



**HealthWest Partnership
North and West Region
Integrated Health Promotion Mentor Program**

Mid-point evaluation 2015

**Prepared by Jenna Perri
Health Promotion Officer**

Contents

| | |
|--|-----------|
| Background | 3 |
| Methodology | 4 |
| Results | 4 |
| Program Expectations:..... | 4 |
| Matching..... | 6 |
| Knowledge and skills developed | 7 |
| Critical success factors and barriers of the program | 8 |
| Discussion | 9 |
| Recommendations | 10 |
| Group session: | 10 |
| More communication needed by program coordinators: | 10 |
| Templates or resources: | 10 |
| Other forms of communication between mentors and mentees:..... | 11 |
| Conclusion | 11 |

Background

In June 2014, HealthWest Partnership, Inner North West Primary Care Partnership, North East Primary Care Partnership and Hume Whittlesea Primary Care Partnership established the North and West Region Integrated Health Promotion Mentoring Program (the Program). The Program provides an opportunity for health promotion professionals early in their career to expand upon their knowledge and skills in health promotion practice and to assist with professional development and support.

The program involves an experienced health promotion professional (mentor) assisting another health promotion professional with less experience in the field (mentee) to build, support and enhance the mentee's professional and personal growth. In June 2014, there were thirty participants, fifteen mentors and fifteen mentees in the mentor program. The breakdown of participants from each PCP is outlined in the table below. Please note that some participants may be aligned with two PCPs but have only been counted once. Also, two mentors were from statewide services and are not aligned with a particular PCP:

| PCP | Mentor | Mentee |
|------------------------|-----------|-----------|
| HealthWest Partnership | 7 | 7 |
| Hume-Whittlesea PCP | | 3 |
| Inner North West PCP | 6 | 3 |
| North East PCP | | 2 |
| Statewide | 2 | |
| Total | 15 | 15 |

Table 1: Participants in the Program and their aligned PCPs

The goals of the Program are:

- To enhance the capacity of new and mid-career health promotion professionals to further progress in the field of health promotion
- Assist mentees to develop and enhance their skills and knowledge in health promotion practice
- To provide a professional and supportive base between mentors and mentees

The purpose of the mid-point evaluation of the Program is to assess the progress of the program against the goal at the half way point of implementation and determine future improvements for the next mentoring cycle.

The processes involved in the mentoring program include:

- An expression of interest completed by mentors and mentees in May 2014, which outlined their goals of the program, interests and professional backgrounds
- Based on the expression of interests, HealthWest matched mentors with mentees reflecting on health promotion competencies, similar interests, professional backgrounds and area of interests of the mentee

- HealthWest conducted an orientation session, whereby mentors and mentees were able to meet each other, understand the program and develop specific goals and objectives they wanted to achieve during their mentoring cycle
- Mentors and mentees were responsible for conducting mentoring sessions with their partner, covering important health promotion topics each session or dependant on the areas of interest of the mentee

Methodology

The evaluation of the Program utilised a semi-structured interview methodology. All mentors and mentees of the program were invited to participate in the mid-point evaluation via email. There were fourteen participants that were willing to take part in the evaluation, six mentors and eight mentees. The mid-point evaluation involved a 15-20 minute telephone interview exploring the three main objectives of the program: goals and expectations, knowledge and skill development and their recommendations for program improvement.

Results

The following findings are based on the semi-structured phone interviews of the fourteen mentors and mentees participating in the mid-point evaluation. The findings are presented in five sections: program expectations, program matching, skill development, critical success factors/ barriers and program recommendations.

Program Expectations

These findings explore the expectations of the participants on the mentor program and whether the program had met these expectations so far.

Most mentees had similar expectations of the program before commencement: to expand their knowledge and skills, gain experience from an experienced professional in their field, improve their practice and attain encouragement and support. Some mentees were also hoping this experience would assist them be a part of a professional network and discover ways to transfer their theoretical knowledge of health promotion into their workplace. There were two mentees also expected the program would help them explore future career pathways.

