

# **Heart Health Action in Aboriginal Communities: Translating training into practice**

## **Final Evaluation Report**



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***Heart Health Action in Aboriginal Communities: translating training into practice***

**EVALUATION REPORT**

**Executive Summary**

This project was developed in response to the outcomes of a previous project: *Improving Heart Health in Aboriginal Communities*, which involved the delivery of a 60 hour Short Course in Cardiovascular Health for AHWs. Evaluation of the initial project revealed that training alone was not enough for AHWs to apply new skills in the workplace. Aboriginal Health Workers (AHWs) play a critical role in improving and maintaining the health of Aboriginal people. No other group of health professionals is as well placed or able to provide culturally appropriate health care to Aboriginal people within their own communities. In 2005, VACCHO and the Heart Foundation implemented the nationally accredited *Certificate Course in Cardiovascular Health for AHWs*. After this initial project, 30 AHWs based across Victoria had completed the training. Evaluation of this project indicated that course graduates needed ongoing professional development and support in order to improve cardiovascular health in their Communities.

The objectives of *Heart Health Action in Aboriginal Communities* were:

- To develop and evaluate the efficacy of a model for the ongoing professional development of AHWs who have graduated from the *Certificate Course in Cardiovascular Health for AHWs*. This model included:
  - Formal mentoring agreements between AHWs and locally-based health professionals (e.g. cardiac rehabilitation coordinators, dietitians, community nurses);
  - Provision of information resources
  - Networking opportunities for AHWs involved in cardiovascular health initiatives; and
  - Centralised support provided by the course coordinators
- To develop and implement sustainability strategies to support the ongoing operation of the evaluated professional development model for AHWs involved in cardiovascular health activities.

A total of 18 mentoring partnerships were formed across Victoria. Allied health professionals (AHPs) such as dietitians, diabetes educators and cardiac rehabilitation co-ordinators provided mentoring for AHWs around heart health while the AHWs provided mentoring for the AHPs around Aboriginal cultural and community issues. A variety of different mentoring activities were undertaken.

Project evaluation revealed that for AHWs and AHPs respectively, confidence in relation to defined AHW and Cultural Awareness competencies improved after 6 months of mentoring. Furthermore, participants reported a number of other benefits such as providing opportunities for information exchange and

strengthening professional relationships across organisations. A number of AHWs also acquired or enhanced useful skills in areas such as public speaking, development of project submissions and computer skills. Compared to the previous project which involved training alone, more AHWs were translating their cardiovascular health knowledge and skills into practice in the workplace. These skills were applied both to their existing duties and to the planning of health promotion projects. This suggests that linking professional development and mentoring to future AHW training programs is an extremely effective strategy to promote the ongoing translation of training into health promotion activity.

A range of feasible and sustainable options have been identified in relation to building mentorship into other training programs for AHWs currently being conducted by the Victorian Aboriginal Community-Controlled Health Organisation (VACCHO).

### **Recommendations**

- Promote benefits of mentorship to VACCHO, AHWs, AHPs and managers to ensure ongoing support for the project. Explore the possibility of obtaining organisational commitment to mentorship i.e. inclusion of mentoring activities in AHW and AHP job descriptions
- Maintain a version of the professional development and mentoring model for AHWs which includes:
  - Stronger links with Certificate III/IV AHW training
  - Opportunities for formal cultural awareness training/certification
  - Increased managerial involvement in future mentoring arrangements
  - Inclusion of mentoring activities in AHW and AHP job descriptions and work-plans (as indicated above)
  - Continuation, and if possible increased and enhanced levels of central support (nb this will require exploration of further funding opportunities)
  - Increased structure provided to mentoring partnerships including the development and implementation of a local health promotion project/event
  - Increased networking opportunities for participants including a refresher course in cardiovascular health, continued use of teleconferences and development of face to face networking opportunities (e.g. during annual AHW forum) .
- Develop Victorian Aboriginal cardiovascular health/nutrition resources
- Update and promote website as a distribution point for Aboriginal cardiovascular health information such as proposed Victorian Aboriginal cardiovascular health/nutrition resources (above)
- Continue monthly e-newsletter update and use the monthly e-newsletter to promote updated content and resources available on the website

## Introduction

Aboriginal and Torres Strait Islander people experience significant health inequalities compared with other Australians. Life expectancy for Indigenous people is 17 years lower than the national average (Australian Bureau of Statistics 2006) with cardiovascular disease the leading cause of death for both males and females (Australian Institute of Health and Welfare 2006). Specifically, compared with other Australians, Aboriginal and Torres Strait Islanders are 3 times more likely to have a heart attack and have more than double the death rate of in-hospital mortality from coronary heart disease (AIHW 2006).

Aboriginal Health Workers (AHWs) play a critical role in improving and maintaining the health of Aboriginal people. No other group of health professionals is as well placed or able to provide culturally appropriate health care to Aboriginal people within their own communities.

It has been suggested that effective partnerships between health professionals and AHWs is essential to the success of Aboriginal health programs (Battye and McTaggart 2003; Hooper, Thomas *et al.* 2007). Access to mentors and interdisciplinary collaboration have been identified as determinants of public health workforce capacity (Hughes 2006). Mentoring can be defined as “a voluntary, trusting relationship between professionals that supports the professional development and career progression of all members of the relationship” (Darling and Schatz 1984). Mentoring has been identified as a strategy for health promotion capacity building (NSW Health 2001) as well as nutrition (DAA 2006; Hughes 2006) and cultural competency development (VACCHO 2007).

A distinguishing feature of *mentoring* that differentiates it from *supervision* is reciprocity. This paper describes the development and impact of a professional development model which has at its core mentoring involving Aboriginal Health Workers and Allied Health Professionals, which is focussed on development of skills in cardiovascular health.

## Background

In 2005, VACCHO and the Heart Foundation implemented the nationally accredited *Certificate Course in Cardiovascular Health for AHWs*. This project involved developing locally appropriate educational materials and piloting the course in regional and in metropolitan Victoria. After this initial project, 30 AHWs based across Victoria were graduates of the *Certificate Course in Cardiovascular Health for AHWs*. Course evaluation indicated that participating AHWs increased both their knowledge and confidence in relation to cardiovascular health. However, graduates only had limited opportunities to put the training into practice in the workplace (Browne 2007). Course

graduates indicated that they needed ongoing professional development and support in order to improve cardiovascular health in their Communities.

*Heart Health Action in Aboriginal Communities* was designed as a complementary second phase of this initial project. It aimed to provide mentorship for this group to enable VACCHO, the Heart Foundation and the communities of which these graduate AHWs are a part to fully realise the investment of time and resources devoted to their training. It is hoped that this second phase of the project will assist current and future graduates to employ their newfound cardiovascular health skills and knowledge within their local communities.

## **Project Objectives**

The overarching goal of both phases of the project was to improve the prevention and management of cardiovascular disease in Victorian Aboriginal communities. The objectives of *Heart Health Action in Aboriginal Communities* were:

- To develop and evaluate the efficacy of a model for the ongoing professional development of AHWs who have graduated from the *Certificate Course in Cardiovascular Health for AHW*. This model included:
  - Formal mentoring agreements between AHWs and locally-based health professionals (e.g. cardiac rehabilitation coordinators, dietitians, community nurses);
  - Provision of information resources
  - Networking opportunities for AHWs involved in cardiovascular health initiatives; and
  - Centralised support provided by the course coordinators
- To develop and implement sustainability strategies to support the ongoing operation of the evaluated professional development model for AHWs involved in cardiovascular health activities.

## **Methods**

In March 2008, two part-time project co-ordinators commenced work at VACCHO. The project co-ordinators were an experienced Aboriginal Health Worker and a non-Indigenous dietitian who co-ordinated the first phase of the project. These two project co-ordinators modelled the cross-cultural partnership approach, which was central to this project. Their main role was to establish professional development and support structures for graduates of the *Certificate Course in Cardiovascular Health for AHWs*.

The project co-ordinators contacted all the AHWs who completed the cardiovascular health course during 2006/07 to establish their interest in being involved in the second phase of the project. Given the high workforce turnover

in Aboriginal health, it was discovered that approximately half of the course graduates had left their positions and were therefore not available to participate in the second phase of the project. For this reason, the follow-up activities were also extended to other AHWs who had attended VACCHO training courses with similar content, such as diabetes and nutrition.

Once the AHWs had been recruited, appropriate Allied Health Professionals (AHPs) to participate in the mentoring component of the project were identified. In order to do this, an invitation email was sent through the Victorian Association of Cardiac Rehabilitation, and the Cardiology Special Interest Group of the Dietitians Association of Australia. Dietitians and Cardiac Rehabilitation co-ordinators contacted the project co-ordinators at VACCHO to express their interest in the project. AHPs who were already known to have some involvement with Aboriginal communities were contacted directly, and invited to participate in the mentoring project.

Initial meetings were set up so that the AHW, their manager, and the AHP could get to know one another, and find out more about the project. A mentoring agreement was signed by all parties documenting when, where and how often the mentoring would take place. This document included project expectations, roles and responsibilities, and a no fault conclusion if for any reason the partnership broke down. It was emphasised that the mentoring partnerships were to involve a two-way exchange, where the AHW was of equal status to the AHP (refer to Appendix 1).

In order to identify priority areas for mentoring, both the AHW and AHP completed a competency self assessment form (refer to Appendices 2 and 3). AHWs rated their confidence in performing the skills identified in the nationally recognised competency standards for AHWs at Certificate IV level. AHPs rated their cultural competency against an elective unit from the mainstream health training package. It was envisaged that the AHW would mentor the AHP around Aboriginal cultural and community issues, and the AHP would mentor the AHW around the competencies for which they required further development.

