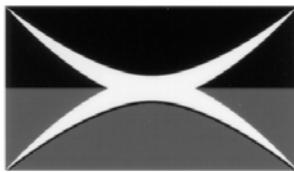


**PUBLIC HEALTH ASSOCIATION OF AUSTRALIA (SA
BRANCH)**

AND

**THE AUSTRALIAN HEALTH PROMOTION
ASSOCIATION (SA BRANCH)**



MENTORING PROGRAM

for:

Students

Early Career

Career Transition

Professional Development

INFORMATION PACK

2008

Table of contents

Disclaimer	2
1 Introduction.....	3
2 What is mentoring?	3
3 Benefits of the program	4
4 How to become involved	4
4.1 Are you eligible?.....	4
4.2 What is expected of you as a Mentor or Mentee?.....	5
4.3 Register your interest	6
5 What happens from there?	6
6 Setting the Mentorship Objectives	7
6.1 What is a Mentorship Objective?.....	7
6.2 Why set up Mentorship Objectives?	7
6.3 How to set up Mentorship Objectives.....	7
6.4 Example objectives	7
7 Mentorship meetings.....	8
8 How the program will be evaluated	8
8.1 Evaluation 1	8
9 Contact us.....	9
Acknowledgements.....	9
Public Health Association of Australia.....	10
Australian Health Promotion Association.....	10

Tables

Table 1 Benefits of the Mentoring Program	4
Table 2 Eligibility Criteria.....	4
Table 3 Mentee Criteria	5
Table 4 Contact Details.....	9

Disclaimer

Please note that mentors and mentees enter this program at their own risk and the PHAA and AHPA takes no responsibility for any loss or damage, financial or otherwise, to person or property directly or indirectly resulting from any persons participating in the scheme. Also, the views of the mentors are not necessarily those of the PHAA or AHPA and the PHAA and AHPA does not accept responsibility for the information exchanged between mentor and mentee.

1 Introduction

The South Australian branches of the Public Health Association of Australia (PHAA) and the Australian Health Promotion Association (AHPA) invite you to become a mentor or mentee in our *Student, Early Career, Career Transition and Professional Development Mentoring Program*. Further information on both Associations is provided in Appendix 1. This Information Pack has been designed to introduce the PHAA/ AHPA membership to the *Mentoring Program*, as well as to provide step-by-step guidance on how to participate in the program.

In South Australia, there are currently no formal programs for public health/primary health care career mentorship. Public health, primary health care and health promotion encompass an enormous variety of employment opportunities and it can be difficult for people new to the field (and even for those established in the area) to make decisions about work and study directions. PHAA (SA Branch) and AHPA (SA Branch) have recognised this gap and begun to work in partnership thus consolidating skills, experience, resources and knowledge to offer members of both organisations an opportunity to support their current study or work aspirations.

The *Mentoring Program* has been designed to fill this role. This mentoring program aims to assist:

- **Students** to explore their career opportunities by pairing them with a more experienced member.
- People **early in their career** by pairing them with a person to explore and consolidate their learning and understandings.
- People in a process of **career transition** by pairing them with another person who may have had a similar experience and can provide advice/ resources to begin the transition.
- **Professional Development** by pairing members with a person who can enhance their current work capacity and provide a differing perspective to the work they undertake.

The mentoring pair is encouraged to meet face-to-face up to three times over a period of three months for the purposes of the mentoring program.

2 What is mentoring?

There are many definitions for ‘mentoring’ and many different forms of mentorship relationships that serve different purposes.

The following broad definitions underpin the mentoring program offered by the PHAA and AHPA (adapted from Health Promotion Association of Australia Mentoring Programme Facilitator’s Manual, p.22):

- A development relationship that enhances both growth and development for each partner
- A relationship that facilitates the sharing of experiences, skills and knowledge and provides opportunities and support for both parties
- An opportunity to enter into a relationship with another person that will assist in your professional development and support
- An opportunity to acquire skills, open doors, increase confidence, widen your perspective, avoid errors, and enhance your career

3 Benefits of the program

Participants, both mentees and mentors, benefit from the Program in different ways, depending on what they hope to get out of the process. Table 1 shows the likely benefits for mentees and mentors of the *Mentoring Program*.

