



# MENTORING FOR LEADERSHIP AND MANAGEMENT DEVELOPMENT

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A Guide for Mentees  
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HEALTH  
EDUCATION  
& TRAINING

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- Health Workforce, Australia for the Health Education and Training Institute (2014), *Mentoring: a guide and toolkit for mentoring rural medical trainees*
- *Mentoring Toolkit* (2016), created by the Organisational Development and Learning (ODL) team, within the Improvement and Innovation Hub at the South Eastern Sydney Local Health District
- Leadership, Management Development and Educational Design Portfolio (2018) *Mentoring for Financial Management*, HETI.

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# MENTORING FOR LEADERSHIP AND MANAGEMENT DEVELOPMENT

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## A Guide for Mentees

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# INTRODUCTION

Health care leaders work in increasingly complex environments, requiring specific skills for their role and strong leadership and management capabilities. Mentoring relationships can be invaluable to support the development of these capabilities.

This suite of resources includes guides and templates for mentees and mentors plus a Leadership and Management Self-assessment Tool. The resources support and lead mentors and mentees working in the formation and navigation of their mentoring relationship. In doing so, it acknowledges that both mentor and mentee make an important contribution to health leadership and increase the capacity of NSW Health organisations to provide better health outcomes for patients, their families and the wider NSW community.



# MENTORING

*“Mentoring is a collaborative learning relationship between individuals who share mutual responsibility and accountability for helping the mentee work toward the fulfillment of clear and mutually defined learning goals. Mentoring is used to assist individuals at specific stages of development or transition and lasts for a sustained but defined period of time.”<sup>1</sup>*

## OVERVIEW

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Mentorship will take different forms depending on the specific health organisation or the needs of the mentee. These resources support both mentor and mentee throughout their relationship from commencement to completion and are not prescriptive of all mentoring relationships.

The resources include:

- The purpose of mentoring and the benefits to both the mentor and the mentee
- Definitions of mentoring and the difference between this and other modalities commonly available in health that promote and support leadership learning
- A mentoring model with guidelines
- An overview of roles and responsibilities of mentor and mentee
- Strategies to address any challenges that may arise in the mentoring relationship
- A toolkit to assist in applying the information in practice.

# WHAT IS MENTORING?

The term mentor originates from the Greek legend, where Odysseus placed his son Telemachus under the charge of his trusted friend Mentor while he was absent fighting the Trojan War. Mentor was therefore a trusted friend or counsellor. Since then, mentoring has had a long history in many industries and professions throughout the world.

The corporate and business world has historically used the mentor-protégé or classic mentoring approach where a younger, less experienced person is taken under the wing of an older, more experienced person who then hones the younger person's skills.<sup>2</sup>

Within healthcare, mentoring has become increasingly more common and commonly researched at all levels of both clinical and non-clinical leadership.<sup>3,4,5</sup>

Whilst there is extensive literature on mentoring related specifically to healthcare, there is no single agreed-upon definition. There are, however, commonalities within the literature about the focus and benefits related to mentoring and its functions. These include psychosocial support, learning and development, career development and role modeling. The relationship between mentor and mentee is identified as key.<sup>4,5,6</sup>

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## DICTIONARY DEFINITIONS

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### **Oxford English Dictionary**

*noun*

Wise and trusted counsellor or teacher

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### **Collins English Dictionary**

*noun*

To mentor someone means to give them help and advice over a period of time, especially related to their job

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# WHAT ARE THE DEFINITIONS OF SPONSORSHIP, MENTORING, COACHING AND SUPERVISION?

The terminology regarding sponsorship, mentoring, coaching and supervision can be confusing as there is no common agreement on definitions, despite the large amount of literature on each modality. Different meanings are applied to the same terms and some terms are used interchangeably, even within and between health professions.

Effective mentoring, however, requires that participants are clear about role definition and boundaries. It is therefore worthwhile paying some attention to the distinction between these terms as they are applied in this context.

## **SPONSORSHIP**

A sponsor is a NSW Health senior professional staff member who is not responsible for supervising the mentee's performance but supports them to participate in leadership and management development programs and identify opportunities to further their development. The sponsors' role can include assisting emerging leaders and managers to identify a potential mentor. Sponsors' roles are to assist the program participant to identify potential mentors.

## **COACHING**

The International Coach Federation (ICF) defines coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximise their personal and professional potential”.<sup>7</sup> Coaching can also be described as a structured, focused personal development process that uses a range of strategies, tools and techniques to promote desirable and sustainable change for the benefit of the coachee and for other stakeholders.<sup>8</sup>

## **SUPERVISION**

“Clinical supervision is a practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor.”<sup>9</sup> Through a process of exploration and meaning making, the clinician is enabled to consider evidence-based practice, develop new learning, demonstrate professional accountability and improve patient care. Supervision has the patient or client and the context of care at its centre.<sup>9,10</sup>

## MENTORING

“Mentoring typically involves two parties (a mentor and a mentee), a relationship (formal or informal) and the transfer of skills, knowledge and attitudes with the objective of development and growth of the mentee”.<sup>11</sup> The mentor is usually someone in a more senior position from whom the mentee can, through a process

of support and engagement, learn and develop in their chosen area.

From these definitions, it is clear that there is considerable overlap and transferability of core skills between each of these developmental relationships.

## ROLES THAT SUPPORT LEADERSHIP AND MANAGEMENT DEVELOPMENT





## MENTORING, COACHING AND SUPERVISION

Table 1 below provides a high-level overview of three of the modalities outlined above. The role of sponsor is not included because that relationship has a very different focus to the other three. Supervision is included because it is recognised that staff who work in the clinical context may be enrolled in development programs and therefore may be experiencing both mentoring and supervision.

### COMPARISON BETWEEN SUPERVISION, LEADERSHIP COACHING AND MENTORING

	<b>Supervision</b>	<b>Leadership Coaching</b>	<b>Mentoring for Leadership and Management Development</b>
<b>Focus and outcome</b>	Safe and effective patient care	Development of effective leadership and management attributes, skills and behaviours	Professional and personal leadership and management development (of the mentee)
<b>Timing and duration</b>	Each supervision session is patient-focussed and is a structured stand-alone conversation that generally lasts for one hour. Sessions are usually monthly	Coach and coachee agree together on the outcomes the coachee is seeking. Each coaching session lasts for one hour and builds on the developmental progress of the coachee. Formal coaching sessions last for one hour, with 2 – 4 sessions monthly	Mentor and mentee determine together at the beginning of the relationship the focus, outcomes, length and frequency of the sessions
<b>Confidentiality</b>	Confidentiality is a key component of each of these developmental modalities and is maintained unless there is a concern about patient care, professional conduct or personal safety		
<b>Context</b>	Clinical	Personal and professional	Personal and professional