The project co-ordinators developed both a training CD and a mentoring workbook for each partnership in order to provide some theory and structure to the mentoring sessions. The mentoring workbook included the competency self assessment forms, a learning styles questionnaire, as well as some worksheets that the pairs could work through together. The participants were encouraged to use these worksheets to set their learning objectives, keep a record of mentoring sessions, and reflect on their learning and development. (Refer to Appendix 4.)

All mentoring partnerships received central support from the project co-ordinators at VACCHO. This included a monthly e-newsletter, a teleconference halfway through the project, and inclusion of cardiovascular health information and resources on the VACCHO website. It was emphasised to all participants that the project co-ordinators could be contacted at any time if additional support or problem solving was required.

## **Project Evaluation**

As with the first phase of the project, evaluation of this project used a combination of quantitative and qualitative methodologies. To gain some quantitative data about the impact of the project, AHPs, AHWs, and their Managers were asked to complete the same competency self assessment form again at the end of the project. The purpose of this was to determine whether participants' confidence in their ability to perform these defined skills had improved after approximately six months of mentoring. These forms were analysed by calculating averaged confidence scores for each participant pre- and post-mentoring. Individual competencies were also examined to identify whether there were any similarities in areas of improvement common to all participants.

Process evaluation was undertaken through qualitative interviews with the AHPs and the AHWs after six months of mentoring. The project co-ordinators interviewed the AHWs and the AHPs from each partnership separately. This allowed each participant to speak openly and honestly about their experience and voice any concerns or difficulties they might have had with their partner. Interviews were tape recorded and transcribed by the project co-ordinators so that they could be analysed for key themes.

The key evaluation questions were

- What are the key factors and processes that support course graduates to apply the skills and knowledge they have gained to heart health projects within their local communities?
- What are the key factors and processes influencing the sustainability and ongoing operation of the professional development model for AHW involved in cardiovascular health activities?

## **Results**

### ***Characteristics of participants and partnerships***

A total of 18 mentoring partnerships were formed across Victoria. While the majority of partnerships involved one AHW paired with one AHP, four of the AHPs had two AHWs working with them. Partnerships were distributed across metropolitan and regional Victoria. The AHWs involved worked in a variety of settings, most commonly Aboriginal Community Controlled Health Organisations (ACCHOs). The majority of AHPs were dietitians, however, cardiac rehabilitation coordinators and diabetes educators were also involved. (Refer to Table 1).

**Table 1: Mentoring Partnership Characteristics**

Characteristic	Number
Location of partnership:	
<b>North West Metropolitan Region</b>	<b>4</b>
<b>South East Metropolitan Region</b>	<b>3</b>
<b>Barwon South-West Region</b>	<b>3</b>
<b>Gippsland Region</b>	<b>2</b>
<b>Loddon Mallee Region</b>	<b>3</b>
<b>Hume Region</b>	<b>3</b>
AHW work setting:	
<b>ACCHO</b>	<b>11</b>
<b>Mainstream health service</b>	<b>5</b>
<b>AHP from same organisation</b>	<b>8</b>
<b>AHP from external organisation</b>	<b>10</b>
AHP professional backgrounds:	
<b>Dietitian</b>	<b>11</b>
<b>Cardiac rehabilitation coordinator</b>	<b>5</b>
<b>Diabetes educator</b>	<b>2</b>

***Mentoring Activities***

The majority of partnerships met at least monthly, with several having weekly contact. Mentoring activities were extremely varied. These included:

- Meeting to discuss technical information, in areas such as nutrition, physical activity, diabetes, management, heart disease and its risk factors, and counselling skills;
- Attending cardiac rehabilitation sessions to observe the education sessions;
- Discussing patient case studies;
- Discussion about local Aboriginal history and culture;
- Support around administrative tasks such as computer skills and submission writing; and
- Planning health promotion projects or events

A number of participants commented that they found the mentoring process particularly valuable where they had a project that they were developing with their mentorship partner. These projects themselves were similarly varied, and included Community Kitchens, Men's Groups, Food Security projects, Health Expo's, Diabetes Groups, and Exercise Groups.

***Overall Program Impact***

The averaged total of the confidence scores for AHWs at the beginning of the mentoring program was 3.4. This increased to 4.0 after 6 months of mentoring. For the AHPs averaged total of the confidence scores increased from 3.0 to 3.9 (refer tables 2 & 3). The competency elements that showed



the most improvement among the AHWs were:

- Lobby government or other stakeholders to develop strategies that address community needs
- Evaluate health promotion/education programs for Aboriginal communities

The competency elements that showed the most improvement among the AHPs were:

- Negotiate appropriate strategies to effectively accommodate cultural differences in the workplace
- Employ appropriate communication strategies to support a culturally safe environment for delivery of health services
- Identify and utilise resources to facilitate effective service delivery in a cross cultural context

Notably, the AHWs' confidence around providing smoking cessation programs and treating nicotine dependence decreased after 6 months of mentoring (table 2). This may be due to an increase in the awareness of the importance of smoking cessation as part of heart health promotion. As the present project did not have a specific focus on developing the specialised skills for treating nicotine dependence, and none of the mentors were smoking cessation specialists, it is not surprising that this competency element did not improve.

**Table 2: AHW Competency self-assessment pre/post mentoring**

<b>Aboriginal Health Worker Competencies</b>	<b>Average confidence score (out of 5):</b>	<b>Pre</b>	<b>Post</b>	<b>Difference</b>
1. Perform a range of clinical assessments or tests and interpret their findings		3.1	3.5	0.4
2. Assess clients in relation to their social and emotional well-being and provide appropriate support and referral		4.0	3.9	-0.1
3. Promote and apply strategies to address social factors that contribute to Aboriginal health issues		3.7	3.8	0.1
4. Plan and implement a range of health care services as a member of a multi-disciplinary team		3.4	3.9	0.5
5. Monitor and evaluate a range of health care services provided as part of a care plan for each client		3.5	3.9	0.4
6. Deliver health care programs to address identified needs in Aboriginal communities		3.4	4.1	0.7
7. Work with medicines in line with organisation requirements		2.6	3.4	0.8
8. Promote healthy nutrition for a range of client groups including people with chronic diseases		3.6	4.1	0.5
9. Provide nutrition advice for growth and development and maintenance of health throughout life		3.4	3.7	0.3
10. Promote and apply strategies to address social factors that contribute to Aboriginal health issues		3.1	4.0	0.9
11. Plan and develop health promotion/education programs to address identified needs in the Aboriginal community		3.6	4.0	0.4
12. Evaluate health promotion/education programs for Aboriginal communities		3.3	4.3	1.0
13. Plan, promote, deliver and evaluate a healthy lifestyle program		3.5	4.3	0.8
14. Provide information to individuals and groups on smoking and smoking cessation programs		3.8	3.2	-0.6
15. Treat and manage nicotine dependence		3.1	2.8	-0.3
16. Conduct health promotion related to prevention of chronic diseases		3.6	4.1	0.5
17. Provide support and follow-up for clients with chronic disease		4.0	4.5	0.5
18. Develop a case management plan to address specific client needs.		3.4	4.0	0.6
19. Deliver brief intervention strategies to encourage behaviour change		3.3	4.1	0.8
20. Facilitate access to tertiary health services for Aboriginal clients		3.6	4.1	0.5
21. Participate in consultation processes which may assist policy development		3.2	4.1	0.9
22. Develop policies which impact on the client group and the work of the organisation		3.2	3.8	0.6
23. Advocate on behalf of Aboriginal communities in relation to health care services		4.1	4.5	0.4
24. Lobby government or other stakeholders to develop strategies that address community needs		2.6	3.8	1.2
25. Prepare a report on a community project		3.0	3.9	0.9
<b>TOTAL</b>		<b>3.4</b>	<b>4.0</b>	<b>0.6</b>

**Table 3: AHP Competency self-assessment pre/post mentoring**

<b>Aboriginal Cultural Awareness Competency Elements</b>	<b>Average confidence score (out of 5):</b>	<b>Pre</b>	<b>Post</b>	<b>Difference</b>
1.1 Acknowledge and respect the impact of events and issues in Aboriginal history during service delivery		3	3.8	0.8
1.2 Demonstrate knowledge of and respect for the diversity of culture, skin and language groups, family structures, art and religion in Indigenous cultures as part of service delivery		2.7	3.5	0.8
2.1 Identify the potential impact of cultural factors on service delivery to Aboriginal clients		2.8	3.7	0.9
2.2 Address cultural realities in order to facilitate full participation in service delivery by Aboriginal clients		2.8	3.7	0.9
2.3 Negotiate appropriate strategies to effectively accommodate cultural differences in the workplace		2.5	3.9	1.4
2.4 Identify and utilise resources to facilitate effective service delivery in a cross cultural context		2.9	4.1	1.2
2.5 Ensure work practices are grounded in an awareness of one's own culture and the cultural realities of others		3.2	4.1	0.9
3.1 Identify communication issues and ensure they are addressed to develop and maintain effective relationships		3.1	3.8	0.7
3.2 Employ appropriate communication strategies to support a culturally safe environment for delivery of health services		2.8	4	1.2
3.3 Identify ineffective/inappropriate communication strategies and remodel them to support delivery of health services		2.7	3.8	1.1
3.4 Identify and utilise resources to facilitate effective communication within the workplace		3.2	3.9	0.7
3.5 Engage the services of Aboriginal health workers and colleagues as cultural brokers to meet duty of care		3.1	4.1	1
4.1 Ensure workplace relationships are based on mutual respect, tolerance of diversity and cultural safety		3	3.8	0.8
4.2 Identify critical issues influencing workplace and professional relationships with Aboriginal co-workers and clients		3	3.8	0.8
4.3 Negotiate and utilise effective strategies to develop and maintain effective relationships with Aboriginal co-workers and clients		3.1	3.9	0.8
4.4 Take responsibility for revisiting strategies to assist in the resolution of any difficulties, differences or misunderstandings that may occur		3.2	3.9	0.7
<b>TOTAL</b>		<b>3.0</b>	<b>3.9</b>	<b>0.9</b>

## Evaluation of individual program elements

### *Impact of Mentorship*

Overall, both AHW and AHP indicated that the mentoring process was professionally valuable, and were able to easily describe the ways in which their work had benefitted.

