Investigators.

We turn now to the experiences of two graduate students within the CMHA who are matriculating through the graduate program in clinical psychology at UA. One student entered the program with a Master's Degree and the second entered after several years of research experience post-baccalaureate. From the perspectives of CMHA faculty, these students have been a joy to mentor.

### **Presentation by Laura L. Phillips**

The Center for Mental Health and Aging (CMHA) mentoring model is designed to accept students at a variety of stages in their education. My goal for this section is to explain how the comprehensive CMHA mentoring program can be beneficial to students who have already achieved a post-graduate degree within their field. Specifically, I will highlight the ability of the program to embrace prior research interests, foster the development of an independent line of research and provide the opportunity for students to develop skills necessary for grantsmanship.

When a student enters the CMHA with a Master's Degree, every effort is made to recognize the individual's strengths and weaknesses and merge previous research interests with current projects at the Center. This model was particularly helpful to me because I had multiple interests in the field of psychology and had only recently decided that I wanted to work with older adults exclusively. My prior experiences had been with adolescent sex offenders, in which I attempted to identify the factors that motivated families to intervene on behalf of an older family member suspected of developing dementia. When I came to the Center, there was an on-going project entitled "Living Well with Living Wills" that examined the factors influencing an older adult or young adult to complete a living will. I was asked to join this project, which allowed me to gain an understanding of another theoretical model of change while still incorporating my personal interests.

During the course of my first year, I began to take more of an active role in the development and conceptualization of the "Living Well with Living Wills" project. As I participated in team meetings and data collection, I began to create a database for data analysis. Given my advanced knowledge of statistics from my Master's Degree program, I was placed in charge of data analysis for the project. However, Dr. DeCoster from the Data Management and Statistics Core and Dr. Allen, my faculty mentor, oversaw these analyses. This allowed me to have sufficient autonomy to gain a firm understanding of data analysis with enough support to interpret the results of the

study properly. Following data analysis, I participated heavily in the conceptualization of two separate manuscripts from the results of this study. I am currently working on writing both manuscripts and will be first author on one of the publications and second author on the other. CMHA's structure of having incoming students join existing projects allows students to incorporate prior knowledge while becoming an active, contributing member of the Center.

As I worked on this first-year project, I simultaneously began to explore my personal interests in research. Given my prior background working with offenders and my newfound interest in gerontology, I began to explore the possibility of studying older prisoners. When I brought this interest to Dr. Allen, we discussed multiple areas we could explore in this population and ultimately chose an area of interest to both of us. With my primary interests in psychology centering on attitudes and factors that influence decision-making and Dr. Allen's interests in end-of-life decisions and interventions, we elected to explore life-sustaining treatment preferences within the context of a prison. We are comparing the life-sustaining treatment preferences of older prisoners with lengthy sentences (i.e., those who may die in prison) to those of older prisoners with short-term sentences (i.e., those who may be released from prison before they die). This brainstorming process allowed me to incorporate the expertise of my mentor while investigating an area of great interest to me personally. Ultimately, my decision to pursue end-of-life decision-making in the prison was influenced by my interests, by Dr. Allen's expertise and by changes occurring in the prison system (i.e., efforts to create a hospice program).

Once I had selected an area of interest, I began the arduous process of reviewing the literature and conceptualizing a study that would answer important questions in the field. I spent the end of my first year completing the literature search and developing a proposal for a pilot study in the prison system. Dr. Allen and I met frequently to discuss potential factors that would influence the life-sustaining treatment preferences of an older prisoner during the development of my proposal. Consequently, we were able to develop "CAPS: Care Alternatives in the Prison System." CAPS provides a model that incorporates factors found to be influential in end-of-life decisions among community dwelling older adults and adds factors unique to the older prisoner (e.g., impulsiveness).

CMHA actively encourages students to seek funding for their projects to provide the student with experience in grantsmanship. As a pilot study for my dissertation, CAPS would not qualify on the national level for funding. However, it was a project that would significantly extend the current knowledge about the experience of older prisoners and their desires for end-of-life care. Thus, Dr. Allen and I decided to submit a brief proposal to the graduate school at UA for graduate student summer funding. This proposal was largely written by me with the assistance of my faculty mentor. I was successful in obtaining one of the competitive fellowships from the graduate school to complete my literature search and begin the pilot study. This smaller, internal grant process allowed me to see the benefits of seeking funding for research projects and experience the amount of effort that goes into obtaining funding. Dr. Allen and I also successfully competed for pilot grant funds from the CMHA's pilot grants program

(sponsored by the Substance Abuse and Mental Health Services Administration).

My personal goals for my first two years have been met and exceeded by the CMHA mentoring model. Upon entering the program, I had only hoped to develop a plan for my dissertation and to begin work on completing a literature search. Instead, I have gained additional skills through involvement in other research projects and accomplished much more than I had anticipated, including the following: (a) learning about mentorship through monitoring undergraduate students in data collection; (b) preparing to analyze my dissertation data by performing the majority of data analysis on a "First-Year Project" with guidance from my faculty mentor and a statistician; (c) developing my professional skills in conceptualizing and producing manuscripts from research; and (d) successfully obtaining funding for my own project. These skills are invaluable to any professional in the academic world and ones that the comprehensive mentoring model at CMHA has fostered within me.

### **Presentation by Susan E. Fisher**

After completing the "First-Year Project," the CMHA student can continue either their research interest sparked by this process or can propose a different line of research for their Master's Thesis. Ideally, the line of research is similar and continuity through multiple studies begins to build. In my case, the results of my first-year project and the process through which I published these results heightened my general interest in research and helped me solidify my particular interest in the area of pain assessment and management in the nursing home. My purpose in this section is to show how research interests, skills and *final products* develop through the mentorship model used at CMHA, particularly along the path from thesis to doctoral dissertation.

As a starting point for developing my Master's Thesis research project, Dr. Burgio encouraged me to explore how the primary finding of my first-year project fit with existing literature on the broader topic area of pain assessment among older adults. My primary first-year finding was that Certified Nursing Assistants reported significantly higher pain levels than found in residents' charts on the Minimum Data Set pain items. In following my faculty mentor's suggestion, one consistent finding that I became very interested in was that residents with mild to moderate cognitive impairment could provide reasonably accurate self-reports of their pain experience. In my first-year project, I found that resident self-report data was not collected; it was not part of the larger clinical trial, from which the data came and most residents were moderately to severely cognitively impaired. Dr. Burgio and I carefully examined the methodology of these studies and concluded that one way to add to this literature was to improve the methodology for obtaining self-report by developing a specific, replicable protocol for administration. Dr. Burgio explained to me that, although he has conducted nursing home research for many years, he typically shied away from collecting self-report data from cognitively impaired residents because there was both insufficient evidence to support the validity of these data and methodology to guide such data collection. However, we also discussed how, with the current interest in the nursing home literature on obtaining residents' perspectives on their quality of care and quality of life, it would be a significant contribution to the field if we could develop such a protocol for obtaining

resident self-report of pain.

With Dr. Burgio's guidance, I developed an administration protocol for a multi-dimensional self-report pain measure. Dr. Burgio served as research mentor for all phases of the project. He helped me design and plan the overall project, conduct data analyses and interpret results with the assistance of our CMHA statistical staff. Currently, the results of this study are being written for publication. Following CMHA and UA Department of Psychology guidelines, I am the first author on this paper, as I have been the primary contributor to the project and the paper. Dr. Burgio is the second author, as he has contributed significantly to the design and implementation of the project, and carefully reviewed and helped revise drafts of the paper.

Working from the results of my Master's Thesis, which showed that residents across a wide range of cognitive status who were selected via a simple screening tool could provide stable and reasonably accurate reports of their pain experience, and based on the most up-to-date research in the area of nursing home pain assessment, Dr. Burgio and I began to plan an intervention study for my dissertation project. Because my career goal is to obtain an academic position at a major research university, Dr. Burgio and I discussed applying for grant funding for my dissertation. Writing a grant with Dr. Burgio addressed several goals that I had developed while working at the CMHA: to learn grantsmanship so that I would be optimally prepared for an academic research career and competitive in the academic market upon graduation; to contribute to the larger body of research and clinical knowledge by conducting a well-funded intervention study for improving pain assessment in the nursing home; to collaborate and network with other top researchers in this area to further enhance my academic marketability and strengthen my overall program of research; and to secure independent funding for my two final years of graduate school.

Dr. Burgio and I had many planning and brainstorming meetings, during which we discussed our options for funding, the balance between swift progress toward the PhD and the production of a fundable study with solid results that could help launch my early research career. Based on a number of factors, we decided to apply to the National Institutes of Health/National Institute for Nursing Research using the small grant (R03) mechanism. We submitted our grant application in October 2002 and we were funded to conduct our study on improving pain assessment skills among CNAs in July 2003. Dr. Burgio is the Principal Investigator on this project and I am the Project Manager.

