DEVELOPING A MENTORING PROGRAM FOR CLINICAL EDUCATORS

AN EIGHT STEP GUIDE FROM PHYSIOTHERAPY

BY IRENE LEITHHEAD, MELANIE NGUYEN & KATE THOMSON

THE UNIVERSITY OF SYDNEY
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RATIONALE FOR MENTORING PROGRAMS FOR CLINICAL EDUCATORS
Clinical educators facilitate allied health students in their efforts to become competent clinicians. This role requires educators to assess student performance, provide feedback on that performance and assist students to improve subsequent performances. Educators direct students to improve their ability to clinically reason and formulate treatment approaches, helping students implement and evaluate the effectiveness of these approaches.

Clinical educators are workplace teachers – often with very little formal instruction in the fundamentals of teaching. Frequently, their only resource will be their personal learning experiences, and there is no guarantee that the people who provided these experiences were skilled teachers.

Clinical educators are appointed to teach core clinical and practical skills to university students across year levels and disciplines based on the assumption that they are competent practitioners; it is assumed, by virtue of their discipline knowledge and experience they will be able to effectively teach students. These “teachers” will likely have received little or no formal training in workplace education and have taken up a teaching role as a specified part of their employment within a particular discipline. Unfortunately “Expertise in clinical practice does not imply expertise in clinical education” (Strohschein et al, 2002; 162).

Patient treatment, clinical reasoning and problem solving are fluid in their nature, and so it is impossible to rigidly prepare students for approaching practical situations – every learning situation will be different. Educators are also challenged by balancing their needs for patient primacy (the patient comes first) with the expectations of students, who have, until their first clinical placement, experienced “student primacy” (Shepard and Jenson 1990).

More and more health care problems are becoming ones where there are no protocols or known effective interventions, and the practitioner must utilise reflective or intuitive knowledge in order to effectively manage the client.

There are few formal supports for the day-to-day needs of the new clinical educator and the type of formal support available will vary significantly among institutions and across disciplines within each institution. Our mentoring program represented an enjoyable way to develop teaching skills;

“I have enjoyed being part of the program; it has provided an avenue to improve teaching skills which is normally overlooked when becoming an educator.” (Erich et al 2004; 518), providing support, help with teaching strategies, positive reinforcement and constructive criticism for mentees; in this case, novice educators. There is also evidence to support the claim that mentors benefit in their objective and subjective career success from the mentoring relationship (Bozionelos, 2002). Our participants could see the importance of mentoring for clinical educators;

“I think the idea of mentors/mentees is a positive step for clinical educators, as it has not always been recognised in the past that we might need support in this way.”

The authors of this manual conducted an on-line survey in 2009 of more than 150 clinical educators supervising students enrolled in physiotherapy courses at The University of Sydney. (Nguyen et al., 2010). These clinicians overwhelmingly voiced their desire for a mentoring program to assist them in their role as a clinical educator. The survey also identified specific characteristics that such a mentoring program should possess. These characteristics were incorporated into a pilot mentoring project for Physiotherapy Clinical Educators who supervised University of Sydney undergraduate and graduate entry students undertaking clinical practicums in the 2010 academic year.

Feedback from this survey provided information on some key aspects that potential participants wanted included in the program, ie.:

- Mentoring pairs should have some degree of flexibility or choice of partners, only 20% of respondents preferred to be allocated a mentor or mentee, the rest preferred some element of choice.
- Mentors should be more experienced than mentees, with the preferred amount of experience being a few more years than the mentee (76%).
- Mentors and mentees should be from a similar clinical discipline (79%).
- The mentoring program should incorporate a blend of both formal and informal mentoring.

This manual represents the authors’ efforts to distil the information learned from the implementation of a pilot program into a guide that could facilitate the implementation of mentoring programs in other disciplines in Health Sciences at the University of Sydney, or in other clinical disciplines in other universities.
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ESSENTIALS OF ESTABLISHING YOUR OWN MENTORING SUPPORT PROGRAM

We describe the salient features of our Physiotherapy Pilot Mentoring Program, and include resources in the appendices that should be useful for starting such a program in other Allied Health Disciplines. The process for establishing a program is listed in point form below. The following pages describe our pilot experience in further detail, and outline how other programs can build on what we have learnt.