Most of the participants in the mentoring partnerships formed working relationships that were both mutually respectful and productive.

“I’d even offered to go down and help them sort of set up an education program or do a talk on heart disease for them at the co-op... I’m certainly more than happy to do that.” (AHP)

When interviewed, many of the participants cited the good relationship and rapport that had developed, as a key factor in the success of the partnership.

“If you establish enough of a relationship with someone, you learn, you do an information exchange between the both of you. So I think having a good friendship or rapport would benefit any sort of mentoring partnership”. (AHP)

“It has been a really good support as in bouncing ideas off, getting advice, getting support and having a really good working relationship with him; I have a lot of respect for him”. (AHW)

Another obvious benefit cited by a number of AHWs was that their mentorship partner refreshed the knowledge and skills they had acquired whilst undertaking the *Certificate Course in Cardiovascular Health for AHWs* or diabetes and nutrition training at VACCHO. Having a mentor with whom they could ask questions and discuss ideas helped reinforce their learning and, in some cases, helped to put it into practice in the workplace.

“It definitely refreshed my memory because the course was two years ago so I had a lot of questions for her” (AHW)

“I feel a lot more confident talking about cardiac with clients because I wasn’t sure and I wasn’t game to say nothing but now I’m a bit more confident to speak to clients” (AHW)

Several of the AHPs confirmed that the mentoring relationship with an AHW had improved their awareness of Aboriginal cultural and Community issues. Furthermore, many reported that they felt more confident about working with the Aboriginal Community.

“I suppose I’ve been very sheltered in that I’ve had very minimal exposure to the issues facing our Indigenous Community, even through my studies at University. It’s all presented in facts and figures and

there's no way to experience that. So I thought the whole experience [the AHW] and through my own interaction with the Community, its really opened my eyes in terms of I can actually see and the issues are made tangible and understandable". (AHP)

"So I think my confidence has certainly grown and my sense of where I fit into it all has certainly become more concrete. I think [AHW] and this partnership has had something to do with that'. (AHP)

"It's impacted me quite positively I think, because it's an area that I'm quite interested in and an area that I might look at pursuing in the future- working with Indigenous communities in my capacity as a dietitian." (AHP)

From these comments, it is clear that information exchange was a highly valued and valuable aspect of the mentoring process. It was also noted by participants that this was often a two-way information exchange. That is, while the AHW received information around various health topics, the AHP received information around cultural and community issues.

"She was interested in the more medical physical activity related things that I was doing, and I was more interested in the Aboriginal cultural things that over the years I had not probably understood, as well as I would like to have had". (AHP)

"We're both learning different cultures, and different ways of approaching different people. It just basically informs each other. If it was only one way, she'd be teaching me anything and wouldn't be getting nothing out of it. At least she's learning about our culture. You don't feel silly, you know, you've got that knowledge to give to her". (AHW)

The opportunity for two way mentoring and information exchange often resulted in the AHP having a greater awareness and appreciation of the AHW's role. This is especially significant as some of the AHPs had never spoken with an AHW before, let alone worked along side them in the health setting.

"I reckon she's got a better understanding of Indigenous health and what Health Workers do, and how we work and how important we are for our Community. And vice versa, I got a lot of information and knowledge off her to give back to my Community". (AHW)

Another perceived benefit of the formal mentoring arrangements was that both the AHWs and AHPs found it useful to have a nominated person that they could go to in order to ask questions, discuss ideas or simply debrief. Many AHPs, in particular, had previously not felt comfortable asking AHWs about culturally sensitive issues, and the mentoring partnerships provided a channel through which their questions could be answered. Similarly, some of the

AHWs reported that by building a relationship with the AHP, they felt less intimidated about asking questions and more confident about contacting mainstream health services. Furthermore, most of the participants believed that they would continue the working relationship beyond the life of the project.

“I had that safety net where I felt like I could ask her if things were appropriate...you’ve got that avenue. Of course you could go about it yourself but it just gives that safety net of saying ‘this is what we’re working on’ so it’s not just me being nosey” (AHP)

“I think they’ve given me confidence in actually asking for advice. I’m comfortable to do that and to refer to other services” (AHW)

“I have his email and phone number so I’m happy to contact him or him contact me at any time. I don’t think it would officially end...the relationship is something that you don’t just sort of break off” (AHP)

“I want to keep in contact with her at least once a month or, if need be, by email” (AHW)

“I feel quite confident about maintaining this mentoring relationship” (AHP)

In addition, a number of AHPs noted that they found the process personally rewarding and felt that it offered them additional opportunities to work in Aboriginal health.

“I had lots of cultural training, having read lots and knew that that’s where my passion was but just having someone that I was friends with that I could bounce off ideas... and just being in that scenery and always being able to have someone that you can trust and talk to” (AHP)

“I think the whole process has been very valuable in my development in a professional capacity but also in terms of just, I reckon, in my way I see the issue of Indigenous health, not just as a health worker, but also as a citizen and I think everybody should be made aware of what’s happening” (AHP)

“It’s definitely made me more interested and more willing to work in Indigenous health in the future” (AHP)

### ***Barriers to Participation***

When asked about the barriers to participating in the mentoring program, by far the most frequent response was time constraints. Both AHWs and AHPs reported that they were very busy in their jobs, and found it difficult to find time to meet with each other on a regular basis. For this reason contact was frequently limited to phone calls and emails. AHWs in particular reported that the hectic nature of Aboriginal Medical Services meant that they could be called away to respond to crises at short notice. As a result, some of the AHWs commented that they would have preferred to have the mentoring meetings outside of the health service.

“Probably time because we have clients and there’s sometimes a crisis that comes up and you have to cancel stuff. That’s probably the biggest thing”. (AHW)

“Like a lot of things it’s time. We’re all very busy and while we had great intentions when we started, it is actually hard to spend as much time as you would have liked to have done on this sort of project”. (AHP)

Another barrier for some of the participants was lack of support from management to participate in mentoring activities. While it was intended that managers would be involved in the process of setting up the partnerships, this was not always possible. As a result several participants felt that their managers didn’t understand the nature of the mentoring project and the benefits of participation. In one case the partnership was discontinued as a directive of the AHP’s chief executive officer. No reason was given for this.

“Getting the Manager’s approval and just getting people to understand the importance of mentoring. Getting the basis that you’re actually going to get something from it.....some people might think it’s a waste of time”. (AHW)

### ***Difficulties inherent in the mentorship process***

As previously mentioned, mentorship is a reciprocal process. Many participants commented that because the philosophy of the project was that of equal partnerships, neither the AHW nor the AHP wanted to appear too assertive when trying to arrange meetings.

“I didn’t want to be the one to push, and especially being aware of being within a community controlled organisation, it is not my responsibility to lead. That would be inappropriate” (AHP),

In addition, some participants commented that they would have liked the process to be more structured. This was particularly the case when they did not have a specific project to work on together. It appeared that having a specific health promotion project or event to work towards was an important factor, greatly enhancing the positive effects of the mentoring partnerships.

“I do things a bit better if I’m a bit more structured. Like giving us a

project to do. Whereas sometimes if you're left on your own and you haven't done this mentoring thing before, it's not easy" (AHP)

"Without something that we're doing, we didn't feel motivated. I think that health promotion activity that was spoken about would've been a key" (AHP)

### ***Impact of Central Support***

The primary role of the VACCHO Project Co-ordinators was to recruit participants into the project and support them throughout the mentorship process. This included finding an appropriate local AHP to pair with each AHW; introducing the pairs to one another; identifying participants' priority areas for development; and developing a Mentoring Agreement document to be signed by both parties. It was emphasised to participants that the Project co-ordinators could be contacted at any time for additional support if necessary. This support and direction was greatly appreciated by both the AHWs and the AHPs and was considered by many essential to the success of the partnerships.

"I always knew if there was any trouble or if I needed your help I could always just walk up to VACCHO or give you a call" (AHW)

"That was the backbone of it because I suppose without that drive, if I could call it that, we probably would never have got to that stage. We probably would have just gone on with our business." (AHW)

"Just formalising the mentoring, the whole relationship between myself and [AHW], I think was fundamental in just establishing that working relationship whereas otherwise we might just have been colleagues...I'm just able to contribute so much more to this person in the way that they work and it's all because of the structures and the frameworks provided throughout the mentoring project." (AHP)

Some participants, however, felt that they did not access this central support from VACCHO enough. Moreover, several participants indicated that they would have liked to have had more input and follow-up from the project co-ordinators to keep them on track.

