

Mentoring Fact Sheets for Nursing in General Practice

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Fact Sheets

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Fact Sheet No. 1

What is Mentoring?

Mentoring is...

- **A voluntary professional relationship.** It is unpaid, and both the mentor and person being mentored need to be freely willing to participate.

Example: A nurse new to a practice might ask another more experienced nurse at their practice (or another practice) whether s/he is willing to provide advice in a mentoring role in relation to identifying and handling ethical issues that arise with clients.

- **Based on mutual respect and agreed expectations.** The mentor and person being mentored need to agree on the purpose of their mentoring relationship and what is expected of each of them.

Example: Two practice nurses may agree to mentor each other in relation to managing new technology introduced at the practice in which they work.

- **Mutually valuable.** Effective mentoring benefits all involved, including the mentor, person being mentored, and the general practice (see Fact Sheet #2)

Example: A practice nurse mentoring a group of practice nurses in relation to professional development opportunities can help identify training courses to enhance their nursing roles at the practice. The mentor may likewise benefit by finding out about professional development activities relevant to her/himself and broadening her/his network.

Mentoring can be formal or informal...

- **Informal Mentoring:** an unplanned informal relationship, in which the person seeking mentoring might ask for assistance over a period of time from someone. Alternatively, another practice nurse, GP or nurse working in another field may offer to mentor a practice nurse.
- **Formal Mentoring:** a planned and structured mentoring program that is established at a general practice. It may include training for mentors, arranged introductions between mentors and persons being mentored, specific expected outcomes, and assessment of expected outcomes.

Qualities needed in a mentoring relationship...

- **Trust** - be honest and open when sharing experiences and providing feedback
- **Respect** - respect each other's time and other commitments
- **Commitment** - be committed to spending agreed upon time together in mentoring roles
- **Confidentiality** - agree not to disclose information discussed within the mentoring relationship with other persons
- **Accessibility** - make yourself available to meet or talk with each other
- **Flexibility** - be able to adapt to changing circumstances or needs within the mentoring relationship or the general practice in which the mentoring takes place.

Important aspects of a mentoring relationship...

➤ **Goals and objectives.**

These may be suggested by the person being mentored in relation to her/his needs, but must be mutually agreed upon by the mentor and person being mentored. In a formal mentoring program specific goals and objectives for mentoring may be provided by a general practice / professional body / organisation.

Example: A practice nurse may wish to discuss with a mentor the implications of changes to funding at their general practice for specific practice nurse roles such as home visits.

➤ **Sharing of resources and networks.**

The mentor and person being mentored need to work together collaboratively to benefit each other. This may include helping one another access each other's resources (e.g., professional literature, information sources, and networks).

Example: Practice nurses in a mentoring relationship may introduce each other to colleagues working in different general practices.

➤ **Time and a process for reflection.**

Reflection may take place formally, as when specific outcomes of mentoring are evaluated by a general practice / professional body / organisation, and formal feedback is provided. Informal mentoring may involve making time for reflection and ongoing feedback between the mentor and person being mentored throughout the mentoring process.

Example: Practice nurses in a mentoring relationship need to make time to discuss what they find helpful and unhelpful in the mentoring, and discuss each other's experience of the relationship and progress toward mentoring goals.

What Can Mentoring Offer You?

- Mentoring can assist you to develop your nursing practice and increase your professional satisfaction.
- Mentoring can help you learn how to handle various situations within a practice, and how to enhance your contribution to general practice.

This may involve being mentored or mentoring others...

☞ Most mentors have previously been mentored or currently have a mentor.

Mentoring may assist...

- **Nurses new to general practice to understand their role.**

Example: A general practice may arrange a formal mentoring program in order to match up experienced practice nurses to mentor nurses new to the practice or to different practice roles.

☞ This could help you gain a better understanding about specific aspects of the practice nurse role such as patient education within a particular practice.

- **New or experienced nurses to manage changes to practice nursing roles.**

Example: Mentoring may assist nurses who are new to general practice or nurses who want to better manage changes to aspects of their role such as skill mix, the introduction of competency standards, or supervision of ENs.

☞ This relationship could allow you to discuss the nature of role changes, and to receive support in adjusting to such changes.

- **New or experienced nurses to manage new or existing issues in the practice setting.**

Example: A practice nurse may want to discuss with a mentor how to better handle aspects of a practice setting, such as working with a range of health care providers.

- ☞ This relationship could aim to assist you to manage either new or existing matters related to areas such as technology, staffing or funding.