- Identify the need for this type of program and whether your educators are willing to be involved.
- Recruit participants – this will be challenging! Despite the desire of educators to be involved, time constraints, work pressure, and the lack of recognition of the value of mentoring in the allied health community may reduce educators’ willingness to commit to a program.
- Form mentor/mentee pairs – provide as much choice to participants as possible, given participant number and attributes.
- Provide an opportunity for the program participants to meet each other (preferably face to face) and ensure each pair sets specific goals for the relationship.
- Regularly contact mentoring pairs reminding them to communicate, this may include sending each participant resources to stimulate discussion.
- Encourage mentoring pairs to meet face to face – either formally, by you hosting the event, or informally – this may mean you have to subsidise travel and justify the participant’s time away from the work place to his/her superior. Offer support/assistance with participants’ management and work colleagues – you may need to educate these people about the values of a mentoring relationship.
- If you have a specified time period for the mentoring relationship, have pairs review their goals midway through and at the end – if the relationship is ongoing, set a regular interval of time after which goals are reviewed.
- Allow project participants to provide you with feedback about what works/doesn’t work and how you can provide further support; and be willing to incorporate feedback as soon as possible.

STEP BY STEP GUIDE TO ESTABLISHING A MENTORING SUPPORT PROGRAM

The following eight steps may assist you to establish a mentoring program in your discipline. They are listed in the order in which they can be usefully completed, although it is likely steps 5, 6 and 7 will continue throughout the program.

Step 1: Determine a focus for your Pilot Mentoring Program

The authors drew on the work of Cross (1995); in her article she lists a number of specific skills that physiotherapy clinical educators identified as professional “strengths” that contributed to effective student learning in the clinical situation. These were:

1. ability to facilitate learning
2. assessment and evaluation skills
3. counselling skills
4. stress management skills
5. time management skills
6. experience of other cultures
7. good standards of record keeping
8. liaising with the university/school

Since these were specifically identified by physiotherapists involved directly in clinical education, the authors decided to use these eight skills as the basis for the development of the program. The themes of these skills were used to write specific discussion questions used to stimulate interaction between mentors and mentees. These eight strengths were used as feedback points to assess the effectiveness of the program as a whole (see Appendix 1 for example discussion questions).

Step 2: Recruit mentors and mentees

The authors initiated an email survey of all clinical educators listed in the database of The University of Sydney physiotherapy clinical educators and received 167 responses. Participants were asked to identify specific questions regarding the structure and organisation of a possible mentoring program, and state whether they would be interested in being involved in such a program should it be initiated.

Eighty per cent said they would be involved in a mentoring program, with more than half (56%) of respondents open to being considered as a mentor and more than half (59%) open to receiving mentoring. Despite this enthusiastic response, when it came time to recruiting participants for the pilot program, less than 20 participants could be found. It became apparent during the course of the pilot program that there was a generally poor perception of the value of formal mentoring for our project population. This poor perception was held by other staff with which the participants worked, and by those who supervised or managed them. Participants explained that there was a widely held perception amongst those not directly involved in the program that mentoring meant little more than ‘coffee and a chat’. Participants in the pilot program felt that recognition of the mentoring program by managers at clinical education sites would increase the ease of coordinating participation (as either a mentor or mentee) and caseload, allowing participants to dedicate time to the program. For this reason the authors recommend directly contacting each participant’s manager to outline the structure of the mentoring program and to highlight the
benefits for participants. An example of the letter to send to participants in the pilot program may be found in Appendix 2.

Similarly, an example recruitment PowerPoint – suitable for in-service presentations to current clinical educators is also included in Appendix 3.

Participants need to be engaged in determining the format of the mentoring program. Sample survey questions to ask participants and assist you in designing the program format can be found in Appendix 4.

**Step 3: Form mentor-mentee pairs**

According to Ewing (2008) mentees should be able to choose their mentor, and there needs to be flexibility in the focus of the mentoring relationship. Bell and Treleaven (2010) suggest that mentees should choose their mentor, and the process of mentor selection needs to be unhurried and well supported. The ability of the program to provide such flexibility will depend on your success in recruiting participants. Time constraints will vary from program to program.

Since the authors of this pilot program were significantly limited by both time and the number of participants, pairing of participants was done in the following way.