Table 1 Benefits of the Mentoring Program

Mentee	Mentor
<ul style="list-style-type: none"> • Opportunity to discuss and seek guidance and advice regarding own career ideas, helping to make more informed choices in the future • Opportunity to meet a public health practitioner with experience in your area of interest • Advice on resources relevant to your area/s of interest • Enhanced professional development and increased confidence due to the above 	<ul style="list-style-type: none"> • Opportunity to facilitate the mentee's professional growth • Revitalised enthusiasm and affirmation of role as an experienced worker • Experience in explaining the scope and skills of your work, to other

4 How to become involved

The South Australian branch of the Public Health Association of Australia (PHAA) and the Australian Health Promotion Association (AHPA) invite their membership to become involved in the *Mentoring Program*, either as a mentee or mentor. To determine if you are eligible and to register your interest, please read this section and follow the steps outlined.

4.1 Are you eligible?

Careful selection and matching of participants in the mentorship program is critical to maximise the benefit of the mentoring process. If you are interested in becoming involved in the PHAA and AHPA *Mentoring Program* either as a mentor or mentee, you will need to consider your eligibility by looking at the criteria in Table 2.

To help identify which theme area you fit as a mentee, please refer to Table 3.

Table 2 Eligibility Criteria

Mentee	Mentor
<ul style="list-style-type: none"> • A member of the PHAA / AHPA • Over 18 years of age • A current undergraduate or postgraduate student of public health or related discipline, OR • An early career public health practitioner/ researcher seeking mentorship • A desire to explore career options or knowledge of practice • A commitment to the mentoring process 	<ul style="list-style-type: none"> • More than four years working in public health / primary health field • Strong interpersonal and communication skills • Access to a network of appropriate referrals and/ contacts • A commitment to the mentoring process • Preparedness to maintain confidentiality regarding discussions with mentor • ***NOT necessary to be a member of PHAA/AHPA

Table 3 Mentee Criteria

Student	<ul style="list-style-type: none"> • Undergraduate course student
Early Career	<ul style="list-style-type: none"> • PHD Student • Within your first five years in the field
Career Transition	<ul style="list-style-type: none"> • Professional "sea change" • Diversion in current career • Changing professional discipline
Professional Development	<ul style="list-style-type: none"> • Enhancing current capacity • Undertaking research • Seeking differing perspective

4.2 What is expected of you as a Mentor or Mentee?

As a mentee and mentor you are expected to be:

- Sensitive to the needs of each other
- Be flexible with time management
- Focus on goals that build the skills of the mentee and draw on the expertise of the mentor
- Maintain confidentiality in all aspects of the relationship
- Honest about the outcomes of the program

You do have the right to end the mentoring partnership at anytime.

It is encouraged that you meet a maximum of three times face to face through the three month period. As this project is only for three months, we will evaluate it after that time. However, you as the mentoring partnership may choose to continue to meet beyond this formal mentoring program.

If you are interested and would like to talk with a person who may have been either a mentor or mentee in the past you may wish to contact the following people:

Mentors:

- Michele Herriot, A/Director, Health Promotion Branch, Department of Health

Phone: 08 8226 6432 or 0423 029 991 (mobile)

Email Michele.Herriot@health.sa.gov.au

- Adrian Heard, Epidemiologist, Health Statistics Unit, Epidemiology Branch, Department of Health

Phone: 8226 6384 or 0427 833 324

Email Adrian.Heard@health.sa.gov.au

Mentees

- Tessa Hillgrove, Project Officer & PhD Candidate, Australian Red Cross Blood Service

Phone: 08 8422 1364 or 0414 417 817 (mobile)

Email tessa.hillgrove@adelaide.edu.au

- Eva Forte, Project Officer, Health Promotion Branch, Department of Health

Phone: 8226 6330

Email eva.forte@health.sa.gov.au

4.3 Register your interest

If you meet the criteria in Table 2, please register your interest in becoming involved in the program by completing a Mentor or Mentee Expression of Interest form and forwarding it electronically to the contact designated on the form. The Expression of Interest forms should have been forwarded to you at the time that you received this Information Pack. If not, please contact us using the contact details given in Section 9 and we will forward the appropriate form to you.

The information you provide on these forms will ensure that you are matched with the most appropriate mentee/mentor to suit your needs/interests/experience. Therefore, please take some time when filling out these forms to ensure that the information you provide will help us to determine who your 'best-fit' mentee/mentor is.

We encourage you to obtain the support of your manager for participation in the program.

5 What happens from there?

Once the Mentoring Program Group has received Expression of Interest forms, we will match mentor and mentees according to areas of interest and experience. The matching process will be limited by the suitability of applications and the similarity of mentor/mentee interests.

We will endeavour to match all potential mentees to a mentor, and where no appropriate mentor has applied, will approach potential mentors on an individual basis.

