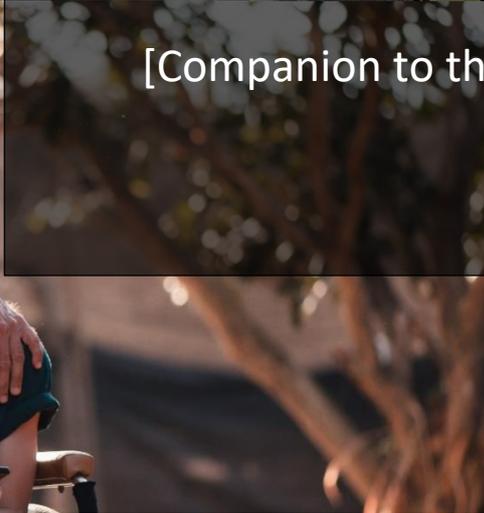




**Health Issues Centre**  
Consumer voices for better healthcare



# Consumer Mentorship Guide



[Companion to the Consumer Mentorship Program  
Manual]

**October 2021**



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## Purpose

This **Consumer Mentorship Guide** outlines what is required from health services to establish and maintain the Consumer Mentorship Program and includes a series of templates to facilitate implementation. The Guide includes:

### Definitions

#### Administration and secretariat

##### Staff allocation

##### Budget, reimbursement and remuneration of consumers

##### Recruitment, selection and matching

#### Suggested program structure

##### Stage 1: Negotiating expectations and goals

##### Stage 2: Establishing the relationship

##### Stage 3: Establishing mentee's learning goals

##### Stage 4: Monitoring the program

##### Stage 5: Reviewing the relationship

##### Stage 6: Establishing mentees' future pathways

##### Stage 7. Evaluation of the Mentorship Program

#### Suggested content of the Mentoring Program

This **Guide** is a companion to the **Consumer Mentorship Program Manual** which sets out what is required from health services to support consumers engaged in the Consumer Mentoring Program as mentors and mentees.

## Definitions

**Mentoring.** Mentoring can be defined as a “process of mutual benefit where a more experienced person assists a less experienced person in their personal or professional development. The most common application of the mentoring process is when an experienced person helps a person new to their role adapt to the situation or helps a person prepare to take on a new role.”<sup>1~2~3</sup>

**Mentor.** A *mentor* is an experienced consumer representative who provides support, knowledge, encouragement, guidance, and constructive feedback to the mentee by developing a genuine interest in the growth of their abilities and talents.<sup>4</sup>

**Mentee.** A *mentee* is a new or emerging consumer representative who actively seeks support and guidance from an experienced consumer representative (mentor). A mentee always has ultimate responsibility for their development.<sup>5</sup>

**New and ‘emerging’ consumer:** The consumer has a basic knowledge or an understanding of consumer engagement. This knowledge is based on their personal experience gained by being an “expert patient” or “experienced carer”, but also by being in the role of a consumer contributor, representative or advisor.<sup>6</sup>

**Experienced or ‘excelling’ consumer:** The consumer can demonstrate considerable knowledge and experience in consumer engagement and is seen as a policy influencer, co-designer, decision-maker and deliverer of projects. They can provide advice, guidance, troubleshoot and answer questions related to their role.<sup>7</sup>

**Consumer representative or advisor:** A consumer who is invited to share their experience individually, or as part of a group, on projects, advisory groups or committees.

**Mentorship Program Coordinator:** A health service appointed person whose role is to drive, support and coordinate the program and monitor how it has been implemented.

## Administration and secretariat

The health service implementing the Mentorship Program undertakes administrative and secretariat tasks to support the mentors and mentees. To be an effective mentoring program it should align with the culture of the health service. The health service is responsible for allocating human and financial resources to the program, monitoring how it has been implemented, and evaluating the

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<sup>1</sup> Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors. p.8

<sup>2</sup> Cancer Australia (2009). Consumer training and mentoring guide, Cancer Australia: Canberra.p.3

<sup>3</sup> Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors.

<sup>4</sup> Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors. p.8

<sup>5</sup> ADAPTED FROM: Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors. p.8

<sup>6</sup> Consumers Health Forum of Australia. 2018. Shifting Gears. Consumers Transforming Health. A White Paper. Canberra. pp 9-11

<sup>7</sup> Consumers Health Forum of Australia. 2018. Shifting Gears. Consumers Transforming Health. A White Paper. Canberra. pp 9-11

program following its inception. It is expected that then it would be able to continue to implement and monitor the program on an ongoing basis.<sup>8</sup>

The Consumer Mentorship Program and the consumers engaged as mentors and mentees need to be supported by health services through:

- Clear rules of engagement and expectations of the mentees (new and emerging consumer representatives) and the mentors (experienced/excelling consumers) participating in the mentorship program.
- Having the necessary organisational policies and procedures to support the implementation of the program e.g. consumers rights and responsibilities; confidentiality and privacy statements; insurances (including volunteer insurance); Occupational Health and Safety; protection against harassment; inclusiveness in relation to ethnicity, culture, socio-economic background, gender and sexuality as appropriate to the program; grievance issues; withdrawal procedures; arrangements for future contacts between mentor and mentee; policies about reimbursement for out-of-pocket expenses related to participating in the program; risk management; use of generally accepted accounting practices; capacity development and networking opportunities for consumers.
- Offering support to new and emerging consumer representatives (mentees) throughout the development of the role; and to experienced consumer representatives (mentors) to enhance their professional development and career pathways after the conclusion of the mentoring program.
- Providing information to mentors regarding who to contact if they are concerned about a mentee's welfare.
- Reminding staff about the ways in which new and emerging and experienced/excelling consumer representatives are available to contribute to the work of the health service.

9~10~11~12

### Staff allocation

A member of staff coordinates the program and support the mentees and mentors through the implementation of the program. This Mentorship Program Coordinator may be the quality and safety manager or the consumer engagement or patient experience officer in the health service or other key staff member who manages consumer engagement in the organisation. This person communicates internally and externally about the program and disseminates information about progress to their relevant line of management and external stakeholders (for example, Safer Care Victoria, other health services and relevant consumer and community organisations and peak bodies).

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<sup>8</sup> Kessler S. 2010. How to Start a Mentoring Program: Creating a Structure. How to Start a Mentoring Program. <https://www.inc.com/guides/2010/04/start-mentoring-program.html>

<sup>9</sup> Health Research & Educational Trust. 2013. *A Leadership Resource for Patient and Family Engagement Strategies.*, Chicago. p. 10

<sup>10</sup> Victorian Quality Council. Consumer leadership. 2007. Consumer Leadership. p.3

<sup>11</sup> Happell B, Roper C. 2006. Promoting Genuine Consumer Participation in Mental Health Education: A Consumer Academic Role. *Australian e-journal for the Advancement of Mental Health*. Cited in Victorian Quality Council. Consumer leadership. 2007. Consumer Leadership. p.6

<sup>12</sup> Agency for Healthcare Research and Quality. 2017. Working with Patient and Families as Advisors Implementation Handbook. p.14-15

## Budget, reimbursement and remuneration of consumers

The health service allocates resources through staff allocation and for reimbursement of out-of-pocket expenses incurred by the participants and following the Safer Care Victoria: *A guide to consumer remuneration*.<sup>13</sup>

## Recruitment, selection and matching

It is recommended that a Consumer Mentorship Program Committee or Working Party is established to manage the recruitment of mentors and mentees to participate in the program. This would ensure that the selection process is equitable and that there is accountability for the selection and matching of mentors and mentees.

The Consumer Mentorship Program Committee or Working Party normally includes the quality manager, the staff allocated to manage the program, one other relevant staff and at least one consumer representative (who is not engaged in the program).

In the unlikely event that the Committee's recommendation for a mentee-mentor pair is not successful, there will be a process for participants to seek review and find another match. One way to do this might be to set up a "check-up" or evaluation soon after the relationship begins. If there is a serious problem, the Committee would recommend another mentee or mentor.

The Mentorship Program recruitment, selection and matching process will include a formal application and nomination process for mentors and mentees, and monitoring and evaluation of the program. The following Attachments are available for implementation of this process:

- [application form](#)
- [criteria to match mentors and mentees](#)
- [letter of acceptance](#) and [letter of non-acceptance](#)
- [eligibility criteria](#)
- [interview for mentors and mentees](#)
- [mentoring agreement](#)
- [monitoring of the program](#)
- [mentorship termination](#)
- [evaluation of the program](#)

## Suggested program structure

The mentor and the mentee have a key role in designing the program structure. However, it is recommended that the program be initiated with a basic proposed structure that indicates how many sessions will be included in the program and some of the contents to be covered during those sessions. A suggested structure includes seven stages which are described in detail below:

**STAGE 1:** Negotiating expectations and goals

**STAGE 2:** Establishing the relationship

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<sup>13</sup> Safer Care Victoria: *A guide to consumer remuneration* SCV guide <https://www.bettersafecare.vic.gov.au/sites/default/files/201901/A%20guide%20to%20consumer%20remuneration.pdf>; See also Victorian Comprehensive Cancer Centre Payment of consumes policy and sample of payment forms at <https://www.viccompccancerctr.org/about-vccc/consumer-engagement/resources/pages/consumer-remuneration/>

**STAGE 3:** Establishing mentee's learning goals

**Stage 4:** Monitoring the program

**Stage 5:** Reviewing the relationship

**Stage 6:** Establishing mentee's future pathways

**Stage 7 .** Evaluation of the program

### Stage 1: Negotiating expectations and goals

In most mentorship programs the mentor and the mentee agree on the expectations and goals of the program and on the duration of the program. In negotiating the goals and expectations, the consumers may discuss:

- what will be covered and how
- what the expectations of the parties are
- how those expectations can be met
- what milestones to look for
- how to overcome any problems that may arise
- any other practical considerations.