Mentors and mentees were provided with the same participation survey (refer to Appendix 5). A list of three potential mentors was compiled for each mentee by matching clinical experience, type of work and experience with student supervision. This list, with appropriate descriptions of the above, was sent to each potential mentee, who then ranked the names in order of preference. Each mentee was paired with the highest ranked mentor possible. Once pairs were determined, both mentor and mentee were informed by email of the match. The authors admit that is a far from superior method of determining pairs - the literature (Simpson et al; 2005), suggests that the most effective mentoring relationships are spontaneous; however such serendipitous liaisons are unlikely to happen in the time pressured, understaffed world of allied health where locating potential mentors is challenging.

Important feedback that was discovered during later feedback and workshop sessions included the following findings:

- The two educators should be from the same area of clinical expertise or practice, this allowed for the most useful exchange of knowledge, skills and advice.
- There may be some benefit in forming pairs from educators who work in the same area health service, though this would depend on the size of the service, as a very small service may not provide enough professional “space” between mentor and mentee to allow frank and open exchange. Being from the same service allows for uniformity of process and policy between mentor and mentee pairs.

- A face-to-face meeting at the commencement of the program would have been extremely beneficial. Unfortunately, due to time constraints and difficulty recruiting participants, this planned part of the project did not eventuate (although they met later, see Step 5). Should circumstances allow, an initial “get-to-know-you” meeting should be included in the relationship forming part of the project.

**Step 4: Establish guidelines and goals for your program**

This part of our project was, in hindsight, poorly addressed due to time constraints; the fact that we failed to have an initial face-to-face meeting of pairs meant that these parameters were often not clearly established by the pairs. These parameters would include issues such as the frequency, duration, and location and communication method.

The authors have included a goal setting form that they would encourage mentoring pairs to complete at the commencement of the relationship, and review at regular intervals during its duration. Refer to Appendix 6.

**Step 5: Facilitate mentoring activities**

Our mentoring pairs agreed to interact for a minimum of two hours a month, or as the need arose. They communicated via email, by telephone and when the opportunity arose, face to face. This face to face interaction was facilitated by the authors running two debriefing workshops, held at the end of each semester.

Six scenarios were sent to the mentoring pairs via email in order to stimulate discussion regarding the issues of facilitating learning, performance assessment/evaluation of students, counselling/mentorship skills, stress and time management, experience of other cultures and good standards of record keeping. These are all key areas identified in the literature (Cross, 1992).

Examples of the discussion questions used in each scenario may be found in Appendix 1. These emails were sent as a friendly reminder for the pairs to maintain their interaction with each other.

The workshops were held at The University of Sydney, Cumberland Campus, and were designed to facilitate...
effective mentoring and facilitating learning in the workplace. They were also a way for the participants to provide direct feedback to the authors about the program.

**Step 6: Facilitate mentoring relationships**

Once participants are recruited and pairs are formed, participants need to be regularly reminded to contact each other. The pairing process, reminder emailing and co-ordinating of workshops was covered by a part-time administration position. The program ran from the beginning of Semester 1, to the end of Semester 2, 2010. This part-time support staffer worked approximately 100 hours over the 10 months of the program.

As we confessed in the goal setting section above, we failed to put enough input into this part of the project. Feedback from participants told us this was a significant oversight, in hindsight it may have resulted in less than optimal participation by our pairs in the early weeks of the program.

One suggestion by the participants of this project for improving the mentoring relationship was to facilitate mentor and mentee visits to each other’s workplaces. This particular aspect had not been considered by the authors; however, it is an excellent method of allowing mentors and mentees to have a relationship with a deeper understanding of the professional responsibilities of each other. The opportunity to provide this contact would definitely be considered for inclusion in future mentoring programs.

**Step 7: Collect and use feedback**

The authors ran two formal workshops during the course of the program to obtain feedback from participants and allow them to meet collectively in person.

Feedback was obtained through individual surveys, and small and whole group discussion. Refer to Appendix 7 for examples of the small group discussion questions and Appendix 8 for individual surveys. A summary of the survey results was emailed to all participants in the program following the workshop.

Any feedback that could be used to improve the existing program was implemented as quickly as practicable. Two significant examples were the distribution of a letter to participants’ direct superior explaining the benefits of being involved in the program (refer to section on recruitment of participants), and the regular emailing of mentor/mentee pairs with reminders to maintain contact with their mentor/mentee.