While we cannot guarantee that all expressions of interest for mentor roles will be filled in the current round of the program (since this is dependant on mentees who apply), please let us know on your Mentee or Mentor Expression of Interest form if you would be happy for us to keep your form on file for possible use in the future.

Once we have linked appropriate mentee/mentor relationships, the process outlined below will be followed. Note that should you undertake the program, further information and support will be provided to guide you through these processes.

- Mentee and mentors will be sent a Letter of Acceptance into the program, including contact details of your mentee/mentor.
- The mentee will decide on the objectives of the mentorship relationship, fill in a Mentorship Objectives form and forward this form to their mentor for agreement. See Section 6 for further information on how to set the Mentorship Objectives.
- Once the mentor has agreed with the objectives, they will initiate organisation of the first meeting date.

- Once the mentor has agreed on the objectives, the completed Objectives form should be forwarded to the Executive Committee for our records.
- The mentee and mentor will meet up to a maximum of three times over a three-month period in order to meet their Mentorship Objectives. See Section 7 for more information about the mentorship meetings. Mentees will be expected to undertake some development work between meetings.

6 Setting the Mentorship Objectives

If you are a mentee, you will need to set the Mentorship Objectives once you have received your Letter of Acceptance.

6.1 What is a Mentorship Objective?

A Mentorship Objective is a statement describing what is to be accomplished as a result of the mentorship program.

6.2 Why set up Mentorship Objectives?

The Mentorship Objectives are set so that both you and your mentor are aware of what is to be achieved at the outset of the mentorship relationship, such that meetings can be directed appropriately.

6.3 How to set up Mentorship Objectives

Setting the objectives for the mentor/mentee relationship need not be a stressful experience. The following points may help to guide this process:

- Keep in mind the ‘benefits to the mentee’ that were outlined in Section 3. Your objectives should focus on these points.
- The best objectives will be those that are: specific, measurable, achievable, and reasonable given the available timeframe of three months.
- Frame your objectives using terms that will be easily understood by your mentor.
- You may outline as many or as few objectives as you deem appropriate.

6.4 Example objectives

The following are some examples of appropriate objectives for *Mentoring Program* (but keep in mind objectives will vary greatly due to the varying needs of mentees):

- To discuss and list employment options in South Australia for a ‘new career’ (e.g. recently completed Masters of Public Health)
- To discuss and list long term career opportunities within public health/ primary health care/health promotion
- To learn about, and participate in, (as appropriate) public health/ primary health/health promotion conferences/ journals/ associations/ networking opportunities
- To discuss a current research project and elements to consider in the formation of the hypothesis
- To discuss strategies of implementing a health promotion approach within your current work
- To provide practical information and resources to enhance one’s work.

7 Mentorship meetings

We envisage that mentee/mentors will meet a maximum of three times over a three month period, at a mutually convenient location, for ½ hour- 1 hour for each meeting, with the opportunity of meeting other relevant people. However, these parameters are flexible, and it will be left to mentees/mentors to arrange, according to the mentoring needs and the availability of those involved to attend meetings.

The meetings would be face to face (unless there are real obstacles to this) and might include: discussion of key issues (e.g. research dilemmas, career directions, the context of public health and health promotion); suggestions for readings or other people in the field to contact; problem solving and anything else that the mentee identifies as a need or the mentor considers might be useful. Other forms of communication are encouraged such as e-mail and telephone calls. We also encourage mentors and mentees to attend the networking sessions held by both Associations as a way of having contact and considering new issues. Both Associations will also provide assistance for costs incurred by country mentees and mentors.

Both the mentee and mentor should feel free to contact a member Mentoring Program Group of either the SA branch of PHAA or AHPA (using the details given in Section 9) at any time during the conduction of the mentorship program to discuss any matters arising from the program.

8 How the program will be evaluated

Evaluation of the *Mentoring Program* is crucial for future program improvement. All information collected for evaluation purposes is confidential and will be de-identified at the stage of data entry. An analysis of de-identified information may be used in the future for program promotion purposes.

8.1 Evaluation 1

A member of the Mentoring program Group will ring all mentees after the first mentoring meeting to gain feedback on the program to that stage: this will not take any longer than 10 minutes.

The following questions will be used to ascertain feedback from mentees after their first mentorship meeting:

- Were your objectives met in the first meeting?
- Were there any issues/ problems that arose in the first meeting?
- Will you be meeting up with your mentor again? When?
- Do you have any suggestions for us in terms of running this program in the future?
- Have you found the program useful so far?

