STRENGTHS MENTORING

AT ST. VINCENT'S HOSPITAL MELBOURNE

MICK WILSON

MANAGER THE FOOTBRIDGE CCU

Implementing a Mentoring Programme within SVMH

Background

Mentoring can provide a wide range of benefits to the organization, the mentee and the mentor.

Mentoring is a component of the strengths model that is used to transfer the skills learned during the 2-days of core training to transfer them into practice.

Mentoring has been identified by the Strengths Model of Care Implementation group as a key aspect to assist with the ongoing implementation of the model across St Vincent's Mental Health (SVHM).

What we would like to achieve

To set up a mentoring programme that assists clinicians to transfer knowledge learnt during the two day strengths model core training into practice. That all new clinicians to the service receive mentoring to assist them in working in a manner that is consistent with the guiding principles of the Strengths Model (Rapp and Goscha, 2006). SMIG would like to ensure that the delivery of care across SVMH remains consistent with the core principles of the strengths model. That a mentoring process is developed to assist clinicians to achieve this outcome. Through mentoring, the service expects to see the systematic transfer of knowledge relating to the Strengths Model to new clinicians. Mentoring will provide an opportunity to shape the workforce of the future to meet SVMH strategic goals relating to the chosen model of care.

Who will be the mentees and what is expected from them.

In the initial stages of the project, the mentees will be new clinicians to SVMH who have completed the 2-day strengths core training. SMIG envisages that over time mentoring will be available to all clinicians within SVMH. Ideally, mentees should aspire to improving their practice through mentorship. The expectation is mentees' will have a genuine interest in personal growth, professional development, and have a strong commitment to learning and acquiring new skills. Mentees will be receptive to honest and open constructive feedback and act upon it. Futher, they will use their own initiative to seek out assistance from their mentor and be open to meet the mentor on a regular basis. The mentee will also be expected to provide feedback to the mentor about the mentoring relationship.

Who will be the mentors and what is expected from them.

Mentors will be chosen from current clinicians that have been champions in working within the Strengths model framework. Where possible they will be currently receiving supervision and providing supervision to clinicians or have significant skills in the supervision domain. Mentors will have a formal qualification in supervision or be willing to work towards achieving this. Good mentors must have the disposition and desire to develop other people and it takes more than experience to be a good mentor. Committed mentors are interested in assisting fellow clinicians to increase their skill level and develop their career. The mentor will be willing to commit time and

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energy to the mentoring relationship, have expertise in and be up-to-date with the strengths model and recovery practices. The mentor will demonstrate a willingness to share ones own experiences, failures and success to enhance the learning opportunities. The mentor should have an open minded approach and be actively involved in challenging their current knowledge base. It is crucial that the mentor has the ability to provide feedback in a constructive manner. The mentor will also need to be able to assist the mentee to identify with the organisation, its values and the professional environment. The mentor will be available to assist the mentee through difficult situations. It is important to ensure communication between the mentor and mentee is open and clear and help the mentee to develop confidence in using the strengths model and its tools. It is critical that the mentor is able to maintain strict levels of confidentiality in keeping with professional boundaries.

Who will support the programme and what they will support

The programme will be supported by SMIG, acute inpatient and community managers. SVHM supports the development of two mentors at each The Footbridge Community Care Units, Clarendon and Hawthorn Clinics. It understands that the clinicians who are chosen to be mentors will potentially need further training to successfully fulfil this role and that workload rearrangements may need to be considered so they are available to provide a mentoring service to fellow clinicians. SVHM recognises and supports the need for a support/supervision group internally, that an external supervisor with extensive experience in the strengths mentoring field be sought and the costs incurred be absorbed by SVMH.

Who will develop and coordinate the programme

The programme will be developed by the CCU manager in conjunction with; community and AIS mangers and the SMIG. When the mentors are chosen and agreed upon, they will make up the core of the development team. It will be the responsibility of the CCU manager or their delegate to co ordinate the development process. It will be the responsibility of the CCU manager to manage the logistical requirements of setting up the mentoring programme. Some of the logistical issues that will need to be considered are: when the programme commences, who will be the mentors, what materials will be required to develop the programme, what are the training requirements for the mentors and how often will they meet to progress the programme.