Throughout the grant writing process, start-up phases and data collection, I have been able to function in several roles that I believe will prepare me as a well-rounded professional in a variety of academic and research positions. I have co-authored and coordinated the grant writing and application process, established professional relationships with other experts in the field, participated in the hiring process for research personnel, supervised research personnel and coordinated all aspects of subject recruitment, data collection, intervention training and data management. Dr. Burgio and I meet regularly to problem-solve and review logistical and/or methodological issues related to data collection, intervention activities and overall study progress. At the end of the study, I will coordinate and conduct all data analyses for this project with the

assistance of the CMHA statistical staff. I will also be the primary contributor to the paper(s) that will report our results.

### **Conclusion**

These two University of Alabama students provide an example of how successful the Center for Mental Health and Aging mentorship model can be in producing strong, well-rounded professionals. These students have begun to understand through first-hand experience what is required to develop a program of research and to obtain funding for research, two significant milestones in the initial development of a solid academic career. The "First Year" and Master's Thesis projects provide the student with the opportunity to build gradually into the dissertation. During this process, each student is approached as an individual with unique needs, interests and individual strengths; as such, the mentorship program is designed to have the flexibility to meet these goals. We hope this overview of one mentoring style has been informative and helpful to students and mentors alike. Students and mentors in the CMHA have found this experience to be highly rewarding.

### **References**

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## *Elder Mentorship at the University of Kentucky*<sup>1</sup>

**Graham D. Rowles, PhD and John F. Watkins, PhD**  
**Graduate Center for Gerontology**  
**University of Kentucky**

"Information's pretty thin stuff unless it's mixed with experience."  
Clarence Day

### **Presentation by Dr. Graham Rowles**

We are from the University of Kentucky Graduate Center for Gerontology, a research-oriented doctoral program now in its eighth year. Currently, we have 38 doctoral students. Today, I want to share with you something about what we believe to be a unique elder mentoring program. There are four of us at this session, each representing a different perspective. I will talk about the fundamental philosophy underlying the program. John Watkins, a fellow faculty member in the Graduate Center, will talk about the pragmatics of how it actually operates and about our experience over the past seven years as the program has been refined. Finally, we will hear the voices of experience as we get some comments from Dr. Kevin Lomax, a person who was mentored through this program, and Dr. Wilson Wong, who served as Kevin's mentor.

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<sup>1</sup> This presentation was taken almost verbatim from the conference proceedings and involved three components. In the first portion of the presentation, Graham Rowles explored the philosophical underpinnings of the elder mentorship program for doctoral students initiated at the University of Kentucky (UK) in 1997. Against this backdrop, John Watkins described current features of the program, and discussed challenges and opportunities presented to the program as it became an integral component of doctoral education in the Graduate Center for Gerontology. The presentation concluded with Drs. Kevin Lomax, a former doctoral student, and Wilson Wong, Kevin's elder mentor, who offered their personal experiences of the UK Elder Mentor Program. These remarks were presented in order to convey something of the dynamic, adaptive and transformative qualities of elder mentorship, and to encourage our colleagues to experiment with elements of our approach and implementation strategy to create elder focused mentoring and pedagogies appropriate to their own institutions.

This is not a "How to..." manual, but rather a sharing of what turned out to be an enriching experience for all involved. For discussion of additional aspects of the UK Elder Mentor Program, the reader is referred to: Victory, K., Ravdal, H., & Rowles, G. D. (1998). Conundrums of collaboration. In R. J. F. Elsner (Ed.). *Voices of experience: Listening to our elders* (pp. 11-35) (UGAGC-98-001). Athens, GA: UGA Gerontology Center; Rowles, G. D., & Watkins, J. F. (2003). Teaching tips: Elder mentoring. *Adult Development and Aging News*, 31(1), 4-5.

Let me begin by providing some philosophical context. Four out of every five elders have *no impairments that limit their mobility* and ability to get around. The majority of elders *do not* get Alzheimer's disease. Most elders *never* live in a nursing facility. Think about these observations. Basically, these data suggest that much of what we do as gerontologists is concerned with specific sub-populations in the elderly population that are in some way compromised, sick or otherwise disadvantaged. It is important to state at the outset that our elder mentorship program is not about these people. Rather, our concern in the elder mentoring program at the University of Kentucky (UK) is with "normal" aging, with *the majority of elders* who, although they face many of the day-to-day problems confronting us all, are functioning quite well—in many cases extremely well.

Both in the Graduate Center and in our doctoral program, we have tried to make the individual elder the focus of our gerontology, the center—the beginning and the end—of everything we do. Consequently, when we designed our recently opened purpose-specific Graduate Center for Gerontology, the facility was oriented and built around an Elder Lounge located in the core of the space. When elders come to our facility to participate in research projects or to meet with students or faculty, they don't wait in somebody's vacant office or stand around in a hallway; they are accommodated in the Elder Lounge—a far more pleasant and welcoming environment. The idea is to symbolize the passionate focus of our program on the elder, not just the elder as a subject of research, but also the elder as a complex and constantly evolving person. The elder mentorship program is an extension of this philosophy.

Most of our graduates, indeed, will end up working with elders who are not so well off, such as elders with Alzheimer's disease, elders in nursing facilities, elders who are impoverished and elders who lack appropriate access to healthcare services. In our concern for these very real problems, however, there is a danger of emphasizing problematic aspects of the aging experience to the exclusion of adequate recognition of the fact that most elders continue to function well and often are active and engaged until the final moments of their life. With this in mind, we decided that, as a baseline for all students entering our program, there needed to be an awareness of what aging *could be* and of what aging *actually is* for those who are living the experience every day. What is normal aging? What could it be? How do elders experience their own aging? To what extent is the process of aging a dominant or even a relevant theme within their lives? How much of this experience can be shared?

Answering these questions has evolved into a basic mantra of the UK Elder Mentor Program. Students must have contact with elders. Consequently, the program was designed to involve each incoming student with an elder, not an elder upon whom they would impose a questionnaire, not an elder that they would observe in a shopping mall, not an elder examined in a clinic or questioned at a Senior Center, and definitely not an elder viewed merely as a repository of information, but rather an elder with whom they could interact informally in a variety of contexts, with whom they could share stories and emotions and, most important, an elder that they could come to know.

The philosophy is one, then, of considering the elder as a holistic person. This is an overused word, and so we prefer to use the word integrative. From an integrative perspective, each person is not just a biological system, not just a social system, not just

a person with a psychological make-up, but rather a "whole" being who currently exists in a place, who currently exists at a time in history and who has existed in a life course worth of places and times that contributed to making them who they are. Hence, the notion is to try to develop a life course perspective that integrates context, time and the process of aging itself. This can only really be done effectively by developing insight onto the process of living as an elder.

To draw a somewhat macabre parallel and with apologies to elder mentor, Wilson Wong, in medical school every student gets their cadaver. In our gerontology doctoral program, every student gets a living elder. There's a real parallel here because, essentially, what we want to do is to allow each student to become closely involved in the life of an elder and to have that elder intimately involved with his or hers. Within the bounds of ethics and courtesy, no topics are off-limits or protected. We hope that such a relationship will provide an experiential baseline, an underpinning for everything that the student does in the doctoral program and, hopefully, everything he and she does during a subsequent professional life as a researcher or a contributor to the academic or elder service enterprise.

Translating this philosophy into an operational program involves a triad of elements: the *literature on aging*, the *elder mentor* and the first-year *doctoral student*. The idea is that blending insights from these three sources provides a more in-depth and multifaceted perspective. For example, during the initial years of the program when I was involved in team-teaching the "Introduction to the Older Person" required course that greets every incoming student, one of the exercises involved critical examination of the notion—especially controversial at the time—of "successful aging." We asked students to read some of the voluminous literature on successful aging. Beyond the readings, however, we also wanted the students to gain a sense of what "successful aging" actually means to an older person. There is need for a second opinion on this and, of course, that second opinion is the elder mentor. The third component of the triad is the student, whose own life experience with elders (or lack of such experience) and predispositions (including potential prejudices) become integrated within the evolving "dialogue." This model enables us to provide real world elder mentorship for incoming students in a manner that, from the outset, provides them with the opportunity to relate the living, breathing subjects of their studies to the literature.

