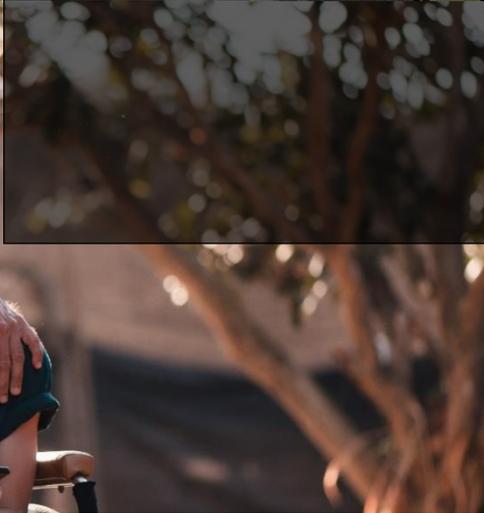




**Health Issues Centre**  
Consumer voices for better healthcare



# Consumer Mentorship Program Manual



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## Purpose

The **Consumer Mentorship Program Manual** and its companion, the stand-alone **Consumer Mentorship Guide** were developed to be used by health services seeking to enhance and diversify the capacity of new and emerging consumer representatives or advisors engaged in the governance<sup>1</sup> of the health service and/or its organisational committees<sup>2</sup>. The Program aims to aid health services to support new and emerging consumer representatives – the mentees - to develop in their role with the support of experienced consumers – the mentors.

Health services are expected to provide support and the necessary infrastructure for the implementation of the Program.

The **Consumer Mentorship Program Manual** includes

- [definitions](#)
- [characteristics of the mentor-mentee relationship](#)
- [characteristics of a mentor](#)
- [characteristics of a mentee](#)
- [organisational readiness and support to the Mentorship Program](#)
- [duration of a Mentorship Program](#)
- [benefits of the Mentorship Program](#)
- [stages of the mentorship process](#)
- [evaluation](#)

The **Consumer Mentorship Guide** [which is presented as a separate stand-alone document] provides the tools and resources for the organisation to support the mentorship program and for the mentors and the mentees to participate effectively in a mentorship program.

<sup>1</sup> For example, Boards; CACs; executive teams; planning and policy development and clinical governance

<sup>2</sup> For example, technical committees; working parties; research teams; working groups; quality and safety committees; service design working groups

## Definitions

### **Consumer engagement**

“Consumer engagement reflects an approach involving the development of meaningful relationships with a shared focus. Consumer engagement is underpinned by trust and mutual respect, a commitment by all involved and active two-way dialogue. The term consumer engagement indicates that action is more than simply taking part.”<sup>3</sup>

**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>4~5~6</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>7</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>8</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>9</sup>

**Experienced 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>10</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:** Health service appointed person to drive, support and coordinate the program and monitor how it has been implemented.

## Characteristics of the mentor-mentee relationship

The relationship between a mentor and a mentee in a mentorship process is based upon a relationship of trust, sharing of knowledge and experience, encouragement, openness, effective communication, collaborative effort, respect and a willingness to learn and share. Mentoring

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<sup>3</sup> Monash Partners. 2020. Consumer and Community Involvement

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

<sup>5</sup> Cancer Australia (2009). Consumer training and mentoring guide, Cancer Australia: Canberra.p.3

<sup>6</sup> Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors.

