

A MENTORING FRAMEWORK FOR PUBLIC HEALTH NUTRITION WORKFORCE DEVELOPMENT



Australian Public Health Nutrition Academic Collaboration

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The Australian Public Health Nutrition Academic Collaboration (APHNAC) arose from the Australian Government Department of Health and Ageing Public Health Education Research Program Innovations (PHERP) funded 'Advanced Level Training in Public Health Nutrition' project, 2002-2005.

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Background

The Australian Public Health Nutrition Academic Collaboration (APHNAC) arose from a Australian Government Department of Health and Ageing Public Health Education Research Program Innovations (PHERP) funded 'Advanced Level Training in Public Health Nutrition' project.

Aims of the project are:

- To develop excellence in teaching and learning in Public Health Nutrition through the development of peer-review processes for teaching and learning and ongoing networking opportunities amongst Public Health Nutrition academics
- To develop specialist curriculum materials in the area of advanced Public Health Nutrition that can be flexibly delivered to students around Australia
- To facilitate workforce development for advanced Public Health Nutrition through training opportunities tailored to the needs of relevant agencies
- To develop competency standards for advanced level Public Health Nutrition training and practice, building upon existing public health competency frameworks
- To advocate for advanced Public Health Nutrition training, practice and workforce development
- To promote Public Health Nutrition policy and program initiatives within wider public health policy and programs

This paper addresses the development of a mentoring framework, to be viewed as complementary to the newly-developed public health nutrition competencies, useful for providing context for a meaningful public health nutrition mentoring relationship.

Project 'Mentoring framework' objective

"To develop a framework to guide inclusion of workforce mentoring within public health nutrition education and training to facilitate workforce development."

Context of framework

Public health nutrition practice includes a range of activities related to nutrition, and also public health management and administration. It therefore allows for mentoring to be provided from a range of public health practitioners, depending on the career goals of individuals and in a diverse range of settings and environments.

This framework aims to be complementary to other formalised or profession-specific mentoring programs, for example government health department-based initiatives, formal or informal

- § Skills in risk assessment and development of forecasting frameworks for health and the environment
- § Food & dietary modelling and survey analysis abilities
- § Knowledge of international food regulation and implications for Australia.

Mentoring is an important and productive mechanism for sharing knowledge and expertise between experienced and novice professionals. Mentoring also has the capacity, through dialogic human relationships, to engender passion and commitment to purpose and cause, and in so doing, open new directions and opportunities for thought and practice. Therefore, a mentoring system for Public Health Nutrition has the potential to contribute substantially to workforce development.

Objectives of framework:

1. To direct people to existing organised mentoring systems
2. To recognise the different models and systems that exist for mentoring programs, compatible with the needs of public health nutrition practice
3. To clarify the roles of mentors

Objective 1: To direct people to existing organised mentoring systems

There are existing mentoring systems at a national and state/ territory levels in Australia. These existing systems are either formal mentoring systems or fulfil a supportive quasi-mentoring role which could be further expanded. The following summary of formal and quasi mentoring programs has been collated following detailed interviews with representatives from all state and territory health public health nutrition department representatives and subsequent web searches. There is also a description of other mentorship projects and programs that have been formally evaluated.

National Schemes

- i. Australian Government - National Indigenous Cadetship Project
The National Indigenous Cadetship Project (NICP) links Indigenous Australian students with employers who can give them work skills and professional employment. Students must be studying full time at an Australian TAFE college, Registered Training Organisation or university in a diploma, advanced diploma or their first undergraduate degree course. For further information go to: Department of Health and Ageing: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-career-indig_cadet.htm or Department of Employment and Workplace Relations: <http://www.workplace.gov.au/workplace/Individual/Student/NationalIndigenousCadetshipProject.htm>