In terms of duration of the program, the time commitment needs to be negotiated between the mentor and the mentee. However, most mentorship programs are for a minimum of six months<sup>14</sup>, and mentors and mentees meet at least once a month for approximately one hour. Some partnerships may wish to alternate the regular one hour meetings with longer meetings if and when required (for example, near the completion of a milestone); and they may supplement these meetings with regular emails or phone calls. Health services may also offer networking events and opportunities throughout the program that mentors and mentees will be encouraged to attend.<sup>15</sup>

The mentee is responsible for contacting the mentor to organise a time and place for the first (and subsequent meetings) that is suitable for both participants. It is strongly recommended that the first meeting is organised in collaboration with the health service. Both participants need to agree on a preferred location(s) to meet during the mentorship program. It is best to plan for the next meeting together at the end of each meeting. If either party cancels a meeting or cannot attend, the other party should be notified promptly and a new date scheduled.

The first meeting is critical in establishing the foundations for the development of the mentorship but can be quite daunting for both the mentor and the mentee. The key to a successful mentorship is to ensure that both participants share the same objectives and expectations of the program. These should be discussed openly and negotiated within the partnership. A 'Before the first meeting' activity may facilitate this process; an informal occasion is recommended when mentor and mentee meet under the auspices of the health service.

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<sup>14</sup> A period of six months is the minimum suggested; it make is affordable in terms of staff time allocation and also in terms of expenses associated with reimbursement or payment of consumers engaged in the project. Some health services may opt for a 12 or 18 month program.

<sup>15</sup> Planning Institute Australia. 2020. Mentoring Program for NSW Young Planners.

## Stage 2: Establishing the relationship

This stage is about the mentor and the mentee getting to know each other. Learning about each other's interests and opinions beyond the task of planning helps build trust and understanding in the mentorship. Topics for discussion in this stage may include:

- explore common experiences, interests or hobbies
- personal experiences as a consumer or carer
- health services they have used
- experiences as a consumer representative or advisor on committees or other organisational structures
- health services they have been involved in
- roles played as a consumer representative or advisor
- other consumers they have worked with
- consumer networks they may belong to.

Mentors and mentees may find that many of these discussion topics may eventually lead back to 'planning' topics. Mentees should also feel comfortable asking their mentors for advice on current consumer engagement activities they are engaged with and how is it going for them.

It is recommended that during this stage, mentors share some of their engagement history and significant experiences and how they got to where they are now. Mentors could discuss and reflect on one or more of the following suggested examples.

- I wish I had known at the time .....
- The engagement role I am most of proud of is .....
- I am so glad I did/didn't .....
- A significant obstacle I overcame was .....
- I was most proud to be a consumer representative when .....
- My biggest learning curve was ....
- My greatest achievement is .....
- When I started in this journey, I didn't realise ....
- Today's consumer representatives should know ....

Mentors need to be wary of unknowingly dominating conversation, exerting undue influence or quickly discounting alternative opinions. Their role is to support and facilitate the mentee to take responsibility for their own problem solving and arrive at opinions independently. Mentors should help mentees work through all issues or alternatives to a topic and help mentees see the 'big picture', rather than offering 'the' solution. Playing the 'devil's advocate' is often a good way to help mentees challenge their opinions and assumptions but mentors should be careful to help mentees explore their ideas in a greater depth before presenting an alternative argument or view point.

## Stage 3: Establishing mentee's learning goals

At this stage of the mentoring relationship, mentors and mentees should focus on the development of learning goals for the mentee. To develop learning goals, mentors and mentees could work on the bases of the mentee's consumer representation activities, committee work, networking with other consumers, etc. [\[See Establishing learning goals for the mentees template in Attachment 7\]](#)

It may be appropriate for mentees to share some examples of their consumer engagement work in the health service so that mentors can assist with particular developmental needs, such as:

- reading agendas or minutes of meetings
- confidence in making a contribution during a meeting
- ascertaining who is a key decision maker
- how to relate to the Chair and other committee members
- feeling confident to ask for clarification of technical terms, acronyms, or jargon during meetings
- how to seek the views of other consumers about a particular issue.

Mentors and mentees should not feel that discussions must be limited to the mentee's learning goals. Specific issues and interesting discussion points will naturally arise and should be explored as needed. These may include:

- current consumer engagement work
- turnover of staff that may affect their current engagement activities
- training and networking opportunities
- changes in the health service environment
- new local, state or national healthcare policies.