## COMPARISON BETWEEN SUPERVISION, LEADERSHIP COACHING AND MENTORING

	<b>Supervision</b>	<b>Leadership Coaching</b>	<b>Mentoring for Leadership and Management Development</b>
<b>Experience</b>	The supervisor requires experience and knowledge in supervision as well as clinical expertise	The coach requires coaching skills but does not necessarily need to be from the same practice or development area	The mentor in this context requires leadership and/or management skills and knowledge. It would be a benefit if the mentor's background matched the mentee's aspirations
<b>Seniority</b>	Not relevant as long as the supervisor has the skills required. Must not be a direct manager of the supervisee	Not relevant as long as the coach has the relevant skills. Managers can coach	Mentors are generally senior to the mentee, however, are not usually their line manager
<b>Core skills</b>	These skills are common to each modality and include goal setting and action planning, emotional intelligence and communication skills (reflective listening, powerful questioning, feedback and constructive challenging). For the purpose of mentoring, these skills are commonly held by senior leaders		

Table 1. Adapted from *Coaching and Mentoring for Frontline Practitioners*<sup>11</sup>

## THE MANY ROLES OF A MENTOR

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<b>Trusted and faithful guide</b>	Guides the journey of development
<b>Facilitator</b>	Enables the mentee to open up to new possibilities and set or achieve goals
<b>Coach</b>	Encourages, provides feedback and helps in acquiring new skills
<b>Sounding board</b>	Provides a safe place to try out new ideas
<b>Critical friend</b>	Supportively challenges
<b>Networker</b>	Helps develop useful connections at work
<b>Role model</b>	Provides an example from whom to learn

Table 2.<sup>12</sup>

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### FURTHER READING

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Coaching and Mentoring for Frontline Practitioners<sup>11</sup>

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# WHAT ARE THE BENEFITS OF MENTORING?

## BENEFITS TO ORGANISATION

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- Builds employee confidence and motivation
- Improves staff retention
- Supports succession planning and retention of knowledge and expertise
- Improves communication across the organisation
- Enhances employee professional and personal development
- Enhances people management and leadership skills
- Supports the retention of learnings where used as part of a formal development program

## BENEFITS TO MENTOR

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- Renews motivation through recognition as an experienced employee with valued expertise and knowledge
- Provides opportunities to share experience, knowledge and skills
- Challenges own thinking and provides opportunities to learn from others
- Provides opportunities to reflect upon and articulate roles and responsibilities
- Facilitates positive contributions to the professional development of others
- Enhances skills in developing others
- Develops a more personal style of leadership
- Delivers an opportunity to broaden perspectives, understanding views of others and their workplace experiences
- Provides a chance to discover and work with upcoming talent

## BENEFITS TO MENTEE

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- Fosters acquisition of knowledge, skills and professional experience
- Helps identify career and further development opportunities
- Increases exposure to more experienced individuals
- Provides development in a manner highly relevant to the organisation
- Provides opportunities to share and seek advice on difficult situations and problems with someone other than own manager
- Improves understanding of organisational structures, cultures and career pathways
- Builds networks
- Builds confidence and empowerment

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Table 3. Adapted from *Mentoring Toolkit*, 2016, Organisational Learning and Development team, South Eastern Sydney Local Health District.

# WHAT UNDERPINS AN EFFECTIVE MENTORING RELATIONSHIP?



- A relationship that involves an honest mutual exchange
- Reciprocated respect
- Unambiguous, clearly agreed expectations
- A connection at a personal level
- Common values<sup>13</sup>

## WHAT MAKES MENTORING WORK?

The following key principles for effective mentoring are from a mentoring program in the London Deanery for doctors working in the United Kingdom's National Health Service (NHS).<sup>14</sup>

### **VOLUNTARY**

Both parties are able to participate or withdraw gracefully if the mentoring relationship is not compatible

### **CONFIDENTIALITY**

Both parties must be able to trust that information will not be disclosed to anyone else (except in exceptional circumstances such as concerns regarding patient or practitioner safety)

### **EXTERNALITY**

Ideally, the mentor must be external to the mentee's place of work, e.g. not their line manager or supervisor

### **CHOICE**

The mentee must have a choice of mentors

### **PREPARATION**

The mentee, as the driver of the relationship, must commit to preparing for a mentoring session and being aware of their responsibilities

### **CONTRACTING**

Ground rules are established early, agreed by both parties and documented

### **ETHICAL PARTNERSHIP**

The relationship is predicated on promoting the highest standard of professional practice

### **NO BLAME**

Mentoring partnerships can be intense. Interpersonal friction or a lack of rapport may interfere with its effectiveness. Either party is able to withdraw from the partnership without blame or repercussions

### **EVALUATION**

Both parties commit to periodic evaluation and review of how things are progressing

*Adapted from: The First Five Hundred - A Report on London Deanery's Coaching and Mentoring Service 2008 - 2010*<sup>14</sup>

### **AVOIDANCE OF DEPENDENCE**

The aim of the partnership is to foster self-reliance on the part of the mentee

## **WHAT DO MENTORS AND MENTEES TALK ABOUT?**

Whilst every mentor/mentee relationship is unique, effective partnerships generally cover the three classic components of mentoring: professional development, leadership and management development and personal support.<sup>15</sup>

### **PROFESSIONAL DEVELOPMENT**

- Career progression and planning
- Development opportunities - skills development, further learning needs
- Professional knowledge

### **LEADERSHIP AND MANAGEMENT DEVELOPMENT**

- Decision-making
- Developing resilience in times of adversity
- Current work challenges
- Time management
- Relationship with manager
- Relationship with team
- Own performance
- Performance of colleagues
- Difficult conversations
- Challenging work situations
- Ethical and professional challenges<sup>14</sup>

### **PERSONAL SUPPORT**

- Lifestyle and work-life balance
- Impact of personal issues on work/professional development

# MODELS OF MENTORING

As the literature on mentoring reflects, there are many different models of mentoring, ranging from very informal to highly structured approaches.

Table 4 illustrates different intended outcomes of mentoring and aligns them with timing, structure and relationship. In the context of a formal program the mentoring process is likely to be highly structured and short-term (e.g. 6 months). However, if both parties are in agreement it could be possible to move towards the longer term forms of mentoring described on the right hand side of the table.

High structure	↑ Formality of relationship	Highly structured, short term  The relationship is formally established for a short period of time, often to meet specific learning objectives	Highly structured, long term  Often used for succession planning or to master a craft
		Informal, short-term  This type of mentoring ranges from spontaneous advice to as-needed counselling. There may be no ongoing relationship	Informal, long-term  Often referred to as “friendship mentoring”. It consists of being available as needed, to discuss problems, to listen or share special knowledge
Low structure		Short-term	Long-term

**Length of intervention** →

Table 4.