**Step 8: Evaluate the program**

Results of surveys of the participants conducted mid-way and at the conclusion of the program showed participants overwhelmingly felt that the program had been useful and/or beneficial for to them in their role as a clinical educator. We used the skills from Cross (1995), (see Aims section). They responded that their ability to facilitate student learning (1), their counselling/mentorship skills (3), and their skills of performance assessment and evaluation (2) had all been enhanced. They also felt that their ability to liaise with The University of Sydney (8) had been improved by their involvement in the program.

While some of the participants strongly agreed that the program had enhanced their stress management and time management skills (4 and 5); these responses accounted for less than half of the participants.

The final two objectives assessed by the program, which were the ability to maintain a good standard of record keeping (7) and enhanced understanding other cultures (6), did not seem to be significantly altered for the participants. Mentoring program designers may need to consider the importance of these objectives for their clinical educators and how best they might tailor their program to develop these skills.

Although the focus of this program was the clinical educators, we also investigated the effect of participating in the program on student learning experience. We measured the amount of time students spent with the clinical educator, their perception of feedback (quality and quantity), explanations of learning standards and suggestions for improvement. Students whose clinical educators participated in the mentoring program felt that they spent more time with their educators and were more comfortable with the delivery of feedback. A significantly greater number of students with educators participating in mentoring agreed they had been provided enough feedback, their ratings on learning outcomes were explained and they were provided suggestions for improvement.

**FINAL THOUGHTS**

It is intended these steps would support others to develop a mentoring program for clinical educators in their disciplinary and university context. Our innovative approach built on the literature with participant input wherever possible. We sought their feedback before, during and after the program and based the mentoring activities around specific scenarios to ensure they were relevant to clinical educators. This resulted in a program that enhanced the clinical education experience for educators and their students.
ACKNOWLEDGMENTS
The Pilot Mentoring Program for Physiotherapy Clinical Educators was supported by The University of Sydney’s 2010 Teaching Improvement and Equipment Scheme (TIES) through the Faculty of Health Sciences.

REFERENCES

APPENDICES
1. Mentoring Discussion Scenarios
2. Letter to Manager outlining benefits of the Mentoring Relationship
3. Recruitment Power Point
4. Sample Survey questions
5. Mentoring Participation Profile Form
6. Goal Setting Form Mentoring Agreement
7. Workshop small group discussion questions
8. Educator Program Evaluation Survey

CONTACT DETAILS
For further information about this program, or how to implement a similar program within your discipline, please email melanie.nguyen@sydney.edu.au
Facilitating Learning
Poorly performing students are often identified by educators to their clinical school coordinator as possessing “poor clinical reasoning skills”. Do you think “clinical reasoning” is a single skill, or it made up of a variety of skills? If the latter is the case, what constitutes this set of skills? Do most students who seem to be poor at clinical reasoning seem to be deficient in some of these particular skills? Are there other causes for students to struggle with clinical reasoning? If you feel clinical reasoning is a discreet skill, how do you help a student who is not good at it to become better at doing this requirement of practice?

Performance assessment and evaluation
Review the following comments and grades given for some selected learning outcomes. What do you think about the comments; do they align with the grades that have been assigned to the learning outcome? Would you write something like this? Why/why not??

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Your communication skills with your colleagues, other health professionals and your clients is one of your strongest points. Your communication with clients is also excellent. You utilise easy to understand language that is free of jargon, and you also deliver this information I such a way that you are not talking down to them. Your medical recoding keeping is excellent, with legible well laid out notes – you need to refine your note taking skills, and working out what is the most comfortable way for you to take notes while assessing a client.</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcome</td>
<td>You have become more systematic in your approach with patients but gather all information rather than what is appropriate. You need to think more broadly when considering the problem. You take way too long gathering information from the notes etc. You are improving in your ability to form your preliminary hypothesis.</td>
<td>Marginal</td>
</tr>
<tr>
<td>Learning Outcome</td>
<td>Outcome measures were used will to measure progress and determine the effectiveness of the intervention in weeks 4 and 5. Your use of outcome measures improved greatly during the placement. During future placements, from week 1, explore how outcome measures can be used to determine progress, communicate progress and enhance motivation in the different settings you will encounter.</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

Counselling/mentorship skills
Have you encountered “anxious” students? What characteristics have helped you come to the conclusion that these students are in fact anxious? What strategies do you employ to deal with students who present this way? Have they worked?
Appendix 1: Mentoring Discussion Scenarios

Stress management skills
Supervising students is challenging! Do you worry whether you are doing a good job? How seriously do you take student feedback on your performance? Do students make comments about previous educators? If so, how do these make you feel? Do you ever wonder why you started taking students in the first place? Perhaps you are in the position where you have been told by your HOD that you will take students no matter how you feel? Do any of the above questions resonate with you? Do these situations make you feel anxious or stressed? If they do, how do manage these feelings?