- **New or experienced nurses to manage personal needs related to professional practice.**

Example: A practice nurse may ask for feedback from a mentor about how effectively s/he handled a difficult situation such as a disagreement with another staff member, and discuss ways of handling such situations in the future. Alternatively, s/he may seek advice about how to develop career pathways.

- ☞ This relationship could provide you with feedback, advice, support and encouragement, as well as directing you to other relevant resources.

Benefits and Limitations...

What can I get out of being mentored?

- Gain a better understanding of how the general practice operates
- Receive support, encouragement and feedback
- Develop interpersonal skills
- Gain knowledge about the practice nurse role
- Receive help with clarifying career goals and career pathways
- Gain opportunities to widen professional networks and reduce professional isolation

What can I get from being a mentor?

- Opportunity to share one's wisdom and experience
- Gain a sense of personal satisfaction
- Develop interpersonal skills
- Gain experience in a new role
- Opportunity to widen professional network and reduce professional isolation
- Be recognised for contribution to colleagues and to the practice as a mentor

How can the general practice benefit from mentoring of practice nurses?

- Practice nurses become more motivated and productive through mentoring
- Communication and collaboration between staff members is improved
- The general practice is in a better position to attract potential employees
- Employee commitment is increased through participation in mentoring.

What can I not expect of mentoring in general practice?

- Mentoring is NOT a way to get your education needs met
- Mentoring is NOT the same as preceptorship (refer to Fact Sheet #4)
- Mentoring is NOT a panacea for all problems or issues

A mentor in general practice is not:

- A teacher
- A tutor
- An advocate

☞ Mentors are not expected to have all the answers, but are able to provide direction to relevant sources of information, including other people.

Terms You Should Know...

- ☞ This is a brief summary of key mentoring terms and explanations relevant to the general practice context.

Coaching

Coaching focuses on helping staff meet the needs of the general practice in which they work, rather than their own individual needs. It is organised by the general practice in order to meet specific workplace outcomes. Types of coaching include:

- **Skills coaching:** focussed on helping a staff member improve in a specific work related skill, such as clinical data management.
- **Career coaching:** can be used to help a practice nurse clarify and develop a plan to achieve a chosen career goal.
- **Personal or life coaching:** focussed on helping an individual develop personal qualities and life skills such as effective problem-solving.

Competence

Competence refers to being able to carry out tasks and duties specified in one's role description and to put into practice the knowledge, skills, abilities and attitudes necessary for performing effectively in the role of a practice nurse. Further information about competence in nursing is available from the ANMC website: www.anmc.org.au

Mentee

'Mentee' is a term sometimes used to refer to a person seeking guidance or assistance within a professional mentoring relationship.

Mentor

A mentor is someone (e.g., practice nurse, doctor or other health professional, who may or may not be more experienced) who assists a colleague by providing encouragement, advice, and/or feedback on action they have taken or plan to take in the practice setting. A mentor may act as a role model, a guide, or a sounding board.

Mentoring

Mentoring is a voluntary professional relationship between a mentor and a mentee. It is carried out around a mutually agreed upon purpose and expectations, and is generally career focussed rather than clinically oriented. Mentoring relationships can be formal or informal in terms of how they are carried out and evaluated.

Networking

Networking involves communicating or developing relationships with other nurses and practice staff to exchange ideas and information. Networking is done for social or career reasons, and may include gathering information to help with clarifying career goals. Networking may occur within or outside of a general practice. It often takes place at educational, social or cultural events (e.g. conferences).

Preceptorship

Preceptorship is a teaching/learning method involving an experienced nurse who gives direct support and guidance to a less experienced nurse in the same area of practice. Preceptors must be competent nurses and role models. The preceptor role is clinically focused, short term, and linked to learning goals within a formal time period.

Professional Development

Professional development refers to engaging in life-long learning and keeping up-to-date in practice nursing. It involves increasing work-related knowledge and skills and developing personal qualities such as empathy and assertiveness in order to enhance one's contribution to the practice. It can take place through participating in activities such as training courses and mentoring programs. Professional development is also important in terms of enhancing the quality of patient care.

Professional Support

Professional support is formal or informal assistance provided by the nursing profession or a general practice to help practice nurses carry out their professional role effectively. It involves helping nurses access professional development opportunities such as courses or mentoring. It also includes policies that protect the rights of practice nurses and address their needs.

Supervision

Supervision involves guidance and support. It can be used to improve the quality of nursing practice. Clinical supervision takes place in an educational context involving teaching and learning roles. Nurses' Acts in Australian states stipulate a supervisory relationship between ENs and RNs. Further information can be obtained from the nursing regulatory authorities in each state or territory. Contact details for these are available on the ANMC website.