## MODEL: FORMS MENTORING MAY TAKE

Source: Shea, GF, Gianotti, SC. *Mentoring: Make It a Mutually Rewarding Experience* (reproduced with permission).

# COMPONENTS OF AN EFFECTIVE MENTORING MODEL

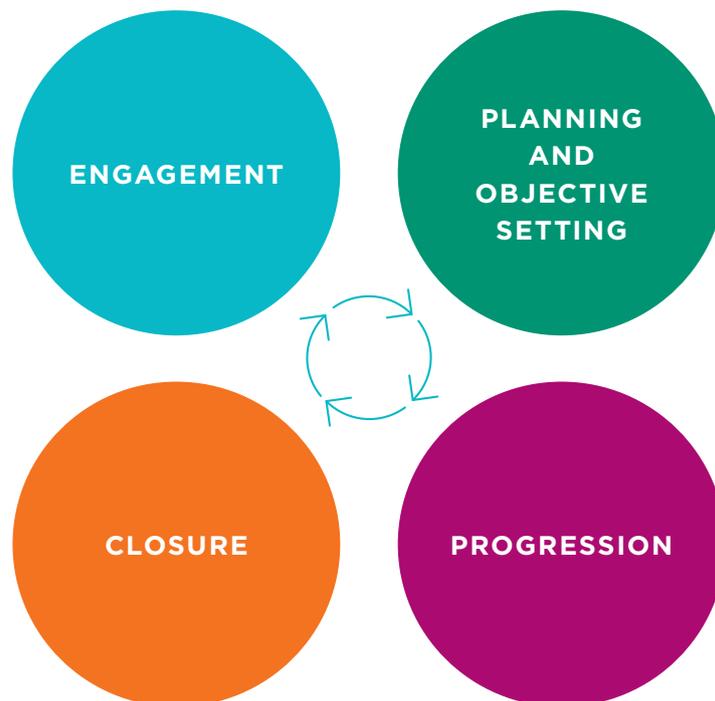
## STAGES OF MENTORING - OVERVIEW

There are a number of stages in the process of mentoring, each with a defined set of tasks or functions. The following model depicts the four stages of the relationship. The stages are not necessarily circumscribed or unidirectional.

As with all complex human relationships, progress may be dynamic and move in both directions.

The stages are presented here to provide a structure that effective mentoring partnerships are likely to pass through.

*Figure 2. Stages of the Mentoring Partnership*





# STAGE ONE ENGAGEMENT

Like any relationship between two people, the initial stage is about getting to know each other and establishing a shared understanding of the nature and purpose of the relationship. Building trust and rapport are the fundamental goals of this stage.

This is important regardless of whether or not the mentor relationship has been established as part of a formal match or more informally, such as the mentor having been the mentee's previous supervisor.

While generally the mentee will have arranged the meeting (see [Practical issues](#) for more information) both parties have a significant amount of work to undertake during this stage, but with a shared purpose.

## THE FIRST MEETING

Detailed attention is given to the objectives of the first meeting. Effective mentoring relationships have clear objectives, a common understanding and shared rules of engagement – this supports the rapid building of rapport and trust.

While it is likely that the mentor will guide much of the first meeting, the mentee should be encouraged to direct where at all possible.

## STAGE ONE – TASKS

- **Get to know each other** – this is helped by sharing each other's curriculum vitae (CV) or resumé (best done beforehand) and moving toward a more personal knowledge of each other including professional, social, family, interests and hobbies outside of work.
- **Establish the rules of engagement** – the following might all be documented in a mentoring agreement: boundaries, confidentiality, success criteria and measurement, accountability, practical issues (timing, frequency, mode, record, contact between sessions), and what to do if issues arise (see [Mentoring agreement](#) and [Practical issues](#)).
- **Discuss goals and objectives** – the conversation at this stage might focus on the big picture in preparation for narrowing down to specifics in later sessions.

It may take a couple of meetings to undertake these tasks and it is likely that the partnership will gradually evolve into the next stage.

By the third meeting, it would be expected that engagement has occurred and that there is a deepening level of trust developing between the mentor and mentee.

In some instances, the mentor/mentee pairing is not compatible and it is best to cease the partnership (see [Mentor/mentee mismatch](#)).

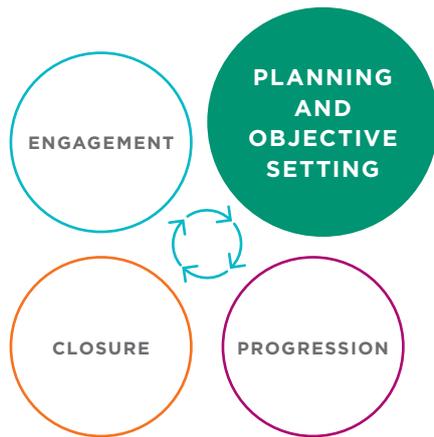
## TASKS

- Get to know each other
- Establish rules of engagement
- Discuss practical issues
- Discuss goals and objectives
- Complete Mentoring Agreement

### TOOLKIT RESOURCE:

- [Agenda: first meeting](#)
- [Mentoring code of conduct](#)
- [Mentoring agreement](#)

The NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment should be at the heart of all work within NSW Health, including the mentoring partnerships. Adherence to these values ensures engagement with all colleagues is in line with the NSW Health Code of Conduct.



## STAGE TWO

# PLANNING AND OBJECTIVE SETTING

To some degree, this stage will commence from the first meeting but will usually continue over the first couple of contacts.

The primary focus of this stage is to discuss and agree to clear goals and objectives for the mentoring partnership.

This stage requires proactive preparation and participation by the mentee who needs to think ahead to how the partnership might be used to enhance their leadership development, career planning and personal growth.

During this stage, both mentor and mentee should work together to create and agree to a mentoring action plan.

The action plan articulates the specific goals and objectives of the partnership and key actions. It may also be used to monitor progress along the way.

## TASKS

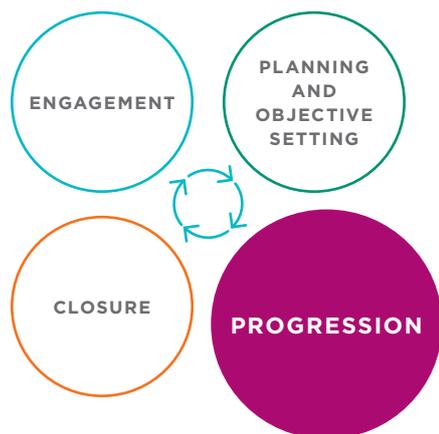
Set clear goals and objectives

Think about leadership and career development

Create and agree on a mentoring action plan

### TOOLKIT RESOURCE:

- [Leadership and Management capabilities and behavioural self-assessment](#)



## STAGE THREE PROGRESSION (EMERGENCE AND DEVELOPMENT)

This is arguably the stage where the real benefits of the mentoring relationship are realised. In effective mentoring partnerships, a sharing of experiences and insights occur, in addition to reflection and challenge.