Let me anticipate some aspects of the elder mentorship about which I suspect you may have questions. First, is the issue of recruitment. How does one get people to agree to be elder mentors? Actually, it turns out to be quite easy. We have discovered that the idea of becoming an elder mentor is very attractive to most elders. To date, our 48 elder mentors were obtained from approaching fewer than 55 elders with invitations to participate in the program. The next issue is "Which elders?" What should be the criteria for recruitment? Again, this turns out to be non-problematic because we are not looking for elders with a specific health condition, with a particular level of functional capability, from a particular ethnic or racial group, or from a particular socio-economic or lifestyle group. We're simply looking for elders! This means that we have a huge potential population. Well, where should this person come from? Should they come from a nursing home? Maybe. Should they be recruited from a shopping mall? Maybe. Should they come from my church? Well, maybe. Basically, these

people can come from almost anywhere. And they did. Such diversity provides secondary unanticipated benefits. It turned out that interaction *among* elder mentors with very different backgrounds and life histories was a positive outcome of the somewhat random process of mentor selection and pairing with students. Through interactions among mentors, we were all (students and faculty) provided with constant reminders of the diversity of the aging experience and the often overlooked radical divergence of views that exists among elders.

Before handing over to John, allow me to conclude with some anecdotal observations that convey something of the experiential flavor and unexpected richness of the Elder Mentor Program. In our first year, we found that one of our mentors and the student with whom she was paired "double-dated." We had not really thought about what the implications of success in achieving our interpersonal enrichment goals for the mentorship program might be. In the same vein, another student-mentor partnership evolved into a pattern of visits, shared social experiences and friendship that involved the spouses of both parties. In this case, the student and his mentor were both non-smokers. Their spouses were both smokers. As the mentoring relationship developed, the four would sometimes go to a restaurant with the student and his mentor sitting in the non-smoking section while their spouses moved to the smoking section. And a good time was had by all.

Another outcome we did not fully anticipate was that some students would develop enduring relationships with their mentors. Our initial expectation was that the student-mentor relationship would last for a semester and end with completion of the "Introduction to the Older Person" course and assignments. Instead, some students and their mentors have remained in contact and have strong friendships that have far transcended their original commitment. The mentors of our first three graduates attended their graduation ceremonies more than four years after the completion of the course. A related consequence of such longevity has been that some students have found their role transitioning from student to caregiver and even confidant for mentors who are hospitalized or going through episodes of illness. I can't think of a better way of gaining insight into the nature of an older person's healthcare experience than to actually go through that experience with them.

A final illustration is one that we certainly had not anticipated. What started as a crisis and source of considerable distress for the student ended up, paradoxically, to have an enriching outcome. One of our students was scheduled to pick up the draft of a paper that she had been working on with her mentor. When she arrived at her mentor's home, there was a police car outside. Upon entering the building, she discovered that her mentor had died. This was a first-year student who had developed a particularly strong relationship with her mentor. It turned out that before dying the mentor had completed the project and left the final draft on the kitchen table, presumably as one of his last acts. There is poignant irony here. On the one hand, we are encouraging students to develop relationships with and get close to elders. On the other hand, we are presenting them with the potential for experiences that may be traumatic. From both a pedagogical and emotional point of view, the necessity for the student to deal with this situation turned out to be an enriching life experience. One of the lessons learned from this experience is the reality that growing old, in addition to its richness,

does involve distressing elements. It does involve dealing with dying and with peers who are dying. If we are genuinely interested in trying to involve elders as mentors and have our students fully understand the experience of growing old, then we have to include all parts of the process even when this is emotionally challenging and requires additional mentorship support for students from their peers and faculty members during such crises. Developing an elder mentoring program is not without moral obligation.

Let me conclude with remarks on the benefits of the elder mentorship program. Obviously, the benefits to the students are immense with respect to exposure to the worlds of people who are to be the focus of their professional life. The process of dialogue and interaction facilitates the mutual development of deeper insight into the experience of aging. It is a reflexive process that facilitates self-discovery. Certainly, there is self-discovery by the student. Even more interesting and affirming is the process of self-discovery reported by most of the mentors. Many mentors have told us about how working with a thoughtful doctoral student has provided them with a medium to process their own lives through discussing topics and issues that they would not under normal circumstances reveal or consider. Hence, there also may be, as we have discovered, strong secondary benefits from the program in terms of benefits to the elder mentors themselves.

Having provided this brief philosophical background, I'd like to hand over to my colleague, John Watkins, who for the last several years has been the individual who, with the assistance of some of our other colleagues, has operated the UK Elder Mentor Program.

### **Presentation by Dr. John Watkins**

The essence of elder mentoring in our doctoral program has been well covered. I should point out, however, that the elder mentor component is only one of three different mentorship elements that we provide our students. There are also the faculty mentorship and student mentorship programs, which have different purposes. Every incoming student is paired up not only with an older person, but also with a faculty member for research mentorship, and also with a more senior student from the second, third or fourth year who assists the new student through the reality of entering and successfully negotiating their way through the PhD program. In this way, the elder component is just one of three different layers of mentorship within gerontology.

We don't necessary learn much from continually saying that we're a tremendous success; the students all benefit, the elder mentors all benefit, our program benefits and society is better because of it. So, I'd like to talk now about some of the pragmatic issues associated with the elder mentorship component—the realities, good and bad. However, I'll try to put more emphasis on some of the more difficult things.

First, I'd like to offer a few words about elder mentor recruitment. When we began, we discovered that recruiting elders into our mentorship program was a bit difficult because not much was known about it. It was something new. We've been increasingly successful every year, but what we're finding now is that we have almost too many elders who want to be in our program and to work with students. So on one hand, we have no problem anymore because word about our program has gotten out there; our mentors have been telling other people that they should really get into this program because it's

a great thing to do. It's very difficult to say no to some of these elders because they are just wonderful people, yet we need to say no with increasing frequency.

A second issue with regard to the Elder Mentor Program is how do we actually match the mentors with students? Early on in the program, we looked at characteristics of both the students and the elder mentors. We looked at age, we looked at gender and we looked at race and ethnicity. We also considered certain life experiences, such as where a person was from or in what sort of job they worked. After one year of this, however, we discovered that such social engineering was inappropriate and ineffective. It was false to be matching people up and supposing that we could understand what kind of relationships would emerge. Now, we do nothing more than draw names out of a hat and put them together. It's totally random. Our rationale for doing this really is quite pragmatic in that when we're working with older people in clinical settings, in care settings and in society in general, we don't just match ourselves up because of certain characteristics. Rather, we have to deal with the people who are there and whatever characteristics they have. We bring into the relationship our own characteristics, as well. Because real relationships with elders are often times a random matching, we incorporate this concept within our elder mentorship for better or for worse.

A third issue is what we actually tell the mentors. Of course, we have to be very honest with them. We meet with the mentors before they meet their students to inform them of what they can expect and what some of the hardships and opportunities may be. We want to let them know the kind of obligation we expect from them—their time and sharing of themselves with the students. We give them every opportunity to say "no" because it's just the ethical thing to do. To my knowledge, we have never had a mentor say, "No, this is way too much for me." In fact, they become even more enthusiastic. I will say, though, as a caveat, there are some elder mentors who I wish had backed out.

What do we actually ask our mentors to do? Graham has touched on some of these obligations. The mentors have a full engagement with a student for the first, 16-week semester of course work. Students meet with the mentor on numerous occasions to complete activities related to at least four specific assignments. As Graham mentioned, the student and the mentor discuss issues of successful aging. One of the first exercises they do, however, is what we call a life course overview, which is a very simple, structured accounting of where the mentor has lived through her or his life, how many siblings they have had and the structure of their family, including documentation of their children, marriage(s), employment and educational experiences. Obviously, this is a very sterile kind of life course overview that is devoid of meanings or implications on life quality. For the second assignment, we ask our mentors and students to select and view aging-related movies. We provide a fairly comprehensive list of possibilities. As a pair, the student and mentor choose, watch and critique the movie together. Interestingly, this exercise has caused a few operational difficulties. Where can they get the video? Does either the student or mentor have a video player and a television? Such things usually don't cause too many problems because we can provide comfortable viewing space within our program area. The biggest difficulty arises when the mentor really wants to see a movie that doesn't have an age-related theme. There was one mentor, for instance, who looked over the list of appropriate movies and said, "Nah, nah, I

don't want to watch any of these. I want to see this movie." The film was about a high school football team that the mentor wanted to watch purely because she thought the lead character, Denzel Washington, was sexy. The mentor was African-American, and we solved the problem by shifting the focus on how she as a mentor, as a person, has negotiated her race throughout her life course. It ended up being quite revealing.

The students also work with their mentor to complete a health history, which provides an overview of the elder's medication use, dietary supplements, major surgical procedures, experiences with illness and injury and an accounting of the mentor's perceived health status in comparison with their health status five years previously. The fourth and final assignment requires that the mentor and the student work on a life review. This is more than a life course accounting of what has happened in a person's life. It is really a casting back of thought and trying to associate meanings with the different experiences in the mentor's life.

