

Rural Research Capacity Building Program (RRCBP)

Mentoring Information Package 2025

Background

The Rural Research Capacity Building Program has been conducted in NSW since 2006. One of the key elements of the RRCBP is the linking of program candidates with a mentor. This has been shown to be highly successful in the past, with benefits for both the candidate and the mentor. This package has been developed based on feedback from past candidates and mentors that information to help establish their relationship would be a useful improvement to the RRCBP (ARTD, 2010).

Please save this document to your computer for future reference (both mentors and candidates).

The linking of a candidate and a mentor aims to assist:

- **Candidates** to develop and refine their research project by pairing them with a mentor who is experienced in the use of relevant methodology and methods.
- **Candidates** by providing them with someone to talk to who is enthusiastic about their research.
- Professional development for **mentors** by extending their skills in research design and implementation with a **candidate** who is excited to learn about research.
- Development of critical thinking skills in both **candidates** and **mentors**.

What is mentoring?

There are many definitions for 'mentoring', and many different forms of mentorship relationships that serve different purposes. The following broad definitions are adapted from Health Promotion Association of Australia Mentoring Programme Facilitator's Manual, (p.22):

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

The value of mentorship in the RRCBP

Mentoring is a highly valued part of the RRCBP and contributes to the development of sustainable research relationships. A prior evaluation (ARTD, 2010) showed that most candidate-mentor relationships worked well and there appeared to be only a few exceptions. All mentors interviewed expressed positive views of their experience as a mentor. Candidates involved in the evaluation of the Rural Research Capacity Building Program identified that they valued mentorship (ARTD, 2010 p15). The support provided by mentors differed for each candidate, but included:

- input into research design, approaches and analysis
- statistics support
- supporting candidates in their ethics applications
- helping candidates to understand their chosen research area
- providing encouragement

- keeping the candidates motivated
- keeping their work focused and achievable
- helping them to structure ideas and report coherently
- support for candidates to disseminate and publish their research.

'Just being able to have them provide me with expert knowledge and also to be able to read through my work and provide some constructive feedback and just use their experience in research.' [Candidate]

'I suppose they helped me with the research writing. And also the research design.' [Candidate]

'I'd have a report of what I'd been doing and have a plan of what I would do in the next fortnight. So that was motivation to continue to chip away at the research project.' [Candidate]

'I don't think I could have done it without a mentor, because it was someone who has more specific advice than the Institute.' [Candidate]

The evaluation identified that there was very little that mentors could not help with. One mentor reported being unable to provide advanced statistical support, but their candidate felt they had received this support from their bio-statistician.

Candidates valued university-based mentors and health professional mentors in different ways. Academics were most commonly valued for their knowledge of research design. Health professionals were more valued for their understanding of the health care context. Where mentors had leadership positions within the candidate's Local Health District or Service, this worked well. These mentors were well-placed to ensure that the candidate had access to the resources and support they required to undertake their research. They were also able to support the candidates in disseminating their research across the District or Service. Some candidates maintained professional research relationships with their mentors after the program, for example co-authoring papers for peer review or assisting each other with aspects of each other's research.

The previous evaluation (ARTD, 2010) found that in most instances, candidates had created a long-lasting relationship with their mentor. Mentors played a vital role in encouraging the candidate to pursue further research, identifying job opportunities for candidates and supporting their applications for further research study (i.e. a PhD). In some instances, mentors had also been responsible for involving candidates in research networks, and providing candidates with the opportunity to showcase their work at conferences. Mentors also played a vital role in encouraging the candidate to publish their work, helping the candidate to their research paper.

Candidates believed that mentors would be the first person they would contact if they were experiencing difficulties in their future research. Mentors themselves were keen to see the candidate's research come to fruition and to be kept aware of any future research undertaken by their candidate. Mentors also worked with candidates after the program to help the complete their research paper.

What is expected of you as a candidate or a mentor?

The RRCBP expects the candidate to coordinate and be responsible for their own research project, including their relationship with their mentor. It is **not** the responsibility of the mentor to make sure the candidate is on task or on time with their research.

As a candidate and mentor, you are expected to:

- Be sensitive to each other needs and learning styles
- Focus on goals that build the skills of the candidate and draw on the expertise of the mentor
- Provide and accept constructive critique
- Maintain confidentiality of all aspects of the relationship.

Throughout the two year RRCBP, it is recommended you are in contact regularly, either by phone or email or face to face. Many candidate/mentor pairs report varying contact over the two year period, driven largely by the needs of the candidate as they move through the research process. Sometimes contact may be regular, such as when a candidate is undertaking a new skill (such as preparing an ethics application and contact may be daily for a week), other times not much contact is needed (such as when in the data collection phase and contact is minimal for two or three months).

We envisage that candidates and mentors will ‘meet’ by any medium on approximately a monthly basis, for 30-60 minutes each meeting. However, these parameters are flexible, and are left to candidates and mentors to negotiate.

What happens from here?

It is the candidate’s responsibility to establish contact with the mentor and to guide the conversation about how the relationship might be developed. The following questions are designed to assist you explore the style of commitment that is mutually agreeable to both parties.

What happens if things don’t work out?

Sometimes things don’t go as you had planned. If your situation or needs change during the RRCBP you should discuss this with your mentor or candidate in the first instance and decide on mutually agreed changes to your mentoring agreement. Both the candidate and mentor should feel free to contact David Schmidt on 0447 915 863 or david.schmidt@health.nsw.gov.au, or Kerith Duncanson on 0428 848 264 or Kerith.Duncanson@health.nsw.gov.au to discuss any matters arising from the program.

Either the candidate or the mentor has the right to end the mentoring partnership at any time and do not need to state a reason. If this occurs David or Kerith should be notified at your earliest convenience. Should this occur, David or Kerith will arrange an alternate mentor.

Candidate and mentor discussion section

CONTACT DETAILS

Mentor

Name:

Address:

Phone:

Mobile:

Email:

Candidate

Name:

Address:

Phone:

Mobile:

Email:

DISCUSSION QUESTIONS

1. *How do think it would work best for us to catch up?*

2. *How often is going to work to catch up for these meetings?*

3. *Skills and confidence of candidate*

- What areas are you feeling most confident in with your research?
- What areas do you feel least confident in with your research?

4. *Research interests*

5. *Project development (can use qualitative or quantitative checklist for more detailed discussion)*

- Describe progress with the RRCBP research project thus far
- Describe your thoughts about study design
- Who will the participants be and what information do you want to get from them? How many participants will you need?
- How will data collection happen?
- Describe thoughts about analysis?
- What are your plans regarding timeline? Do you have a specific ethics closing date you are working towards? Are there workforce restrictions you may have to work around with the scheduling of your research?
- Ethics application: there is potential for a mentor to be listed on the ethics application as a co-investigator or supervisor- this warrants discussion and mutual agreement prior to an ethics application being submitted.

MUTUALLY AGREED ROLES

Agreed role of the mentor:
Agreed role of the candidate:

MENTORING ACTION PLAN

Goals	Start date	Target date	Candidate Action Plan	Mentor Action Plan

MENTORING PROGRAM LOG BOOK**Candidate name:****Mentor name:**

Meeting	Date	Mode			Issues Discussed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Acknowledgements

The Health Education and Training Institute would like to acknowledge the contents of this package are based on the Mentoring Program conducted by the Public Health Association of Australia (NSW Branch) and the Australian Health Promotion Association (NSW Branch). They have been used with permission from the NSW Branch of the PHAA.

References

ARTD Consultants (2010) Evaluation of the Rural Research Capacity Building Program: Final report to the NSW Institute of Rural Clinical Services and Teaching.