It is also the stage that requires high levels of rapport and trust between the two participants to be truly effective.

Although the focus is always on the needs of the mentee, two-directional learning is generally a sign that an effective mentoring relationship has been developed.

### STAGE THREE - TASKS

- **Review goals and objectives** – Mentee to use the SMART goal checklist and the Action plan as a springboard not as a constraint
- **Mentor to listen, reflect and challenge**
- **Share successes and failures** – many mentees report that having the opportunity to celebrate successes and hear about their mentor's mistakes or failures, the lessons learnt and recovery strategies is one of the most valuable parts of being mentored (maintaining confidentiality is of course critical to this)
- **Review progress of the mentoring partnership** – review communication styles, achievements, challenge blocks and be prepared to change direction if required (see [Measuring progress](#)).

## TASKS

Review goals and objectives

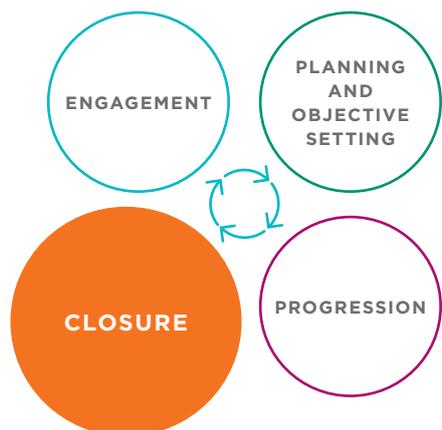
Review progress

Share successes and failures

Mentor to challenge, encourage reflection and keep focus on mentee needs

### TOOLKIT RESOURCE:

- [Mentoring meeting notes and actions](#)



## STAGE FOUR CLOSURE

The final stage acknowledges that the mentoring relationship has fulfilled its purpose and provides a means for a respectful and professional separation.

In many cases, mentors and mentees may continue to have more informal contact with each other, however, the intense focus on goals and objectives for that particular mentee's stage of development and the mentors specific contribution to it is largely complete.

Effective closure marks a change in expectations and actual functioning of the relationship going forward.

### STAGE FOUR - TASKS

- **Acknowledge** that the partnership has done its best work and be prepared to move on (even if agreeing to stay in more informal contact)
- **Evaluate** and measure what has been achieved during the mentoring relationship
- **Celebrate** accomplishments using the mentoring action plan to identify what was achieved and the role of the mentor in this achievement
- **Acknowledge** what might not have been achieved
- **Express gratitude** for what was shared and learnt
- **End the relationship** and agree what the relationship will look like going forward

### TASKS

Acknowledge what has been achieved and future goals for the mentee

Evaluate and measure partnership

Celebrate

Conclude mentoring relationship

### TOOLKIT RESOURCE:

[Agenda for the final meeting](#)

### FURTHER READING:

*Techniques for Coaching and Mentoring*<sup>16</sup>



# PRACTICAL ISSUES

## **FREQUENCY OF MEETINGS**

Generally the mentor and mentee should aim to meet at least every two months. Longer term mentor/mentee relationships may meet far less frequently than this. What is more important is that the purpose of the meeting is understood and both have a sense that progress is being made (see previous section on [Stages of mentoring](#)).

## **TIMING**

For formal meetings at least one hour should be set aside.

## **INITIATION OF MEETINGS**

Generally the mentee, as the primary beneficiary, should be the one who undertakes to organise meetings. Schedule in all the meetings for the expected time that the mentoring relationship will last e.g, six months.

## **FORMALITY**

The level of formality is ultimately up to the participants. The literature supports a formal structure, particularly around the rules of engagement, leads to more effective outcomes and greater satisfaction for participants with less issues during the mentoring process.

For this reason the mentee needs

to prepare prior to each mentoring session. For example, setting the agenda, identifying formal objectives and considering what they would like to achieve from the session. Refer to the toolkit for templates of a [Mentoring agreement](#) and Action plan.

## **WHERE TO MEET**

Meetings may be face-to-face or virtual. It is important to consider an environment where there will be no distraction and confidential discussions can occur.

On some occasions, the mentor and mentee may choose to undertake a less formal activity such as meeting over a coffee which may provide another dimension to the relationship.

## **MENTORING AGREEMENT**

Many mentor partnerships establish a mentoring agreement which is signed by both parties articulating expectations, rules of engagement and provides a sense of purpose and direction for future meetings. See [Mentoring agreement](#).

It is important that the Mentoring Agreement is used solely to support and guide activities and should not be the focus of the meetings. After all, it is the mentoring process that is of central importance.



## **CONFIDENTIALITY**

The respect for confidentiality is critical to the success of the mentoring relationship and needs to be upheld by both parties. Mentees highly value the opportunity to express doubts, fears and vulnerabilities in an environment that will not be perceived as having a negative impact on their career prospects or development program.

They also value hearing a trusted senior colleague who has been in a similar situation and challenges – this can have a very powerful impact on both the mentor

and mentee but it can only occur in an environment built upon trust.

Establishment of trust is a critical touch point of the mentoring relationship – both mentor and mentee can contribute to its development.

It is important that the rules of confidentiality are established early. Mentors need to be explicit regarding any contact they have with the mentee's line manager.

Refer to [Dealing with Issues](#) for more information.

# TIPS FOR SUCCESSFUL VIRTUAL MENTORING MEETINGS



## DEDICATED SPACE

Arrange a dedicated environment to participate in the mentoring meeting. Seek a quiet space, without distraction to enhance concentration and productivity. If you are in a work environment, book a meeting room to allow you to speak openly. If working remotely, make sure you won't be interrupted.

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## ARRIVE ON TIME

Or a little early! Allow time before the scheduled start of the mentoring meeting to test your connection and resolve any potential issues with equipment.

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## NO MULTI-TASKING

Our social engagement rules remain the same even when we are physically separated from each other. Create a dedicated space.

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## SHUT DOWN OUTLOOK AND INSTANT MESSAGING

Distractions will impact your mentoring meeting: turn your phone to silent and shut down Outlook and any instant messaging.

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## TURN ON YOUR VIDEO

Be visible! This creates connection and provides a more interactive experience. Before you do, check if your background is appropriate and consider what you are wearing.

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## WEAR A HEADSET

A headset allows you to hear each other clearer and removes background noise when you are speaking.

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# MEASURING PROGRESS

Measuring progress along the way is critical to successful mentoring partnerships. To ensure that both participants remain engaged, periodically check in on how the relationship is progressing, what issues are arising and what is being achieved.