- ii. Dietitians Association of Australia (DAA)
DAA members participate in formalised mentoring through the first 6 months of the DAA Accredited Practising Dietitian professional development program. This is organised through the national office, however mentees can choose their mentor, and may choose a Public Health Nutritionist if they are working in a community or public health nutrition role. The DAA actively supports and promotes the mentoring process as a continuing professional development activity. For further information go to: <http://www.daa.asn.au/>

State and Territory Schemes

i. South Australia

1. Health Promotion Australia SA Branch

A mentorship program links experienced, with less experienced individuals. The goal of this mentoring program is to develop and facilitate a mentoring process to assist in the professional development of people in the workforce who are interested in enhancing their practice and/or expanding their knowledge in health promotion and Primary Health Care (PHC). Immediate gains within the workplace setting were reflected as:

- § Increased knowledge and skills

- § Increased confidence
- § Clarification of health promotion principles as they translate into practice
- § Greater understanding of how existing practice is reflective of health promotion
- § Assistance in career direction
- § Increased networking.

For further information go to: <http://healthpromotion.org.au/branches/sa.php>

2. Public Health Australia Association (PHAA) South Australia Branch

The PHAA SA Branch has a pilot program titled "Students and Early Career Mentorship Program". The PHAA program is based on the Health Promotion SA Branch mentorship program.

Mentees:

- 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
- Commitment to the mentoring process
- Member of PHAA

Mentors:

- More than 5 years working in public health related employment
- Strong interpersonal and communication skills
- Access to a network of appropriate referrals and/or contacts
- A commitment to the mentoring process
- Preparedness to maintain confidentiality regarding discussions had with the mentee
- Member of PHAA

For further information go to: <http://www.phaa.net.au/branches/SA/SA.htm>

3. Networks in South Australia that may fulfil a supportive quasi-mentoring role

There are 2 state-wide networks for Public Health and/or Community Nutritionists:

Public Health Nutrition Network: The purpose of the network is to have a strategic focus, working with the decision-makers within organisations, to contribute to ensuring the effectiveness of public health nutrition initiatives in South Australia. For instance, this includes the development, implementation and evaluation of Eat Well South Australia, the State public health nutrition action plan. The network provides a mechanism for effective consultation and communication between the Department of Human Services (DHS), health services and non-government organisations (NGOs) on public health nutrition issues.

SA Community Nutritionists Group: Purpose "To facilitate the support, communication and networking between community nutritionists across South Australia."

This network has been meeting for around 7-8 years and focuses on implementation & practical service delivery issues orientation. Some of the main functions of this group are to:

- o undertake consultation on state policy;
- o communicate about state program initiatives; and
- o provide peer support and information sharing between members.

There are 2 professional development activities per year and the group are beginning to take on an advocacy role. For Further information go to: <http://www.health.sa.gov.au>

ii. Tasmania

Tasmania has no formalised public health nutrition mentoring programs. However, there are other supportive activities that may act as mentoring roles.

Networks in Tasmania that may fulfil a supportive quasi-mentoring role

Tasmania has a small specialised nutrition workforce many of whom have a role in and understanding of PHN

§ Community Nutrition Unit (DHHS) – conducts a range of nutrition promotion programs which include support and training to communities and health workers (including assistance with planning, implementation and evaluation of community nutrition programs). For further information go to

<http://www.dhhs.tas.gov.au/services/view.php?id=385>

§ Tasmania Dietitians Association Australia state branch - meetings and annual local weekend workshop also provide opportunities for peer support. For further information:

http://www.daa.asn.au/public/contacts/state/branch_contacts.asp?state=TAS

Other networks – Cross Sectoral

Food and Nutrition Policy Implementation Group – the role of this group is to:

- a) provide appropriate advice on food and nutrition issues within the Agency.
- b) monitor and progress the implementation of recommendations from the Tasmanian Food and Nutrition Policy for which the Department of Health and Human Services has key responsibility.
- c) provide a mechanism for transfer of information related to national, state and local food and nutrition projects, programs and issues.
- d) foster networking and cross-divisional collaboration and action among key Agency staff stakeholders with concern for food and nutrition issues.
- e) further develop the Agency's capacity to improve the nutritional well-being of all Tasmanians.