#### Stage 4: Monitoring the program

Within the duration of the program mentors and mentees should review the progress of the program. This review could be undertaken based on the progress made on Stage 1: Negotiating expectations and goals. Mentors and mentees should review the expectations of the parties; how they agreed to meet these expectations; the set milestones; and how should any problems arising be addressed. [\[See Monitoring the program template in Attachment 8\]](#)

#### Stage 5: Reviewing the relationship

In conjunction with an internal or external evaluation, mentors and mentees could undertake a review of the participation in the program as mentor or mentee. This exercise would help them to assess the development and success of the mentorship as well as their personal and professional development.

Mentors and mentees can consider the following questions when reviewing their participation and the development of the mentorship relationship:

- Was progress made towards the mentee's goals?
- Did the mentee develop realistic engagement aspirations?
- How did the mentee respond to new ideas and suggestions?
- Was confidentiality maintained?
- Did the mentee/mentor attend all meetings and Mentoring Program events?
- Did the mentee/mentor complete agreed tasks?
- Was the mentee/mentor punctual and organised?
- Did the mentee/mentor cancel meetings?

- Was the mentee/mentor attentive during the meetings? Did the mentee/mentor ensure there were no interruptions during the meetings? (i.e., phone calls, people in office, etc.)
- Did the mentor/mentee experience any situations where assistance from the Mentorship Coordinator was needed to resolve a difficulty or provide assistance beyond the scope of the mentor?
- Does the mentor or mentee have any suggestions for improvement of the process?

### Stage 6: Establishing mentees' future pathways

Towards the end of the six (or twelve)-month period, mentors should focus on the next steps and engagement direction of the mentee. Mentees may want assistance from their mentor to clarify their preferred direction or to develop a plan to continue engagement in the health service. It is important to evaluate an appropriate direction based on the mentee's likes/dislikes, strengths and developments needs as well as skills, values and interests. In discussions with the health service staff managing the program, mentees may consider a variety of engagement opportunities including:

- engaging in specific projects, working parties, and/or committees
- participating in staff training
- facilitating engagement in consumer networks
- attending organisational capacity development and training
- writing articles or post for newsletters and/or social media about their role
- becoming a mentor (if the Program continues)
- giving presentations to staff and other consumers engaged in the organisation about the Mentorship Program

### Stage 7. Evaluation of the Mentorship Program

The program can be evaluated using a variety of indicators such as: program satisfaction; knowledge and skills acquired; mentees' engagement progress; mentees' self-confidence; contacts made/people met; risks taken; mistakes avoided; best features of the program; program weaknesses; and recommendations for improvements. [\[See Evaluation of the Program template in Attachment 9\]](#)

The most difficult task will be determining what exactly the mentoring program (as opposed to other factors) contributed to the enhanced performance of new and emerging consumers.

It is recommended that the evaluation include

feedback from mentees and mentors mentees and mentors' managers and others in a position to know something about the program; and secondary sources such as written documents; meeting minutes and logs; training materials; and the mentees' work plans.

Some of the internal data should be collected internally by the health service including:

- numbers of mentors and mentees
- numbers of set meetings
- participants' satisfaction with training (if any)
- mentors and mentees' satisfaction with the mentoring experience as a whole
- whether or not planned activities actually occurred
- were any unanticipated benefits of the program
- any challenges that have been addressed

Participants can contribute with reports on what they did together, what they learned, and suggestions for improvements.

Data can also be collected in terms of engagement activities undertaken by the new and emerging consumers before and after participating in the mentorship program and if participants stay with the health service after they completed the program.

In addition, it is strongly advisable to undertake an external evaluation. “An outside source which specializes in mentoring evaluation and which guarantees confidentiality will ensure that participants share more detailed and candid information”.<sup>16</sup>

### **Early mentorship program closure**

There may be situations where the mentor/mentee relationship ends prematurely. The reasons for this can vary and the relationship can be ended with a ‘no fault’ closure. The ‘no fault’ closure can be initiated by either party. The primary aim of the ‘no fault’ closure is to ensure a win-win situation for both parties and there is no blame attributed by or to either party. Both parties can initiate the closure and the process to end a relationship can be done either directly between the mentor and mentee or by requesting the staff managing the program to facilitate. It is suggested that in closing the relationship, the parties discuss: the highlights and positives from the relationship, the reason(s) for ending the relationship and provide honest feedback. There is no reason for the mentor or mentee not to engage in another mentorship relationship that suits them better. [\[See Mentorship termination in Attachment 10\]](#)

## Suggested content of the Mentoring Program

Mentors and mentees should decide the content of the program based on the mentees’ experience as a consumer representative or advisor and their needs. This is only a suggested list of discussion topics and the mentorship should not be limited to these discussion topics. The list below outlines a series of topics of discussion that may be explored by the mentors and mentees during the implementation of the program.<sup>17</sup>

### **Self-care**

By drawing on the experience of the consumers, discuss some of the issues that do, or could affect consumers engaged in governance or advisory committees, working parties or reference groups. Discuss what strategies they have tried or have heard about that could work in self-care management.