I should point out here that, as we progress through the semester and through these different exercises, we gradually introduce tasks requiring increasing levels of intimacy. We do not expect students to go in on the very first day and be able to share stories with an elder mentor and have the elder mentor share her or his stories in all the detail and richness that would arise from thoughtful interactions over a number of weeks. It is intentional that the mentor and the student are complete strangers when they first meet. Over the course of 16 weeks, the student and the mentor are developing a relationship and we take the development of that relationship very, very seriously. Comfort, respect and confidentiality are important considerations. We also recognize that deep trusting relationships do not happen in split seconds. They take time to develop and, with this in mind, our exercises are geared to help the student and the mentor develop and work with their relationship.

The UK Elder Mentor Program provides ongoing opportunities for continued contact after that first semester. While there are no additional formal obligations or expectations after the first semester, but with very few exceptions, as Graham has mentioned and as Wilson and Kevin will demonstrate, relationships often endure throughout the entire duration of each student's doctoral program. One of the most exciting things for many of our mentors is their anticipation of and participation in the student's graduation. It's a very proud moment for our mentors.

I've already talked about the difficulty in saying no to elders because we have so many potential mentors. Another difficulty arises for some of our mentors who wish to continue mentoring; they want another student when their mentee has graduated. As much as we'd like to accommodate such requests, we need to reject them. One of the best parts of developing the mentor-student relationship is that it's new for both the mentor and the student; they're exploring these things together for the very first time, devoid of prior experiences that may bias communication.

Oddly enough, personal schedules may cause tremendous difficulty and frustration for students. Being quite busy is one reason why some potential mentors decide to decline participation in the program. Unfortunately, some elders agree to be part of our program even though their schedules are quite full. Students are also very busy. In some cases, it can be almost impossible for students to set up meetings with their

mentors in a timely way to ensure that the written components of exercises are submitted by scheduled deadlines. During the 16-week semester, for example, we have had mentors who have gone to India or Alaska for trips lasting from two to four weeks. Other mentors, meanwhile, are engaged in extensive volunteer positions. Our only fair way of dealing with such realities is to be flexible when it comes to deadlines; our mentors' lives are the first priority, and their contribution to our students' development must be secondary.

There are sometimes personality conflicts that require ongoing negotiation. Our mentors are real people. Our students are real people. As such, a relationship may or may not work out when you put real people together. We work with our students and with the mentors to resolve as best we can such personality conflicts as they arise. Fortunately, we have yet to encounter any problems of this nature that have proven to be beyond resolution.

As Graham noted, we have to recognize that people do get older, people do become frail and people do eventually die. When we work with older people in our research, we are often in clinical healthcare settings. We have to appreciate that the probability of some morbidity and of mortality is much higher among this segment of the population. We have had mentors who have exhibited cognitive decline during the course of their associations with a student. This becomes problematic during the formal mentorship period when mentors forget appointments with their students or they can't recall what it was they were talking about during a prior discussion. It remains problematic later on in a student's program simply because the student and mentor have by then established a close relationship, and cognitive decline becomes emotionally difficult to deal with for both student and mentor because of the closeness of their relationship. Graham also mentioned that one of our mentors died during the student's first semester. Despite the trauma, this ended up being quite a positive experience. It was a learning experience not only for the student, but for us, as well.

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***Mentorship to Friendship:  
The Case of Wilson Wong and Kevin Lomax<sup>1</sup>***

**Wilson Wong, PhD and Kevin C. Lomax, PhD**

We were a pair—mentor and mentee.

Wilson Wong

**Presentation by Dr. Wilson Wong**

When the UK gerontology faculty first mentioned my role as an elder mentor, I didn't clearly understand what an elder mentor was or what was expected. I did have in my mind that a mentor was a person who had some responsibility. In my business experience, for example, people had seniority and they had position; the difficulty was matching somebody if they were going to be a mentor. Let's say, for instance, that there was an employee who had some new information, a new product to be developed, new procedures or a new change in business operations. This scenario meant that something new had to be taught to everybody else in the business. The match, or the intent of a match, therefore, required a linkage between the teacher and the recipient. What happens if the person who was supposed to teach was of a much lower position? Does this type of association in a business environment fit what we might describe a mentor-mentee relationship?

We never had so-called mentors when I was in the business world. We had a personnel team instructing a third- and fourth-level manager, or a first-level manager and a director, on a new procedure that had been developed by a technical team, which, in turn, taught the personnel team. The relationship between the employee(s) in the know and the person(s) who needed to be taught, therefore, was governed by the problem that required solving. These relationships took the form of a task force or a committee, and followed an organizational matrix that went across the list of employees, brought the appropriate people together and solved the problem. Instead of mentorships, we called these associations "quality control groups." However, the outcome was the same

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<sup>1</sup> Drs. Wilson Wong and Kevin Lomax began their formal mentorship in 1997. At the time, Dr. Lomax was a member of the first class of PhD students in the gerontology program at the University of Kentucky (UK). Retired and having just received the Certificate in Gerontology, Dr. Wong was invited to join the first group of mentors in the UK Elder Mentor Program. The formal mentorship arrangement stipulated a one-year academic association. In the following presentation, they described some of the preconceptions, expectations, actualities and capricious outcomes that have resulted from their now seven-year relationship.

as I had envisioned it for UK's elder mentors and gerontology students—you have to develop those people who are involved.

I'm a psychologist and was part of a group involved in that kind of work when I was with IBM for almost 24 years. Our group had student interns, mainly graduate students, for all but a few of those years. The students would come in to work with us for a semester or two. This was the extent of my experience in a mentor-student mentee relationship. I don't know if that's how you see the academic mentorship model between the mentor and person being mentored, the mentor-mentored, mentor-mentee, mentor-student or whatever. For me, it's easier just to say student instead of mentee. This was another big problem when we tried business mentorships. In private business, you don't have the neat separation of roles that you have in academia. You have the faculty and then you have the students who are at the beckon call of their professors, right? Students, therefore, have no rights.

As an elder mentor in an academic setting, however, the gerontology faculty informed me that I was just supposed to "be there." I was supposed to be the focus of attention because everything they did in the gerontology program was geared to working with older people. It was the responsibility of the faculty and others, and not the elder mentors, to provide the students guidance, coaching and so on.

Still, the lingering question was, "What can we elder mentors do?" We were just the target audience, right? We were the target of whatever the student was doing. It took me a while to figure out what we were supposed to do. After a while, though, it became pretty easy. The elder mentors were just there to support the real mentoring between faculty and students, and maybe the coaching of students by other students and so on.

What happened, however, was that Kevin and I remained in very close contact for another five years until he received his PhD and moved from Kentucky to Georgia. This goes with some of the pluses and minuses of having an elder mentor. The mentor has a good feeling when the person he has mentored has some measure of success, gets an award, goes to a conference, gets a promotion, or finishes out what he's doing and gets the next job. Among the things that I got to do at that point in our relationship, was to write a letter of reference for Kevin's current employer; they still hired him even though I did write it.

### **Presentation by Dr. Kevin Lomax**

When I was recruited to Kentucky, I don't believe the UK Elder Mentor Program was discussed in that initial meeting with the director of the gerontology program. I don't even know whether the mentor program had yet been developed for the first group of PhD students. Nonetheless, the core faculty announced that they had developed the basic structure of the mentor program one or two weeks into the start of the first semester of classes. I thought I knew what a mentoring process would be—me seeking out knowledge and information from someone who was wiser, had more experience, could teach me something and who I could learn from. Although I don't know that I expected to get out of it what I did initially, I did know what I could do with a mentoring structure.

Dr. Wong and I were not matched randomly. Instead, we were assigned to each other. I can't recall if there were some formal criteria applied to the selection process, but it certainly felt that way: we both had a business background, we both seemed to have Type A personalities and we were the only male-to-male match. The combination of these factors may have had some psychometric bearing on the long-term outcome of our relationship.

And so it was. Wilson and I were among the Elder Mentor Program's first-year guinea pigs. We had accepted that fact and the reality that we had to complete the program's formal exercises, which were fulfilled diligently. There were some exercises that we were expected to complete together that first semester. Oh yes, there also were some horrible B-movies that we were assigned to watch together because the program had yet to develop a large list of aging-based films; another sign of our compatibility was that neither of us quite got the construct of the movie when we finished watching it.

Despite the formally structured exercises, we managed to rebel in our own way. Take the life history assignment, for example. The student mentee was expected to complete a basic life trajectory of the elder mentor's family, educational and work history based on a very structured format. However, Dr. Wong quickly rejected these formalities. We instead went free form. He only responded to the questions he wanted to answer with just enough structure to get us through the exercise.

Our formal one-year mentorship went very well. We got through all the exercises and articles. Once each formal assignment was completed, though, it was time to get to the real business of developing the relationship.