Being a Mentor: What does it involve?

➤ *A mentor is someone who ...*

Takes an interest in a colleague's career development and experience in the workplace, and helps them to decide on and achieve their goals.

➤ *Successful mentoring requires mentors to be:*

- approachable with good interpersonal skills
- genuinely interested in others with a desire to help
- competent and mature in outlook
- experienced and knowledgeable in their area of practice
- trustworthy and committed to the mentoring process
- committed to life-long learning
- positive
- accessible to the person they are mentoring.

The Mentor's Role

A mentor's role depends on a number of factors, including the needs of the person being mentored and the general practice. A mentor may be asked to help a practice nurse with personal development (e.g., with developing empathy) or with managing relationships and conflict with other staff members at the practice.

➤ *For example, a mentor may act as a:*

- role model
- sounding board
- door opener: introduces people into new networks
- counsellor; confidante
- coach
- support person

☞ Mentors are not expected to have all the answers or to be teachers, but can provide direction to relevant sources of information (refer to Fact Sheet #3).

➤ *Examples of mentor activities include:*

- providing assistance with career planning
- showing how to develop a nurse's role to contribute more to a practice
- acting as a role model by reflecting what is expected and valued in a general practice
- giving information and advice
- providing a new and different perspective on a problematic situation
- providing support and encouragement
- motivating the person being mentored to seek developmental opportunities such as training courses
- pointing out strengths and areas to be developed
- sharing personal experiences
- being available to listen, act as a sounding board, and provide feedback
- providing direction to appropriate resources (e.g. information, or technology such as the internet and email)
- providing guidance with problem solving.

➤ *Mentors need to have knowledge and experience relevant to:*

- contemporary health care delivery
- the general practice context
- nursing in general practice
- primary health care
- contemporary nursing roles including legislation affecting nursing practice

➤ *Mentors need to be skilled in:*

- relationship building, including establishing trust and rapport
- communicating, including telephone technique
- listening attentively
- providing feedback
- maintaining confidentiality.

☞ In a formal mentoring program, where a third party is involved in selecting mentors and matching them with nurses seeking mentoring, there is greater potential for a mismatch to occur. Hence mentors need to be carefully selected, trained and evaluated.

☞ Support for mentors needs to be put in place, such as in the form of a mentor support network.

Being Mentored: What is involved?

➤ *Successful mentoring requires the person being mentored (mentee) to...*

Identify their needs, goals and issues/problems, and take initiative for addressing these and for requesting assistance from a mentor when help is needed.

➤ *Being mentored involves:*

- identifying your needs and expectations for the mentoring relationship
- having a positive attitude to work and career
- being willing to try new opportunities and to learn
- periodically assessing your progress and informing your mentor of changing needs and priorities
- taking responsibility for your career and your actions and decisions
- being open to receiving advice, feedback and constructive criticism
- being prepared to give time and effort to the mentoring process
- respecting the time and commitments of your mentor
- evaluating the mentoring relationship with your mentor
- networking with other people so as not to become dependent on your mentor
- being trustworthy and respecting confidentiality.

➤ *Matching mentors with persons seeking mentoring...*

- A practice nurse who likes to ask questions and to debrief with someone after an event or situation has occurred would be best matched with a mentor who prefers listening and giving feedback in a 'sounding board' role.
- A practice nurse who would like to improve her/his performance in the practice nurse role and advance in her/his career would be best matched with a mentor who is highly experienced within that nurse's profession, and who has in-depth knowledge about the role and is willing to give advice and career guidance.
- A practice nurse who prefers to discuss how to handle conflict in the workplace and who wants to improve interpersonal skills in order to develop relationships with other staff would be well suited to a mentor who is willing to spend time thinking through a work related problem and give advice and feedback on communication skills.

Mentoring Needs & Solutions

Mentoring needs and preferences expressed by practice nurses and general practitioners in a recent Australian study on mentoring in general practice¹ included:

➤ **More practice nurses need to be informed about mentoring.**

Example: Mentoring could be discussed on nursing websites or chat-rooms, and it could be explained in Divisional and practice staff newsletters. Mentoring sessions can be held at nursing conferences to inform practice nurses about currently running mentoring programs. A mentoring awareness raising program could also be organised by nursing organisations.

➤ **Mentoring needs to include a focus on helping practice nurses clarify and develop their role in the practice setting.**

Example: Peer-mentoring (see Fact Sheet #8) could be used to encourage nurses in a general practice to meet regularly to discuss effective ways of managing conflict with other practice staff, as well as to debrief and ask for feedback about ethical dilemmas that arise with clients.