List some strategies that could be used to look after oneself as a consumer member of a committee and plan how to implement them. For example:

- Take care of yourself
- Maintain links with family and friends not involved in advocacy
- Eat well, have sufficient rest and sleep
- Exercise
- Take up a hobby
- Take time out occasionally

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<sup>16</sup> Phillips-Jones L. 2020. Time to Evaluate Mentoring. Immentoring

<sup>17</sup> Adapted from: Cancer Australia. 2009. Consumer training and mentoring guide, Cancer Australia: Canberra. pp. 14-17

- Prepare a succession plan.<sup>18</sup>

### **Public presentations**

- Discuss why so many people are afraid of speaking in public
- Brainstorm the key elements of a successful public presentation
- Role-play presenting a point of view or a summary
- Seek coaching or training on public speaking.

### **Story-telling<sup>19</sup>**

- Discuss the role of story-telling in consumer representation work
- Take turns telling a story
- Critique the key elements of the story and aim at writing a story ready to be shared with others (other consumers or health service staff).

### **Written communication**

- Brainstorm the elements of good writing
- Discuss the pros and cons of plain-language writing
- Find a piece of prose for the mentee to critique against the elements of good writing
- Use a well written checklist.<sup>20</sup>

### **Listening**

- Share stories about good listening and how this has improved or clarified a situation
- Detail the elements of good and effective listening
- Practice actively listening to one another to draw the other person out and get a deeper understanding of him/her.

### **Assertiveness**

- Encourage the mentee to tell stories of when they have used assertive communication to make a point or get something they needed
- Talk about the difference between assertive and aggressive communication. Ask for examples of each
- Role-play making an assertive statement in a meeting context.

### **Personal planning**

- Draw up a personal plan and strategies to make sure the consumers' time is used effectively with enough space for self-care
- Prepare a list of all the commitments of the mentee to ascertain effective use of time and to avoid burnout
- Brainstorm a list of time-saving tips based on personal experiences.

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<sup>18</sup> Mental Health Branch, Commonwealth Department of Health and Family Services. 1999. The Kit. Knowledge and Attitudes. p.65

<sup>19</sup> Health Issues Centre offers training in effective storytelling for quality improvement. See also Our Community. 2011. Speaking Our Minds: A guide to how we use our stories. Melbourne

<sup>20</sup> For example, Jacobson, Kara L and Parker, Ruth M. 2014. Health literacy principles checklist. Based on Doak, CC, Doak LG and Root JH. 1995. *Teaching Patients with Low Literacy Skills*. 2nd Edition. J.B. Lippincott Company; Health West Partnership.[n/d] Checklist for written information

### **Tips for consumer committee work**

- Discuss areas of consumer engagement work that concern the mentee the most. Discuss ideas for overcoming these
- Discuss strategies for dealing with situations when the mentee may not feel as prepared as they would like
- Role-play some common situations that mentee might encounter; for example, building rapport with a new committee member or dealing with a dominant chair.

### **Negotiation**

- Go through the stages and skills of negotiation and discuss the benefits of having a structured approach<sup>21</sup>
- Role-play a negotiation using the negotiation steps
- Discuss past situations where the mentee have used negotiation skills.

### **Solution-focus**

- Discuss the difference between a problem-based approach and the solution-focused approach
- Describe some common problems the mentee might encounter and discuss solution-focused approaches to these
- Write a series of negative statements and ask the mentee to turn them into positive statements.

### **Influencing skills**

- Describe some of the questions mentees could ask when thinking of influencing decision makers.<sup>22</sup>
- Role play a situation when the mentee would seek to influence a decision maker

### **Equity and diversity**

- Reflect of the issues of equity and diversity that the mentee may face during their engagement work
- Discuss the difference between equity and equality<sup>23</sup>
- Reflect on own assumptions regarding diversity in the community
- Discuss examples of situations when equity and diversity may emerge in the mentee's role.

### **Reflecting**

- Explore the mentee's experiences with reflection
- Pose a problem to the mentee. First, ask them to solve it. Note the solutions. Then ask them to reflect on the problem for five minutes and note if there are any differences in the solutions they come up with

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<sup>21</sup> For example see <http://www.professionalsaustralia.org.au/australian-government/blog/negotiating-skills/>

<sup>22</sup> Goldsmith, M. 2009. Effectively Influencing Decision-Makers. Harvard Business Review <https://www.marshallgoldsmith.com/articles/effectively-influencing-decision-makers/>

<sup>23</sup> What's the Difference Between Equity and Equality? <https://www.mentalfloss.com/article/625404/equity-vs-equality-what-is-the-difference>

- Invite the mentee to share an experience and discuss what they have learnt from the experience and how that led them to a different approach.

### **Summarising and clarifying**

- Seek the views of the mentee on a particular issue and ask them to clarify their point of view and summarise the main points they want to make
- Discuss the difference between questions of clarification and other types of questions.