For further information <http://www.dhhs.tas.gov.au/agency/pro/foodnutrition/index.php>

Eat Well Tasmanian Kids Coalition – a cross-sectoral coalition of organisations working on child nutrition programs activities – information sharing, developing a common vision and working together in a cohesive manner. For further information <http://www.eatwelltas.com.au/kids.php>

iii. Victoria

1. Victorian Public Health Training Scheme (VPHTS)

The VPHTS is a two to three year public health training program coordinated by the Public Health Division of the Department of Human Services and accredited by LaTrobe University. The VPHTS aims to build the capacity and expertise of the public health workforce by providing training for health professionals from a variety of backgrounds in the practice of public health. The VPHTS has an Advisory committee (with representation from the PHAA Vic branch) that provides advice on the functions, objectives and overall conduct of the VPHTS.

For further information go to: <http://hnb.dhs.vic.gov.au/phb/vphtb/vphtb.nsf>

2. Victorian Aboriginal Nutrition Training Project

The project aims to 'improve and strengthen the nutritional capacity of the Victorian Aboriginal community by developing a strong nutrition workforce who understands the broader issues affecting health and competing community needs'. Activities include:

- § Development and pilot of a series of training modules for Aboriginal health workers.
- § Provision of Aboriginal cultural awareness sessions at Deakin and Monash through the Nutrition and Dietetics course curriculum

For further information go to: <http://www.health.vic.gov.au>

Networks in Victoria that may fulfil a supportive quasi-mentoring role

Dietitians Association of Australia (Vic Branch) Public Health and Community Nutrition Interest Group Mentoring and Professional Development Programs.

Vision: To develop a co-ordinated and skilled nutrition workforce in Victoria that are able to lead their local communities in best practice public health nutrition planning, programs, evaluations and systemic change.

The Mentoring Program objectives are to:

- Create an environment that promotes networking amongst the current and potential Victorian public health nutrition workforce at state, academic and community levels.
- Encourage a sharing of solutions and innovations in public health nutrition practice.
- Influence thinking about current nutrition practice and to include a public health approach when planning for and implementing nutrition programs in local communities.
- Increase awareness and knowledge about public health practice as applied to nutrition.

An additional optional objective is to:

- Develop a strategy for change to a public health approach in local work environment

For further information go to:

http://www.daa.asn.au/public/contacts/state/branch_contacts.asp?state=VIC

iv. New South Wales

1. NSW Public Health Officer Training Program

NSW Health has been accredited by the NSW Vocation and Education Training and Accreditation Board to award a Graduate Diploma of Applied Epidemiology. The award is gained through the preparation of a 'portfolio of evidence' on competency standards.

All off-the-job training is delivered by the NSW Department of Health. On-the-job training is through six work placements over three years.

People enter the program with an MPH and at least 3 years work experience in public health.

Eleven competency areas with performance criteria are used to guide the learning of Public Health Officers. For further information go to:

<http://www.health.nsw.gov.au/public-health/pht/pages/streams.html>

2. NSW Biostatistical Officer Training Program

§ Comprises off-the-job coursework for the Masters degree in Biostatistics

§ On-the-job training given by the Department of Health in six work placements over a three year period

§ Trainees enter the program with a 4 year degree or equivalent in mathematical statistics.

http://www.health.nsw.gov.au/health_pr/training/botp

Networks in NSW that may fulfil a supportive quasi-mentoring role

Nutrition and Physical Activity Branch, Centre for Health Promotion, NSW Nutrition network