8.2 Evaluation 2

Three months after the Letters of Acceptance have been sent, we will ask both mentee and mentors to complete feedback questionnaires which will help us to provide a high quality program in the future. Again, this will not take more than 10 minutes to complete.

9 Contact us

See Table 4 for key contact details of members of the Mentoring Program Group. If you have any comments, compliments, questions or complaints about the *Mentoring Program* at any time, please do not hesitate to contact us.

Table 4 Contact details

Name	Email	Telephone
Janine Phillips	janine.phillips@cywhs.sa.gov.au	8161 7149
Leah Couzner	leah.couzner@rgh.sa.gov.au	8275 2310

Acknowledgements

The Mentoring Program Group for this Program acknowledge the Australian Health Promotion Association (SA Branch) for their resources which assisted with the development of this mentorship program and the experience of the Public Health Association of Australia (SA Branch) from their successful pilot Public Health Association of Australia *Student and Early Career Mentorship Program (2004)*.

APPENDIX 1 Sponsoring Organisations

Public Health Association of Australia

The Public Health Association of Australia Inc (PHAA) provides a forum for the exchange of ideas, knowledge and information on public health. The Association is also involved in advocacy for public health policy, development, research and training. The South Australian Branch of the PHAA is committed to advancing public health in South Australia. This is achieved by member's involvement on public health, primary health care and environmental health committees and groups, by conducting a seminar program, assisting in professional development and advocacy. Further information is available at www.phaa.net.au

Membership is open to any person who is supportive of the objects of the Association. These are:

- to encourage research and promote knowledge relating to the problems, needs and development of public health;
- to promote and provide a forum for the regular exchange of views and information;
- to promote the development and education of public health workers;
- to promote, maintain and extend the interests of PHAA's Branches, Special Interest Groups and any affiliated organisations;
- to promote excellence in public health practice; and
- to advocate the objects and policies of the Association.

As PHAA has a national and multidisciplinary perspective on public health issues it is able to make a major contribution to the public health debate in Australia through representation on government boards, committees and other decision-making bodies such as the National Health and Medical Research Council and the Australian Institute of Health and Welfare. PHAA members also sit on many state and territory committees contributing to a broad spectrum of public health issues.

PHAA members also contribute to the development and execution of public health policy in Australia, and in particular bring their experience and expertise to the development of [policies for the Association](#). These policies are considered by the annual general meeting of the membership, and if endorsed, become the basis for public health action for the association.

Australian Health Promotion Association

The Australian Health Promotion Association aims to provide knowledge, resources and perspectives needed to improve health promotion and practice. Further information is available at www.healthpromotion.org.au

Objectives of the Association are:

- To provide opportunities for the professional development of members, including the opportunity to meet and exchange ideas and information.
- To provide opportunities for the exchange of knowledge in the field of health promotion through the annual national health promotion conference, and the publication of the Health Promotion Journal of Australia and other

contemporary media.

- To develop and comment upon existing and proposed health promotion policy and programs in the wider community and to advocate for contemporary directions.
- To support members in their endeavours to increase public awareness of the concept of health.
- To make recommendations with respect to the standards and practice of health promotion as well as the training of health promotion practitioners.
- To represent the interests of Australian health promotion practice when liaising with other organisations.

APPENDIX 2 Mentorship Program Evaluation

PHAA AHPA Mentorship Program 2005

Background:

From August to December 2005 the South Australian Branches of the Public Health Association of Australia and the Australian Health Promotion Association ran a career mentorship program for public health and health promotion students and early career workers. Notification of the program and application forms were sent out to PHAA members, AHPA members and to the Dept of Health email list in July 2005. This wide audience attracted a broad spectrum of health workers to the program with three applicants coming from nursing backgrounds and one from a medical background. Eventually fifteen applicants were matched with suitable mentors, and contact between mentors and mentees began in September-October. The program began with an evening meeting in late August, where a majority of mentors and mentees attended. This program represents the biggest mentorship program run by either organization in South Australia.

Members of the PHAA and AHPA state executives coordinated the program – Adrian Heard, Michele Herriot, James Smith, Rae Plush and Sarah Dugdale. All mentees were followed up in October-November to determine progress in linking up with their mentors, and to obtain copies of their mentorship objectives. Some mentor-mentee partnerships did not begin until November, and contacting mentors and mentees at this time of the year was sometimes difficult. A list of objectives was received from twelve of the fifteen mentees, and every mentee had met at least once with their mentor by early November 2005. Ten (66%) of the fifteen mentees and eleven (73%) of the fifteen mentors either completed their evaluation forms with a coordinator over the phone, or returned their evaluation forms by email.