Time Management Skills
Do you have a full clinician workload as well as the workload of student supervision? Do you find this challenging? How do you balance educating students with getting your day job done? Do you find this a challenge?

Ability to liaise well with the University
How knowledgeable are you of what makes up the academic curriculum that the Discipline of Physiotherapy teaches to its Undergraduate and Graduate Entry Masters Students? Is your knowledge of this important to your role as a clinical educator? Have you ever had a student that demonstrated poor academic knowledge? What did you think was the reason for this? How did you deal with it? Did you ever consider contacting someone at Uni to discuss it further? If yes, how did you go about it, if no, why not?
Appendix 2: Letter to Manager outlining benefits

THE UNIVERSITY OF SYDNEY

Dear [insert name of Manager],

As you may know your staff member has been participating, this year, in the University of Sydney Pilot mentoring program for physiotherapy clinical educators. This program enables senior educators to help more junior staff to develop confidence and enhanced teaching skills. Initial evaluations have been very promising.*

Part of the program that was highly successful last year was a workshop where senior staff were able to share their experiences amongst themselves and with their junior colleagues.

We are planning to hold a similar workshop this year, in December, the aim of which is to build on the experiences of 2010 and to evaluate the program.

We would greatly appreciate it if you would demonstrate your commitment to the professional development of Y by supporting his/her attendance at the workshop.

Please feel free to contact any of the name listed below if you want further details of the workshop.

Kind regards,

Andrew Gonczi

Director of Clinical Education
Faculty of Health Sciences
University of Sydney

*We included a summary of feedback on our program. This may be something worth including.
Note: This letter was printed on University of Sydney letterhead and posted to the nominated managers.
MENTORING PROGRAM

Reasons for Clinical Educators to be involved.

WHAT IS MENTORING??

A mentor's responsibilities towards a less experienced colleague embrace teaching, sponsoring, guidance, socialisation into a profession, and the provision of counsel and moral support.

A **mentee** (person receiving mentoring) is usually new to their role, (in this case that of clinical educator), and would like access to support that is not necessarily available in the present working environment.

**WHAT DOES A MENTORING RELATIONSHIP LOOK LIKE??**

- This program will utilise face-to-face meetings and email discussion.
- Meetings will be held at the commencement, mid-way and at the end of the program.
- E-mail discussion will continue for the duration of the program. This aspect should involve around 2 hours of contact per month. Discussion will be facilitated by prepared discussion questions. These will be emailed to participants on a regular basis.
- The program will run for the length of the academic year.
Outcomes from a pilot program for Physiotherapy Clinical Educators found the following were enhanced for participants.

- Ability to facilitate learning
- Skills in assessing students
- Counselling/mentoring skills
- Ability to liaise with the university.

Students who were supervised by mentor/mentee participants in the pilot program:

- Felt that they spent more time with their educators
- Were more comfortable with the way feedback was delivered to them by their educator
- Were more likely to agree that they had been provided with enough feedback while on their clinical unit
- Reported they had their learning outcomes explained to them well.
- Reported that they were provided with suggestions for improvement
IN SUMMARY

More satisfied students on clinical placements.

Better supported new clinical educators.

Continuing career development of experienced educators.

What next??
Appendix 4 Mentoring Survey Questions

Page 1
This survey aims to find out whether some sort of mentoring program is needed or desired amongst clinical educators and if so, how that program could be structured to maximise its effectiveness. Responses are anonymous and it should not take more than 15 minutes to complete. We plan to report back to you with the results of our survey as soon as they are collated and reviewed.

If you have any queries or concerns about this project or the survey, please do not hesitate to contact Irene Leithhead i.leithhead@usyd.edu.au
Clinical Educator Coordinator Physiotherapy – SE Clinical School

Page 2
*1. Please indicate your gender
   • Female
   • Male

*2. Please indicate your age

*3. As a clinical educator, what setting are you primarily working within?