➤ **Many individual practice nurses need help with identifying career pathways in practice nursing.**

Example: A mentoring program in a practice can be focussed around matching experienced practice nurse mentors with nurses new to practice nursing to provide guidance regarding potential career pathways and to discuss professional development opportunities such as training or education courses.

➤ **Mentoring can help reduce professional isolation.**

Example: Mentoring programs can tap into established local practice nurse networks through which nurses in general practice currently connect, as well as drawing on broader nursing networks. A variety of communication tools can be included to help make mentoring more accessible, such as the telephone or internet. For example, arrangements could be made for a practice nurse in a remote area to be able to phone a mentor in another practice to discuss how her/his nursing role may be affected by the introduction of skill mix.

¹ Adapted from Heartfield, M., Gibson, T., Chesterman, C., & Tagg, L. (2003). *Hanging From a String in the Wind: Development of a national framework for mentoring for nurses in general practice*, Australian Government, Canberra.

➤ **There is a need for GPs to support mentoring.**

Example: GPs need to be informed about the benefits of mentoring to general practice. They can support nurses in their decision to participate in or establish a mentoring program, or encourage mentoring relationships in their practice to help nurses enhance their contribution to the practice. Many GPs prefer mentoring to be carried out outside of work hours unless there is external funding to support it.

➤ **There is a need to address different expectations of mentoring.**

Example: Each mentoring relationship needs to be adjusted to suit the needs of the people involved. A range of mentors should be available and accessible (including through the internet). Thus a practice nurse who is unable to find someone at their practice who is able to mentor them in a specific area such as wound care, could approach an expert in wound care at a local hospital to ask if they would be willing to act as a support person / mentor. This support role would include helping the practice nurse identify educational resources needed for becoming competent in this area.

➤ **Flexible mentoring that can be easily accessed is needed. Mentoring is not education, but could be linked with general practice education and training opportunities.**

Example: Nurses need to have a choice about what type of mentoring to become involved in, such as one-to-one, group, or peer mentoring (see Fact Sheet #8). Mentoring needs to be available to all nurses, especially to new practice nurses, whether it be in person, via the telephone or by email. Mentoring might be arranged around a training course organised by the practice, with opportunities provided for networking on a regular basis.

➤ **Mentoring resources need to be supported.**

Example: Practice nurse mentoring might be best organised at the local practice level and overseen at the state or national level. Administrative resources and the use of technology such as email need to be taken into account, as they enable flexible access. Moreover, nursing organisations should be involved in practice nurse mentoring programs to assist general practice nursing to become better integrated into the wider nursing profession.

Mentoring Options

- ☞ Successful mentoring programs meet the needs of practice nurses and enhance the contribution of nurses to general practice.

Mentoring can occur in a variety of forms, including:

- **One to One.** This involves a relationship in which one person is more experienced. A lot of personal contact is usually involved.

Example: A nurse new to a general practice seeks help with adjusting to how the practice operates and to the way in which practice staff work with each other.

- **Peer or co-mentoring.** This involves colleagues who are relatively equal, and who help each other with professional development.

Example: Two experienced practice nurses decide to co-mentor each other in order to discuss options in relation to career pathway development.

- **Group mentoring.** This form involves an experienced person mentoring a group of people who share similar work and needs.

Example: An experienced practice nurse provides group mentoring for all the practice nurses at a general practice to help them understand how the introduction of competency standards affects their professional role.

- **Distance mentoring.** This can be useful for linking people across a wide area using diverse communication tools such as the telephone and email.

Example: Practice nurses in rural and remote areas participate in mentoring by emailing each other about effective ways of adapting to technologies used in the general practice setting.

Informal Mentoring ...

- uses existing relationships between practice staff
- lasts for as long as the situation requires
- may not involve all nurses who want to participate in mentoring.

Formal Mentoring ...

- provides all nurses in a practice with access to mentoring
- has clear guidelines as to its purpose and how it is carried out
- uses more resources, e.g. requires someone to coordinate the mentoring
- is formally monitored and evaluated.

Four different mentoring strategies have been suggested by registered nurses and GPs in a recent Australian study on mentoring in general practice²:

- **Mentoring Website:**

- could be used to provide information to meet the mentoring needs of practice nurses in rural and remote areas, as well as those seeking mentoring outside the general practice in which they work;
- could be useful for transferring information about mentoring to nurses across practices;
- would need to be accompanied by opportunities for internet skills training, and links to education information/pathways;
- could include a Mentor Database with information about participating and available mentors.