How are we going to measure the outcomes?

It is important that pre and post evaluation take place of the pending mentoring programme. How this is completed will need to be discussed at SMIG. Evaluating the mentoring programme will assist SVMH to identify its effectiveness in improving clinician's knowledge and understanding. The evaluation will examine the process in which the strengths model is implemented into clinicians practice. The development of the evaluation plan will be done in collaboration with the evaluation committee.

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Mentoring Programme Design

Objectives of the programme?

To recruit two mentors to each community clinic and The Footbridge CCU from the current clinician population.

To establish an internal mentoring support group to facilitate the development of the mentoring programme me.

To recruit an external supervisor to provide guidance to the mentoring group.

To provide mentorship to new clinicians who have recently joined SVMH and have completed the two-day Strengths Model core training.

To expand new clinicians understanding of the Strengths Model and the use of its tools.

What and how will you evaluate?

It is recommended that an on-going formative evaluation process should take place. This may help SVMH troubleshoot the programme proactively, ensure quality as well as provide a check on how well the programme objectives are being met. Things that could be considered for evaluation; Is the programme meeting its objectives? Is it functioning as it should? How are the administrative and other procedures working? How are the relationships working? How is the programme affecting those not directly involved? What issues are mentors having difficulty with? What issues are proving difficult for mentees? Has everyone's training needs been covered? What is working well and what can be improved and how can this take place?

Who and how many do you hope will participate in the programme?

The mentoring programme will be available to all new clinicians who have joined the service. Current clinicians that wish to expand their practice and develop a greater understanding of the Strengths Model and its tools.

What sort of model is appropriate for the service?

The mentoring programme SVMH has chosen is a one-one mentoring programme.

Characteristics and skills needed in the mentor?

It is recommended that the specific experience sought in a mentor depend on the aims of the programme and the needs of the mentees. SVMH are seeking mentors that demonstrate a greater understanding of the Strengths Model its principles and the tools used. Other important characteristics to be considered are the ability to listen, share experience and learning, being a sounding board, develops insight through reflection and having interest in the development of others.

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What procedures do you have for handling partnerships that don't work as intended?

It will not always be possible to ensure that the match between mentee and mentor will be successful. It is therefore suggested that the programme coordinator or their delegate organise a meeting with the mentee and mentor to gain feedback on how the relationship is progressing. This needs to take place after the second or third meeting to ascertain if the partnership is working and learning goals have been agreed. If the partnership is not working out it is suggested the coordinator arrange meetings with alternate mentors. It is important to note that matching people appropriately will lead better outcomes for both the mentor and mentee.

Training Plan?

A training plan may need to be considered after the mentor's group has been developed and their training needs have been identified.

Mentor's supervision?

In the initial stages of the programme, supervision will occur on a monthly basis via an external supervisor who has extensive experience in the area of Strengths Model mentoring. Mentor's will also have regular access to peers support session, which will be facilitated on a rotating basis by fellow mentors.

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SVMH Mentoring Implementation plan

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Purpose

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Mentoring Checklist

Goal: _____

Specifics Skill/Area of Focus: _____

Feedback:

1.   What were specific strengths observed during mentoring?

2.   What effective interventions/approaches were used?

3.   Were there any obstacles encountered?

4.   What alternative interventions/approaches could have been used?

5.   In what areas would the case manager like further support in developing skills

Plan for Follow-up:

1.   _____

2.   _____

3.   _____

4.   _____

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Mentor attributes

Great communication skills: As a mentor, one must communicate clearly and correctly to avoid misunderstandings and frustrations. When receiving information from a mentee the mentor should ensure they fully understand what has been asked of them. If the mentor is unsure, there is no harm in asking for clarification.

Adapt to the changes: Effective mentor's need to keep up with current trends and adjust to the needs of the mentor.

Value the mentee: The people are any mentor's real asset. A good mentor understands their worth and treats them accordingly.

A coacher/mentor: Share your experience. A good mentor shares their wisdom, knowledge and experience with the mentee. They help the mentee perform better.