"I suppose more pressure, if I can call it pressure, from you two to keep us up to date... A phone call trips our mind again." (AHW)

"Sometimes some of us might need a little bit more direction. We all know what we want to achieve but sometimes it's not as easy as we think it's going to be when we set out" (AHP)

Information was provided to all participants around Aboriginal cardiovascular health and mentoring processes through a CD-ROM and Workbook. These were also intended to provide some structure to mentoring sessions, especially for participants meeting one another for the first time. The



worksheets encouraged participants to discuss with each other their priority areas for development and formulate a learning plan. Many of the groups did not make use of these resources: however, those that did found them valuable.

“The worksheets you gave us were really good. We used those for the first two meetings” (AHP)

“I think just really talking about what she wanted and what I wanted and how we were going to help each other achieve that. I think that was really important” (AHW)

A reflective practice teleconference was organised for all mentoring pairs during the course of this project. This gave participants the chance to share the activities they were undertaking with their mentor with other groups and provided an opportunity for problem solving. A number of AHWs and AHPs clearly stated the value of participating in the teleconference and found that discussion with other participants helped stimulate their enthusiasm and motivation for the mentoring activities they had planned to undertake.

“I think the teleconference made us think about what we have done and what we thought we would do” (AHP)

“I like those telephone conversations that we had. I like those because we learn from what other communities are doing or the other orgs are doing and they learn from us” (AHW)

### ***Impact of Information Provision***

Another key aspect of the central support provided by the VACCHO project co-ordinators was information provision. The monthly e-newsletter was very popular particularly amongst the AHWs. The newsletter included cardiovascular health, diabetes and/or nutrition information as well as healthy recipes. Each month included a feature story on a particular Aboriginal health promotion project and a profile of one of Victoria’s AHW including the kind of work they were involved in. Participants reported not only reading the newsletter themselves but also passing it on to colleagues as well as family and community members.

“It’s deadly. It’s definitely good to get that sort of information about nutrition and all that sort of stuff, heart health. It’s deadly.” (AHW)

“We forward it to our networks and also give it to clients. We try to give them as much information as possible” (AHW)

“It’s good. I like the recipes and the profiles and just the information that’s on there. We print some out and leave some in our office for people to take and they usually all go. I always have a look at it myself.” (AHW)

The VACCHO website was less frequently accessed, but participants provided many suggestions about the type of information that they would like to be able to access. It was suggested by many participants that the website could be used as a distribution point for Aboriginal health statistics, resources and project information. Koori-specific health education resources developed in Victoria were frequently cited as an area of need.

“I guess you could have health information on some of the chronic diseases that affect the Community. Some of the bigger ones. Sort of like the Better Health Channel, I use that a lot, stuff like that, keeping it simple”. (AHW)

“You know what would be good is to have a website that just has where community or workers can just log on to that has what community initiatives they’ve done in the last month. Write it up in stories.” (AHW)

“I think the Northern Territory have quite a few Aboriginal resources but they’re probably resources that relate to people who are still living right out in Aboriginal communities in remote areas”. (AHP)

“A list of resources and where to get them. And anything that’s free I would have the links up....I think it would make it a whole lot easier if it was all there on your website. I think it would be great.” (AHP)

### ***Impact of Networking Opportunities***

The main networking activity provided by this project was the teleconference that was organised for all mentoring pairs. A number of AHWs and AHPs clearly stated the value of these and suggested that more teleconferences should be held. Many AHWs stated a need for additional networking and also requested further training opportunities. Many commented on the need for refresher courses or training in specific areas such as nutrition, computer skills, or around medications. These two issues appear to be linked. Many commented that AHW training was the only opportunity that they had to network with other AHWs around the state. Almost all AHWs suggested that more networking opportunities were needed in order to share experiences about what works and what does not work in relation to their health promotion projects.

“More so when we were doing our schooling we would meet up and have a yarn about what we’ve been doing at work and how we’ve been bringing our skills that we learn from the course back into our workplace” (AHW)

“We’re in our own little world down here. I don’t know if it’s the same everywhere else but it’d be nice to get together with everybody” (AHW)

“I’d like to have at least once a year, just a get together to see how we’re going. Basically networking.” (AHW).

Similarly, several of the AHPs suggested that they would also find networking opportunities useful in order to meet different AHWs and learn about the different Victorian Aboriginal Communities. AHWs also wanted more opportunities to visit different ACCHOs so that they could learn about the various health promotion projects that were being undertaken.

“I think it would be good to just be able to go to different places and see what sort of work is being done...just being able to go there and see that and speak to people. It’s not even networking, it’s one step above networking” (AHP)

“Getting out to other services and seeing how they work...what they do in regards to heart health and health promotion. That would definitely help” (AHW)

## **Discussion**

This project was developed in response to the outcomes of a previous project: *Improving Heart Health in Aboriginal Communities*, which involved the delivery of a 60 hour Short Course in Cardiovascular Health for AHWs. Evaluation of the initial project revealed that training alone was not enough for AHWs to apply new skills in the workplace. The evaluation of the present project has demonstrated that changes to work practice can occur following mentoring and continued support from the VACCHO Project Co-ordinators.

Overall this professional development and mentorship project for AHWs was extremely worthwhile. The project met its objectives and there is documented evidence that the skills of AHWs were enhanced and applied to areas such as health promotion planning, patient education. In addition many of the AHWs and AHPs involved in the project feel more confident about performing various functions in the workplace.

## **Mentorship**

The mentorship element of the project was central to its success and contributed the formation of ongoing trusting relationships and opportunities for two-way information exchange. AHWs provided AHPs with information about cultural and community issues, while AHPs provided AHWs with information around cardiovascular health issues and health promotion planning. In addition, many of these relationships are likely to continue beyond the life of the current project so that participants can maintain the level of contact they have with one another. This has positive implications for mentoring programs involving new cohorts of AHWs. A steady supply of AHPs willing to act as mentors is essential to the sustainability of this model. AHPs

involved in this project provided mentoring without remuneration and did this work in addition to already busy workloads. While there were no financial rewards for participation, our interview data has demonstrated that the AHPs felt rewarded in other ways such as new friendships, increased confidence and new job opportunities in Aboriginal health.

Time constraints and, in some cases, lack of managerial support were the most common barriers to participation in mentoring activities. The effectiveness of this aspect of the project could, therefore, be enhanced by more careful groundwork with managers from both mainstream health services and ACCHOS to ensure support. The success of the present project should also be promoted to managers of both current participants and potential future participants. The ideal situation would be for managers to include mentorship in staff job descriptions and work plans so that there is designated time to participate in mentoring activities.

Participant feedback indicated that making the mentoring process more structured would maximise its impact. One strategy which appeared particularly effective in this regard was involving the AHW and the AHP in developing and implementing a discreet health promotion program or event. This suggests that including project development as a feature activity in future mentorship programs would allow a more demonstrable application of skills to practice, and may also increase participants' satisfaction.

### **Central support**

The central support provided by the project coordinators was vital to the success of the project. It is likely that the fact that these positions were based at VACCHO, an Aboriginal organisation, and included both an Aboriginal and a non-Aboriginal health professional increased the accessibility of the support for the participants. Evaluation data suggests that many participants would have liked the project to have had more structure and would have appreciated additional direction and follow-up support. The tools developed by the project co-ordinators to add structure to the process were also used by only a limited number of participants. As previously mentioned, participant collaboration on the development of a health promotion project was extremely successful in providing structure and a focus for mentorship activity. This suggests that rather than providing support materials in a CD-ROM and workbook, a key role for coordinators may be to assist participants to select and define a discrete health promotion project to focus on. It should also be noted at this point that ongoing provision of co-ordination and support from project co-ordinators will require ongoing funding. Potential funding strategies are outlined in the "Future directions and sustainability strategies" section of this report

### **Information provision**

The information provision aspect of the project was also highly valued by participants. In particular, the monthly e-newsletter was very popular among AHWs and may also be reaching the wider Aboriginal health workforce and

Community. While the website was less frequently utilised, participants were still keen for it to be updated and used as a distribution point for Aboriginal heart health statistics, resources and project information. Participants highlighted the clear need for more cardiovascular health education resources to be developed specifically for the Victorian Aboriginal community, and suggested that these too could be posted on the website. Given the popularity of the e-newsletter, this could be used to promote the content of the website and any new resources that have been developed.

### **Networking opportunities**

Participants really valued the networking opportunity that the teleconferences provided. Participants wanted more opportunities for networking and further training, which was considered an important networking opportunity in itself. One avenue through which this could occur is through the various AHW forums held by VACCHO each year. For example, cardiovascular health could be made a standing agenda item at the annual Aboriginal Health Promotion and Chronic Care forum. A refresher course in cardiovascular health is also recommended.

### **Conclusions**

The continued collaborative partnership between VACCHO and the Heart Foundation resulted in the development of a successful model for continuing professional development for AHWs who completed the *Certificate Course in Cardiovascular Health for AHWs* and other related training courses. The present project demonstrated that combining formal mentoring arrangements, information provision, networking opportunities and centralised support provides a number of benefits for both AHWs and non-Indigenous AHPs participating as mentors. The fact that the majority of the participants believed that they would continue the professional relationship with their mentor suggests that some of the impacts may be sustained beyond the life of the project. The current and potential benefits for Victorian Aboriginal communities lie in the fact that there are now AHWs with increased skill levels who are using these skills and also AHPs who are able to demonstrate greater knowledge/ sensitivity towards Indigenous clients. In short, the model of professional development implemented in this project was effective and, therefore, should be maintained. Consequently, a number of sustainability strategies have been identified and will be pursued in order to ensure the continuation of this professional development model and subsequent translation of training into practice.