Some of the students in this first class, as opposed to the subsequent classes, were different only because we were all we had. We didn't have previous or new students to weigh in on. We had to rely on ourselves. Consequently, we were almost forced to build relationships with our elder mentors that were more personal and that went beyond the formal academic match. The transition from a purely academic relationship to a personal friendship between the mentor and mentee, of course, was dependent on the individual personality type of each elder and each student.

Wilson and I found ourselves trying to build a personal relationship throughout the formal part of the mentorship because we had chemistry. He and his spouse, Judy, were always comfortable with me coming over to their house. Soon, though, our social relationship expanded. I was married at the time and we would "double-date." To this day, I seek out Wilson and Judy when I'm back in town. I'm always giving them updates on what's going on, and asking Wilson to attend teacher workshops and work on conference presentations with me. It's never a question of whether we will work together, but rather a logistical issue of our airline connections to the conference.

I see Wilson as someone I need to seek out and keep in my life. It's never an effort to do that and I never feel awkward. I don't see any end to our relationship. It's just expected that we will continue on together and that he will be in my professional life and then in my private life.

# Symposium II

## Sharing Mentor Experiences

### *Experiential Sharing: The Mentoring Process*

**Kevin C. Lomax, PhD**  
**University of Georgia-Athens Gerontology Center**

Historically, the Student Monograph symposia have been presentations of scholarly research by Student Mentoring Conference faculty and student participants funded by the Georgia Gerontology Seed Grant mechanism at the University of Georgia-Athens Gerontology Center. For the 2004 conference, however, the planning committee agreed to devote the symposia to the concept and application of mentoring. This departure from the traditional presentation format created a fresh atmosphere for collegial debate and idea expansion for future collaboration among consortium members.

The discussion that follows elaborates on the qualities of specific mentor-mentee relationships from the academic mentorship programs highlighted in Symposium I. Only minor changes have been executed in order to maintain the dialogue quality of the discussion.

### **Symposium II Discussion**

**Audience Member:** In our first symposium, a number of our academic programs talked about their respective mentoring structures, their programs, how they get funding and what sort of things they expect to do. The mentor-mentee relationship that Drs. Lomax and Wong had is similar to the ones I have with my own students. We're talking about a kind of personal relationship and social interaction. Speaking for myself, I think those characteristics are very important precursors to establish a relationship with the mentee in order for the student to feel more comfortable with you as a teacher. I think that without this sort of relationship, perhaps all we can fall back on in our programs is how to teach our students. Could we talk about how to build a relationship, how to work this relationship into a mentoring structure and how to perpetuate it?

**Dr. Graham Rowles:** Soon after we launched the University of Kentucky Elder Mentor Program, our first class of PhD students asked, "So what do we do now?" Essentially, what happened was that we started developing some other kind of assignments in the second semester to get the program to this model or this mode of saying, "That's a really interesting question that you've raised here. Why don't you ask your mentor?" So, the mentor became, in a sense, a resource person and the students seemed very willing to do that. I think part of a program's strength lies in its capacity to allow individual relationships to develop. There are several other people in this room who have experienced mentorships. Dr. Lomax, for example, experienced it from his side

(as reflected in Symposium I) and my sense is that every mentor-mentee relationship is different. Each one has stories to tell. I think it's a matter of just providing the context and the openness for people to get together.

**Dr. Jill Hayes:** I was telling my students laughingly that I had this profound insight this morning. I've been doing some research in the mentoring literature for an article that I'm writing. I feel very strongly in a mentoring situation, whether its purpose is to promote an interest in a field such as gerontology, to promote students into the research field, to promote them into the education field or just into a profession, such as nursing. The theme of the article that I've been working on is to promote students and retention of nurses as they move into their professional careers. The statement that has come out of that literature, as well as the article that was suggested we read for today's symposium, is that these mentorships should be chosen relationships and not forced.<sup>1</sup> Even though a more serendipitous relationship may have actually occurred between Drs. Lomax and Wong, to say that they were matched may be too structured. However, it sounds like now the University of Kentucky Program is executing an increased self-selection process with student mentees and mentors.

**Dr. John Watkins:** No, not really. It's still matched. But, it's randomly matched, although not by the individuals' characteristics. We do this type of random matching mostly out of recognition that in clinical community settings, when we as practitioners or scholars are engaging with older people, we don't choose those who we engage with.

**Dr. Hayes:** That takes me into my thought this morning and something that I really wanted to hold onto. I started trying to figure out how I developed the relationship with my students who have presented at this conference. In some respects, the relationship was chosen. In other respects, however, they also self-selected into the mentor-mentee relationship by demonstrating an interest in the Second Wind Dreams Program in the fall, which then led to their research activities relative to the faculty development grant.

Sometimes the relationships work if they're self-selected, while sometimes chosen is a little better. Maybe a blend of the two is best. The critical factor is that there has to be some chemistry or some dynamic there that matches with either the faculty's interest or the student's goals, and how those two things blend in order to develop the relationship. It is extremely important that each of you grow from each other. This also is in the literature; the creativity, openness and flexibility exist so that, as Dr. Rowles said previously, the relationship develops and evolves into meeting the needs of both participants.

It's heartwarming for me to have other faculty recognize the potential of the students I've had here, where they are headed, the insight and expertise that they already have, and that I've then had the opportunity to work with them, to nurture that and mentor them through the research process, which was what we've done this semester. I'm convinced that the relationship will continue because they've expressed an interest in the North Georgia graduate program and so the relationship can continue. It doesn't take a whole lot of money to support students in their endeavors. However, it does require that you

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<sup>1</sup> Antonucci, T. (2003, Spring). Master mentoring. *Adult Development and Aging News*, 6-9.

provide them that added recognition that you know what their schedules are like, you know what their budgets are like and you know where they really want to go, even though sometimes it's like pulling teeth to get them to access that funding. I think it was just the case that the recognition was there. I get tickled at Tommy Vela's description of how our faculty-student mentorship has been. He says he feels like a three-year-old on the playground with mom sitting on the bench reading a book.

We've guided our student mentees and we've provided the opportunities. They know that the faculty, including myself, are there for support. But, they're allowed the creativity and the initiative to step out and follow their interests. The evolutionary process of the relationship, as well as the opportunity for both faculty and students to grow from the experience, has been the real value in the relationship that we've developed. That's what I see with Dr. Lomax and his mentor, Dr. Wong, and the students in Alabama, too: the recognition, the opportunities and the resources—the environment that is created as an inviting student center environment.

**Audience Comment:** I am one of Dr. Hayes's biggest challenges at North Georgia. We're about the same age and I have eight grandchildren. I haven't been to school in 30-plus years. We were having dinner last night and I was telling her, "This research class is going to kill me." Then, we were talking about when she took her first research class.

**Audience Comment:** I don't even think they had research when I first entered school 30-plus years ago.

**Dr. Hayes:** Something else that has been so encouraging for my students conducting research for the first time was the comment a student made at this morning's poster presentation. The student informed other first-time student researchers that, "Yes, you're beginners. But look where you've come already." The opportunity that these students have had to attend here is sort of an outreach of this mentor-mentee relationship and now they're seeing their peers and their colleagues participating, too.

**Dr. Kevin Lomax:** Dr. Rowles, with the structure of the University of Kentucky Elder Mentor Program in its seventh year now, do you see a change, a difference or a similarity in the mentoring relationships with the entering classes? I observed it in certain aspects, but I don't have that participation level anymore as an alumni.

**Dr. Rowles:** Structurally, it has not changed. The nature of the relationships has changed because the people involved have changed. There is one thing that I would like to say, though, to add onto what's been said so far. This morning at one of the sets of presentations there were statements made by several people about how the poster presentations were so exciting because of the passion that people displayed for the work that they were doing. It occurs to me that this may link in an important way to mentorship because one of the things that's most important about mentorship, and this is a philosophical point that some of you may disagree with, is that many of the folks in our program believe very strongly that what one does as a professional is not separate from what one does as an individual. There are some people whose view is that we come to work, we do work and then we have a life outside of work. I think the philosophy of aging and the process of aging that many of us in Kentucky are interested in is that, in fact, the work that you do is part of your life and it can't be separated. It's not one of these things that one does 9-to-5.

Essentially, one of the important features of a mentorship relationship that's successful and that was displayed at the morning session is this notion of conveying to the mentee and having it reflected back as a mentor the fact that what we do as people and what we do professionally links to who we are as people and what our lives are like outside the academic work that we do. I think that the relationship evolves successfully if one can relate to the person who is the mentee at whatever level of experience they are. Part of the success that you had as a grandmother coming back to school and your worries about your research is basically the notion that was conveyed to you during this morning's interaction that yes, you are worth something, that what you think is important and that I think that what you think is important. We're all part of this process of trying to make the world a better place for our elders and I think that's part of the relationship. If we make the mentor-mentee relationship as structured as, "You'll meet three times in the next semester for one hour," you'll be sitting there in your meeting with your mentor, looking at your watch and saying to yourself, "*I've got to leave.*" I don't think it works like that. Basically, I think the best we can do is to put people together with other people with whom they can share experience and information and say, "go to it." What makes mentorships so exciting is that we don't know where they're going to lead. In that regard, Dr. Lomax, I don't think that the process at the University of Kentucky has changed that much. I do think, however, that our understanding of how little control we have over the process has increased and, if we're smart, we'll simply just celebrate that.