As for the mentors, the main expectation of the program was to provide support and guide the mentees in their early career. Some mentors also had the expectations that it would help them gain mentor experience, keep up to date in the health promotion field and would be able to help them build upon their own knowledge and skills. Both mentor and mentees had the expectation there would be regular group sessions. The expectations of both mentors and mentees are outlined in Table 2.

| Mentee | Mentor |
|---|---|
| Learn from professionals with more experience | Opportunity to support people in professional development |
| A professional to look up to | Provide support and encouragement |
| Professional development | Keep up to date in health promotion field |
| Expand professional networks | Gain experience as a mentor |
| Share experiences | Build local networks |
| Improve their workplace | Build on own skill sets |
| Translate theory into practice | |

Table 2. Expectations of health promotion mentor program

Mentees were asked to rank the following mentor program out of five (one=poor and five=excellent) in accordance to whether they believe the program has met their expectations so far (see Graph 1). Most mentees thought that the program had met most of their expectations so far and therefore gave an average ranking of 4. Those that ranked it lower than 4 was due to:

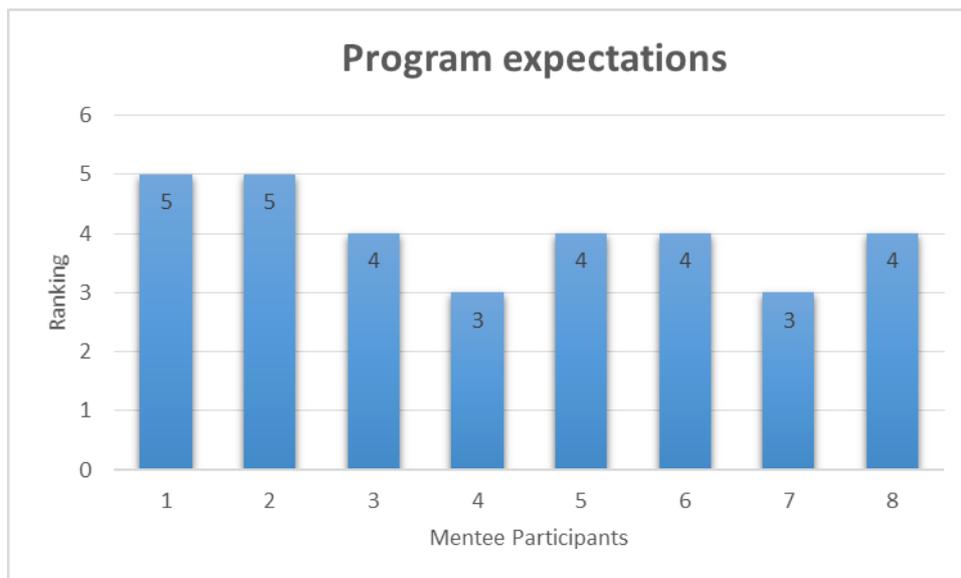
- The inability to meet regularly as mentor was busy settling into a new job
- Had difficulty building a strong relationship with their mentor quickly, therefore goals and expectations are taking longer than anticipated

The mentors were not asked to rank their whether they believe their expectations of the program have been met, therefore data in Graph 1 are based only on mentees responses.

Qualitative data suggests however, that most mentors needed additional time to see whether their expectations have been met.

Most mentors and mentees stated that in their first meet up session with their partner, they were able to establish their expectations and goals within their professional mentoring relationship. Most mentees stated that they found it helpful to formally set out their goals and objectives by writing them out and setting timelines, whilst only a few mentees found it more helpful to informally make goals and objectives as they were unsure what they wanted to achieve during the mentor period. One mentee expressed that 'goals became clearer after a few sessions' whilst another said 'goals and objectives are still being swapped and changed and content was added/removed accordingly'.

The participants found that the orientation session that occurred prior to the commencement of the program was very helpful and useful in setting their goals and gain a better understanding of the program and its expectations.



Graph 1: Met program goals and expectations so far

Matching

These findings explore the matching process of the mentors and mentees and whether the participants were appropriately matched.

Overall, most participants stated that they were satisfied with the matching process and thought they were matched appropriately with their mentor or mentee. One mentor stated that they could have been matched differently as they had slightly different backgrounds and agendas than their mentee, which made the mentoring relationship more difficult. Most participants stated that they shared similar work backgrounds/interests, skill sets and personalities which made it a positive and pleasant experience for them so far. Some other reflections made by mentors and mentees include:

- Many participants felt they had an honest and open relationship with mutual trust
- All participants felt they were in a non-judgmental relationship
- It was expressed that due to the mentor and mentees similar field and linked organisations, they felt apprehensive in sharing some opinions relating to their workplace due to confidentiality and privacy reasons.
- Three participants felt that it took them a long time to build their relationship with their mentor or mentee before they both felt comfortable
- The more the mentees and mentors met, the easier it was to build and establish their relationship. Those participants that met irregular or less frequent than others found it hard to build the relationship and feel comfortable
- One partnership expressed that they are now working in the same office as each other and are unsure if this will create a challenge for them or their workplace

The frequency of the meetings varied between bi-monthly, monthly, six weeks and two months. Most participants had met every month whilst only a couple of participants met every six to eight weeks (see Table 3). Most participants had reported the frequency of these meetings were sufficient, however some that met monthly expressed that it would be more useful if they had met more regularly. One participant expressed that every 2 months was not sufficient enough. Most mentees stated that they had some form of contact with their mentor’s in-between each meetings via emails or phone calls.