## AREAS TO MEASURE



- Purpose
- Communication
- Trust
- Process
- Progress
- Feedback

During the final stage, it is important to reflect on the value of the investment that each participant has brought to the relationship and the importance of this for future mentoring relationships in each individual's career.

A mentor who has had a good experience and felt appreciated, used their experience and skills and furthered their own professional development, is more likely to want to engage in mentoring in the future.

In the case of mentees, if they have had a positive experience and see the value of mentoring, they are more likely to becoming a mentor in the future.



# SPECIFIC CHALLENGES

## MENTOR/MENTEE MISMATCH

Given the nature of human relationships, even when there is a careful matching of participants, as many as 10% of mentoring partnerships won't succeed. This needs to be acknowledged at the outset and contingency plans put in place.

Fundamental to successful mentoring partnerships are a common or shared value system. In some cases it only becomes evident that there is a non-alignment of values and aspirations once participants get to know each other a little better. Generally, by the second or third meeting participants should be confident about whether there will be enough trust developed to facilitate a meaningful experience.

If at any stage either person feels that the mentoring relationship is just not working, it is best to be frank and acknowledge this. It becomes much easier to do this if it is one of the discussion points in the first meeting (see [Stage one of mentoring](#)). A graceful and respectful exit can thereby be negotiated. In terminating the relationship, it is important for both to engage in a no blame philosophy.

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## FURTHER READING

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Characteristics of successful and failed mentoring relationships: A qualitative study across two academic health centers. *Academic Medicine*.<sup>13</sup>

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# FOR MENTEES

*"... a purposeful, co-created journey of coming to know, while risking engaging with others in the mysterious, paradoxical performing drama of leadership." <sup>17</sup>*



# “ONE CAREER, MANY MENTORS”<sup>18</sup>

It is very likely that you will have a number of mentors during your lifetime. A person who is truly a great mentor can take many forms and will be best assessed from the career aspirations and needs that you have at a point in time. By its very nature, the value of some mentors will be time-dated as well.

In this context some mentor partnerships may last for relatively short time periods while others may last for decades. You may cultivate a number of mentors at various points in your career, including peers and you may have more than one at a time.

Approaching each mentoring partnership, whatever the stage of your career, with respect, an open mind, a willingness to learn and ultimately gratitude, will stand you in good stead throughout your career.

## BEING AN EFFECTIVE MENTEE

As the primary beneficiary of the relationship, it is in your interest to protect and promote the mentoring partnership from commencement through to closure and beyond. The mentoring partnership requires attention and effort to cultivate and it is expected that the mentee will be primarily responsible for this.

While there is a lot of focus in the literature on the attributes and skills required for being an effective mentor, it is also important to acknowledge the attributes and skills required to be a mentee.

---

Understand that you are the primary driver of the relationship and take responsibility for being proactive (see [Stage one of mentoring](#))

---

Be organised. Prior to your first session with your mentor, spend some time to reflect upon your career, goals and aspirations you would like to achieve from the partnership. You don't need to have it all mapped out in detail, but at least have some sense of where you want to head. Think about how your mentor might assist you in clarifying these

---

Be prepared to engage in reflective practice<sup>19</sup>

---

Be prepared to share, be honest and frank. Identify strengths and areas for development and learning. This will obviously develop as trust builds in the relationship

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---

Be prepared to receive feedback. Take the view that all feedback, even if you do not agree with it, is useful in providing you the opportunity to examine a different perspective or reflect on another approach. Try not to be defensive when receiving feedback by justifying your behaviours to yourself and thus dismissing the mentors comments

---

Cultivate self-awareness and insight. Your mentor will likely assist with this as the relationship progresses, but in the first instance, be open to being challenged

---

Take responsibility for the mentoring relationship, respect it and use it well

---

Respect the mentor's time; be prepared and avoid late cancellations to meeting times

---

Commit to doing the work within the partnership by following up on agreed goals and action items

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Provide honest feedback to your mentor, particularly if they ask for feedback

---

Be enthusiastic and motivated

---

Maintain confidentiality

---

Be appreciative

---

Acknowledge when the mentoring relationship has completed its best work and be prepared to move on

---

Mentees should familiarise themselves with the sections on key principles (under [What makes mentoring work?](#)) and practical issues prior to the commencement of the mentoring partnership.

---

## **COUNTERPRODUCTIVE MENTEE BEHAVIOURS<sup>20</sup>**

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- Not planning the desired outcomes for the relationship
  - Not prepared for meetings
  - Closed to learning or being challenged
  - Expecting the mentor to be available anytime
  - Expecting the mentor to take the main responsibility for the relationship and manage the meetings
  - Not completing the agreed tasks
  - Missing meetings
  - Remaining in the relationship when it is not working for you as the mentee
-

# KEY ROLES AND RESPONSIBILITIES

Mentees are primarily responsible for initiating and maintaining the mentoring partnership.

## THE FIRST MEETING

- Be prepared. Think about your goals, values and what you would like to achieve through the mentoring partnership prior to the first meeting.
- Send an agenda with some dot points of what you would like to discuss during the first meeting (see [Agenda: first meeting](#) template). Send this a few days prior to your first session.
- Organise the practical arrangements: timing of meetings, location and so on.
- Draw up a [Mentoring agreement](#) and [Action plan](#)
- Work with your mentor to establish the boundaries of the relationship, including how you will manage confidentiality. Discuss boundaries of your mentoring relationship.

## SUBSEQUENT MEETINGS

Mentees are responsible for:

- The practical arrangements: timing of meetings, location and mode, e.g. face-to-face, Skype.
- The focus, agenda and desired outcomes for each meeting.
- Your behaviour and your expectations of the mentoring relationship.
- The duration and cessation of the relationship.

# DEALING WITH ISSUES

## SERIOUS ISSUES

From time to time in the mentoring relationship, issues may arise that require tactful and careful handling. If a mentee/mentor identifies a possible or actual concern about the professional conduct of a mentee/mentor, then standard procedures for the reporting and/or

management of such concerns should be followed. This ensures a standardised approach to the management of such concerns, in accordance with the provisions of relevant NSW Health policy frameworks and industrial instruments.



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## FURTHER READING

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Establishing and maintaining mentoring relationships: an overview of mentor and mentee competencies. *SA Journal of Human Resource Management* <sup>21</sup>

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**TOOLKIT**  
RESOURCES  
AND TEMPLATES

## **PURPOSE**

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The purpose of this toolkit is to support your mentoring experience by providing you with a range of templates and tools that you can use throughout your mentoring relationship to guide and inform.

Each template or tool has been designed for you to use as an editable PDF or printed.

## **CONTENTS**

---

Mentee preparation for the first meeting

Agenda: first meeting

Mentoring agreement

Mentoring code of conduct

SMART goal checklist

Action plan

Mentee preparation template

Mentoring meeting notes and actions

Agenda: final meeting

# MENTEE PREPARATION FOR THE FIRST MEETING

To support you to prepare for your first meeting with your mentor, complete the questions below.