### **Value-added components**

Value-added components of the mentoring program that health services could facilitate may include:

- Opportunities for mentors and mentees to be involve in other health service initiatives that may benefit the mentorship relationship (e.g. participation in planning days; Annual General meetings; open days; invitation to present their work at staff meetings and at a Board meeting; etc.)
- Opportunities for ongoing peer support groups for mentees and mentors
- Opportunities to attend training and development events
- Opportunities for discussion of relevant issues and provide relevant information
- Opportunities for networking with appropriate organizations
- Opportunities to participate in social gatherings with other mentors and mentees
- Offer annual recognition and appreciation (e.g. in Annual report and at Annual general meeting)
- Provide access to newsletters or other means of communication to mentees and mentors, a
- Provide assistance to mentees in defining the next steps to continue achieving personal goals.

## Attachment 1. Application process

### Application form for mentors and mentees [Could be online]

[Please adapt to the mentor and mentee positions]

[*Insert health service's name*] are establishing a Consumer Mentoring Program to help build the capacity of consumer representatives or advisors engaged in the organisation. If you would like to apply as a *mentor/mentee* for the program please complete the form below.

Name

Phone number

Email address

Postal address

Applying as a *mentor/mentee*

Please respond to these questions. [You may use all or some of these questions]

- How long have you been engaged as a consumer representative or advisor in a health service?
- What are your expectations for the mentoring program?
- What specialised knowledge or lessons learned would you be uniquely suited to share with others?
- What would you be particularly interested in learning from others?
- Please describe your experience in any formal or informal mentoring relationship
- What are your top three priorities for being matched with a *mentor/mentee*? (e.g. Similar interests related to engagement in health services as a consumer representative or advisor; experience as a consumer representative or advisor)
- Please provide 3 key reasons for applying to this program
- Please indicate one personal attribute that makes you an effective *mentor/mentee*
- How would you rate your interpersonal and communication skills?
- Are you able to reflect on your own personal attributes, biases and style of engagement?
- Please indicate the time commitment that you can provide to the program. (e.g. monthly meetings of two hours for six months)
- Please provide the names and contact details of two referees who would be willing to support your application.

Sources: NOVA SHRM and Dulles SHRM. 2021. Mentoring Program Toolkit Establishing a Mentoring Program in your Local SHRM Chapter p.39

## Attachment 2. Criteria to match mentors and mentees

Mentor selection and matching takes into account the learning goals identified by the mentee, as well as the expressed preferences, experience and background of both the mentor and mentee.

Some considerations may include:

- Years of experience as a consumer representative (e.g. 3 years for mentors; less than 1 year for mentees)
- Understanding of the role of consumer representative or advisor
- Leadership potential
- Commitment level
- Personal goals consistent with program intent
- Thoughtful responses to application questions
- Good interpersonal and communication skills
- Willingness to reflect about own personal attributes, biases and style of engagement?
- Other considerations

Sources: NOVA SHRM and Dulles SHRM. 2021. Mentoring Program Toolkit Establishing a Mentoring Program in your Local SHRM Chapter. pp.43.44; MENTOR/National Mentoring Partnership. 2005. How to Build A Successful Mentoring Program Using the Elements of Effective Practicep.151.

## Attachment 3. Letters of acceptance or non-acceptance - Sample

### Letter of acceptance

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Congratulations, you've been accepted as a *mentor/mentee* into the [*insert name of the health service*] Mentorship Program.

[*As a mentor*], we have matched you with someone who is at the beginning of their consumer representative or advisor role and who is seeking to enhance their skills by working in a mentoring relationship with a mentor like yourself, with experience of the consumer role for many years.

[*As a mentee*] we have matched you with someone who is an experienced consumer representative or advisor and who is seeking to support someone like yourself to enhance your skills by working in a mentoring relationship.

Your *mentor/mentee* is \_\_\_\_\_

(Note: provide a brief background on the person. For example, health service(s) engaged with; years of engagement work; common interests and contact details)

We will send confirmation and further information in about 2 weeks.

Our first meeting is on [*insert date, time and venue/online*]

The agenda for the first meeting will include a get-to-know you activities and provide the contact details of the health service staff supporting the Mentorship Program.

You will be assigned a liaison (a committee leader) who will contact you.

Please do not hesitate to contact us if you have any questions about the Program.

Kind regards

[*insert name and contact details*]

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## Letter of non-acceptance

Date

Dear ,

Thank you for taking the time to complete the application for the [*insert name of the health service*] Mentorship Program.

We do our best as a committee to select and match individuals based on experience and career interests. Unfortunately, we are not able to accept you into the program this year.

We sincerely hope that you will consider applying again.

Again, thank you for taking the time to apply, and please contact us if you have any questions.