- **Mentoring Partnership Program:**

- a one-to-one online mentoring matching service could be conducted via the internet or through an organisation;
- could include online mentor training prior to listing mentors on a database and online orientation programs for persons being mentored;
- could manage applications for an online matching service, and provide online evaluation of mentoring relationships;
- could be useful for providing mentoring opportunities for isolated nurses.

- **Mentoring through Nurse Networks:**

- could draw on established nurse networks;
- informal and group focussed, it could provide the opportunity for one-to-one mentoring relationships to develop from existing networks;
- personal contact between practice nurses could help arrange informal matching of mentors and persons seeking a mentor;
- training and resources could be made available through existing nurse networks.

- **Mentoring Support Program:**

- could assist nurses and others to mentor practice nurses and develop a mentoring culture in general practice, as well as:
 - promoting participation in professional nursing activities
 - contributing to the development of mentoring in education programs
 - assisting conferences to design a mentoring session
 - assisting practice nurses to attend relevant conferences
 - delivering mentoring training workshops
 - establishing a network of trained mentors and assisting them to contribute to mentoring in their general practice.

² Adapted from Heartfield, M., Gibson, T., Chesterman, C., & Tagg, L. (2003). *Hanging From a String in the Wind: Development of a national framework for mentoring for nurses in general practice*, Australian Government, Canberra.

Examples to Consider

- **Example 1: Mentoring by Another Nurse**

The mentoring example below explains how a practice nurse sought a nurse mentor with an understanding of the general practice context and experience in a specialist area of nursing practice in order to receive support and guidance while taking on a new aspect of the practice nurse role³.

<p>Practice Nurse Profile</p> <ul style="list-style-type: none">❖ Registered Nurse❖ Practice Nurse for 2 years❖ One of several RNs in a metropolitan general practice <p>Background</p> <p>Penny began as a practice nurse with previous experience in hospital-based nursing. The GPs within the practice were supportive of the practice nurses' professional development. Penny chose to pursue the area of diabetes education. Being privately employed, Penny did not feel the public health system networks were available to her, and decided to develop her own networks to support her further education.</p> <p>Finding a Mentor</p> <p>Penny found it difficult to network with others as she needed to undertake distance education. She also found it difficult to network with other students</p>	<p>doing the course, none of whom worked in general practice. Penny decided to contact a national diabetes organisation and found an educator who was willing to be her mentor. The relationship didn't last long, as the educator was abrupt and didn't have enough time for Penny. Moreover, she didn't seem to understand the mentoring role.</p> <p>Penny was referred to another educator who was doing the same course as Penny. Although this person was a good 'study buddy', they didn't share similar nursing roles. Thus Penny continued to feel isolated in her work. Although the GPs were supportive, she was left to figure out the delivery and administration of diabetes education within the general practice on her own.</p> <p>Penny feels strongly about the need for nurses in general practice to mentor and support each other in the development of new aspects of their role.</p>
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³ Adapted from Heartfield, M., Gibson, T., Chesterman, C., & Tagg, L. (2003). *Hanging From a String in the Wind: Development of a national framework for mentoring for nurses in general practice*, Australian Government, Canberra.

• Example 2: Peer Mentoring Between a GP and a Practice Nurse

The following example of mentoring illustrates a positive peer mentoring relationship between a practice nurse and a GP (refer to Fact Sheet #8). The nurse received support for professional development, as well as encouragement and career guidance, and the GP discussed ways in which the nurse could enhance her contribution to the practice⁴.