These notes are to help you think about what the mentor may want to know, or what you want them to know about you. Planning a discussion will help you both.

---

One thing I hope to gain from being a mentee is...

Something that I did which I really enjoyed/felt changed by in my life (work or non-work)...

One thing about me that is important for people to know is...

Some of the strengths that I will bring to a mentoring relationship are...

Some things I am curious about in the mentoring relationship...

The most important thing I hope my mentor will gain is...

# AGENDA: FIRST MEETING

---

Introductions – find out about each other, identify common areas of interest from both a professional and personal basis

---

Explore what you hope to achieve by being in a mentoring relationship, don't worry too much if this is a little vague at first

---

Roles and responsibilities, including expectations of each other such as who will do what? For example, booking meeting rooms

---

Establish boundaries including the [mentoring code of conduct](#) and [mentoring agreement](#)

---

How will you resolve issues?

---

Practical issues: where, how and when to meet and how often

---

Mentee to share broad goals and aspirations. You can use the Leadership and Management Framework Self-Assessment to inform this conversation at this stage or next meeting

---

Develop an action plan and timetable at this meeting or the next meeting

---

Organise subsequent meetings

---

# MENTORING AGREEMENT

This template assists with defining the mutually agreed parameters of a mentoring partnership.

We agree that:

- Our first meeting occurred on
- We will meet at least once every  weeks
- Meeting times, once agreed, should not be cancelled unless this is unavoidable. At the end of each meeting we will agree a date for the next meeting.
- Each meeting will last a maximum of  minutes.
- In between meetings we will contact each other by telephone/email no more than once every  (weeks/days)
- Initial thoughts about the goals of the mentee are:

- Mentoring relationship and expectations have been discussed and agreed.
- **No Fault Termination:** We are committed to open and honest communication in our relationship. We will discuss and attempt to resolve any conflicts as they arise. If one of us needs to terminate the relationship for any reason, we agree to abide by one another's decision.

## MENTOR

## MENTEE

Name

Name

Signature

Signature

Date

Date

Contact number

Contact number

# MENTORING CODE OF CONDUCT

This code of conduct is designed to support mentoring partnerships and provide a framework to work within.

- The mentor's role is to respond to the mentee's developmental needs and agenda; it is not to impose his or her own agenda
- Mentors and mentees are committed to open, honest and courteous communication
- Mentors and mentees will maintain confidentiality in regard to information obtained in the course of the partnership
- Mentors and mentees are non-judgmental in their dealings with each other.
- Mentors and mentees observe boundaries that are consistent with the professional nature of the partnership
- Mentors and mentees respond in a timely and professional manner to their mentoring commitments
- The mentor will not intrude into areas the mentee wishes to keep private until invited to do so. However, they should help the mentee recognise how other issues may relate to those areas
- Mentor and mentee should aim to be open and truthful with each other and themselves about the relationship itself
- The mentoring relationship must not be exploitative in any way, nor can it be open to misinterpretation
- Mentors need to be aware of the limits of their own competence and operate within these limits
- The mentee must accept increasing responsibility for managing the relationship; the mentor should empower them to do so and must generally promote the mentee's autonomy
- Mentor and mentee should respect each other's time and other responsibilities ensuring that they do not impose beyond what is reasonable
- Mentors and mentees understand that the formal partnership will terminate at the conclusion of the mentoring partnership
- Either party may dissolve the relationship. However, both mentor and mentee have a responsibility for discussing the matter together as part of mutual learning
- The mentee should be aware of their rights and any complaints procedures

Source: *Everybody Needs a Mentor: Fostering Talent in Your Organisation* <sup>28</sup>

MENTOR	MENTEE
<b>Name</b> <input type="text"/>	<b>Name</b> <input type="text"/>
<b>Signature</b> <input type="text"/>	<b>Signature</b> <input type="text"/>
<b>Date</b> <input type="text"/>	<b>Date</b> <input type="text"/>

# SMART GOAL CHECKLIST

SMART goals help focus on the Specific, Measurable, Achievable, Realistic and Timeliness within which goals will be achieved. Use this template to help ensure your goals are SMART.

GOAL	PURPOSE	YOUR ANSWER
<b>Specific</b>	What do I want to accomplish? Define the goal as much as possible - who, what, where, when, why, which.	
<b>Measurable</b>	How will my goal be measured? How will I know when my goal is accomplished?	
<b>Achievable</b>	Is my goal a challenge but still possible to achieve? What are the actions required to achieve my goal?	
<b>Realistic</b>	Is my goal realistic within the resources at hand? Is my goal consistent with other goals and immediate and long-term plans?	
<b>Timely</b>	Is my goal trackable? When will my goal be reached?	

# ACTION PLAN

DEVELOPMENT GOAL	POSSIBLE ACTIVITIES TO ACHIEVE GOAL	WHO CAN ASSIST?	RESOURCES	TIME FRAME

Consider:

- SMART goals
- How you can build capabilities across experiences, example (i.e. your mentor) or education.

Source: *The 70:20:10 Framework* <sup>23</sup>

# MENTEE PREPARATION TEMPLATE

In preparation for each of your mentoring conversations, consider and makes notes on the following questions

---

Date:

Actions and status from the last session

What is the status and progress of your goals?

What is helping you to progress towards your goals?

What might be hindering your progress towards your goals?

What questions do you have for your mentor in the upcoming session?

What would you like to discuss in the next session in the context of your mentoring goals?

# MENTORING MEETING NOTES AND ACTIONS

To be completed during the mentoring meeting.

---

Date:

Key meeting notes:

Actions taken (and due dates as applicable):

Questions for next session:

# AGENDA: FINAL MEETING

---

Review of goals and progress - what was achieved and not achieved?

---

What worked well in the relationship?

---

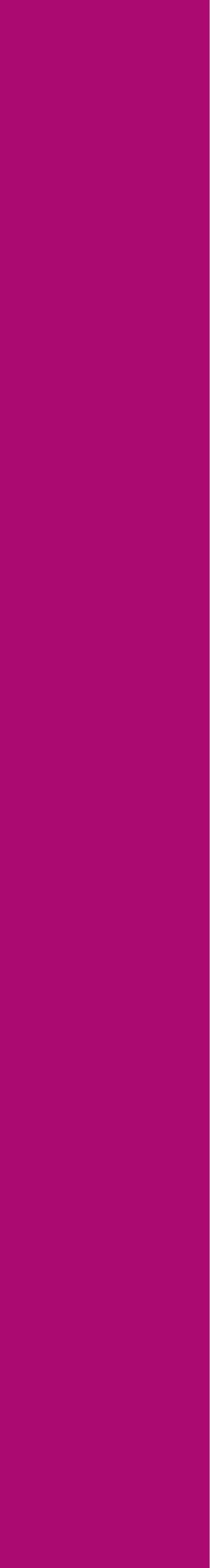
Significant learning's from your time together (both mentor and mentee)

---

What will support the mentee to keep learning?