Kind regards

[*insert name and contact details*]

SOURCE: NOVA SHRM And Dulles SHRM. 2021. Mentoring Program Toolkit Establishing a Mentoring Program in your Local SHRM Chapter. pp.45-46

## Attachment 4. Eligibility criteria for mentors

The defining feature of a mentoring relationship is the existence of a more experienced and knowledgeable skilled person – the mentor. There are some essential traits a mentor should possess:

**Empathy** – Understanding of the challenges faced by consumer representatives or advisors engaged in health services.

**Appropriate skills and knowledge** – Basic skills and knowledge in the area of consumer engagement and leadership.

**Problem-solving skills** – Think clearly and critically to help mentees to sift through options efficiently.

**A good ear** – Act as a sounding board. Excellent listening skills and ability to guide the mentee towards making their own decisions.

**Discretion** – Act with discretion and respect all confidences the mentee may impart, and vice versa. Therefore, a high degree of two-way trust is essential to a successful mentoring relationship.

**Ability to suspend self-interest** – Strong commitment to the mentee’s development, and may sometimes need to give up opportunities in order to offer the mentee a chance to grow into and demonstrate their capability to perform in the new role.

**Sensitivity and responsiveness** – Sensitive to the role, helping to enhance the mentee’s skills and aptitudes.

**Generosity** – Willing to share their resources to aid the mentee’s development.

**Willingness** – Has the time – and inclination – to commit to a constructive and ongoing relationship. Need to ensure that both parties have an idea at the very start about what the expectations will be.

**Patience** – Support the mentee through any setbacks. Both parties should also be aware that mutual trust and understanding may need time to develop.

**Excellent communication skills** – Can communicate freely and effectively and be able to articulate their experiences.

SOURCE: Ourcommunity.com. What should I look for in a mentor?  
[http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1359](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1359)

## Attachment 5. Interview – Sample

A staff member or coordinator conducts a personal interview with mentors and mentees before starting the program.

- What is your current consumer engagement experience (what are you engaged with in the health service) ?
- How long have you been in this role?
- What are some challenges you are experiencing and trying to overcome in your role at the moment?
- Describe your ideal **mentor** or **mentee**.
- What does mentorship mean to you?
- What are your greatest strengths?
- What areas would you like to develop in?
- What is the main thing you want to get out of this mentorship?
- What's your preferred channel of communication?
- What would you like to be doing in 3 years' time with regards to consumer engagement?

SOURCE: Mentorloop. The complete mentoring program toolkit. p. 13 – 15.

## Attachment 6. Mentoring agreement - Sample

### Sample 1.

#### MENTORSHIP PROGRAM AGREEMENT

This agreement is to be completed and signed by the mentor and the mentee.

We,

And

(mentor and mentee),

voluntarily commit to the [name of health service] Consumer Mentoring Program for the period of [enter duration in months] between [insert starting and finishing dates]

We will:

Meet at least ..... [enter agreed interval]

Attend all mentoring program sessions and activities.

Have a genuine interest and commitment to the Mentoring Program.

Be objective, honest and supportive.

Act ethically and with respect towards all participants.

Respect and maintain strict confidentiality.

Contribute to discussion and resolution of issues raised in meetings.

Participate in the Mentoring Program evaluation and review.

We acknowledge that either person has the right to discontinue mentorship for any reason, and we will follow the Mentoring Program's withdraw or closure guidelines.

Signed:

Name:

Date:

SOURCE: Planning Institute Australia. 2017. *Mentoring program handbook for mentees and mentors*

**Sample 2.**

**MENTORING PARTNER AGREEMENT FORM**

Mentoring Partner A:

Telephone:  E-mail:

Mentoring Partner B:

Telephone:  E-Mail:

Mentoring Partner A's Expectations:

Mentoring Partner B's Expectations:

Frequency and Type of Meetings (face-to-face, telephone, e-mail):

We have discussed and agreed to a mentoring partnership with the understanding that we will maintain confidentiality. Should a problem arise that cannot be resolved, we will seek advice and/or counsel from our Mentorship Program Coordinator.

Mentoring Partner A Signature:  Date:

Mentoring Partner B Signature:  Date:

SOURCE: NOVA SHRM And Dulles SHRM. 2021. Mentoring Program Toolkit Establishing a Mentoring Program in your Local SHRM Chapter. p.58

## Attachment 7. Establishing learning goals for mentees

It can sometimes be challenging for mentees to identify clear learning goals, and it's important to recognise that goals are iterative, need to be flexible and it is natural for them to evolve and change. Mentoring conversations help explore different areas that might be developed. The mentor and mentee can use the following questions to help think through abstract goals, and work together to ground goal identification into tangible practical actions.

- What type of consumer representative or advisor do you aspire to become?
- How does what you do now align with who you aspire to be?
- What skills and knowledge are required by your current work?
- How will you know when you have developed the skills and knowledge you want to learn?
- What and whom will be impacted by you mastering the skills and knowledge you want to develop?
- Is there anyone you admire who already has these skills and knowledge? What is it about that person that you would like to learn?
- What prevents you from being the consumer representative or advisor you aspire to be?
- What supports do you need to become the consumer representative or advisor you aspire to be?
- In terms of values. What do you care about?
- Why is this important to you?
- What difference do you want to make and why?
- Are you engaged with other consumers or networks? Who are they?
- How do these relationships affect your sense of what you can achieve as a consumer representative or advisor?
- What resources would enable you to be more effective in your role as a consumer representative or advisor?
- What do you want to contribute to the health service?
- What do you want to achieve for yourself?
- What achievement would give you great satisfaction to look back in in 3 years?