Most of the meeting places were located at a mid-point location for both the mentor and mentee, mostly at a local café, whilst some mentees met at their mentor’s workplace. The average duration of most meetings was 1-1.5 hours.

| Frequency | Bi-monthly | Monthly | Every 6 weeks | Every 2 months |
|--------------|------------|----------|---------------|----------------|
| | X | X | X | X |
| | X | X | X | X |
| | X | X | X | |
| | | X | X | |
| | | X | | |
| Total | 3 | 5 | 4 | 2 |

Table 3: Frequency of meetings

Knowledge and skills developed

These findings explore the knowledge and skills mentees have developed and improved throughout the program so far.

All mentees stated that the mentor program has developed and improved some of the core knowledge and skills necessary for health promotion practice (see Table 4). Some of the knowledge and skills that are necessary for workplace practice including strategic planning, reflective practice, communication skills and evaluation practice, whilst others also gain personal development skills though confidence building, job interview preparation and career pathway guidance. A majority of the mentees found that the knowledge and skills developed so far are very useful and beneficial for health promotion practice.

The mentors were asked what they believe they have developed and improved in their mentor. Most mentors felt that the mentoring program had improved reflective practice and strategic planning skills within their mentee.

| Professional skills | Personal development skills |
|-----------------------------------|-----------------------------|
| Strategic planning | Career pathway |
| Evaluation skills | Confidence building |
| Policy development | Job interview preparation |
| Reflective practice | |
| Communication skills | |
| Team leader and management skills | |
| Healthy literacy skills | |

Table 4: Knowledge and skills gained by mentee

Critical success factors and barriers of the program

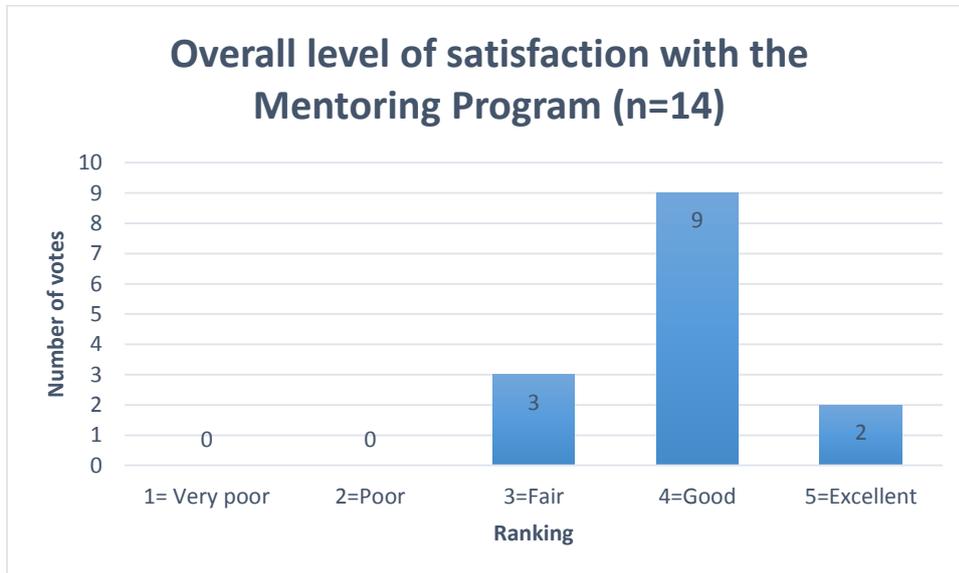
These findings explore the most critical success factors of the mentor program and what are some of the common barriers that have hindered its effectiveness.

Mentors and mentees identified success factors that contributed to the overall effectiveness and satisfaction of the program. Some of the common factors that mentors and mentees stated that contributed to the success of the program is the matching process. Mentors and mentees found that they were in an open and honest relationship, were able to prioritise themselves and commit to meetings and had a common interest with their mentor or mentee. The orientation sessions helped clarify the program and develop specific goals and objectives to meet which all participants found very useful. The program was a suitable environment for mentees to build upon their skills while mentors were able to provide appropriate support mentees professional development. The barriers that have hindered the effectiveness of the program vary between the lack of group sessions, limited individual meetings with their mentor or mentee and location meeting points (see Table 5).