---

**LEADERSHIP AND  
MANAGEMENT**  
CAPABILITIES AND  
BEHAVIOURAL  
SELF-ASSESSMENT



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# THE NSW HEALTH LEADERSHIP AND MANAGEMENT FRAMEWORK<sup>24</sup>

Health care organisations are complex, and challenges appear to be ever evolving – with many positive innovations arising as a result.

In consideration of this complexity, Leadership and Management programs in HETI are based on a triad of leadership approaches – adaptive, collective and relational. By accessing the interface between these approaches, individuals can be supported to experience strong engaged high performing roles in NSW Health, regardless of the formal position they hold. The NSW Health Leadership and Management Framework provides an articulation of the combined capabilities that support the 6 domains of the Framework.

The following self-assessment form highlights some of the key capabilities within the Framework. It enables individuals, to reflect on their capabilities and consider which areas they already excel in, and others that they may like to develop in order to provide an even stronger service.

## 1. TAKE TIME AND FIND EXAMPLES

Allocating uninterrupted time is essential. Reflect on the capability area and generate examples from your own work life that demonstrate the level of capability you have identified.

## 2. SEEK PEER FEEDBACK

Test your findings with a “critical friend”, and ask them for examples as well to support their observations.

## 3. CELEBRATE YOUR PROGRESS

Remember to review your progress, and celebrate any growth. Ensure the right people know you are growing – leverage positive change with looking for opportunities to practice skills. If there are barriers to change, then consider who best to discuss these with to find an alternate way.

For further advice – contact your Learning and Development department.



# SELF-ASSESSMENT TOOL

This tool is designed to enable you to manage your learning and development and to help you reflect on which domains of the NSW Health Leadership and Management Framework you would like to develop further.

Remember that such an assessment is a “point in time” and can be influenced by immediate experiences.

This information belongs to you, which you may like to share with a mentor or others.

Look at each of the statements and chose a statement that best matches how it applies to you

## ACHIEVING OUTCOMES

	VERY LITTLE/ NEVER	SOME OF THE TIME	A LOT OF THE TIME
<b>BUILDING A COMMON VISION FOR HEALTH OUTCOMES</b>			
I engage with others to set the direction of services and build a vision for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discuss the range of factors that can impact the future of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>USING OUTCOMES FOR PATIENTS AND CLIENTS AS WELL AS SERVICE AGREEMENTS TO DRIVE PERFORMANCE</b>			
I work with others to define desired outcomes for patients and clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I measure current performance in order to discuss progress towards outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOCUSING ON WHAT MAKES A DIFFERENCE TO RESULTS</b>			
I help identify which factors have the biggest impact on results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I anticipate and act on issues that could cause problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BEING ACCOUNTABLE FOR PERFORMANCE AND RESOURCES</b>			
I take responsibility for getting results and encourage others to do the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help others access the resources they need to do their jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEVELOPING AND LEADING SELF

	VERY LITTLE/ NEVER	SOME OF THE TIME	A LOT OF THE TIME
<b>DEMONSTRATING SELF-AWARENESS</b>			
I consider how my attitudes, beliefs and behaviours affect other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn from my experience and adapt my behavior accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACTIVELY SEEKING PERSONAL GROWTH</b>			
I recognise and build on my strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively seek out opportunities to learn and develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MODELLING DESIRED BEHAVIOURS AND VALUES</b>			
I 'walk the talk' with my values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act on the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TAKING RESPONSIBILITY FOR OWN PERFORMANCE AND CONTRIBUTION TO THE SERVICE AGREEMENT</b>			
I think about how my own performance contributes to the larger organisational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I persevere and stay calm when working under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ENGAGING PEOPLE AND BUILDING RELATIONSHIPS

	VERY LITTLE/ NEVER	SOME OF THE TIME	A LOT OF THE TIME
<b>FACILITATING EFFECTIVE TEAM PROCESSES</b>			
I spend time with the team exploring ways to work together more effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I assist the team in identifying issues that affect performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOSTERING DEVELOPMENT OF OTHERS</b>			
I create opportunities for people from different professions to learn from each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I provide challenges and support for others to grow their leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HARNESSING TALENT AND DIVERSITY

I bring people with different perspectives together to find creative solutions

I help people keep an open mind when considering different view points

### CREATING WORKPLACE CULTURE ENVIRONMENTS WHERE PEOPLE CAN CONTRIBUTE

I help others identify and use their strengths

I assist others to identify obstacles that prevent them from contributing at their best

### PARTNERING AND COLLABORATING ACROSS BOUNDRIES

VERY LITTLE/  
NEVER      SOME OF  
THE TIME      A LOT OF  
THE TIME

#### EMPLOYING A COLLABORATIVE APPROACH TO TRANSFORMING THE ORGANISATION

I work with others across formal boundaries when the need arises

I constructively challenge work-related practices, attitudes and behaviours that don't fit the CORE values

#### MOBILISING PEOPLE TO UNDERTAKE COLLABORATIVE ACTION FOR SERVICE TRANSFORMATION

Through my own action I inspire people to collaborate for change

I work at bringing people together from different areas to shape new service directions

#### CREATING CROSS-SECTORIAL COLLABORATIONS TO DELIVER SERVICE AGREEMENTS

When working with stakeholders, I look for areas of agreement to develop new solutions

I take into account the culture and interests of partner organisations

#### ENCOURAGING FRESH INSIGHTS FROM DIVERSE SOURCES TO FOSTER INNOVATION

I encourage others to ask questions, be creative and try out new ideas

I build relationships with others to stimulate innovation and change

## TRANSFORMING THE SYSTEM

	VERY LITTLE/ NEVER	SOME OF THE TIME	A LOT OF THE TIME
<b>SHAPING A PREFERRED FUTURE FOR HEALTH SERVICE DELIVERY</b>			
I seek out and apply new information about healthcare delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask for and stimulate discussion about ideas for change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEMONSTRATING CRITICAL AND SYSTEMS THINKING</b>			
I think about the whole system and how everything fits together – patients, clients and professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider issues and conflicts around change from different stakeholder perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSESSING AND WORKING THROUGH RESISTANCE AND OTHER IMPEDIMENTS TO CHANGE</b>			
I seek to understand others' perspectives including their deeper concerns and motivations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put forward solutions that are designed to meet the needs and aspirations of all parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BEING POLITICALLY ASTUTE AND BUILDING SUPPORT FOR CHANGE</b>			
I influence the people I am in contact with to support change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help others understand how to take ownership of health reform and patient-centred care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MANAGING FOR NOW AND THE FUTURE