*4. To the closest month, how many years have you been a physiotherapist?

*5. To the closest month, how many years have you been a clinical educator (either with the University of Sydney or another institution)?

Page 3
*6. Why did you choose to become a clinical educator?

*7. What has been your most rewarding experience as a clinical educator to date?

*8. What has been challenging for you as a clinical educator?
   • Ensuring students are learning
   • Assessing students
   • Managing responsibilities as a clinical educator with those of a physiotherapist
   • Complying with university expectations
   • Other (please specify)

Page 4
*9. Have you been previously involved in a mentoring relationship?
   • Yes
   • No

Page 5  *(Only if response to Question 9 was ‘Yes’)*
*10. This was an effective mentoring relationship
   • Disagree Strongly
   • Disagree
   • Tend to Disagree
   • Tend to Agree
   • Agree
   • Agree Strongly

*11. List three successful elements of the relationship
*12. List three unsuccessful elements of the relationship

* indicates a question which required a response
Appendix 4 Mentoring Survey Questions

Page 6
*13. Would a mentoring program be valuable to you?
   - Yes
   - No

*14. Why?

*15. Would you consider becoming a mentor?
   - Yes
   - No

Page 7
*16. Which of your strengths would like to share? Select as many as apply.
   - Ability to facilitate learning in some way, including research skills
   - Skills of performance assessment and evaluation
   - Counselling/Mentorship skills
   - Stress Management Skills
   - Time Management Skills
   - Experience of other cultures
   - Good standards of record-keeping
   - Ability to liaise well with the University
   - Other (please specify)

Page 8
*17. Would you like to be mentored?
   - Yes
   - No

Page 9
*18. Indicate all the relevant areas that you would be interested in being mentored in.
   - Ability to facilitate learning in some way, including research skills
   - Skills of performance assessment and evaluation
   - Counselling/Mentorship skills
   - Stress Management Skills
   - Time Management Skills
   - Experience of other cultures
   - Good standards of record-keeping
   - Ability to liaise well with the University
   - Other (please specify)

Page 10
*19. If a mentoring program was offered for University of Sydney clinical educators, would you be interested in participating?
   - Yes, as a mentor
   - Yes, as a mentee
   - Yes, as either a mentor or mentee
   - No, I would not be interested in participating

* indicates a question which required a response
Appendix 4 Mentoring Survey Questions

Page 11

*20. My mentor should be more experienced than me
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*21. My mentor should have at least a few years more experience than me
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*22. My mentor must have at least 10 years of clinical educator experience
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*23. Mentors and mentees should work in similar clinical disciplines
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*24. Mentors and mentees should be working in the same workplace
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

Page 12

*25. I would prefer to
   - Have a mentor/mentee allocated to me
   - Select from a list suggested by those organising the mentoring program
   - Be provided with information about possible mentors/mentees and forge my own mentoring relationship
   - I have no preference

*26. An effective mentoring program for me would be:
   - Formal: discussing set topics regarding clinical placement
   - Informal: discussing issues as they arise / issues relevant at the time
   - A blend of formal and informal-set topics, with the option to follow up as the need arises

* indicates a question which required a response
*27. Mentors should provide advice on professional development
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*28. Contact between mentors and mentees should be
   - Weekly (please indicate hours/week)
   - Fortnightly (please indicate hours/fortnight)
   - Monthly (please indicate hours/month)
   - As the need arises

*29. Mentoring relationships should only occur when the mentee has a student on placement
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*30. Mentoring relationships should occur throughout a semester even if the mentee does not have students for the duration of the semester
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*31. The mentoring relationship will be
   - An adjunct to the clinical educator coordinator’s role
   - A replacement for the clinical educator coordinator’s role

*32. It is important to me that the mentoring relationship is confidential
   - Disagree Strongly
   - Disagree
   - Tend to Disagree
   - Tend to Agree
   - Agree
   - Agree Strongly

*33. Contact between a mentor and mentee should be via:
   Select all that apply
   - Email / internet
   - Telephone
   - Face-to-face meetings

*34. Please indicate your desired frequency (per fortnight) of contact via:
   - Email / internet
   - Telephone
   - Face-to-face meetings
   - Any
*35. The mentoring relationship should be