The purpose of this group is to build the capacity of the NSW health system and relevant Non Government Organisations to facilitate public health nutrition action in NSW. This network provides an opportunity for individuals to participate in the development of directions in public health nutrition for NSW, to share information, experience, achievements and innovative practice in public health nutrition, to enhance professional development and generate commitment and support for public health nutrition with key stakeholders. Network participants are individuals from the NSW Dept of Health, NSW Centre for Public Health Nutrition, Area Health Service Members (PHN representative), NGO members (e.g. Diabetes Australia, Heart Foundation, NSW Cancer Council, Nutrition Australia, and the NSW School Canteen Association). Activities include face-to-face meetings and a Nutrition Network list serve. A register of all projects being conducted in the members areas or agencies are kept on a Nutrition Network Project Register – updated annually and disseminated on the list serve. For further information go to:

<http://www.health.nsw.gov.au/public-health/health-promotion/nutrition/network/>

v. Western Australia

1. WA Department of Health, Public Health Nutrition Indigenous Cadetship

The Nutrition and Physical Activity Branch together with the office of Aboriginal Health at the Department of Health, WA, are committed to increasing the indigenous public health nutrition

workforce through an Indigenous cadetship. The cadetship is registered through the National Indigenous Cadetship Project (an Australian government initiative) and is open to indigenous students who enrol in a degree in Nutrition or Health Promotion. The cadetship offers a study allowance and a 12 week paid work placement each year of the student's degree. In the future, it is hoped that the cadetship will feed into a Dept of Health graduate entry program. Mentoring is a key component of this cadetship. Students are provided with a workplace based mentor from the Office of Aboriginal Health. The mentoring is an important part of establishing and maintaining effective employer/employee relationship. For further information go to: www.health.gov.au/internet/wcms/publishing.nsf/Content/health-career-indig_cadet.htm

2. WA Population Health Training Program

The WA Population Health Training program is a 2 year program combining structured work, mentoring, on and off site development activities and peer support.

More information can be found at www.health.wa.gov.au/waphtp/ Links are provided to sections on the role and expectations of mentors.

3. Peer Support – Employee Assistance Program

The Department of Health WA has a peer support program available for all staff as part of the Department's Employee assistance program. It provides support and assistance to employees experiencing any level of concern. For further information go to

http://www.eddept.wa.edu.au/hr/POD%20Layers/Rehabilitation/Employee_Assistance_Program.htm

Networks in WA that may fulfil a supportive quasi-mentoring role

WA Nutrition Network - Primarily an information sharing network with aims for joint project development in the future.

- Face to Face one day meetings held throughout the year. Participants are the WA Dept of Health, Country Health Service Members NGO members (e.g. Diabetes Australia, Heart Foundation, WA Cancer Council, Nutrition Australia, and the WA School Canteen Association Curtin University)
- WA Nutrition Network list serve – all members of the group are on the list serve.

For further information go to <http://au.groups.yahoo.com/group/wa-nutrition/>

vi. Northern Territory

Networks in NT that may fulfil a supportive quasi-mentoring role

§ Most of the public health nutrition workforce is employed by the NT Department of Health and Community Services with a few individuals employed within the non-government and Aboriginal community controlled health sectors. Professional development activities are of a public health nature.

- § There is a NT Nutrition Team building meeting once a year with a professional development component included. Otherwise, region-specific community dietitians meet and/or teleconference regularly. There is a strong communication network throughout the Territory.
- § No formalised mentorship programs are available and professional development is left up to individuals.
- § Indigenous Nutrition Promotion Officers obtain training from the Batchelor Institute, who work closely with Public Health Nutritionists. There are also Indigenous community nutrition workers that Public Health Nutritionists work with and have a quasi-mentoring role. An important component with work undertaken in remote areas is 'Relationship building' with communities.

For further information go to www.nt.gov.au, choose the Department of Health and Community Services listing and go to the Nutrition and Physical Activity Program.