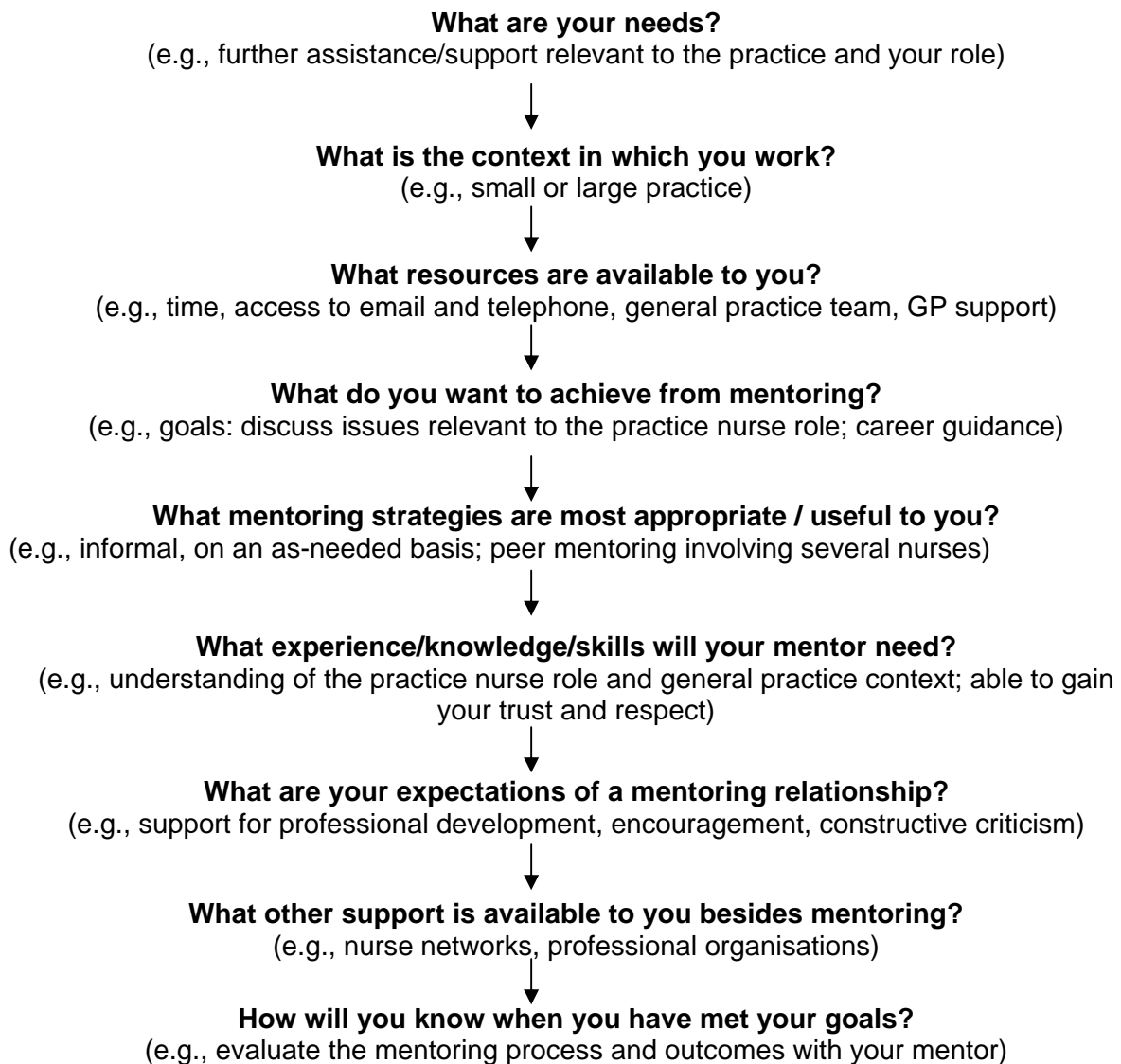
<p>Practice Nurse Profile</p> <ul style="list-style-type: none">❖ Registered Nurse❖ Practice Nurse for over 5 years❖ Only nurse in the practice <p>Background</p> <p>Val works in a University affiliated general practice as the practice nurse. Through informal discussions with one of the GPs at the practice, she established what she described as a professional mentoring relationship. The GP had an interest in teaching nursing staff and medical students.</p> <p>The Mentoring Relationship</p> <p>Val started the mentoring relationship so that she could discuss education options, and it continued on an informal, as-needed basis. Initially, discussions focused on sharing information through nursing journals and discussing education and training courses relevant to the practice and to Val's role.</p>	<p>Discussions then extended to explore career options including those beyond general practice and career opportunities that could be funded in the general practice setting. They also discussed Val's interests, skills and abilities, and what the doctor felt enhanced the practice. Val described this mentoring relationship as mutually rewarding, saying that she was comfortable sharing information and ideas to strengthen the doctor's practice.</p> <p>For Val, this mentoring relationship provided recognition of her role and future within the practice. The mentoring included professional development, support and encouragement, and career guidance. The mentor had an understanding of Val's role and the general practice context, and was respected and trusted by Val.</p>
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⁴ Adapted from Heartfield, M., Gibson, T., Chesterman, C., & Tagg, L. (2003). *Hanging From a String in the Wind: Development of a national framework for mentoring for nurses in general practice*, Australian Government, Canberra.

Deciding What You Want...