**Dr. Rebecca Allen:** To build on a couple of points with regard to the interface between structure and serendipity, I think we at Alabama, and other programs as well, have to take the "Field of Dreams" approach that if you build it, they will come. If you have everything, any successful program will have a certain amount of structure to it in order to plant the seed. We've been having many conversations about planting a seed since coming here to Atlanta for the conference. You have to have some structure that gets the seed into the ground, gets the fertilizer there and gets the seed watered. How far that plant will grow is then up to the seed, the elements and time. I think it takes some structure, in addition to plain serendipity.

With regard to whether or not mentorship programs change, I sure hope so. I'm now ten years post-PhD, five years into my primary academic track and have gone through all of my training. I've been so incredibly blessed to have had many quality mentors throughout my training, beginning at the University of Kentucky as an undergraduate, where I had a course with Dr. Rowles, and continuing on through Washington University and up through my current collaborations with Dr. Lou Burgio at the University of Alabama. But now that I have gotten to where I am in my career, I am blessed to have the opportunity to mentor some amazing young students like the three you currently have sitting in the audience, Maggie Payne, Dan Durkin and Laura Phillips, in addition to the other three Alabama students who aren't able to be with us here right now, Susan Fisher, Josh Baldwin and Lisa Jennings. I know that I still have much to learn in terms of being a mentor. I learn so much from my interactions with students, as much as I have learned in my interactions with senior colleagues. It's a very dynamic process. It's an evolving, growing process. I liked the article about master mentors that we were asked to read for this session because it talks about navigating that relationship,

navigating conflict, learning how to provide constructive feedback and learning how to rely on the mentee to let you know when something needs to change, that something needs to be done and that something's wrong. I really think that mentorship must be dynamic and must have room for growth from a seeded structure into whatever form it will take over time.

**Dr. Hayes:** I would second that because there's a fine line between structure and allowing that flow to occur, when you all of a sudden realize that "I have been busy, they haven't touched base with me, maybe it's because I haven't been around." Your first instinct is to go find them and start asking questions. Then it's like, "oh no, they know where you are!" Allow them that creativity and flexibility. That's really how our entire Baccalaureate's of Science in Nursing (BSN) Program at North Georgia College & State University is structured. It often times causes tremendous cognitive dissonance in the students because they come out of a truly structured basic nursing entry-level program and enter into our BSN Program as licensed nurses. The structure is not gone. Now, however, the creativity is there and for that first couple of months they're always saying to me, "Tell me what you want, tell me what you want it to look like." I just tell them that "No, I'm not going to do it for you and that this is your program." You turn very quickly into much more of a mentor and facilitator of education in order to allow them that growth. At the same time, however, you have to be comfortable with where your students are heading and to make sure that you're giving them a valuable experience. You have to lose that urge to control to where you stifle what they want to do. That's usually when I'll say, "No, I'm not going to help you write your objectives because then it's my learning and not yours." There's almost a dance that you do in order to give them that creativity and room for initiative, yet still put enough structure to where they'd be sure to have that valuable learning experience that they want.

**Dr. Rowles:** Your comment suggests another point that may be important in mentorship, and that is the difference between mentoring and cloning. In certain disciplines and in certain sub-fields of certain disciplines, to say that one was mentored by somebody may have meant that, basically, they have created you in their image and likeness and that every third sentence includes the name of your mentor. The philosophy of mentorship that's more effective is one where, as much as possible, it's very difficult for an outsider to tell simply by talking to the person who you mentored that they were actually mentored by you. That's very important because the point that you were making about not manipulating folks, but allowing them to develop as who they are with their potential is so very, very important. That's the difference between the cloning model and the true mentoring model, which is an opportunity for you to simply be supportive of a person in their own growth. If they end up like you, then, in a sense, you've failed because what you failed to do is to reveal what's within them. That sounds a little precious, but it's actually extremely important.

I am very grateful for my own mentor for instilling that notion within me. He was a strongly quantitative geographer who is known as one of the leading gurus in quantitative research in geography. Here I was trying to do a study with an "N of five" and the thing, which was most impressive about him as a mentor, was that he never told me what to do. He never critiqued my efforts to go in difficult directions, even though he knew on occasion that it was going to lead me into a brick wall. He was always there

when it was needed and I learned an incredible amount from my mentor. To that point, it seems that it's important for each of us to transmit that strength of our mentors to the next generation of folks. It's really critical that mentoring involves helping people to become who *they* are, not who *you* are.

**Dr. Allen:** It's very generative. Just as a thirding of that motion, I believe that absolutely you have to start with where an individual student is and then go where they go in that notion of growing. Any system of cloning is going to peter out at some point. You can't divide a cell forever and have it thrive and survive. You have to evolve. I wonder what the students in the audience feel.

**Audience Comment:** My mom is probably an example of my best mentor. She allowed me to go in a different direction other than nursing and I fell into physical therapy. She allowed me to grow in my own way, was a very good example and fostered raising the bar of achieving. Here I am working on my PhD and the two of us are blending back together in the gerontology field. It's pretty incredible.

The thing that I am pleased with at this meeting is the environment that the Student Conference creates with the poster presentations. In addition to the mentoring relationship itself, environment creates a very non-intimidating setting for us to be creative and share our passion. Maybe you have a project that's half done, maybe you have a project that doesn't even have sound research methods or was based on unsound work, but yet we can still talk to a professor and not feel like we're going to be grilled for ten minutes then walk away feeling poorly. We can instead walk away feeling good and say, "Look what I just did. I have that poster sitting there. It looks good and I just made a good presentation on top of that." I had some complements come from three different directions, a student, my professor and the head of our organization, and I really appreciate that.

**Audience Comment:** Environment is what then creates that mentoring atmosphere. Sometimes the mentoring is even informal. So many students I have brought to this conference have commented, "These are my peers, these are my colleagues and I can call on them now."

**Audience Comment:** It would be my guess that the Kentucky folks are also creating that environment with the elder mentorship because you're taking the faculty out of the picture. You still created structure for the students in assignments and progression through a course, but you've allowed them to be in an environment that's less intimidating and where they can share more.

**Dr. Rowles:** Our Elder Mentor Program is not in place of other kinds of mentorship; it's in addition to that. Most of our students see it the same way. Most programs would have their advisor-student and student-to-student mentorships, which are really effective. Student-to-student mentoring is where students who've been in the program a year-and-a-half are paired with a student who's just coming into the program. They have a partner to go to if it's something as simple as where to go to get the keys, to get the gas connected, to find the library, or to decide if a course worth doing or one that should be avoided. That becomes very important in terms of getting people to have an attitude. It is critical in the field of gerontology for us to generate a cadre of people with caring attitudes about elders and who express a passion for something that is beyond the simple learning of facts about a phenomenon. They learn and develop a sense of what

gerontology could be as a holistic field, as a field that isn't marked by its boundaries where it stops, but is marked by its core and by all the exciting and different directions that it can go. Within that framework, it's absolutely critical to have mentors, not just elder mentors, but academic and peer mentors who can tell you, "That's a crazy idea, but why don't you try it because Professor X will think that this is okay."

**Audience Comment:** I'm one of these students who need my independence. If you don't give it to me, I will probably go find it somewhere else. One of the things that I really enjoy about the University of Alabama Center for Mental Health and Aging is that I feel like they treat me like a colleague, but allow me to be a student. If I feel like asking something in the research meetings, I ask. On one occasion, my question caused a meeting to go much later than everybody intended. However, I believe graduate students have some really good questions that remind the faculty of some of the things that maybe they haven't thought about in a little while.

**Audience Comment:** In our program in Kentucky, we have students who mentor students, student-elder mentors and then student-faculty mentors. Mentoring is multiple mentors. We have student, elder and faculty mentors who are assigned to us, and we then meet people along the way who have perhaps nothing to do with our research interests, but are there. We click and they help us develop professionally. One of the strong points in our program is that we are multi-disciplinary, so we can go all over the place and find those folks who really can help us grow. I find it to be such a wonderful thing to know that I don't have one mentor or two mentors or three mentors, but that I have a half-dozen mentors and each of those folks can really help me develop who I am academically and personally.