Batchelor Institute for Indigenous Tertiary Education (BIITE)

- § The Batchelor Institute for Indigenous Tertiary Education offers a degree in Nutrition. The course is being reviewed and oriented towards Public Health Nutrition. Informal mentoring occurs, but a more formal process through the Batchelor Institute may be investigated in the future. For further information go to the BIITE Website – www.batchelor.edu.au

vii. Queensland

Networks in Queensland that may fulfil a supportive quasi-mentoring role

The Queensland Health Rural Health Training Unit - Rural Connect (Rural Allied Health Mentor Program), "facilitates development of mentor-mentee relationships between Queensland Health staff. The mentor process involves an experienced worker supporting two or three less experienced workers focussing on those new to the workforce; new to Queensland Health, or sole and/or isolated practitioners. Rural Connect aims to promote communication, enhance service delivery and improve recruitment and retention.

<http://www.health.qld.gov.au/workforus/allied/experience.asp>

Indigenous Nutritionists are being mentored in an informal and ongoing way. In the past, scholarships were provided for Indigenous students under the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy.

Public Health Services – Monitoring and Professional program offers professional support.

Allied Health – run professional development programs which include placement experience for rural and remote practitioners

The Dietitians Association Australia Queensland branch offer a formal scheme for Public Health Nutrition who are dietitians and members

Qld Health has Mentoring programs but no Nutritionists currently undertaking these

For further information go to:

http://www.daa.asn.au/public/contacts/state/branch_contacts.asp?state=QLD

viii. Australian Capital Territory (ACT)

ACT Health runs a 'Leaders of Change Program' aimed at equipping emerging leaders with skills, knowledge and confidence to effectively lead and manage change at the individual, team and organisational level. Coaching and optional mentoring arrangements are available in the Program.

For further information go to www.apsc.gov.au/leadership/acthealth.pdf

Evaluated Mentorship Projects and Programs

Descriptions and evaluations of three recent mentorship programs in the health or academic sector are outlined below. (The Gardiner (1999) evaluation of the Flinders University program includes a comprehensive literature review of mentorship, and so it is not reproduced here.)

1. Population Health Mentoring for General Practice Divisions

In this PHERP funded project, academic mentors were matched with mentees from Divisions of General Practice in South Australia (GPs or senior staff) in a primarily dyadic model, to work on population health projects, with mentorship centering upon knowledge and skills development. The program appeared to be quite costly, with academic mentors being paid for their mentorship time, and backfill for staff time being paid to the Divisions of General Practice. The aim of mentorship in this project was

'to enable staff from South Australian Divisions of General Practice to apply a sound understanding of public health concepts and knowledge to a project in their workplace, through innovative mentoring partnerships with population health academics' (Mickan et al 2003, 3).

Academic mentors felt that they had a different, more reciprocal relationship to that which they had with their postgraduate research students.

Evaluation

The project was evaluated via qualitative methods (interviews) with key stakeholders in the project (academic mentors, Executive Officers of Divisions, learners/project staff, and strategic members of the 'management team'). Stakeholders highlighted different benefits from the project, with learners (project staff) claiming enhanced knowledge and skills of population health issues and strategies, mentors claiming improved process/writing skills amongst learners, and Executive Officers claiming improved networking/contacts for the organization (Mickan et al 2003). The Executive Officers of the Divisions saw mentorship as an opportunity for professional development and to gain practical experience, transferable skills or academic contacts (Mickan et al 2003).

Some issues that arose in the course of the project included: learners' lack of time to pursue the project (backfill arrangements were not upheld) or to meet with the mentor, mentorship causing additional demands on mentees' time, projects not established early on with the input of mentees, and a small lead time between notification to start of the project, limiting time for planning alternative resources for existing work (Mickan et al 2003). Half of the mentees said they would not do the project again due to such factors.

Mentors were more positive than learners about the potential community benefit from projects. However, mentors felt that mentoring for 6 months could support only particular aspects of projects rather than a whole cycle (e.g. evaluation, writing a proposal or project implementation).