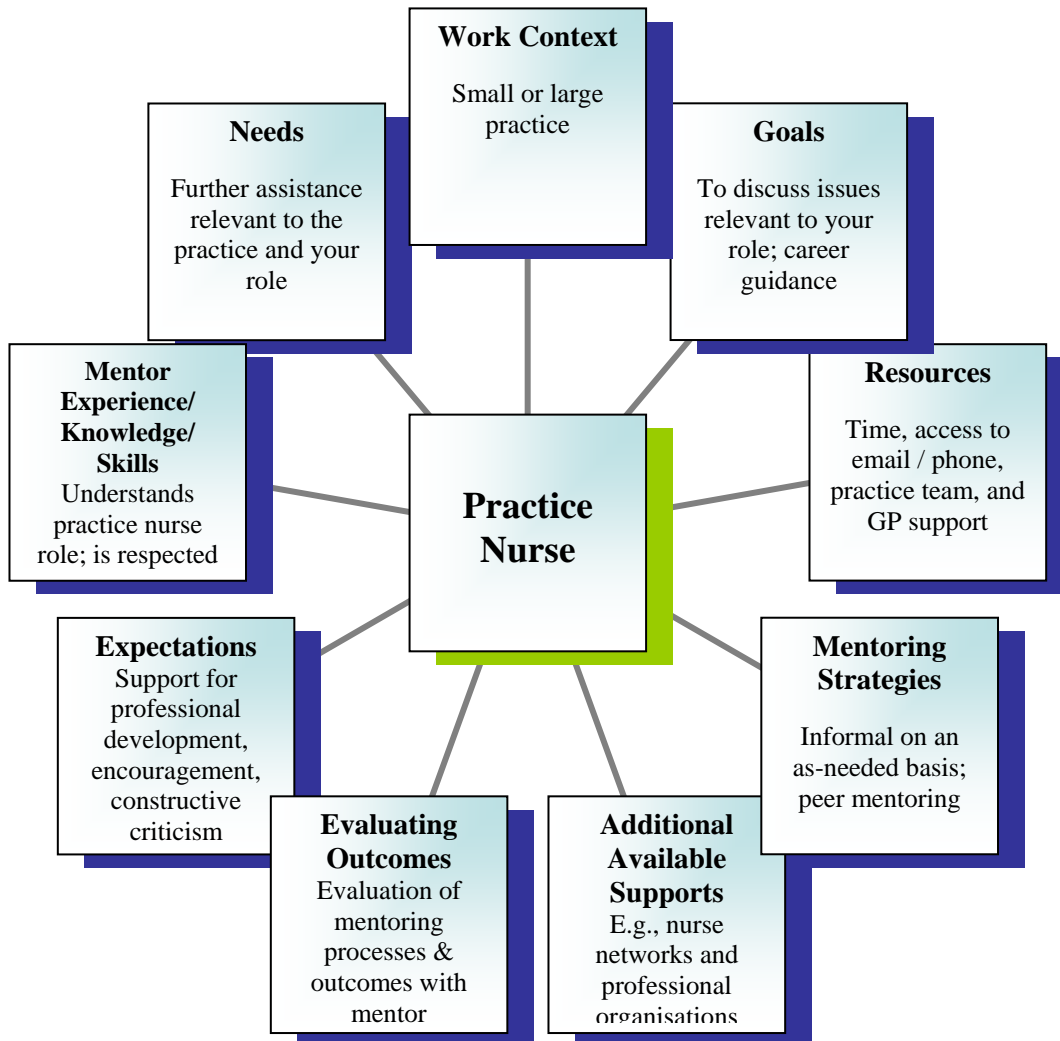
The following tools provide a guide to mentoring processes. To help explain how they are used, examples have been inserted below in brackets.

- The **decision tree** approach contains specific steps to help you decide what you want out of mentoring :



- The **concept map** approach is another tool to help you decide what you want out of mentoring:

☞ A concept map presents the overlapping issues that need to be considered when making decisions about mentoring.



Designing a Mentoring Program for Others

To help you decide what to include in a mentoring program that is to be made available to others, it might be useful to ask the following questions:

➤ **What is the purpose of the mentoring for the individual / practice?**

Example: A professional body, organisation or practice may arrange to have mentoring available for new practice nurses to help them become familiar with the practice nurse role and how the practice operates, to meet other practice nurses and to feel included in the practice team.

➤ **What model of mentoring is most appropriate in the situation, and for the practice nurse / general practice?**

Example: A professional body, organisation or practice located in a rural or remote area may provide arrangements for practice nurses to have access to distance mentoring through the approved and scheduled use of telephone, internet and email facilities at the practice.

➤ **Will the mentoring draw on existing networks within general practice, the nursing profession, and/or the ADGP?**

Example: In a large metropolitan practice setting it may be appropriate to use existing networks within the practice or Division for establishing mentoring relationships.