**Audience Comment:** Listening to Dr. Rowles and looking at the field of gerontology, I think if any discipline needs mentors, that one does. If you want to go into social work, you go into a Master's program in social work. If you want to go into nursing, you go there. But, where do you go for gerontology? It's multi-disciplinary. There isn't one program. Gerontology students are going to have to tailor a program to meet their needs and the mentor becomes an incredibly essential key in order to let that happen. The mentor can say, "I know this one and, if you want to do research, you can go here. If you're really interested in economics, you can go here." A multitude of mentors can help you pull those pieces together into a meaningful educational experience.

**Audience Comment:** A successful mentor also is a person that can make a contribution without even making a concerted effort with the mentee. It is a natural process of growth and sharing.

**Audience Comment:** This is a partial answer to the issue of locating mentors in gerontology, which I consider "multi-inter-disciplinary." Earlier in the day a professor commented that the field of gerontology really isn't that big, but that if you come to meetings like this or other places, you'll probably find your mentor whether you like it or not. They're there, but over time, you realize that somewhere along the line they taught you something.

**Dr. Hayes:** It isn't so much where you find one, but the need to find one. You've got to pull pieces from various programs. Kentucky has a wonderful PhD program in gerontology. However, when you're in a state that doesn't have a particular gerontology program, the issue for someone with a nursing or social work background is whether you

can find a program that you can tailor and individualize to get that mentor contact.

One of my most rewarding experiences has been working with a faculty in physical therapy. She went back to school to get a degree, and although I've forgotten the actual title of her doctoral program, it was a general health sciences type program that she could then individualize. She was in a course of mine with CEOs, nurses and other physical therapists. When we got done with the course, she gave me a gift of a little guy who teeters outside of a box and says, "*Out-of-the-Box*." She said that's where I was able to take her. I felt a real accountability. I felt that this person is looking to me. That's where she feels like I took her, although she was the one who had to individualize that program to give her the educational experience she wanted. So often in the discipline of gerontology, there are very few specific programs. Students need help to give them the educational experiences they want within a program that isn't specific to gerontology, but it is the student's responsibility to take the opportunity to individualize it. This is where an elder mentor, like the ones that Kentucky uses, would also be absolutely valuable.

**Audience Comment:** I got interested in gerontology in just the last couple of years. Something that both the students and the professors should really take to heart is that it feels like a family. It speaks a lot about the culture and socialization. When we're talking about mentoring in the context of either an elder mentor and student or a faculty member and student, it is also the students that have come here. I've received a lot of feedback from students and I greatly appreciate it. I've seen the same thing with other people. I don't know if this is just from Dr. Poon and Dr. Lomax, but this conference is amazing because it lets us explore, to be confident enough to express our ideas, to get reassurance and develop new ideas in a really safe environment. Regardless of whether your discipline is social work, psychology or nursing, you can really pat yourself on the back for that. It's not competitive.

**Dr. Lomax:** I wanted to refer to the openness I still feel with the current and former faculty at Kentucky. I still feel so comfortable, even with my former professors who are no longer there. If I have a research question, it's just a phone call to ask and get my answer. There's no barrier there to communicate.

**Dr. Rowles:** The point you make that's really important is the potential in gerontology for selecting your "parents." My mentor was a wonderful person who made a suggestion to me that I followed through. I'd recommend it to any student in this room. I was a geographer and I was getting into gerontology. There were all these faculty up there on a pedestal. I thought to myself, "If they brushed by me and touched my coat, it's like, wow." My advisor said, "People are always very busy at conferences. If you try and talk to them in the hallway they'll be polite, but they've got this editorial they've got to go to." He suggested that what you need to do is—I'm probably going to cause a problem here—but before each conference that you go to, particularly a national conference, go through the program and find out who's going to be there, find out who's a really big name in your field that you're interested in and then call them. At that time, email was not the big thing. Call them or write them or contact them and say, "I'm going to be at the Gerontology Society of America meeting in San Francisco and I'm interested in work on environments in such and such a way. Is it possible that we could meet for a few minutes?" I never had a situation where it wasn't the case that I got a response

from that person who said, "I'm president of the program and I've got this and this and this. It's going to be very busy. Would it be okay if we maybe met for breakfast? I've got 7:30 open in the morning on Friday or on Monday." Yes, absolutely. I found that several of my mentors came from that where I basically met this person at 7:30 in the morning at the conference hotel and had breakfast shaking in my shoes the whole time, saying to myself, "Oh, wow" and just sort of glowing. The person would then say, "You might want to read this thing; you might want to talk about this thing; you might want to speak to him and why don't you go see her." I recall meeting another mentor-type person I met in similar way. After one of the conference breakfasts, she said, "We should probably meet next year, shouldn't we? Why don't you call me next year?" So, I called and left her a message. She called back and said, "Oh, yeah, I can meet you for coffee."

Essentially, I got to pick my parents. I'd strongly recommend that because most of these people who do seem way up on a pedestal to you are incredibly flattered when you say, "I'm interested in your work." They'll do all they can because they've been through the process and they view it as a part of their mentoring to do what they can to help you. If you're smart, you'll do that in your area of concern. That's a sort of mechanism for selecting mentors that are outside your institution.

**Dr. Allen:** I agree that gerontologists are generative people as a lot. Building on what Dr. Rowles said, another piece of good advice that I see in my faculty mentor is that we're all people. We put our pants on one leg at a time in the morning just like you. We're very practical and approachable and human. If you continue on this path, one of these days you students will see that I'm exactly the same as you. I've just been in the business a few years longer. One of those faculty "on-a-pedestal" types would have been exactly the same as any of you and would be the first to say they had just been in the business a few years longer. That's pretty much all it is.

**Dr. Wilson Wong:** I'd like to add to that. We've been talking about the mentor doing something to the student, such as giving him information, advising him, showing him or whatever. But, that relationship results in the reverse. The student can tell mentors things, help us with things and help us with our life. We have a decision to make and the student has some information from the program and a knowledge that we don't have. We may be older, but we don't have the information, or we haven't put it into words. It works both ways and I've found that things often alternate. I look at Dr. Lomax as the mentor. For example, he mentioned at the first symposium that we were doing a conference paper together. Because it's been so long since I've run a multiple regression analysis on the data, he helps me. It works that way.

Let me add one other thing. Have any of you heard of a bill of rights for interns? I'm a psychologist and member of a professional business organization. There's a bill of rights that the group has put out for its students in order for them to go out on an internship in business. The bill of rights details how businesses should be treating you as an intern and how you should act for them. Maybe the minimum structure that we should have for mentor programs for students is something along those lines. The structure would not have specific procedures, but would explain how you treat people and here's what they should be doing. In other words, treat the mentorship like a professional relationship. If you go out on an internship, you are a professional. I talked about the

roles being reversed. Give the student a task to do and he presents it. He presents the results of it. He tells the mentor what it is. If I am not aware of how I should treat the student, I'll just throw that out.

**Dr. Hayes:** It always concerns me a little if a student goes to a renowned professional in the discipline and is surprised that they respond. I think they have a professional obligation to share their knowledge. It always amazes me. I was recently at a conference where there were some students with us who were saying over and over, "They're so friendly. They're so willing to share." That's the way I think we all should be. Our daughter had that experience. She's in a measurement course and contacted the author of a tool who was thrilled to help. She called me all excited and said, "Mom, he actually responded." That is the way the profession should be. That's what one faculty told me she is noticing in gerontology. There is an inviting environment of sharing expertise. Maybe it comes from the adversity that we encounter so often in society and the struggles that we have in getting it to the forefront. It's incredibly challenging when you hear of programs being cut or programs being ended. Maybe it's through that adversity that we gerontologists are growing to be united as we are. Perhaps I'm hoping to get students educated and interested in gerontology so that when I get older there's someone who will be advocating.

**Dr. Rowles:** One of the things that's been interesting at this conversation is that we're all sort of developing this sense of mentorship as involving a warm, fuzzy feeling. One of the things that we haven't touched on a lot is the whole notion of stress in mentorship. Part of mentorship is just being there, acknowledging that the process the student is going through is very often highly stressful and not reacting stressfully when the student reacts stressfully to the stress they're encountering. Quite frankly, there is nothing you can do about the stress that the students have. You probably shouldn't do anything about it other than simply be there and say, "It will work out." Act as though it really will work out, even if you're not sure that it will work out. Invariably, it will work out because, generally speaking, the student is smart enough to figure it out if you'll just be there like the spine. If we start talking about mentorship as being good friends and there's never any tension or pushing or shoving, I think that's a little oversimplifying of the situation.

**Dr. Hayes:** Part of the challenge and the accountability of the mentor is, as Dr. Rowles says, to truly be there and not to be distracted by our own multi-tasking. You must be able to sit and actually focus when your mentees come to you and, regardless of what the relationship is, get into their world and sit and spend some time so that you can truly meet the needs for which they are turning to you.