This mentorship program has been modelled around an Australian Health Promotion Association CD produced by Mann and Kirke (2003).

Results:

Of the 35 objectives for the eight mentees participating in the evaluation 18 (51%) objectives were met in full and 17 objectives were partly met. Although not all mentees submitted objectives, the most common objectives related to seeking and applying for public health and health promotion jobs, practice based information about health promotion and public health, further study options and personal and other issues affecting employment prospects. There were also a number of very specific objectives that related to a health program or initiative the mentee was aiming to set up or was responsible for. These specific issues were not always readily addressed by mentors, and in some cases a significant amount of time was spent assisting mentees in developing a health promotion/public health perspective as a theoretical and practical basis for their work.

Mentees met face to face with their mentors an average of 2.8 times (up from 1.9 times in 2004) and tended to use email rather than telephone to make contact. All mentees considered that their mentor had been useful-very useful in helping them meet their objectives, and all thought that the mentor had the knowledge to help them meet their objectives, and had facilitated the mentorship process. Several mentees/mentors had difficulty getting the partnership established and did not begin meeting until late. In the first round of evaluation in October/November there was concern from the coordinators that some partnerships would

not eventuate, but in most cases these delays were due to mentees or mentors being exceptionally busy, with some mentees having exams.

Two of the partnerships were rurally based, and involved significant obstacles for the mentees and mentors making contact. These rural partnerships will require extra resourcing in future. Two other mentees were rurally based and had city based mentors – face to face communication in these instances required the mentee to visit the city.

Of the eleven mentors surveyed all felt that their skills were applicable-very applicable to the mentees needs. All mentors considered they had helped the mentee meet his or her objectives, but there were comments from mentors about the usefulness or appropriateness of some objectives. Several mentors and one or two mentees reported difficulty getting in contact with their mentoring partner. Contact was also an issue for the mentorship coordinators in their efforts to evaluate the program. As in past evaluations, all eleven mentors found the program a fulfilling experience and would be happy to be involved in another mentorship program. Clearly, mentoring is generally an important networking experience for public health/health promotion professionals, which if nothing else gives them a chance to meet some interesting new graduates in the field.

A number of issues relating to how the mentorship program could be improved have already been discussed, but one extra issue deserves special mention. This issue raised by two mentors and alluded to by one mentee was that the matching of mentors and mentees was a potential problem in a couple of partnerships. This issue has not been raised in past programs.

Discussion and Recommendations

Overall this mentorship program has been very successful with positive feedback from all mentees and mentors surveyed. It has been the most diverse mentorship program ever run by PHAA or AHPA with a wider range of objectives, with mentees coming from a wider range of disciplines and with a less prescriptive model for mentor-mentee partnerships.

These changes from past programs have not reduced the usefulness of the program for mentees and mentors. This is the most important yardstick of success. However, it could be argued that with only 66% of mentees followed up, we have missed out on evaluating some partnerships that may have been more negative. We can counter this by pointing out that the mid-term evaluation that was conducted showed that some of the partnerships not followed up at program end were operating quite successfully at the time. In the case of two partnerships we decided not to undertake a final follow-up as these partnerships had only had one meeting, and were going to carry on well beyond the life of this program.

The changes, in combination with other factors, have made the program more difficult to run. A future program of this nature will need more details on how and when to contact mentees. We also recommend that more detail on what are appropriate objectives for such a program be circulated to applicants. It also needs to be clearer that mentors will work from a health promotion or public health model and what these models entail.

What this program has achieved is to bring a new group of people into public health and health promotion. There is a significant pool of people in the health area who are on the margins of health promotion and public health in terms of their training and work, but who

stand to benefit greatly from the theoretical and practical inputs of health promotion/public health mentors.

The timing of this program has been an issue, which has impacted on how quickly mentees got in touch with their mentors, and in some cases the amount of time mentees and mentors have spent together. In future it is recommended that there be one mentorship program per year, and that it be set up in April/May with the evening meeting of mentees/mentors at the end of the first semester in June. The program itself would then run from July to October, avoiding the exam period.

It is clear from the feedback of rural mentees and mentors that these partnerships will require greater resourcing in the future. This resourcing may include travel allowances, the possibility of some form of video-conferencing or teleconferencing and the use of online forms.

While the current program has involved a wide spectrum of health professionals we do need to put more work into advertising the mentorship program in schools of health science and health promotion around the state. These student groups have public health and health promotion as their core area of interest and we need to involve them more.