➤ **Will the mentoring be short-term or long-term in duration?**

Example: The duration of mentoring depends on the needs of the nurse and the mentor. Mentoring may continue long-term where the goals involve personal aims such as career development. Short-term mentoring may be more directed at achieving specific goals such as job sharing or 'introducing' nurse led clinics.

➤ **How will mentors and persons seeking mentoring be selected and matched?**

Example: A database of mentors may be created in a large practice or in a Division to have a pool of mentors to draw on. Mentors may then be matched with practice nurses seeking mentoring on the basis of mentors' knowledge, experience, skills and interests, and the needs of those seeking mentoring.

➤ **What ground rules, agreements, or contracts will be drawn up?**

Example: Rules, agreements, and contracts may be drawn up regarding the expected contribution or roles of the practice, the mentor and the person being mentored, and about how the mentoring is to be conducted, for how long, and what outcomes are expected.

➤ **What training, orientation, and/or ongoing support will be developed, or already exists, that can be tapped into?**

Example: A professional body, organisation or practice may set up a training program for mentors and an orientation program for persons being mentored in order to prepare and inform both parties about their expected roles within a mentoring relationship.

➤ **What arrangements will be put in place for resolving problems/conflict?**

Example: The potential for conflict, and strategies to resolve it need to be considered at the beginning of the mentoring relationship. A mentoring program coordinator or mediator may be appointed to handle problems between mentors and persons being mentored. Additional costs need to be considered in this regard.

➤ **How will evaluation take place?**

Example: Where mentoring is formally coordinated externally, e.g. by a professional nursing organisation, self-assessment questionnaires could be made available at the end of a mentoring program for mentors and persons being mentored, as well as confidential questionnaires for both parties to evaluate the mentoring process and outcomes. Where mentoring is an informal arrangement, time needs to be set aside to reflect on what has been achieved.

➤ **What other supports are available for practice nurses?**

Example: Networking among practice nurses within the practice and Division, and between local practices could be encouraged and supported. Internet and email access might be made available at the practice at scheduled times to support networking and information access.

Getting Started

Initial steps to take:

1. Identify what you want out of mentoring (See Fact Sheets #2 & #10).

Example: assistance to understand the practice nurse role when newly employed in the general practice setting.

Example: assistance to manage changes to practice nurse roles, such as the introduction of competency standards.

Example: assistance to manage new or existing aspects of the practice setting such as funding changes or existing technologies.

Example: assistance with personal needs related to professional practice such as advice about career pathways, or feedback and support regarding handling conflict or ethical dilemmas that arise with clients or practice staff.

2. Identify who you want as a mentor (Refer to Fact Sheets #5 & #8).

Example: a more or similarly experienced practice nurse at your practice or at another practice; a nurse working in another area; a GP at your practice.

3. Contact your chosen mentor and ask if they are willing to be your mentor.

4. Arrange a meeting at a mutually convenient time to establish the mentoring relationship.

At the first meeting discuss:

- what your needs are
- what your goals are
- how you want to communicate (e.g., by phone, email, face-to-face, or a combination of these)
- how often (and for how long) you want to meet and where
- what type of support you would like from your mentor
- what your mentor can and cannot offer to you
- what might be potential sources of conflict and what strategies could be used to resolve them.

Where Can I Find Out More?

- **Books**

Caldwell, B. J., & Carter, E. M. A. (Eds.) (1993). *The return of the mentor: Strategies for workplace learning*. The Falmer Press, London.

Chesterman, C. (2001). *Women and mentoring in higher education*. Association of Commonwealth Universities, London.

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<http://www.mellish.com.au/>

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<http://www.peer.ca/oddy.html>

Peer Resource Newsletter
<http://www.peer.ca/peer.html>

The Coaching and Mentoring Network
<http://www.coachingnetwork.org.uk>

The Institute for Management Excellence
<http://www.itstime.com/index.html>

The Mentoring Group, Worldwide Mentoring Services
<http://www.mentoringgroup.com>

The Mentoring Partnership
<http://www.mentoringworks.org/>

- **University of South Australia Mentoring Programs and Resources**

Human Resources Unit

Organisational Learning and Development
www.unisa.edu.au/hrm/aboutus/OrgLearn.htm

Staff Development
www.unisa.edu.au/hrm/sta_dev.htm

Women and Leadership Mentoring Program
www.unisa.edu.au/hrm/Equity&Diversity/Dev_Opp/walmentoring.htm

Mentoring Resource Kit
www.unisa.edu.au/hrm/courses/mentoring_resource_kit_dec2003.doc