<sup>7</sup> Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors. p.8

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

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

<sup>10</sup> Consumers Health Forum of Australia. 2018. Shifting Gears. Consumers Transforming Health. A White Paper. Canberra. pp 9-11

relationships are about developing people and increasing capability and developing a spirit of “collaboration between the mentor and mentee which provides opportunities for both to grow and develop focusing on shared wisdom and experience”.<sup>11</sup>

## Characteristics of a mentor

Mentors taking part in the program will ideally have at least two to three years of experience in a variety of roles as a consumer representative or advisor in a health service. Successful Mentors will have:

- excellent communication skills
- excellent interpersonal skills
- planning skills
- a desire to contribute to the future of consumer representatives or advisors across the health service
- an ability to commit to at least a one-hour meeting per month for the duration of the program.
- the enthusiasm, willingness and time to teach, counsel and provide support to the mentee.<sup>12</sup>

Consumers who become mentors are expert in consumer engagement and are seen as a policy influencer, co-designer, decision-maker and deliverer of projects.<sup>13</sup> They can provide advice, guidance, troubleshoot and answer questions related to their role. The focus of their role is on:

- strategic thinking
- demonstrating consistent excellence in applying skills across multiple projects and/or organisations
- being considered the “go to” person within and/or outside organisations
- collaborating in the creation and/or development of reference and resource materials for consumer engagement
- being able to explain relevant consumer engagement processes and trends in sufficient detail during discussions and presentations to internal and external colleagues and constituents.
- collaborating to foster a greater understanding of consumer engagement among internal and external colleagues and constituents.

## Characteristics of a mentee

Mentees participating in the program may have at least six months of engagement in a health service as a consumer representative or advisor. Effective mentees are committed to and responsible for their own professional development and are prepared to take risks in their learning, challenge themselves and try new approaches in problem solving.<sup>14</sup>

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<sup>11</sup> Cancer Australia (2009). Consumer training and mentoring guide, Cancer Australia: Canberra.p.3; Planning Institute Australia. 2017. Mentoring program handbook for mentees and mentors. p.8

<sup>12</sup> Planning Institute Australia. 2020. Mentoring Program for NSW Young Planners

<sup>13</sup> Consumers Health Forum of Australia. 2018. Shifting Gears. Consumers Transforming Health. A White Paper. Canberra. pp 9-11

<sup>14</sup> Planning Institute Australia. 2020. Mentoring Program for NSW Young Planners

Mentees have 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. They are expected to need some help when performing these roles. The focus of their role is:

- learning
- developing through on-the-job experience
- being able to understand and discuss terminology, concepts, principles and issues related to consumer engagement
- utilising the full range of reference and resource materials available.

## Organisational readiness and support to the Mentorship Program

An effective Mentorship Program aligns with the culture of the health service. If the culture of the health service is a structurally formal organisation, it may be appropriate to have a formal application process, minimum time requirements, and set durations for the mentoring relationship. If the culture of the health service is informal, it might be possible to match consumers as mentors and mentees and then let them determine the logistics for the implementation of the program. But it is important to set at least minimal guidelines in place as those provided in this document.

Independent of the degree of formality the program takes, the health service needs someone to drive and support the program and monitor how it has been implemented, such as a Mentorship Program Coordinator.<sup>15</sup> The consumer mentoring program and the consumers engaged as mentors and mentees need to be supported by health services through:

- Commitment from boards, management, executive teams, clinical and non-clinical staff towards the mentorship program.
- Clear rules of engagement and expectations of the mentees (new and emerging consumer representatives) and the mentors (experienced consumers) participating in the mentorship program.
- Having the necessary policies and procedures to support the implementation of the program and ensuring that they are available to stakeholders (e.g., administrative support, recruitment strategies, reimbursement for out-of-pocket expenses related to participating in the program and remuneration according to Safer Care Victoria policy<sup>16</sup>, capacity development opportunities and networking opportunities).
- Ensuring that it has clearly identified the person responsible for running the program. This role will be the point of contact and support for consumers participating in the program as either mentors or mentees.
- 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.

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<sup>15</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>16</sup> Safer Care Victoria: A guide to consumer remuneration

- Providing information to health service staff about the ways in which new and emerging and experienced consumer representatives are available to assist in providing valuable insight into their service delivery practice.<sup>17~18~19~20</sup>
- Having a feedback and review process for each mentorship initiative.