Included in the recommendations of the evaluation were suggestions that independent 'population health' projects be developed, implemented and designed on an ongoing basis, connected to strategic planning and resource allocation. Coordination of such projects, and financing for staff backfill, mentoring and program coordination was deemed required. Clear expectations and 'tripartite' communication between learners, mentors and Executive Officers was also necessary (Mickan et al 2003).

2. Making a Difference: Flinders University Mentoring Scheme for Early Career Women Researchers

A pilot mentoring scheme was initiated in 1998 for...

'early career women researchers.. to increase women's access to research knowledge and informal power structures – particularly those that consist of senior, successful researchers. The ultimate aim of the scheme was to expand women's successful research activities and increase the number of women in middle and senior academic positions at Flinders University'. (Gardiner 1999; 1).

The rationale for the scheme included the poor representation of women amongst senior academic as compared to junior academic positions. Suggested reasons for this difference included women's lack of access to informal networks that hold information important for career advancement, and a poor research record, hindering promotion (Gardiner 1999). Mentoring has been consistently linked to promotion via a number of research studies (cited in Gardiner 1999). A review of the research on mentorship showed that mentorship has been linked to not only promotion, but also increased career satisfaction (and less reliably job satisfaction), and improved career satisfaction (see Gardiner 1999).

A formal mentoring scheme was adopted by Flinders University, with reports suggesting that more informal schemes diminish without a coordinator to assist with the process (Gardiner 1999). One report on a mentoring program in three universities argues that a coordination role is essential and important for the establishment of a program, as well as for its ongoing momentum (cited in Gardiner 1999, p7).

Different mentoring models were trialed in the scheme, including dyadic and group mentoring. Training was provided to both mentees and mentors, and this included the opportunity for role clarification and defining expectations. The scheme was resourced for an initial period of 18 months, which mainly contributed to the coordinator and workshops - mentees and mentors were not paid.

Evaluation

Overall, both mentees and mentors were very positive about the project. An evaluation of the pilot scheme (primarily using quantitative methods) showed that mentees benefited from mentoring in terms of decreased worries/concerns about research and increased judgements of their own capacity as academics, as well as increased job satisfaction (Gardiner 1999). Mentees also performed well in relation to promotion, grant applications and securing grant funding, (but less well on publications, indicating that they were in earlier stages of establishing and building their careers). Mentees saw the limitation to the program as 'a lack of time to fully participate in, and make use of, their mentoring partnership', a view with which mentors concurred (Gardiner 1999, 2). However it was felt that the program was successful in breaking down informal power networks and access to knowledge about research (Gardiner 1999).

3. Australian Health Promotion Association (SA Branch)

A pilot program was conducted May 2001 to August 2002 with ten mentors and ten mentees (using a dyadic model), however only eight people progressed through the program. The goal of the program was:

'to facilitate a mentoring process, which would assist in the personal and professional development of people interested in improving their practice and/or expanding their interest in health promotion and primary health care'. (Mann & Kirke, 2003, 6)

The project focused on the development of 'professional practice' amongst mentees. It adopted a very broad definition of a mentor as follows:

'someone with an encompassing role [involving that of] protector, adviser and guide, with a willingness to share time and effort for the professional growth and development of the mentee' (Mann & Kirke, 2003, 7).

Practical issues

A coordinator was employed and responsible for the overall management and development of the program, including matching mentees/mentors, evaluation, and mediation of any grievance. Mentees and mentors attended an initial workshop explaining the program, the responsibilities of participants and grievance procedures, and this was followed up by process evaluation/monitoring workshops.

A disclaimer adopted by the program addressed the risk management issues, stating that the organisation would not accept responsibility for loss/damage resulting from participation in the scheme, or for information exchanged between mentor and mentee.

A range of resources are available for use in similar programs, i.e. recruitment forms, application forms, an agreement (mainly a description of expectations for the mentorship relationship), and evaluation forms.