Disciplined: If a mentor is disciplined then only then can they expect other people to be so. An example – Come on time, meet the time-lines on completing documentation.

Be an example: Be hands on demonstrate your ability to manage complex issues and cases.

Be approachable: The mentee should not hesitate in approaching the mentor with their concerns and problems. An efficient mentor will make sure that there is enough trust and openness between the mentor and mentee for the latter to come to the mentee with their difficulties relating to their work.

Be considerate: Remember mentees have families, friends and a life beyond work. Treating people with consideration, respect and dignity will in turn improve the efficiency and the productivity of their work.

Positive attitude: **Demonstrating a positive attitude to our work assists the mentee achieve success faster and the ability to inspire and motivate others.**

Constructive feedback: When mistakes happen, a good mentor tries and understands the reasons behind the mishap. Give constructive feedback; show them the right way to do things.

Be credible: people that have credibility in, and have personally achieved success in, the area where people will be looking for support.

Be a positive role model: Good mentors are respected by their mentees. A mentee can learn a lot from their mentor simply by watching how their mentor behaves in any particular situation.

Provide a fresh perspective: One of the benefits of working with a mentor is that a good mentor will often provide their mentee with a fresh perspective on an issue.

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Troubleshooting

Problem	Possible cause	Possible solution
Managers use mentoring to deal with poor performers	Don't understand programme goals, avoiding alternate action	Discuss programme goals, role of mentor versus supervisor
Time-management issues	Programme is placing unrealistic demands on participants, lack of commitment, programme not an integral part of the human resource strategy, orientation and training takes too long	Review programme expectations Review HR strategy and the place of mentoring in this.
Lack of immediate visible result	Unrealistic expectations, Not enough time available for participants to work on relationships and goals	Allow reasonable time before judging outcomes, provide time for participants to allocate to the relationship
Unsuccessful matching	Personality clash, difference in styles or standards, poor selection and or matching	Review selection and matching procedures, allow no fault divorce
Discontent among nonparticipants	Jealousy for not being selected, misunderstanding of programme goals	Increase opportunities for appropriate matchings, promote programme goals more widely
Mentoring partnerships not operating according to guidelines e.g. not taking their role seriously, failing to provide or accept feedback, one party taking credit for the other's work, the mentor using the mentee as member of staff	Role expectations not clearly established, poor training, inappropriate selection	Renegotiate expectations, provide adequate training, renegotiate partner

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Mentoring Recovery Plan

Service Goal

1. Develop and implement a pilot mentoring programme

What will we do to achieve the goal, (measurable short term action steps towards achievement) (SMART)	Who is responsible	Time Line	Comments
Review literature regarding mentoring programme s	Mick	May 2012	Mentoring role and responsibilities developed and disseminated to the members of SMIG.
Develop mentoring proposal and implementation plan	Mick	November 2012	Presented and accepted by SMIG
Develop mentoring role /responsibilities for review by SMIG	Mick		
Managers to identify perspective mentors	CCT /MST/ CCU Managers	September 2012	The managers have identified 12 possible candidates to be a mentor. This list will need to be reduced to make the pilot project viable.
List of nominations sent to managers	Mick	October 2012	The list needs to be reduced. 2 staff from each component of the service to be identified.

The list has been forwarded to the managers along with a copy of the draft competency document, Mentoring implementation plan and a copy of the framework for recovery orientated practice. |