**Dr. Allen:** There has to be openness on both the part of the mentee and the mentor. Part of that is being open to conflict and stress. All of us being human, there will be times when students have 500 things that have to be done yesterday. So, you go in and talk to your mentor who says, "By the way, about that project..." What you want to do as a student is reach out and smack them. That's going to happen. As a mentor, on the other hand, you have 800 reviews that are supposed to be done yesterday and your student comes in with a fabulous idea. But, you sort of look up while you continue sitting and typing at your computer. They're at the door talking and you're like, "Uh-huh" and still typing. Those times happen. There have to be mechanisms and ways to get through the

times when either one of you falls off the monkey bars, hits your head and falls to the ground. You can then come back, dust yourself off and say, "Okay, mentor or mentee, I'm sorry about X, Y and Z. I was such and such yesterday. Let's talk about that idea or let's talk about whatever."

**Audience Comment:** Looking over the article we were asked read made me think about things, particularly in the section on the first page, where it's talking about the mentee. This passage started me thinking about strengths and weaknesses. One of the things that occurred to me was that some of my strengths are also my weaknesses. For instance, I have a tendency toward creative thinking. That can go too far sometimes, and that's where a mentor would come in well to help me temper that. It's letting the leash out and pulling it back and just helping me stay grounded. It's also about knowing when to stop. We've joked about asking how you know when to stop doing a literature review.

**Audience Comment:** You quit when your co-chair says, "Stop reading for four months and write."

**Dr. Rowles:** My advisor had a wonderful way of doing this when I was developing my dissertation proposal. Although I met with him to go over the draft, he never gave me real comments on what was wrong. His response was, "Why don't you, maybe you should just sort of cut it in half and redo this piece and think about this." I'd go away, do it, and when I'd bring it back a few weeks later he'd say, "Okay, but you might want to just..." I'd go away and come back. This happened two or three times. On the fourth time, however, I'd say, "here it is." Although he would try to offer another round of suggestions, I'd reply, "This is what I want to do!" "Okay, you're ready," he'd say. That was pretty much it.

**Dr. Hayes:** I also had an advisor that was incredibly valuable. I was struggling with the same issues of where to go with this literature review, what do I do and where do I stop. Her comment was to do your literature review, get your research going and then tailor your literature review only to what you're actually working with in your discussion and your data because you've got to tie that back to the literature review. The best way to begin to tailor that down is when you begin to do your discussion and what are you tying it to. That's the true relevancy within the literature review, but we all struggle with that.

**Dr. Leonard Poon:** I thought this was a fantastic symposium. I think it's going to be very useful. There were some very good points.

**Dr. Lomax:** I want to thank everyone for attending this Student Mentoring Conference symposium discussion and hope everyone enjoys the remaining conference presentations. The proceedings are now concluded.

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# Montgomery Awards

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On his retirement from the University of Georgia-Athens in 1984, Dr. James P. Montgomery, Director of the Gerontology Center, and his wife, Geneva, contributed money to the Gerontology Center without restricting its use. Their gift has funded the student awards named in Dr. Montgomery's honor through 2004.

## **Introduction by Dr. Sandy Streater**

Fifteen years ago, Dr. Leonard Poon initiated the Student Convention in Gerontology and Geriatrics. The convention has since evolved into the Student Mentoring Conference. For fifteen years this conference has continued to grow to become one of the premiere venues to showcase student-faculty collaboration in gerontology. Students have the opportunity to present their research to colleagues and faculty from their own, as well as other institutions. They also have the opportunity to polish their presentation skills and meet challenges to their research from peers and faculty. This inter-disciplinary coming together of what initially might seem to be very disparate disciplines blends into a wonderfully rich experience where we all learn from each other.

This year's Student Conference was held in conjunction with the annual meeting of the Southern Gerontological Society. As a result, all of the student poster judges could not be present for all of the oral poster presentations. Therefore, the students' oral presentations were not considered in the judging; only the student posters were judged. The posters were judged on content, attractiveness, depth of topic coverage and the potential to add to the body of knowledge in the field of gerontology.

Judging this year's student posters was challenging because of the many, many extraordinary submissions. Consequently, the judges were unanimous in the opinion that presenting awards to only the top three posters was nearly impossible. That being said, three additional student posters received honorable mentions.

## **First Prize**

### ***Barriers to Hospital Arrival When Experiencing a Heart Attack***

**LaVona Traywick**

**PhD Program in Gerontology, University of Kentucky**

Rapid hospital arrival is crucial for individuals experiencing a heart attack because the speed in which one receives medical attention can reduce damage to the heart and increase survival. For many individuals, however, barriers prolong their time to treatment. To improve our understanding of these barriers, we analyzed data collected during in-depth interviews with 135 heart attack survivors. Respondents acknowledged

the following reasons for delayed hospital arrival: cost concerns, concern about others reactions to symptoms, privacy issues, prior unpleasant experiences with healthcare providers and not recognizing heart attack symptoms. Relevant social and demographic characteristics trends are noted.

### **Second Prize**

#### ***Exploring the Hidden Program of Long-Term Care: Almshouses, Hospitals, Prisons and Institutions***

**Meldrena Chapin  
PhD Program in Architecture, University of Wisconsin**

The hidden program is the automatic wiring of meaning and connotation associated with a place-type or a particular place. This implicit societal understanding is a socio-cultural creation; it is a set of socially agreed upon expectations regarding the purpose, participants and acceptable behaviors within a place. In the case of a long-term care facility, the hidden program is typically related to institutions, almshouses, hospitals and prisons, rather than relating to home, community and neighborhood. The engrained nature of the hidden program often makes altering our perceptions or understandings of a place-type difficult. One of the challenges to the culture change movement is overcoming the hidden program of long-term care.

### **Third Prize**

#### ***More Life to Live: Bridging Research and Practice to Address Gambling Addiction and Other Unhealthy Behaviors in Older Adults***

**Leland Waters  
Virginia Center on Aging, Virginia Commonwealth University**

Current research suggests compulsive gambling, smoking and alcohol abuse are related addictive behaviors that can lead to depression or suicide in older adults. To address these issues, the "More Life to Live" grant project is implementing a unique statewide model education and prevention program targeted to older adults and service professionals. This presentation will illustrate how the project developed educational tools to communicate the unique message that the process of change in addiction is predicated on the principles of behavioral substitution.

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## Honorable Mentions

### *Nutrition Education for Lower Income Older Adults: A Critical Review*

**Janice Fordyce and Nicole L. Sullender**  
**Department of Nutrition, Food and Exercise Sciences,**  
**Florida State University**

Healthy People 2010's objectives include increasing the rate of older adult participation in an organized health promotion activity from 12 percent to 90 percent; therefore, special consideration of this population is required. This review cites the unique challenges associated with nutrition education for lower income older adults, and specifically addresses the challenges related to this group's low level of literacy. Successful education interventions employ interactive, hands-on demonstrations that convey personally relevant health information. Implications of the review findings for best practices will be shared.

### *Sensory and Physical Stimulation Activities Used as Interventions for Individuals with Alzheimer's Disease*

**Katherina Nikzad**  
**PhD Program in Gerontology, University of Kentucky**

Progression of Alzheimer's disease includes increases in depression and decreases in cognition. This study evaluated effects of sensory stimulation activities on depression, cognition and attention levels in twenty-two residents (experimental group) with Alzheimer's disease (AD) over a two-month period and compared them to residents with AD from a similar nursing facility (control group). Using a pretest/posttest design, the Geriatric Depression Scale and the Mini Mental State Examination, as well as a continuous performance task were used to assess attention. Results indicated reduced depressive symptoms and increased cognition and perceptual sensitivity in the experimental group as opposed to the control group. Results indicated reduced depressive symptoms and increased cognition and perceptual sensitivity in the experimental group as opposed to the control group.

***Internal Locus of Control and Depression  
Among the Elderly Living in Highrises/Complexes***

**Cynthia Jackson and Michelle Reece  
Center for Health Research, Tennessee State University**

Internal locus of control is the belief that one's outcome is directly the result of one's behavior. Using this construct, this study hypothesizes that the outcome of depression for the elderly will be reduced. This study examines how internal locus of control moderates the depression outcome among the elderly when controlling for race, sex and medical problems. Preliminary results suggest that internal locus of control significantly impacted depression among other races, but not for blacks. Medical problems were highly significant for all other races and marginally significant for blacks. However, gender was only significant for blacks when looking at depression.

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# Monograph Bibliography

The following bibliography of the Annual Student Convention Monograph Series is a partial listing of recent volumes that are available in limited quantities. Many of these reports also are available as downloadable PDF files from the University of Georgia-Athens Gerontology Center web site: <http://www.geron.uga.edu>

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