## Duration of a Mentorship Program

The health service should encourage mentors and mentees to be part of the design of the implementation of the Mentorship Program, including the timelines and schedule of mentoring meetings. But, in most mentoring programs mentor and mentee agree to meet at a mutually suitable time (generally at least once a month) for approximately one hour, over a minimum of a six-month period.<sup>21</sup> Health services may also offer networking events and opportunities throughout the program that mentors and mentees will be encouraged to attend.<sup>22</sup>

## Benefits of the Mentorship Program

A mentorship program has benefits for both the mentor and the mentee<sup>23</sup>:

Benefits for the mentor include:

- satisfaction in contributing to the development of the future of consumer representation in the health service
- improved interpersonal and communication skills
- expanded networks and getting to meet new and emerging consumers
- transfer of skills and knowledge
- recognition of skills, knowledge and commitment to consumer engagement in health services.

Benefits for the mentee include:

- acquiring new skills and knowledge
- development of existing skills and knowledge
- building networks and meeting with experienced consumers
- increased confidence and self-esteem
- increased likelihood of success as an effective consumer representative in a health service.

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<sup>17</sup> Health Research & Educational Trust. 2013. *A Leadership Resource for Patient and Family Engagement Strategies.*, Chicago. p. 10

<sup>18</sup> Victorian Quality Council. Consumer leadership. 2007. Consumer Leadership. p.3

<sup>19</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>20</sup> Agency for Healthcare Research and Quality. 2017. Working with Patient and Families as Advisors Implementation Handbook. p.14-15

<sup>21</sup> A period of six months is the minimum suggested; it make is affordable in terms of staff allocation and expenses associated with reimbursement or payment of consumers engaged in the project. Some health services may opt for a 12 month program.

<sup>22</sup> Planning Institute Australia. 2020. Mentoring Program for NSW Young Planners.

<sup>23</sup> Planning Institute Australia. 2020. Mentoring Program for NSW Young Planners

## Stages of the mentorship process

There are four stages in the mentorship process, and they build upon each other to create a successful mentorship program.<sup>24~25</sup>

### Preparing

In the preparation stage, the mentor and mentee have a conversation about their expectations, how will they manage confidentiality, and set the boundaries of the relationship. This stage involves the mentor and the mentee preparing for the roles. It is all about relationship building. A mentor and a mentee need to have a good relationship for the process to work and it is important that this working relationship is based on respect and trust. Resources to assist this preparation should be provided including information on the health services relevant policies and guidelines i.e., confidentiality statement.

At this early stage it is vital that mentor and mentee find out what experience, knowledge and skills each other already has. Based on what they share, the mentor will be able to support the mentee to identify their learning goals, and what the mentee needs to know or develop to work effectively in their new role. The mentee will be able to identify what the mentor has to offer to the mentorship relationship, to the mentoring process and to them personally to be effective in the consumer representative or advisory role.

It is important at this point to revise and discuss the different roles the consumers are required to play in the health service and the rules of engagement, expectations and Terms of Reference of the committees or other structures consumers are engaged in. Examples of these committees or structures are:

- boards of management
- community advisory committees
- executive teams
- planning and policy development and clinical governance or topic-specific committees
- technical committees
- working parties
- research teams
- working groups
- quality and safety committees
- service design working groups.

From the beginning, and throughout the program, it is important to keep the channels of communication open. Mentee and mentors commit to booking catch-up times in advance (a set day and time is ideal). Informal catchups should also be encouraged, particularly after a significant event or to celebrate a milestone; for example on completion of the first formal meeting or on completion of a mutually designated task.

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<sup>24</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>25</sup> Cancer Australia (2009). Consumer training and mentoring guide, Cancer Australia: Canberra.

## Negotiating

During the negotiating stage, the mentor helps the mentee to design a work plan [see suggestions for a work plan below], with clear objectives and tasks to implement during the mentorship program.

The goals of the mentoring program are negotiated so each one is clear about:

- 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.