SOURCE: ADAPTED by HIC from: South Eastern Sydney Local Health District .2020. Mentoring Toolkit. p.7.

## Attachment 8. Monitoring the program – Sample

Over time the focus of the mentoring relationship may change, and the identified goals of the mentoring relationship may need to be reviewed. As a *mentor/mentee*, use the following questions as a guide for both of you to discuss your answers to these questions. Consider any adjustments you would like to make that will be beneficial for your relationship.

[NOTE: Please select and adapt the questions to mentor or mentee as required]

- Overall, how are you finding the mentoring relationship?
- What is working well?
- What, if anything is not working as well as expected?
- What are you both gaining from this experience?
- What is the most beneficial aspect of the mentoring relationship for the *mentee/mentor*?
- What external factors are affecting the mentoring relationship? How might these be resolved?
- How is your match going?
- How do you feel about being a *mentor/mentee*?
- What kinds of activities do you do when you are together?
- How often do you see your *mentor/mentee*?
- How much time do you spend together at each meeting?
- Does your *mentor/mentee* keep appointments with you? Are they on time?
- Do you talk to your *mentor/mentee* on the telephone? How often?
- Do you need help with anything? Is there anything interfering with your match?
- How would you describe your *mentor/mentee's* behaviour? Does your *mentor/mentee* exhibit any behaviour that you do not understand?
- Are you satisfied with how things are going?
- Is there any training you think would be helpful for you?
- Is there anything support or resource that may help you?

South Eastern Sydney Local Health District .2020. Mentoring Toolkit. p. 20; MENTOR/National Mentoring Partnership. 2005. How to Build a Successful Mentoring Program Using the Elements of Effective Practice.p.153.



8. List positive outcomes that you have experienced through the mentorship program

9. How did you benefit from participation in the mentoring program as *mentor/mentee*?

10. What is the best thing about participating in the mentoring program?

11. How long did the mentoring relationship last?

12. Are you going to maintain contact with your *mentee/mentor*?

Yes

No

13. Do you have a clear pathway to follow as a *mentor/mentee*?

Yes

No

Please explain

14. Did you experience any difficulties or challenges in your relationship with your *mentor/mentee*?

Yes

No

If yes, what were they

15. What can we improve on?

16. How would you rate the program overall?

Very good

Satisfactory

Poor

17. Would you recommend this program to other consumers?

Yes

No

Please explain

18. Have you participated in other mentoring programs in the past?  
Yes                      No                      If yes, please describe the program and your experience

19. Do you have any other comments or suggestions?

SOURCE: ADAPTED by HIC from. NOVA SHRM And Dulles SHRM. 2021. Mentoring Program Toolkit Establishing a Mentoring Program in your Local SHRM Chapter. p.p.68-69

## Attachment 10. Mentorship termination

Sometimes mentorship relationships do not work and must be terminated. Termination may be the result of a variety of situations. Sometimes it may become necessary to terminate a match due to conflicts between the mentee and mentor or because the mentee or the mentor leave the program. This may be due to relationship conflicts or other factors (e.g. time limitations, change of circumstances or irresolvable problems between the parties).

Sometimes it may become apparent that the mentee and/or mentor may work more effectively with another mentor/mentee. In these cases, reassignment may be best. Termination should provide closure and opportunities for learning. In order for termination to accomplish this, the program manager may follow these guidelines:

- Identify and verbally clarify the reasons for termination with both the mentee and mentor. If the reasons involve the behaviour of either party, this should be presented in a constructive manner. The person who engaged in the behaviour (tardiness, rudeness, indifference, absenteeism, etc.) should be asked how that might make others feel, and the person who received the behaviour could be asked how s/he might respond or address such behaviour in the future. This will serve as practice for the facilitation meeting between the mentor and mentee
- Give the mentee and mentor the opportunity to discuss together what worked and what didn't work in their relationship and to identify ways to handle future situations more effectively. The program manager should facilitate a conversation between the mentee and mentor in order to make sure that both parties express themselves positively and constructively. This information may be critical to successfully rematching the mentee or mentor.

Plan the next step. If the mentee is to be reassigned, discuss the new relationship with the mentee alone first. Help them to identify mistakes that occurred with the previous mentor and discuss ways to avoid those mistakes in the future. (New behaviours may have been mentioned by the mentor in the mentor-mentee termination meeting.)

SOURCE: MENTOR/National Mentoring Partnership. 2005. How to Build a Successful Mentoring Program Using the Elements of Effective Practice p.p.158.