| Success factors | Barriers |
|--|--|
| Helpful orientation session <ul style="list-style-type: none"> ○ Clarify the program and expectations | No groups sessions <ul style="list-style-type: none"> ○ Unable to collaborate with others |
| Matched appropriately with mentor or mentee <ul style="list-style-type: none"> ○ Similar health promotion background to their mentor/mentee ○ Open and honest environment ○ Commitment and prioritising tasks ○ Good leadership and frameworks used by the mentors | Lack of session with their mentor or mentee <ul style="list-style-type: none"> ○ Limited time to get to know mentors ○ Unable to set clear initial expectations ○ Time-frame of relationship is unclear |
| Suitable environment to build on skills <ul style="list-style-type: none"> ○ Able to improve and excel reflective practice ○ Build self confidence ○ Opportunity to network ○ Clear goal and objective setting | Location of meetings <ul style="list-style-type: none"> ○ Sometimes hard to get to locations depending on time of the day Unable to connect with mentors/mentees straight away |

Table 5. Common critical success factors and barriers of the program

Mentors and mentees were asked to rank their satisfaction levels of the program so far out of five (1=not satisfied, 5=very satisfied). Overall, all participants were extremely satisfied with the program so far, with an average score of 4 (see graph 3).



Graph 3: Satisfaction of the program so far by mentors and mentees

Discussion:

Based on the North and West Region Integrated Health Promotion Mentoring Program semi-structured interviews responses of the mentors and mentees, the program has been able to successfully support, engage and build upon mentees professional and personal growth. It has provided a secure and supportive environment for mentees to expand their knowledge and skills relating to health promotion and the ability to apply theory into practice in their current workplace.

The mid-point evaluation has clarified that the program is meeting and exceeding the mentors and mentees expectations and delivering the outcomes that are anticipated by mentors and mentees. Some of the participants had the expectation that there would be regular group sessions that would allow mentors and mentees to collaborate with each other and share their experiences as well as more communication and interaction with the program coordinator, however the participants did not feel that this occurred.

Most participants believe they have been match appropriately with their partners. Matching the mentors and mentees has been a critical success point for the mentor program. It has shown a correlation between the partnering and overall level of satisfaction of the program. The mentors or mentees that found it harder to build a strong relationship with their partner ranked the overall program lower than those that were satisfied with their partnering, highlighting the importance of the matching process.

It was important for mentors and mentees to meet frequently, which have shown to have more positive outcomes on the program and have achieved more goals and objectives than those that met less frequently. The average meet up was every month; however some mentees stated that they would prefer to meet more regularly.

The mentor program has shown to improve health promotion skills in mentees. The skills gained reflect some of the core health promotion competencies which are essential for health promotion practice including strategic planning, community participation and engagement, policy development and healthy literacy skills. Other mentees also developed other core personal skills and attributes that are needed to succeed in health promotion including confidence building and interview preparation.

Recommendations

The following are suggestions for improvement of the Health Promotion Mentor Program for the next mentoring cycle recommended by the mentors and mentees interviews:

- **Group session:**
 - Most of the mentors and mentees suggested that a group session would be useful every few months. This would allow both mentors and mentees to share experiences, resources and provide an optimal opportunity for mentees to network with other health professional.

- **More communication needed by program coordinators:**
 - Most mentors and mentees found the orientation group session very helpful and useful but felt that there was lack of communication and support by program coordinators after the first session. It was suggest by mentors and mentees that the program needs more communication by the coordinator through emails or phone calls.

- **Templates or resources:**
 - Some mentors and mentees suggest that group meetings would be a good opportunity for project coordinator to develop some useful templates or resources for the mentors that could be used for the individual sessions with their mentees. Some templates that could be developed include:
 - Evaluation templates
 - Interview preparation
 - Planning and implemented program
 - Reflective practice
 - Policy development

- Other forms of communication between mentors and mentees:
 - As some mentors and mentees felt that there was lack of communication at times, it would be good opportunity to incorporate an interactive space via social media (Facebook page or a blog) whereby members of the program are able to communicate, share ideas and provide the opportunity to network.

Conclusion:

Overall, the health promotion mentor program has shown to have several positive influences on improving and sustaining the professional and personal growth of mentees. Most partners believe they were matched appropriately sharing similar interests and professional backgrounds which influenced the ability for the mentees to build a strong relationship with their mentor and became a critical success factor of the program. The mentors were able to successfully provide a supportive base for mentees to develop and improve the fundamental knowledge and skills needed for health promotion practice. The mentors and mentees were overall satisfied with the program and believe it has met most of their expectations however the participants suggest that group sessions, more communication and interaction with program coordinators and peers is needed to further improve the North and West Health Promotion Mentoring Program for future years.