Negotiating at this stage will set the scene for a successful relationship that is clear and focused. If any estimates of goals and timelines are unrealistic, this is the time to re-negotiate goals and timeframes.

## Enabling

The enabling phase is when the work happens. The mentor supports the mentee in following the mentorship program work plan and provides feedback and accountability. 'Enabling' in this context means facilitating the growth of the mentee through support, challenge, and vision.

During this stage, the mentor should manage the relationship and actively support the learning process of the mentee. The mentor needs to maintain the momentum by monitoring and evaluating progress as well as encouraging the mentee to stick to the goals set in the negotiating phase.

In this stage mentors can:

- review the timeframes in agreement with the mentee to ascertain if they are still feasible and be prepared to re-negotiate timelines if there are difficulties meeting them
- maintain contact with the mentee between set meetings and provide motivation to finish set tasks
- find out how they can assist the mentee if they are experiencing difficulties.

For example: The mentee may contact the mentor following a committee meeting or working party activity and let them know if

- they felt they are unclear about the Terms of Reference of the committee or working party and their role in it
- they had some difficulties getting their point of view across at meetings
- they find it challenging to keep abreast of the committee's or working party's agendas and work plans.

Through these discussions the mentor may have the opportunity to talk to the mentee about

- strategies to review Terms of Reference
- interpreting work plans
- best ways to contact Chairs or secretariats of committees
- the need to undertake assertiveness training
- developing confidence to be an effective consumer representative

On these discussions, mentees can also ask questions about how others handle these situations and together they can seek resources, tools and training opportunities for the mentee.

## Closure

Closure is a planned ending to the mentorship program and of the relationship developed through the work together. It is an opportunity to reflect on the learning, what have both learned about being a mentor or a mentee, and how will the mentee apply what they have learned into their future pathways as a consumer representative or advisor.

The mentoring relationship is a finite one and both parties need to prepare for its end. Like any relationship, a strong bond can develop and letting go can be difficult for one or both of the parties. An end date or end goal needs to be put in place right at the beginning to make closure easier. It is also an opportunity to celebrate success and share the experience with other consumers and the health service.

## Evaluation

Monitoring and evaluating the consumer mentorship program will ensure that the organisational investment in the program and the work of mentees and mentors are acknowledged and celebrated. Monitoring and evaluation also provides the necessary learning to improve the program as it progresses and in the future. Even if there is not a formal evaluation in place, the program is being evaluated informally by those who participate in, observe, or hear about the efforts the health service's efforts.<sup>26</sup>

At the very least, the evaluation must address what happened to the mentees, if the mentees enhanced the skills and knowledge, they brought to the role, and if they acquired other necessary new skills and knowledge to help them to be effective consumer representatives across the health service. [See more about Evaluation in the Consumer Mentorship Guide]

The evaluation should be geared toward the decisions that must be made by decision makers. First, determine who the decision makers are and determine the indicators of success from their perspective. For example

- should further investment in mentorship programs be made into the future
- what should be added, changed or eliminated from the program
- were there any unanticipated outcomes of the effort
- should the type or number of participants be the same or different
- could the same effects be achieved with a different approach?

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

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<sup>26</sup> Phillips-Jones L. 2020. Time to Evaluate Mentoring. Immentoring

- program weaknesses
- recommendations for improvements.

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; the organisational Mentorship Program Coordinator; others in a position to know something about the program; and information included in 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 by the health service including:

- numbers of mentors and mentees
- attendance to set meetings
- mentors and mentees' satisfaction with the mentoring experience as a whole
- participants' satisfaction with training received (if any)
- whether or not planned activities actually occurred
- 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 outside evaluation. "An outside source which specializes in mentoring evaluation, and which guarantees confidentiality will ensure that participants share more detailed and candid information".<sup>27</sup>

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<sup>27</sup> Phillips-Jones L. 2020. Time to Evaluate Mentoring. Immentoring