	VERY LITTLE/ NEVER	SOME OF THE TIME	A LOT OF THE TIME
<b>BUILDING THE WORKFORCE FOR NOW AND THE FUTURE</b>			
I utilise people management processes in order to support staff wellbeing and engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively seek to ensure diversity and inclusion are enabled in the health workforce and patient/customer care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROMOTING OPTIMAL ORGANISATIONAL PERFORMANCE**

I negotiate with my colleagues on how best to identify our individual strengths and apply them accordingly

I align both service and individual performance goals with the NSW Health strategic priorities

**CREATING GOVERNANCE AND FINANCIAL SUSTAINABILITY**

I have a strong focus on the ongoing development of my commercial, economic and financial acumen

I view optimal health outcomes for patients and customers, both short and long term, as a key factor to consider whilst managing financial sustainability

**MANAGING QUALITY, SAFETY AND RISK**

I embed risk management practices in my day to day work

I share reflections on behavior of self and others in relation to quality and safety objectives

**MANAGING LOGISTICS**

I inform decisions on how goods and services are best managed to meet consumer need

I respond in an agile way to anticipated and unanticipated logistical changes

**LEVERAGING TECHNOLOGY AND DATA TO OPTIMIZE OUTCOMES**

I leverage technology and data to inform decisions and to optimise outcomes

I proactively reflect on available relevant data and share key insights with key stakeholders

**DEMONSTRATES PATIENT AND CUSTOMER CENTRICITY**

I regularly review work practices to ensure a focus on patient and customer experience

I actively seek interprofessional collaboration to achieve the best possible outcome for patients

DOMAIN	POTENTIAL DEVELOPMENT AREA FOR FOCUS
<p><b>Achieving Outcomes</b></p>	
<p><b>Developing and Leading Self</b></p>	
<p><b>Engaging People and Building Relationships</b></p>	
<p><b>Partnering and Collaborating Across Boundaries</b></p>	
<p><b>Transforming the System</b></p>	
<p><b>Managing For Now and the Future</b></p>	

# REFERENCES

1. Zachary L. *The Mentor's Guide: Facilitating Effective Learning Relationships*. 2nd ed. San Francisco, CA: Jossey Bass; 2012.
2. French G. Mentoring for self development, *Bulletin 44* July 2007. [www.nact.org.uk/getfile/2140](http://www.nact.org.uk/getfile/2140). Accessed April 17, 2017.
3. Scheck McAlearney A. Exploring mentoring and leadership development in health care organizations. *Career Development International* 2005; 10: 493-511. doi: 10.1108/13620430510620575
4. Huang CY, Weng RH, Chen YT. Investigating the relationship among transformational leadership, interpersonal interaction and mentoring functions. *Journal of Clinical Nursing*. 2016; 25: 15-16. doi: 10.1111/jocn.13153
5. Allen TD, Eby LT, Poteet ML, Lentz E, Lima L. Career benefits associated with mentoring for protégé: a meta-analysis. *Journal of Applied Psychology*. 2004; 89: 127-136. doi: 10.1037/0021-9010.89.1.127
6. Hester JP, Setzer R. Mentoring: adding value to organizational culture. *The Journal of Values-Based Leadership* 2013. <https://scholar.valpo.edu/jvbl/vol6/iss1/4/>. Accessed April 17, 2018.
7. International Coach Federation. *Definition of Coaching*. <https://coachfederation.org/about>. Accessed April 17, 2018.
8. Cox E, Bachkirova T, Clutterbuck D. *The Complete Handbook of Coaching*. Thousand Oaks, CA: Sage Publishing; 2014.
9. NHS Lanarkshire. *Professional/Clinical Supervision Handbook for Allied Health Professionals*. [http://www.careerframework.nhs.uk/media/50523/prof-clini-super-ahps\\_2\\_nhsl\\_2010.pdf](http://www.careerframework.nhs.uk/media/50523/prof-clini-super-ahps_2_nhsl_2010.pdf). Accessed April 17, 2018.
10. Consedine M. *Supervision and the reduction of anxiety*. *ANZPA Journal* 2003; 12: 32-36.
11. Morgan M, Rochford S. *Coaching and Mentoring for Frontline Practitioners*. Dublin, IR: Centre for Effective Services; 2017. [http://www.effectiveservices.org/downloads/Access\\_Evidence\\_CM\\_March\\_2017.pdf](http://www.effectiveservices.org/downloads/Access_Evidence_CM_March_2017.pdf). Accessed April 17, 2018.
12. Macafee D. Is there a role for mentoring in Surgical Specialty training? *Medical Teacher*. 2008; 30: 2 e55-59. doi: 10.1080/01421590701798711
13. Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Academic Medicine*. 2013; 88: 82-89. doi: 10.1097/ACM.0b013e31827647a0
14. Viney R, Paice E. *The First Five Hundred: A Report on London Deanery's Coaching and Mentoring Service 2008-2010*. [www.mentoring.londondeanery.ac.uk](http://www.mentoring.londondeanery.ac.uk). Accessed April 17, 2018.
15. Freeman R. Towards effective mentoring in general practice. *British Journal of General Practice*. 1997; 47: 457-460.

16. Clutterbuck D, Megginson D, *Techniques in Coaching and Mentoring*. 1st ed. Milton Park, UK: Taylor & Francis; 2005.
17. Milton CL. The ethics of personal integrity in leadership and mentorship: A nursing theoretical perspective. *Nursing Science Quarterly*, 2004; 17 (2): 116-120. doi: 10.1177/0894318404263261
18. Wilson P. Making Mentoring Work. Australia, Major Street Publishing, 2012
19. Boud D, Keogh TR, Walker D. Reflection: *Turning Experience into Learning*. New York, NY: Nichols Publishing; 1985.
20. Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. *Academic Medicine*. 2009; 84(1): 140 – 144. doi: 10.1097/ACM.0b013e3181906e8f
21. Clutterbuck D. Establishing and Maintaining Mentoring Relationships: An Overview of Mentor and Mentee Competencies. *SA Journal of Human Resource Management*.
22. Clutterbuck D. *Everybody Needs A Mentor: Fostering Talent in Your Organisation*. Wimbledon, UK: Chartered Institute of Personnel & Development; 2004.
23. Jennings C. *The 70:20:10 - A Framework for High Performance Development Practices*. <http://charles-jennings.blogspot.com.au/2013/06/702010-framework-for-high-performance.html>. Accessed April 17, 2018.
24. Health Education and Training Institute. *The NSW Health Leadership and Management Framework, 2020*. <https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/leadership-and-management/nsw-health-leadership-framework>. Accessed November 26, 2020.

# NOTES

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INFORMATION, CONTACT**

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