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List to be discussed at Managers meeting.		November 2012	List discussed in conjunction with audit results from each clinician. List narrowed down to 5 clinicians. 2 each from Hawthorn and Clarendon clinic and 1 from Footbridge
Mentors notified and asked if they would like to participate in the pilot mentoring programme	Mick	November 2012	All but once clinician agreeable to participating in pilot programme. A Hawthorn clinician would have participated but is due to take mat leave shortly.
Organise mentors meeting	Mick	March 2013	Invites sent to the mentor's suggesting a possible date
Mentoring meeting to take place on March 28th	Mick, Lina, Kulwant and Karen		First meeting held today. Collectively we looked at the mentoring implementation plan, the mentoring tool, troubleshooting chart. Discussed what the evaluation may look like. Suggested that Bridget Hamilton be invited/ may be able to suggest how it can be done. Need to arrange follow up meeting
Request from Rebecca to introduce a replacement Hawthorn clinician	Rebecca	April 2013	Discussed at SMIG and agreed to follow same process as with other mentors. Strengths documentation to be audited
Audit of Hawthorn clinician's documentation audited	Mick and Jodie	April 2013	Documentation audited and result conveyed to Rebecca
Mentors meeting arranged for May 9th	Mick, Lina, Kulwant and Jennie	May 2013	Discussed the linkage between the core training team and the mentors. Mentors to be invited along to the core trainer planning days in September. This will be a timely refresh for the mentors. For some of them it has been several years since they received the initial core training. Evaluation options held over and Mick to follow up with BH. Supervision discussed with Mentors-initially facilitated by manager-peer and externally from Paul Liddy. Discussed strengths competency assessment document and the

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			possibility of trialling it with the mentors. Mentors accepting of this. Colette and Mick to discuss further at SMIG.
Mentors meeting July 4th	Mick, Lina, Kulwant and Jennie	July 4th	Phone conference with Paul Liddy. Discussed his experience of mentoring – some of the challenges. Paul agrees that the mentors' mentoring each other first is a good way to start.
Mentors meeting August 8th	Mick, Lina, Kulwant and Jennie	August 8th	My self, Karen and Kulwant met today and had a great discussion about the mentoring process and getting started. We thought that a good starting point would be for the mentor to observe the mentee in a group brainstorming session and then from there arrange a follow up session with the consumer. This seemed the most comfortable way to get started. We also thought that it would be good to arrange for the whole group to meet for a reflective session in between mentoring sessions. Karen suggested that to get a good cross pollination of skills the mentoring partnerships could be changed around after an agreed period of time. But as we haven't started the process yet and don't really know how long things will take it is a bit early to make decisions on time frames. So Karen will invite Jennie to a brainstorming session and Kulwant will invite Lina to a brainstorming session and then we will arrange a feedback session. We also highlighted the need to be purposeful in outlining positive/negatives of the observed sessions and that we should use mentoring as an opportunity to practice and observe strengths language.

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Mentors meeting October 17th	Mick, Lina, Kulwant and Jennie		Karen to present at Footbridge brainstorming session today. Lina and Kulwant plan to complete this process within the next four weeks. Shifts can make it difficult for all concerned to catch up. However the mentors strive make this initial task happen. After the brainstorming sessions have taken place the mentors plan to feedback to each other on how they saw it. Next meeting to be organised for November
Mentors meeting November			Meeting organised and rescheduled as some participants unable to attend. Next meeting scheduled for December 11th.
Mentors meeting December 11th	Mick, Lina, Kulwant and Jennie		Lina and Kulwant have not yet been able to present to observe each other presenting at a Brainstorming session. This has occurred due to leave and roster clashes. Lina returns from leave next week and they plan to organise a time prior to January's meeting. Jennie has observed Karen at a Brainstorming session which took place at The Footbridge. Karen reports it had been useful as the Footbridge team came up with different ideas from the local MST team. They used the Mentoring checklist and plan to make changes so it is more user-friendly when used in brainstorming. Jennie and Karen will organise to catch up early next year with the consumer. Identified obstacles to catching up: Shift patterns, holidays, sick/carers leave, Positive: different ideas generated by presenting at a different Brainstorming session

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Mentors meeting January 2014	Mick, Lina, Kulwant and Jennie		Meeting cancel as 3 clinicians on leave or days off
Mentors meeting February 2014	Mick, Lina, Kulwant and Jennie		Jennie and Karen will be catching up on Thursday 6th March so Karen will observe Jennie's interaction with a consumer at 1.30pm. Utilising the Mentoring check list. Observed each other doing a brainstorming session. Fund the checklist useful. Need to move onto observing each other interacting with a consumer. Kulwant will set us a session with Lina to observe each other with a consumer.
This goal listed above is important to our service to achieve as part of our transformation to a recovery-orientated practice			

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