### ***Future directions and sustainability strategies***

VACCHO is a registered training organisation and delivers accredited training for AHWs at the Certificate III and IV levels. At both qualification levels, AHWs are required to demonstrate competency related to the delivery of health promotion programs. This usually involves the AHWs completing a health promotion project back in their workplace. There may be potential to build mentoring in to the current model through which Certificate III and IV AHW training is delivered at VACCHO so that the AHP and the AHW work together to develop and implement the health promotion project which is required as one of AHWs' assessment tasks. It is possible that this could be funded by the Indigenous Tutorial Assistance Scheme.

VACCHO recently began delivering accredited Cultural Awareness training for selected non-Indigenous health professionals. If AHPs who participate as mentors are given the opportunity to participate in and/or receive a Statement of Attainment for the Cultural Awareness unit of competency, this may serve as an incentive to participate and assist in the recruitment and retention of AHPs as mentors. Furthermore, it would reinforce the two-way nature of the mentorship process where the AHW provides mentoring for the AHP completing a Cultural Awareness assessment tasks while the AHP provides mentoring for the AHW completing health promotion assessment tasks.

Evaluation of the present project has indicated that many of the AHPs found the mentoring process to be a rewarding experience and may be happy to participate as mentors again in future if the model is continued. Many health professional associations have their own internal mentoring programs and have already established lists of practitioners willing to participate in mentorship activities. Thus, the *Australian Diabetes Educators Association*, *Dietitians Association of Australia* and the *Australian Health Promotion Association* may serve as additional sources of mentors. In addition, Deakin University's *Institute of Koori Education* delivers a number of tertiary health courses for Aboriginal students. Graduates of these courses may also be interested in providing mentoring for AHWs.

If this model of professional development is to continue, ongoing resources will be required for the project co-ordinators to provide central support, e-newsletters, information on the website and networking opportunities. One option would be to incorporate these duties as core functions of the VACCHO Nutrition and Physical Activity Unit. The unit recently launched a *Victorian Aboriginal Nutrition and Physical Activity Strategy* (Thorpe & Browne, 2009) which included support for two-way mentoring partnerships between AHWs and AHPs as well as development and dissemination of Koori-specific health information resources among its recommendations. VACCHO are still seeking funding for this Strategy.

## Recommendations

- Promote benefits of mentorship to VACCHO, AHWs, AHPs and managers to ensure ongoing support for the project. Explore the possibility of obtaining organisational commitment to mentorship i.e. inclusion of mentoring activities in AHW, AHP job descriptions
- Maintain a version of the professional development and mentoring model for AHWs which includes:
  - stronger links with Certificate III/IV AHW training
  - opportunities for formal Cultural Awareness training/certification
  - Increased managerial involvement in future mentoring arrangements
  - inclusion of mentoring activities in AHW and AHP job descriptions and work-plans (as indicated above)
  - Continuation, and if possible increased and enhanced levels of central support (nb this will require exploration of further funding opportunities)
  - Increased structure provided to mentoring partnerships including the development and implementation of a local health promotion project/event
  - Increased networking opportunities for participants including a refresher course in cardiovascular health, continued use of teleconferences and development of face to face networking opportunities (e.g. during annual AHW forum) .
- Develop Victorian Aboriginal cardiovascular health/nutrition resources
- Update and promote website as a distribution point for Aboriginal Cardiovascular Health information such as proposed Victorian Aboriginal cardiovascular health/nutrition resources (above)
- Continue monthly e-newsletter update and use the monthly e-newsletter to promote updated content and resources available on the website

## **References**

Australian Bureau of Statistics (2006). Deaths Australia 2005. (ABS catalogue no. 3302.0). Canberra, Australian Bureau of Statistics.

Australian Institute of Health and Welfare (2006). Australia's health 2006: the tenth biennial health report of the Australian Institute of Health and Welfare. (AIHW catalogue no. AUS 73). Canberra, Australian Institute of Health and Welfare.

Browne J. (2007) *Improving Heart Health in Aboriginal Communities: Victorian Implementation of the Course in Cardiovascular Health for Aboriginal Health Workers: Evaluation Report*. National Heart Foundation of Australia and VACCHO Melbourne.

Darling, L. and P. Schatz, What do nurses want in a mentor? *Journal of Nursing Administration*, 1984. 14(10): p. 42-44.

Hooper, K., Y. Thomas, and M. Clarke, Health professional partnerships and their impact on Aboriginal health: An occupational therapist's and Aboriginal Health Worker's perspective. *Australian Journal of Rural Health*, 2007. 15: p. 46-51.

Hughes, R., A Sociological Analysis of the Determinants of National Public Health Nutrition Work Force Capacity. *Family and Community Health*, 2006. 1: p. 55-67.

NSW Health Department (2001) *A Framework for Building Capacity to Improve Health* retrieved 26 July 2007 from [http://www.health.nsw.gov.au/pubs/f/pdf/frwk\\_improve.pdf](http://www.health.nsw.gov.au/pubs/f/pdf/frwk_improve.pdf)

Thorpe, S. & Browne, J. 2009. Closing the Nutrition & Physical Activity Gap in Victoria: Victorian Aboriginal Nutrition & Physical Activity Strategy. Melbourne: Victorian Aboriginal Community Controlled Health Organisation

VACCHO, Victorian Aboriginal Workforce Needs Analysis. 2007, Melbourne: Victorian Aboriginal Community Controlled Health Organisation:



## APPENDIX 1: Mentoring Agreement

### **VACCHO/Heart Foundation Cardiovascular Health Mentoring Program Mentoring Agreement**

This agreement is between:

Name: \_\_\_\_\_ (Aboriginal Health mentor)

Position title: \_\_\_\_\_

Organisation: \_\_\_\_\_ and

Name: \_\_\_\_\_ (Cardiovascular Health mentor)

Position title: \_\_\_\_\_

Organisation: \_\_\_\_\_

#### **Purpose of the mentoring partnership**

The aim of this project is to support ongoing professional development for Aboriginal Health Workers in the area of Cardiovascular Health. Mentoring is the voluntary process of building a trusting, mutually beneficial learning relationship between professionals that supports the development of knowledge, skills, attitudes and behaviours in order to reach important career goals.

#### **Roles and responsibilities**

If a mentoring program is to be successful, all parties must understand their part in the process.

#### **Responsibilities of the Aboriginal Health Mentor:**

- Identify your learning/professional development needs
- Self-assess your current competency in relation to a set of defined core competencies for Aboriginal Health Workers
- Schedule uninterrupted time to meet with your mentor
- Actively engage in the mentoring program through participation in individual/group mentoring sessions and phone/email discussion
- Undertake professional development tasks within agreed timelines
- Communicate with your mentor: listen, ask questions and express yourself honestly
- Ensure that any action you take as a result of mentoring is ethical and appropriate for your organisation and community
- Maintain confidentiality regarding personal reflections revealed through the mentoring process
- Maintain regular contact with the project coordinators at VACCHO
- Participate in project evaluation at the conclusion of the mentoring program

### **Responsibilities of the Heart health mentor**

- Self-assess your current competency in relation to a set of defined core competencies for Aboriginal cultural awareness
- Schedule uninterrupted time to meet with Aboriginal Health Worker
- Work with the Aboriginal Health Worker to plan strategies to achieve mutually agreed upon career goals
- Provide information, guidance and constructive comments on cardiovascular health issues raised
- Support and encourage the desired professional development needs of the Aboriginal Health Worker
- Encourage two-way exchange of information; listen to concerns of Aboriginal Health Worker and respond appropriately
- Ensure that advice and information provided during mentoring is ethical and appropriate
- Maintain confidentiality regarding personal reflections revealed through the mentoring process
- Maintain regular contact with the project coordinators at VACCHO
- Participate in project evaluation at the conclusion of the mentoring program
- Respect the cultural experience and knowledge of the Aboriginal Health Worker

### **Professional development goals**

#### **Aboriginal Health Mentor**

What specific knowledge or skills do you hope to develop from participating in this mentoring program? (Refer to competency self assessment form)

#### **Cardiovascular Health Mentor**

What do you hope to achieve through participating in the mentoring program?

### **Agreement details**

Duration of mentoring agreement: \_\_\_\_\_

Likely frequency of meetings: \_\_\_\_\_

Proposed maximum length of each meeting: \_\_\_\_\_

Proposed venue for meetings: \_\_\_\_\_

Proposed level of support between meetings: \_\_\_\_\_

Proposed mentoring activities: \_\_\_\_\_

**No fault conclusion**

We agree to a no fault conclusion of this partnership if, for any reason, the mentoring relationship breaks down and no third party is able to repair it.

**Confidentiality**

We agree to maintain absolute confidentiality at all times in relation to personal and professional information disclosed during the course of this mentoring program

**Signatures:****Aboriginal Health Mentor**

Name:

Signature:

Date:

**Cardiovascular Health Mentor**

Name:

Signature:

Date:

**Manager:**

Name:

Signature:

Date:

### APPENDIX 3: AHW Competency Self-Assessment Form

Please rate how important each of these competencies is for your job role and career development and your confidence in performing each of the competencies listed below from 1 (not important/confident) → 5 (very important/confident).

<b>Aboriginal Health Worker Competencies:</b>
1. Perform a range of clinical assessments or tests and interpret their findings
2. Assess clients in relation to their social and emotional well-being and provide appropriate support and referral
3. Promote and apply strategies to address social factors that contribute to Aboriginal health issues
4. Plan and implement a range of health care services as a member of a multi-disciplinary team
5. Monitor and evaluate a range of health care services provided as part of a care plan for each client
6. Deliver health care programs to address identified needs in Aboriginal communities
7. Work with medicines in line with organisation requirements
8. Promote healthy nutrition for a range of client groups including people with chronic diseases
9. Provide nutrition advice for growth and development and maintenance of health throughout life
10. Promote and apply strategies to address social factors that contribute to Aboriginal health issues
11. Plan and develop health promotion/education programs to address identified needs in the Aboriginal community
12. Evaluate health promotion/education programs for Aboriginal communities
13. Plan, promote, deliver and evaluate a healthy lifestyle program
14. Provide information to individuals and groups on smoking and smoking cessation programs
15. Treat and manage nicotine dependence
16. Conduct health promotion related to prevention of chronic diseases
17. Provide support and follow-up for clients with chronic disease
18. Develop a case management plan to address specific client needs.
19. Deliver brief intervention strategies to encourage behaviour change
20. Facilitate access to tertiary health services for Aboriginal clients
21. Participate in consultation processes which may assist policy development (e.g. a catering policy in your org)
22. Develop policies which impact on the client group and the work of the organisation
23. Advocate on behalf of Aboriginal communities in relation to health care services
24. Lobby government or other stakeholders to develop strategies that address community needs
25. Prepare a report on a community project

### APPENDIX 3: Cultural Awareness Competency Self-Assessment Form

Please rate how important each of these competencies is for your job role/career development and your confidence in addressing each competency from 1 (not important/confident) → 5 (very important/confident).

<b>Aboriginal Cultural Awareness Competency Elements:</b>	
1.1	Acknowledge and respect the impact of events and issues in Aboriginal history during service delivery
1.2	Demonstrate knowledge of and respect for the diversity of culture, skin and language groups, family structures, and religion in Indigenous cultures as part of service delivery
2.1	Identify the potential impact of cultural factors on service delivery to Aboriginal clients
2.2	Address cultural realities in order to facilitate full participation in service delivery by Aboriginal clients
2.3	Negotiate appropriate strategies to effectively accommodate cultural differences in the workplace
2.4	Identify and utilise resources to facilitate effective service delivery in a cross cultural context
2.5	Ensure work practices are grounded in an awareness of one's own culture and the cultural realities of others
3.1	Identify communication issues and ensure they are addressed to develop and maintain effective relationships
3.2	Employ appropriate communication strategies to support a culturally safe environment for delivery of health services
3.3	Identify ineffective/inappropriate communication strategies and remodel them to support delivery of health services
3.4	Identify and utilise resources to facilitate effective communication within the workplace
3.5	Engage the services of Aboriginal health workers and colleagues as cultural brokers to meet duty of care
4.1	Ensure workplace relationships are based on mutual respect, tolerance of diversity and cultural safety
4.2	Identify critical issues influencing workplace and professional relationships with Aboriginal co-workers and clients
4.3	Negotiate and utilise effective strategies to develop and maintain effective relationships with Aboriginal co-workers and clients
4.4	Take responsibility for revisiting strategies to assist in the resolution of any difficulties, differences or misunderstandings that may occur

## APPENDIX 4: Mentoring workbook

### **Welcome to the VACCHO/Heart Foundation Aboriginal Health Worker Mentoring Program**

#### **Introduction to the Mentoring Program**

Mentoring, a supportive learning relationship for people seeking career advancement has been used within the health, education, business and other settings for many years. Although many definitions of mentoring exist, mentoring is most commonly defined as a voluntary, trusting relationship between professionals that supports the professional development and career progression of all members in the relationship.

Today mentoring is used in a range of different professional and non-professional settings to achieve a range of outcomes namely? Professional development. Both one-to-one, peer and group mentoring frameworks exist. Some evidence suggests that mentoring increases confidence, networks, and communication skills; however, despite its wide use and long history there is limited good evidence available that measures the impact of mentoring on professional competence.

An Aboriginal Health Worker (AHW) is an Aboriginal person who works within a Primary Health Care framework to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals, families and communities. In practice, AHWs perform a variety of different roles including clinical care and assessment; health education and promotion; social and emotional support; advocacy and counselling. No other group of health professionals is as well placed or able to provide culturally appropriate health care to Aboriginal people within their own communities.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body for Aboriginal Health in Victoria and currently represents twenty-five diverse members across Victoria. Each member is an Aboriginal community-controlled organisation which employs one or more AHWs. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf. VACCHO is also a Registered Training Organisation and is responsible for delivery of Aboriginal Health Worker training across Victoria

Between 2006-2008, VACCHO delivered a number of professional development short courses for AHWs. These have included:

- the nationally accredited *Certificate Course in Cardiovascular Health for AHWs* which was developed by the Heart Foundation
- a short course in *Diabetes Prevention and Management for AHWs* which was developed in partnership with Diabetes Australia-Victoria.
- a short course in Physical Activity, Nutrition and Diabetes Awareness

The present project aims to support course graduates in applying the skills and knowledge they have gained during training within their local communities. Mentoring has been proposed

as a useful professional development strategy to support the translation of training into practice.

A distinguishing feature of *mentoring* that differentiates it from *supervision* is reciprocity. This project will provide you with an opportunity to mentor an AHW to further develop their skills, while at the same time, the AHW will mentor you to develop your competency around cultural protocols, and making your services more accessible and appropriate for Aboriginal community members. Thus, a key feature of this mentoring program is strengthening partnerships between health professionals and building capacity “both ways”. Please note, however, that the Aboriginal Health Worker should not be expected to be an authority on all aspects of Aboriginal culture or Aboriginal affairs.

### **Your role and responsibilities as a mentor**

Your fundamental role in the mentoring program is commitment to the AHW you are matched with. The mentoring program requires you to:

- Schedule uninterrupted time to meet with Aboriginal Health Worker
- Work with the Aboriginal Health Worker to plan strategies to achieve mutually agreed upon career goals
- Provide information, guidance and constructive comments on cardiovascular health issues raised
- Support and encourage the desired professional development needs of the Aboriginal Health Worker
- Encourage two-way exchange of information; listen to concerns of the Aboriginal Health Worker and respond appropriately
- Ensure that advice and information provided during mentoring is ethical and appropriate
- Maintain confidentiality regarding personal reflections revealed through the mentoring process
- Maintain regular contact with the project coordinators at VACCHO
- Participate in project evaluation at the conclusion of the mentoring program
- Respect the cultural experience and knowledge of the Aboriginal Health Worker

### **Choosing a Health Issue**

One of the major criticisms of mentoring is a lack of focus and clear outcomes. This is usually due to the mentoring relationship having a limited focus and/or learning objectives being non specific. To address this problem, this project will focus the mentoring relationship and development of learning goals and objectives around one or more of the competencies that have been identified as priorities. The mentoring program requires the AHW to choose a health issue or project to work on. This includes addressing the issue directly or addressing the systems or structures that make improving Aboriginal health difficult.

Consultation with the AHW to select a relevant community health issue that you feel they can work on together as part of the mentoring relationship. The issue may be a direct health issue, such as nutrition, physical activity or smoking, or may be a work-related project such as health assessments, cardiac rehabilitation or other health education/promotion programs.

## Worksheets

The following worksheets are included in this workbook:

### **1. Aboriginal Health Worker Competency Self Assessment Form**

This form allows the AHW to self-assess their current competency in relation to a set of defined core competencies from the AHW qualifications. On a scale of 1 to 5, each item should be rated by the AHW for how important it is for their job role or professional development goals and how confident they currently feel in their ability to perform that particular skill. This will help identify which competencies to prioritise for development during the mentoring program. This form will be repeated at the end of the project.

### **2. Aboriginal Health Worker Competency Manager Assessment Form**

This form allows the AHW's manager to assess their staff member's current competency in relation to the same set of defined core competencies from the AHW qualifications. On a scale of 1 to 5, each item should be rated by the manager for how important they feel it is for that employee's job role or professional development needs and how confident they currently feel in the AHW's ability to perform that particular skill. This will also help identify which competencies to prioritise for development during the mentoring program. This form will be repeated at the end of the project.

### **3. Aboriginal Cultural Awareness Competency Self-Assessment Form**

This form allows you to self-assess your current competency in working effectively with Aboriginal clients in relation to defined competency elements from the health training package. On a scale of 1 to 5, rate each item for how important it is for your job role or professional development and how confident you currently feel in your ability to perform that particular element. This will help identify areas for you to develop during the mentoring program. This form will be repeated at the end of the project.

### **4. Aboriginal Cultural Awareness Competency Manager Assessment Form**

This form allows your manager to assess your competency in working effectively with Aboriginal clients. Alternatively, you could also ask the AHW or their manager to complete this form for you before and after the project

**5. Pre-Mentoring Questionnaire** (one for you and one for the AHW). This will help you and the AHW get to know one another, in relation to your training and employment history and expectations from the mentoring program. It may be useful to complete these at your first meeting and use to stimulate discussion.

### **6. Learning Styles Questionnaire**

This is an optional activity to assist you and the AHW identify your preferred learning style/s. This may help you select mentoring activities that suit the AHW and your particular learning style and, therefore, will be most beneficial.

### **7. Learning Plan for Action**

This template allows you and the AHW to reflect on the competencies that have been identified as priorities for development and set some learning goals, objectives and activities to help you achieve the desired outcomes

### **8. Reflection Template**

This is a tool for reflective practice and provides evidence of a person's professional development activities. Provide a description of the activity and the reflection based on that activity. Explain what aspects of this experience were most useful to you in your practice and what you would do differently next time.

### **8. Mentoring Time Sheet**

This allows you and the AHW to keep a record of your mentoring sessions. Simply record the date and time of each meeting and the duration of the session. You should both sign each sheet. Photocopy more as you need to.





## Aboriginal Health Worker Competency Manager Assessment Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

Please rate how important each of these competencies is for your staff member's job role and career development and your confidence in their ability to perform each of the competencies listed below from 1 (not important/confident) → 5 (very important/confident).

<b>Aboriginal Health Worker Competencies:</b>	<b>Importance:</b>					<b>Confidence:</b>				
	1	2	3	4	5	1	2	3	4	5
1. Perform a range of clinical assessments or tests and interpret their findings										
2. Assess clients in relation to their social and emotional well-being and provide appropriate support and referral										
3. Promote and apply strategies to address social factors that contribute to Aboriginal health issues										
4. Plan and implement a range of health care services as a member of a multi-disciplinary team										
5. Monitor and evaluate a range of health care services provided as part of a care plan for each client										
6. Deliver health care programs to address identified needs in Aboriginal communities										
7. Work with medicines in line with organisation requirements										
8. Promote healthy nutrition for a range of client groups including people with chronic diseases										
9. Provide nutrition advice for growth and development and maintenance of health throughout life										
10. Plan and develop health promotion/education programs to address identified needs in the Aboriginal community										
11. Evaluate health promotion/education programs for Aboriginal communities										
12. Plan, promote, deliver and evaluate a healthy lifestyle program										
13. Provide information to individuals and groups on smoking and smoking cessation programs										
14. Treat and manage nicotine dependence										
15. Conduct health promotion related to prevention of chronic diseases										
16. Provide support and follow-up for clients with chronic disease										
17. Develop a case management plan to address specific client needs.										
18. Deliver brief intervention strategies to encourage behaviour change										
19. Facilitate access to tertiary health services for Aboriginal clients										
20. Participate in consultation processes which may assist policy development (e.g. a catering policy in your org)										
21. Develop policies which impact on the client group and the work of the organisation										
22. Advocate on behalf of Aboriginal communities in relation to health care services										
23. Lobby government or other stakeholders to develop strategies that address community needs										
24. Prepare a report on a community project										

## Aboriginal Cultural Awareness Competency Assessment Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

Please rate how important each of these competencies is for your job role/career development and your confidence in addressing each competency from 1 (not important/confident) → 5 (very important/confident).

Aboriginal Cultural Awareness Competency Elements:	Importance					Confidence				
	1	2	3	4	5	1	2	3	4	5
1.1 Acknowledge and respect the impact of events and issues in Aboriginal history during service delivery										
1.2 Demonstrate knowledge of and respect for the diversity of culture, skin and language groups, family structures, art and religion in Indigenous cultures as part of service delivery										
2.1 Identify the potential impact of cultural factors on service delivery to Aboriginal clients										
2.2 Address cultural realities in order to facilitate full participation in service delivery by Aboriginal clients										
2.3 Negotiate appropriate strategies to effectively accommodate cultural differences in the workplace										
2.4 Identify and utilise resources to facilitate effective service delivery in a cross cultural context										
2.5 Ensure work practices are grounded in an awareness of one's own culture and the cultural realities of others										
3.1 Identify communication issues and ensure they are addressed to develop and maintain effective relationships										
3.2 Employ appropriate communication strategies to support a culturally safe environment for delivery of health services										
3.3 Identify ineffective/inappropriate communication strategies and remodel them to support delivery of health services										
3.4 Identify and utilise resources to facilitate effective communication within the workplace										
3.5 Engage the services of Aboriginal health workers and colleagues as cultural brokers to meet duty of care										
4.1 Ensure workplace relationships are based on mutual respect, tolerance of diversity and cultural safety										
4.2 Identify critical issues influencing workplace and professional relationships with Aboriginal co-workers and clients										
4.3 Negotiate and utilise effective strategies to develop and maintain effective relationships with Aboriginal co-workers and clients										
4.4 Take responsibility for revisiting strategies to assist in the resolution of any difficulties, differences or misunderstandings that may occur										

## **Pre-Mentoring Questionnaire**

**Name:**

**Current Position:**

**Organisation:**

**How long have you been  
in your current position?**

**Qualifications:**

**What has been your  
career path to get to  
your current role?**

**Can you describe your  
current work roles and  
responsibilities?**

**Have you developed any  
mentor-type  
relationships to assist  
you in your role? Can  
you describe these  
relationships?**

**What qualities are  
important for you in a  
mentor and in a  
mentoring relationship?**

**What do you hope to  
gain from the mentoring  
program?**

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**Name:**

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**What qualities are  
important for you in a  
mentor and in a  
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**What do you hope to  
gain from the mentoring  
program?**

## Learning Styles Questionnaire

Adapted from Honey and Mumford, 1986

This questionnaire is designed to find out your preferred learning style(s). Over the years you have probably developed learning 'habits' that help you benefit more from some experiences than from others. Since you are probably unaware of this, this questionnaire will help you pinpoint your learning preference so that you are in a better position to select learning experiences that suit your style.

There is no time limit to this questionnaire. It will probably take you 10-15 minutes. The accuracy of the results depends on how honest you can be. There are no right or wrong answers. If you agree more than you disagree with a statement put a tick in it (✓). If you disagree more than you agree put a cross by it (✗). Be sure to mark each item with either a tick or cross.

- 1. I have strong beliefs about what is right and wrong, good and bad.
- 2. I often act without considering the possible consequences.
- 3. I tend to solve problems using a step-by-step approach.
- 4. I believe that formal procedures and policies restrict people.
- 5. I have a reputation for saying what I think, simply and directly.
- 6. I often find that actions based on feelings are as sound as those based on careful thought and analysis.
- 7. I like the sort of work where I have time for thorough preparation and implementation.
- 8. I regularly question people about their basic assumptions.
- 9. What matters most is whether something works in practice.
- 10. I actively seek out new experiences.
- 11. When I hear about a new idea or approach I immediately start working out how to apply it in practice.
- 12. I am keen on self discipline such as watching my diet, taking regular exercise, sticking to a fixed routine, etc.
- 13. I take pride in doing a thorough job.
- 14. I get on best with logical, analytical people and less well with spontaneous, 'irrational' people.
- 15. I take care over the interpretation of data available to me and avoid jumping to conclusions.
- 16. I like to reach a decision carefully after weighing up many alternatives.
- 17. I'm attracted more to novel work, unusual ideas than to practical ones.

- 18. I don't like disorganized things and prefer to fit things into a coherent pattern.
- 19. I accept and stick to laid down procedures and policies so long as I regard them as an efficient way of getting the job done.
- 20. I like to relate my actions to a general principle.
- 21. In discussions I like to get straight to the point.
- 22. I tend to have distant, rather formal relationships with people at work.
- 23. I thrive on the challenge of tackling something new and different.
- 24. I enjoy fun-loving, spontaneous people.
- 25. I pay meticulous attention to detail before coming to a conclusion.
- 26. I find it difficult to produce ideas on impulse.
- 27. I believe in coming to the point immediately.
- 28. I am careful not to jump to conclusions too quickly.
- 29. I prefer to have as many sources of information as possible – the more data to think over the better.
- 30. Flippant people who don't take things seriously enough usually irritate me.
- 31. I listen to other people's points of view before putting my own forward.
- 32. I tend to be open about how I'm feeling.
- 33. In discussions I enjoy watching the manoeuvrings of the other participants.
- 34. I prefer to respond to events on a spontaneous, flexible basis rather than plan things out in advance.
- 35. I tend to be attracted to techniques such as network analysis, flow charts, branching programs, contingency planning etc.
- 36. It worries me if I have to rush out a piece of work to meet a tight deadline.
- 37. I tend to judge people's ideas on their practical merits.
- 38. Quiet, thoughtful people tend to make me feel uneasy.
- 39. I often get irritated by people who want to rush things.
- 40. It is more important to enjoy the present moment than to think about the past or future.
- 41. I think that decisions based on thorough analysis of all the information are sounder than those based on intuition.
- 42. I tend to be a perfectionist.
- 43. In discussions I usually produce lots of spontaneous ideas.
- 44. In meetings I put forward practical, realistic ideas.
- 45. More often than not, rules are there to be broken.
- 46. I prefer to stand back from a situation and consider all the perspectives.
- 47. I can often see inconsistencies and weaknesses in other people's arguments.
- 48. On balance I talk more than I listen.
- 49. I can often see better, more practical ways to get things done.
- 50. I think written reports should be short and to the point.
- 51. I believe that rational, logical thinking should win the day.
- 52. I tend to discuss specific things with people rather than engaging in social discussions.

- 53. I like people who approach things realistically rather than theoretically.
- 54. In discussions I get impatient with irrelevancies and digressions.
- 55. If I have a report to write I tend to produce lots of drafts before settling on the final version.
- 56. I am keen to try things out to see if they work in practice.
- 57. I am keen to reach answers via a logical approach.
- 58. I enjoy being the one that talks a lot.
- 59. In discussions I often find I am the realist, keeping people to the point and avoiding wild speculations.
- 60. I like to ponder many alternatives before making up my mind.
- 61. In discussions with people I often find I am the most dispassionate and objective.
- 62. In discussions I'm more likely to adopt a 'low profile' than to take the lead and do most of the talking.
- 63. I like to be able to relate current actions to a longer term bigger picture.
- 64. When things go wrong I am happy to shrug it off and 'put it down to experience'.
- 65. I tend to reject wild, spontaneous ideas as being impractical.
- 66. It's best to think carefully before taking action.
- 67. On balance I do the listening rather than the talking.
- 68. I tend to be tough on people who find it difficult to adopt a logical approach.
- 69. Most times I believe the end justifies the means.
- 70. I don't mind hurting people's feelings so long as the job gets done.
- 71. I find the formality of having specific objectives and plans stifling.
- 72. I'm usually one of the people who puts life into a party.
- 73. I do whatever is expedient to get the job done.
- 74. I quickly get bored with methodical, detailed work.
- 75. I am keen on exploring the basic assumptions, principles and theories underpinning things and events.
- 76. I'm always interested to find out what people think.
- 77. I like meetings to be run on methodical lines, sticking to laid down agenda, etc.
- 78. I steer clear of subjective or ambiguous topics.
- 79. I enjoy the drama and excitement of a crisis situation.
- 80. People often find me insensitive to their feelings.



## **Scoring**

You score one point for each item you ticked (✓). There are no points for items you crossed (✗). Simply indicate on the lists below which items were ticked.

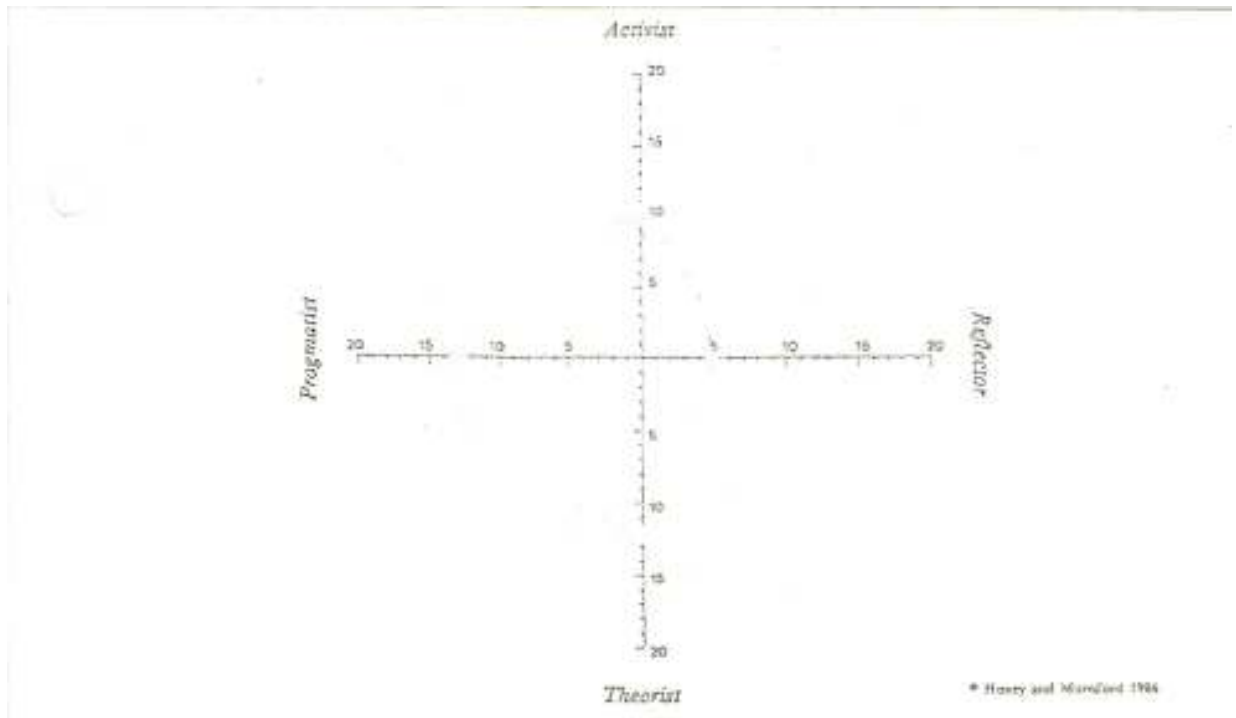
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<b>64</b>	<b>60</b>	<b>63</b>	<b>65</b>
<b>71</b>	<b>62</b>	<b>68</b>	<b>69</b>
<b>72</b>	<b>66</b>	<b>75</b>	<b>70</b>
<b>74</b>	<b>67</b>	<b>77</b>	<b>73</b>
<b>79</b>	<b>76</b>	<b>78</b>	<b>80</b>

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<b><i>Activist</i></b>	<b><i>Reflector</i></b>	<b><i>Theorist</i></b>	<b><i>Pragmatist</i></b>
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Add up the number of items marked in each column (total up to 20).

Plot the scores on the arms of the graph below.



## **Learning Styles – General Descriptions**

### **Activists**

Activists involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open minded, not sceptical, and this tends to make them enthusiastic about anything new. Their philosophy is: 'I'll try anything once'. They tend to act first and consider the consequences afterwards. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement from one activity has died down they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer term consolidation. They are gregarious people constantly involving themselves with others but, in doing so, they seek to centre all activities around themselves.

### **Reflectors**

Reflectors like to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first hand and from others, and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about experiences and events is what counts so they tend to postpone reaching definitive conclusions for as long as possible. Their philosophy is to be cautious. They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and discussions. They enjoy observing other people in action. They listen to others and get the drift of the discussion before making their own points. They tend to adopt a low profile and have a slightly distant, tolerant unruffled air about them. When they act it is part of a wide picture which includes the past as well as the present and others' observations as well as their own.

### **Theorists**

Theorists adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who won't rest easy until things are tidy and fit into a rational scheme. They like to analyse and synthesise. They are keen on basic assumptions, principles, theories, models and systems thinking. Their philosophy prizes rationality and logic. 'If it's logical it's good. Questions they frequently ask are: 'Does it make sense?' 'How does this fit with that?' 'What are the basic assumptions?' They tend to be detached, analytical and dedicated to rational objectivity rather than anything subjective or ambiguous. Their approach to problems is consistently logical. This is their 'mental set' and they rigidly reject anything that doesn't fit with it. They prefer to maximize certainty and feel uncomfortable with subjective judgments, lateral thinking and anything flippant.

### **Pragmatists**

Pragmatists are keen on trying out ideas, theories and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They are the sort of people who return from management courses brimming with new ideas that they want to try out in practice. They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with ruminating and open-ended discussions. They are essentially practical, down to earth people who like making practical decisions and solving problems. They respond to problems and opportunities 'as a challenge'. Their philosophy is 'There is always a better way' and 'If it *works* it's good.'

## Learning Plan for Action

Reflect on the health issue or project you have chosen and identify which of the Aboriginal Health Worker competency elements you will need to advance to address this issue.

Perform a range of clinical assessments or tests and interpret their findings
Assess clients in relation to their social and emotional well-being and provide appropriate support and referral
Promote and apply strategies to address social factors that contribute to Aboriginal health issues
Plan and implement a range of health care services as a member of a multi-disciplinary team
Monitor and evaluate a range of health care services provided as part of a care plan for each client
Deliver health care programs to address identified needs in Aboriginal communities
Work with medicines in line with organisation requirements
Promote healthy nutrition for a range of client groups including people with chronic diseases
Provide nutrition advice for growth and development and maintenance of health throughout life
Plan and develop health promotion/education programs to address identified needs in the Aboriginal community
Evaluate health promotion/education programs for Aboriginal communities
Plan, promote, deliver and evaluate a healthy lifestyle program
Provide information to individuals and groups on smoking and smoking cessation programs
Treat and manage nicotine dependence
Conduct health promotion related to prevention of chronic diseases
Provide support and follow-up for clients with chronic disease
Develop a case management plan to address specific client needs.
Deliver brief intervention strategies to encourage behaviour change
Facilitate access to tertiary health services for Aboriginal clients
Participate in consultation processes which may assist policy development (e.g. a catering policy in your org)
Develop policies which impact on the client group and the work of the organisation
Advocate on behalf of Aboriginal communities in relation to health care services
Lobby government or other stakeholders to develop strategies that address community needs
Prepare a report on a community project

Select 2 or 3 of these competencies that you wish to work on as part of the mentoring program.

**Competency:**

**Learning Objectives:**

**Activities:**

**Competency:**

**Learning Objectives:**

**Activities:**

**Competency:**

**Learning Objectives:**

**Activities:**

## Reflection Template

Describe an activity that relates to your project, then reflect on your learning and professional growth. Explain what aspects of this experience were most useful to you in your practice.

<b>Date:</b> <b>Time:</b>	<b>Location:</b>
<b>Activity</b>	<b>Reflection</b>
	<i>What were you thinking and feeling?</i> <i>What was good and bad about the experience?</i> <i>What sense can you make of the situation?</i> <i>What else could you have done?</i> <i>If it arose again what would you do?</i>



## Reflection Template

Describe an activity that relates to your project, then reflect on your learning and professional growth. Explain what aspects of this experience were most useful to you in your practice.

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**MENTORING TIMESHEET FOR MONTH ENDED:**

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**Organisation:** \_\_\_\_\_

	Date	Time Started	Time Finished	Total Daily Hours	
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**Mentor Signature:** \_\_\_\_\_

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