Evaluation

It was difficult to ascertain from the project evaluation report the degree to which the specific aims of the project and learning objectives of mentees were realised. The development of learning objectives for the mentorship relationship was optional, and later mentors/mentees would say that they would have liked more time to get to know each other and to develop strategies for the mentorship relationship. The 'capacity building model' was used as a framework to guide the mentorship relationship, however it is unclear from the project evaluation report how this was relevant in practice (i.e. how strategies were developed in each 'capacity building' area was not explicit). The potential for the mentorship relationship to impact upon such capacity building areas as workforce development or organisational issues was also unclear.

In the project evaluation report, the program was assessed in the 'mid-term questionnaire' in terms of the match between responses to the questionnaire and tenets of health promotion from the Ottawa Charter, however the questionnaire itself did not target these aspects of health promotion. The extent to which specific strategies of mentorship were adopted across these areas (e.g. 'developing personal skills, creating supportive environments', etc) was unclear from the project evaluation report. So-called 'outcome evaluation' for the program was assessed via a group evaluation (using the capacity building model as a framework) and a questionnaire rating the extent to which participants agreed or disagreed that the project had met its objectives. The specific learning objectives or strategies of each mentorship relationship were very unclear, and not matched to the evaluation. However, on a scale of 1-5 where 1= poor and 5 = excellent, seven of the eight mentees and mentors gave the mentoring scheme an overall rating of '5-excellent'.

Objective 2:

To recognise the different models and systems that exist for mentoring programs, compatible with the needs of public health nutrition practice

Many formal mentoring programs have contracts between the mentor and mentee, which include specific aims and objectives for the program. The arrangement of the mentoring system needs to consider whether it is the organisation or the individual who is determining such goals.

Organisational Approach

Most States and Territories in Australia have well established mentoring programs for skills (and competency) development, based upon comprehensive needs assessments. A Public Health Nutrition mentorship system could easily tie into such mentorship programs.

Individual approach

It has been suggested that *self-directed learning*, corresponding with *adult learning principles*, is more beneficial to individuals than standard training programs, as adults are able to identify their skills and skills gaps, and focus upon their needs. Self-directed learning also enhances motivation, one characteristic that improves the likelihood of the protégé reaping significant rewards from the mentoring process (McDonald 2002, p 45).

A flexible, self-directed approach using multiple mentors and exposing mentees to a range of environments should be linked to the needs of employers. This is supported by Tye (1997) who suggests:

'new directions in leadership are emphasising the importance of encouraging self-directed learning. Self-directed learning is at the forefront of the shift away from training (where the organization has identified some important things to be addressed and has told the employee that this will be good for them and the organization), to empowering people to seek out what they need to know. Perhaps the emphasis of organisational mentoring programs should therefore be turned from:

the expectation of one mentor providing skills, knowledge, information and support

to become

a more self-directed learning approach where the individual seeks out a number of people who could between them offer a broad range of skills, knowledge, information and support, and, perhaps more importantly, provide a variety of perspectives'. (Tye 1997)

In a self-directed approach to mentoring, it is suggested by Tye (1997) that the following steps be undertaken by individuals prior to entering mentoring relationships:

- § Goal identification – selecting what one wishes to do, achieve or learn
- § Needs Identification – identifying one's needs in order to achieve these goals
- § Selecting Strategies – ways to fulfil one's needs
- § Defining mentoring for you – identifying the role you want mentors to play

- § Identifying mentors – naming people who might provide one or more of the mentoring functions or who could assist you in identifying someone who can

Possible strategies for a mentoring program:

When using a self-directed learning approach, the goals, needs, and strategies are largely determined by the mentee, however some basic strategies for a mentorship program could include the following. Mentees could select a mix of these for their self-directed mentorship program.

- § Competency Development - Developing specific skills or 'advanced-level' competencies, for example as defined in the public health nutrition competency framework or being exposed to experiences such as a policy environment (perhaps in consultation with an employer).
- § Networking - Increasing mentee's visibility in the profession and/or community by introducing them to key people, or advising them on Public Health Nutrition professional groups and networks.
- § Advisory – Academics providing potential students with advice on post-graduate programs in Public Health Nutrition and making a career change to Public Health Nutrition. Offering students tips on getting jobs in Public Health Nutrition or providing feedback on job or university applications. Providing information about public health nutrition trends, principles, etc.
- § Advocacy - Providing links to, or assistance with, advocacy initiatives in Public Health Nutrition

Mentoring systems

There are several ways a mentoring system for PHN workforce development could operate based on this review of mentoring systems. Five systems have been identified and explained below.

Specific Work-Based, Project oriented

A contract is drawn up between an academic mentor and work-based mentee for a specific project (e.g. research or health promotion), with agreed learning outcomes. This model was used in a previous PHERP project. Academics were funded for release time to provide advice on the project. This model is potentially costly and unsustainable, and contrived in the typical situation of mentors/mentees or projects being matched up without input from the mentee.

Shadowing

Students or other public health practitioners follow senior Public Health Nutritionists or academics for an agreed period of time. The mentee could be introduced to key PHN networks, policy processes or research projects. This could be a potentially unstructured approach and most suitable for more informal mentoring.

Degree programs

For the students of the MPH or DrPH – senior organisations have already agreed to this through previous consultations. MPH or similar degrees may have a non-specific unit called “Special Project” (or similar) which is used to develop individually-tailored learning. It could potentially be used to allow students to be mentored for particular work experiences or work-based projects while gaining credit towards a degree.

Linked to Training in Organisations

Mentorship for Public Health Nutrition could tie into existing PH training models already in existence. e.g. NSW model, or University of Queensland workplace projects.

Portfolio Mentorship

A portfolio of mentors could be listed through the Advanced level Training in PHN project, with their identified skills/competencies. The mentee could select mentors from the pool, after consulting with potential mentors about their skills gaps/needs etc. Mentors could agree to work with mentees over a specific short-term period of time to develop specific competencies in Public Health Nutrition. The mentee could build up a portfolio of activities or competencies that they have been mentoring through, at the same time developing networks within Public Health Nutrition.

Objective 3: To clarify the roles of mentors

Definition of 'Mentor'

The definition of mentor largely depends upon whom the mentoring program is targeting, and the pool of mentors available (e.g. academic, policy, service delivery) (Tye 1997).

Mentoring Functions

Mentors can function in a range of roles including: teacher, coach, sponsor, protector, role model, master, counsellor, guide, adviser, leader, supporter, friend (Tye 1997). Mentorship is often about inspiration; the actions, insights, experience and behaviours that encourage individuals, as much as it is about imparting knowledge.

Responsibilities of Mentors

Throughout the mentor selection and negotiation process, it is important to clarify that the mentor has

- § Time, energy and inclination for mentorship
- § A skills-base matching the skills gap of mentee
- § Undergone training for mentoring
- § Reflected upon the key competencies decided for mentors by the program

How are mentors selected?

Mentors are normally selected on the basis of mutual interests or relationships. It has been suggested that mentor choice driven by mentees is beneficial (in any case a voluntary system is deemed to be essential), and that 'multiple mentors' may offer complementary advice and skills. However facilitating relationships between mentors and mentees should be an activity of a mentorship program. 'Multiple mentors' may not be as accessible as a dedicated individual mentor.

Mentoring arrangements

Mentoring arrangements can target workforce training programs or individuals. For example.

- § Workforce
 - Public Health Workforce (tying in to existing public health workplace training programs).
 - Public Health Nutrition Workforce (linking to peer networks described above).
- § Public Health Students
 - Masters and Dr of Public Health Students who have undertaken any PHN specialty topics (with or without a nutrition background), or who enrol in a flexible practicum/treatise topic.

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