One-on-one
- Disagree Strongly
- Disagree
- Tend to Disagree
- Tend to Agree
- Agree
- Agree Strongly

*36. The mentoring relationship should be

Group mentoring: One mentor to a group of 2-5 mentees
- Disagree Strongly
- Disagree
- Tend to Disagree
- Tend to Agree
- Agree
- Agree Strongly

*37. The mentoring relationship should be

Group mentoring: More than one mentor to a group of 2-5 mentees
- Disagree Strongly
- Disagree
- Tend to Disagree
- Tend to Agree
- Agree
- Agree Strongly

*38. The mentoring relationship is most effective when it is:
- A long term relationship
- Set for each clinical year and changed annually/regularly
- Set and changed only if the relationship isn't working

39. Are there any other comments you would like to make about mentoring for clinical educators?

* indicates a question which required a response
Mentoring Program Participant Information

Clinical Experience:
1. Please indicate the number of years you have worked as a physiotherapist:

___________________________________________________________________________

2. Please describe the facilities in which you have worked (size, services offered).

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Please give a brief description of the positions you have worked in (general wards, OPD, community health) and the level of responsibility/supervision you have had.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Please describe what type of experience you have had supervising students.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Present Experience:

Place of work:
___________________________________________________________________________

Clinical discipline: (please circle)
- Ambulatory care
- Acute
- Elective
- Rehabilitation
- Community Health
- Other (HOD, manager)

Will you be supervising students in 2010? YES NO

The 2010 Mentoring Program:

Would you like to volunteer to be a mentor? YES NO

Do you wish to participate in the program and receive mentoring? YES NO

Name: ____________________________________________
Contact Phone: ________________________________
Contact Email: ________________________________
Appendix 6: Mentoring Agreement

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Mentee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Our mentoring relationship will run from ___/___/___ to ___/___/___

Mentoring review: ___/___/___

This review meeting will include a discussion about whether it is possible or desirable for both parties to continue the arrangement. It will provide you with an opportunity to reflect on and evaluate the program to date.

Goals

What are your goals for participating in this mentoring program?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Communication

The following methods of communication will be used (tick as many as apply):

☐ Face-to-face
☐ Email
☐ Phone

Communication will be for at least / at most ____________ hours per week / fortnight / month.

Agreement

• We agree that discussions within our mentoring partnership will remain confidential. The information shared in our correspondence is subject to the standard guidelines of ethical and professional conduct.

• We agree that meetings are cancelled or delayed, adequate warning should be given. Postponed meetings will be re-booked promptly.

• We understand that the Mentoring team is available to explore any issues that arise within the mentoring relationship and that we are free to withdraw from this program at any time.

• We understand and accept the terms stated in this Mentoring Agreement.

Signed:

_________________________________  _____________________________________

(please print name)  (please print name)
SHARING MENTORING EXPERIENCES: DISCUSSION QUESTIONS

1. How much time do you spend on mentoring? Is this more or less than expected/agreed upon? How do you feel about that?

2. Think about your mentoring relationship to date. Do you have regular mentoring sessions? How do you exchange ideas?

3. Are you satisfied with the current rhythm of your mentoring relationship? Why/why not?

4. What were your original goals for the program? Do you feel that your goals/needs are being met?

5. What are some of the issues for mentors?

6. What are some of the issues for mentees?
CLINICAL EDUCATOR MENTORING PROGRAM EVALUATION

Please circle the response that corresponds to your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>N</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>

DEVELOPMENT THROUGH MENTORING

I found the mentoring program useful/beneficial for my role as clinical educator

SA             A     N     D     SD

Mentoring has enhanced my

Ability to facilitate learning, including research skills

SA             A     N     D     SD

Skills of performance assessment and evaluation

SA             A     N     D     SD

Counselling/Mentorship skills

SA             A     N     D     SD

Stress Management Skills

SA             A     N     D     SD

Time Management Skills

SA             A     N     D     SD

Ability to maintain good standards of record-keeping

SA             A     N     D     SD

Ability to liaise with the University

SA             A     N     D     SD

Understanding or experience of other cultures

SA             A     N     D     SD
Please list the three best aspects of the mentoring program
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list the three aspects most in need of improvement
________________________________________________________________________
________________________________________________________________________
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Please share any other thoughts or comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE