



Australia's National Research Centre  
on AOD Workforce Development



# Workforce Development 'TIPS'

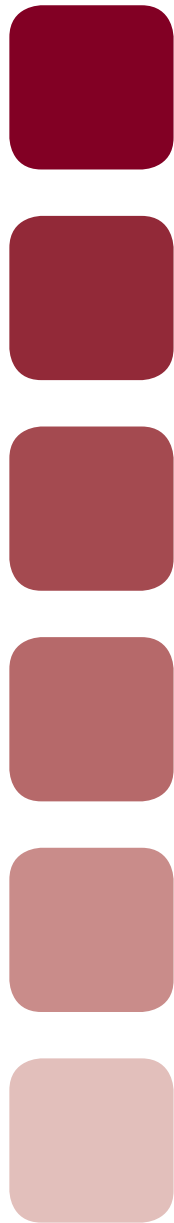
Theory Into Practice Strategies

A Resource Kit for the  
Alcohol and Other Drugs Field

6

MENTORING





# Workforce Development 'TIPS'

Theory Into **P**ractice **S**trategies

*Edited by*

Natalie Skinner

Ann M. Roche

John O'Connor

Yvette Pollard

Chelsea Todd

6

MENTORING

© Alcohol Education and Rehabilitation Foundation Ltd (AER) 2005

ISBN 1 876897 06 6

The text in this document and corresponding electronic files available on the NCETA website may be used, modified and adapted for non-commercial purposes. It is not necessary to seek permission from AER and/or NCETA to use the materials for non-commercial purposes. The source of the material must be acknowledged as the National Centre for Education and Training on Addiction (NCETA).

Suggested Citation:

Todd, C. (2005). Mentoring. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

[www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

Printed on Recycled paper – Monza Satin Recycled Art 100gsm  
Design and layout by Inprint Design, Adelaide. Ph: 08 8201 3223. (IPD 2962)

Funded by the Alcohol Education and Rehabilitation Foundation Ltd, with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health and the Drug & Alcohol Services South Australia.



Department  
of Health



# ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Mentoring is the 6th chapter in the Resource Kit.

## CHAPTER

- 1 An Introduction to Workforce Development
- 2 Clinical Supervision
- 3 Developing Effective Teams
- 4 Evaluating AOD Projects and Programs
- 5 Goal Setting
- 6 Mentoring**
- 7 Organisational Change
- 8 Performance Appraisal
- 9 Professional Development
- 10 Recruitment and Selection
- 11 Retention
- 12 Worker Performance
- 13 Worker Wellbeing
- 14 Workplace Support



## Acknowledgements

This project was funded by the Alcohol Education and Rehabilitation Foundation (AER), with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health, and Drug and Alcohol Services South Australia. The production of the Resource Kit has involved the input, support and collaboration of many players and partners.

The principal editors of the Kit were Dr Natalie Skinner and Professor Ann Roche. Additional editorial support was provided by Dr John O'Connor, Yvette Pollard and Chelsea Todd.

The authors and editors would like to gratefully acknowledge the feedback and input received from the Project Reference Group. Input from these contributors has enabled comprehensive AOD experience and relevance to be incorporated into the Resource Kit.

### Project Reference Group

Kieran Connolly	Education and Training Contract Manager, Turning Point Drug and Alcohol Centre, Melbourne, Victoria
Katherine Gado	Acting Senior Adviser, Drugs of Dependence Unit, Queensland Health
Bill Goodin	Lecturer/Researcher, Faculty of Nursing, University of Sydney
Trish Heath	Senior Education Officer, Drug and Alcohol Office, WA
John Howard	Director Clinical Services, Training and Research, Ted Noffs Foundation, NSW
Terry Huriwai	Project Manager AOD, New Zealand Ministry of Health
Karen Lenihan	Manager, Population Health and Infrastructure Development, Centre for Drug and Alcohol, NSW Health
Diana McConachy	Manager, Workforce Development Program, Network of Alcohol and Other Drugs Agencies (NADA), NSW

Thanks also to Dr James Guinan (Northern Sydney Health), Sally Laurie (Uniting Care Moreland Hall), and Kate Marotta (Department of Human Services Victoria) for providing their AOD specific programs and experiences to be used as Case Studies.

In addition to the editors and project reference group, an important role was played by a team of NCETA staff who worked on editing, design, development and overall production of the Kit. They are Yvette Pollard, Chelsea Todd, Anna McKinnon and Belinda Lunnay. The final editorial team comprised Ann Roche, Yvette Pollard and Chelsea Todd.

# MENTORING<sup>1</sup>

Chelsea Todd

## Table of Contents

Overview	2
Introduction	4
What is mentoring?	4
Informal and formal mentoring	5
Managers as mentors	5
Stages of mentoring relationships	6
Setting up a mentoring program	7
1. Assessment	8
2. Preparation	8
3. Implementation	9
4. Evaluation	11
Encouraging informal mentoring	12
Using mentoring to address workforce development challenges	12
Recruiting workers to the organisation	12
Retaining valued workers	13
Supporting and motivating effective performance	13
Supporting worker wellbeing	13
Summary	14
Resources to support effective mentoring	14
References	15

<sup>1</sup>This chapter is largely based on McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

## Resources and Tools



**Checklist** for setting up a mentoring program



**Case Study:** Development of a mentoring pilot project in an AOD setting



**Guidelines**

- How to be an effective mentor
- Protégés: How to develop an effective relationship with your mentor



**Forms and Templates**

- Mentoring Meeting Form



**Recommended Readings**

## MENTORING

# Overview

Mentoring is an informal and flexible approach to leadership, supervision and professional development. It involves the mentor and protégé setting goals that are focused on the protégé's professional and personal development needs. Mentoring relationships can occur between a mentor and a protégé or a small group of protégés, or it may involve peers who act as mentors for each other.

Mentoring can occur through formal programs or informal arrangements. Formal mentoring involves the development of structured programs for the progression of the mentoring relationship. In contrast, informal mentoring programs are formed spontaneously and rely on natural rapport between the mentor and protégé.

Irrespective of the type of arrangement, mentoring involves:

- The mentor encouraging the protégé/s to find solutions themselves, rather than acting as the expert and simply providing answers
- The protégé/s drawing on the mentor's experience to meet goals.

### **Benefits of mentoring for AOD workers**

- Building and sustaining skills and knowledge
- Offering support for AOD related work practices
- Facilitating work practice change.

### **Benefits of mentoring for the AOD workforce**

- Acts as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- Links different professions and institutions within the field
- Offers support and accessible professional development for those working in rural and remote areas
- Offers support during periods of change.

### **The mentoring lifecycle**

Mentoring relationships usually progress through four phases:

1. Initiation: formation of the relationship, settling in period
2. Maintenance: development of protégé skills and knowledge, and broadening of network of contacts in the field
3. Separation: protégé begins to become independent of the mentor
4. Redefinition: contact becomes characterised by mutual support (i.e., protégé becomes a colleague of the mentor).



## Key characteristics of a formal mentoring program

- Clear purpose and objectives
- Consistency with workplace culture and policies
- Integration with other professional development activities
- Careful selection and matching of mentors and protégés
- Professional development and ongoing support
- Flexibility and sensitivity
- Ongoing evaluation.

## Setting up a formal mentoring program

A formal mentoring program is set up in four main steps.

1. Assessment: assessing need, consistency of program with workplace culture, availability of resources to implement the program
2. Preparation: formation of advisory team to coordinate the development of the mentoring program (goals, objectives, policies, administration, information collection, appointment of coordinator)
3. Implementation: promotion, recruitment and selection, matching mentors and protégés, preparing participants, negotiating an agreement
4. Evaluation: assessing protégé progress, mentor experience, protégé outcomes, participant retention in the program, costs of development and administration of the program.

## Developing a culture supportive of mentoring

Strategies to encourage informal and formal mentoring relationships include:

- Reference to mentoring in policies and guidelines
- Education and professional development in mentoring skills, self-management or networking
- Creating opportunities for the facilitation of mentoring relationships.

For a comprehensive guide on mentoring in the AOD field, refer to NCETA's Mentoring Monograph and Mentoring Resource Kit:

McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

National Centre for Education and Training on Addiction (NCETA). (2005). *A Mentoring Resource Kit for the Alcohol and Other Drugs Field*. NCETA, Flinders University, Adelaide, Australia.

Accessible at [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

Or contact NCETA: ph 08 8201 7535, [nceta@flinders.edu.au](mailto:nceta@flinders.edu.au)

## Introduction

Accessing adequate supervision and support is a common difficulty encountered by AOD workers, particularly workers in the non-government organisation (NGO) sector. Mentoring is characterised by interaction between a more experienced AOD worker and less experienced colleague/s. It can offer workers valuable support, particularly when supervision and adequate workplace support is difficult to access.

Interaction with someone with more experience is also a recognised skill development approach for less experienced workers.<sup>1</sup> Mentoring offers a workforce development strategy that can help address some pertinent issues within the AOD field (e.g., professional development, adoption of best practice, worker wellbeing).

Mentoring programs can benefit the AOD workforce by:

- Acting as an incentive to attract skilled and qualified workers to the field and retain those already in the field
- Linking different professions and organisations within the field
- Providing support and accessible professional development for AOD workers in rural and remote areas
- Providing support during periods of change
- Building and sustaining skills and knowledge
- Offering support for AOD related work practices
- Facilitating work practice change.

Mentoring can also provide a cost effective<sup>2</sup> professional development strategy. Protégés learn and practise skills without traditional professional development costs (e.g., room hire, trainer fees and time away from the workplace<sup>3</sup>).

## What is mentoring?

Mentoring is a less structured and more informal approach to leadership and supervision (including clinical supervision). It is characterised by the mentor and protégé/s setting goals together that are focused on the protégé/s' professional and personal development needs.<sup>4</sup> The protégé draws on the mentor's experience to meet goals, and the mentor encourages the protégé to find solutions themselves, rather than acting as the expert and simply providing answers.<sup>5</sup>

Mentors do not necessarily have to be of higher status, rank or authority than a protégé. Peers may also act as mentors for each other. Peer mentoring reflects increasing awareness that workers can learn effectively from each other, and that learning is an integral part of work.<sup>6</sup>

Mentoring is typically conducted as a one-to-one relationship between a mentor and protégé. Alternatively, an individual mentor may provide group mentoring to a small group of protégés. Group mentoring can enhance:

- Cooperation and collaboration between workers with similar goals and objectives but diverse backgrounds (e.g., a multidisciplinary treatment team)
- Understanding / problem-solving of issues unique to a particular AOD workplace.

## Informal and formal mentoring

Mentoring may be organised through formal structured programs or it may occur in an informal, spontaneous manner. Some advantages of formal mentoring programs include:

- Increased accessibility for those who lack the social skills or opportunity to develop informal mentoring relationships<sup>7</sup>
- Support for participants in regard to orientation, professional development and access to an experienced problem-solver.<sup>3</sup>

The major advantage of informal mentoring programs is that the relationship is built on natural rapport and common interests between the mentor and protégé.<sup>3</sup>



**The *Clinical Supervision* chapter provides useful information about conducting effective clinical supervision, some of which may be useful for mentoring relationships (which are usually more informal than clinical supervision).**

## Managers as mentors

Managers and supervisors are in a good position to act as mentors or to facilitate mentoring relationships within their workplace.

Managers and supervisors have the potential to play an important mentoring role. This is founded upon some key factors that can facilitate spontaneous development of a mentoring relationship.<sup>5</sup> These include:

- Being positioned to recognise workers' needs (e.g., support and guidance, development of potential) and offer opportunities to build on strengths and address weaknesses
- Being in frequent contact with the workers they manage or supervise
- Having work goals in common with the workers they manage or supervise.

Managers' and supervisors' readiness to mentor is particularly important for workers with limited access to professional development opportunities (e.g., those in regional areas).<sup>8</sup> Where the manager is not the mentor, they can facilitate mentoring relationships by liaising with the protégé's mentor to ensure both the manager and mentor are clear about the protégé's work and mentoring responsibilities. This can promote the manager's support for the mentoring relationship.

## Stages of mentoring relationships

Most mentoring relationships follow common stages (see Figure 1 below). In general, a protégé progresses from being quite dependent on the mentor to becoming more self-reliant and autonomous, and eventually developing into a colleague / peer of the mentor.<sup>9</sup> It is important for a mentor to adjust to the changing relationship as the protégé's knowledge and expertise expands.<sup>10</sup>

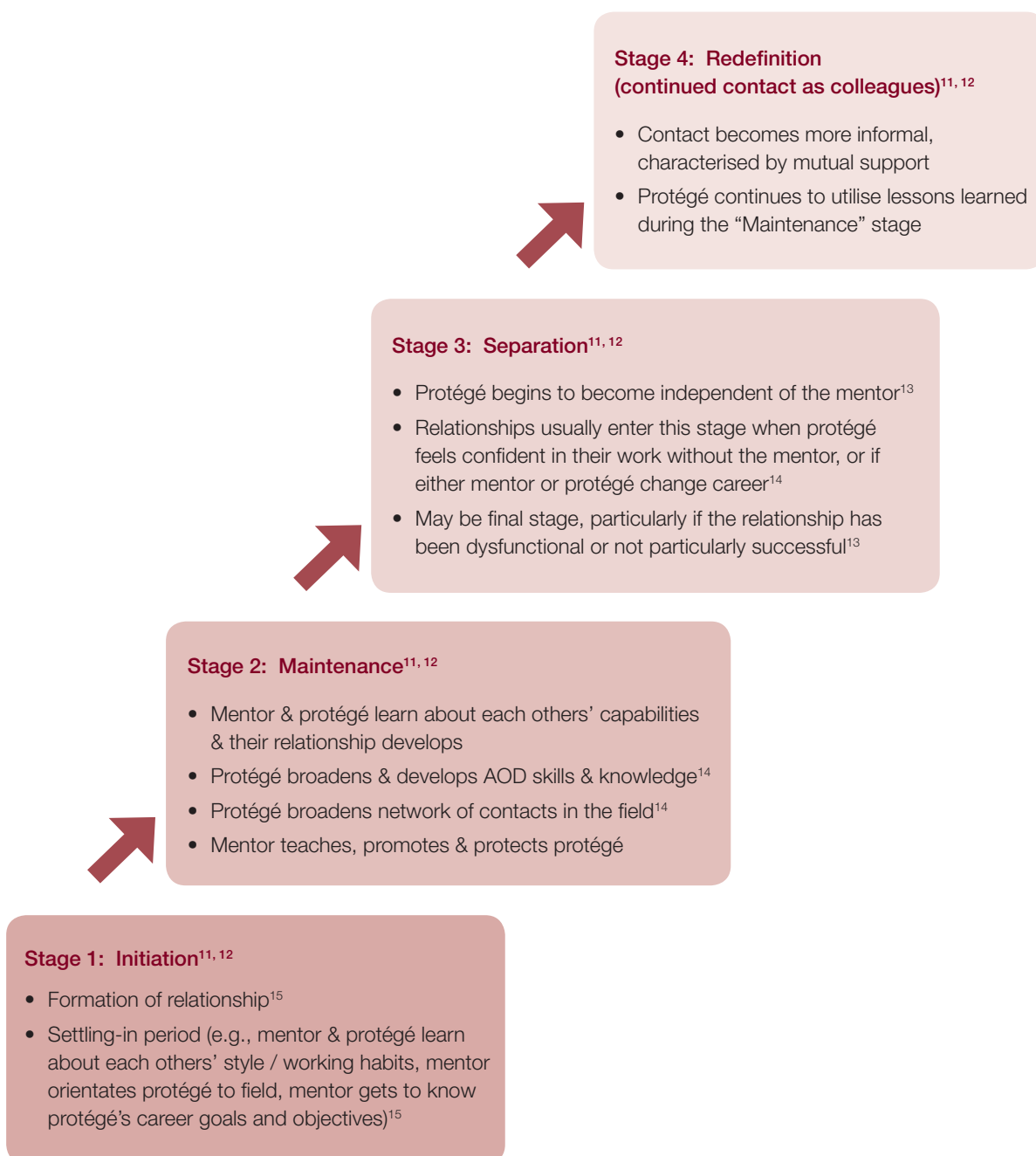


Figure 1. The four stages of mentoring relationships

## Setting up a mentoring program

Four steps are typically involved in setting up a mentoring program:<sup>16</sup>

1. **Assessment**
2. **Preparation**
3. **Implementation**
4. **Evaluation.**

The scope of a mentoring program will, of course, depend on the size of the organisation / agency and the availability of resources.

The role of the mentoring program is to enhance an organisation's core activities, not to compete with them.

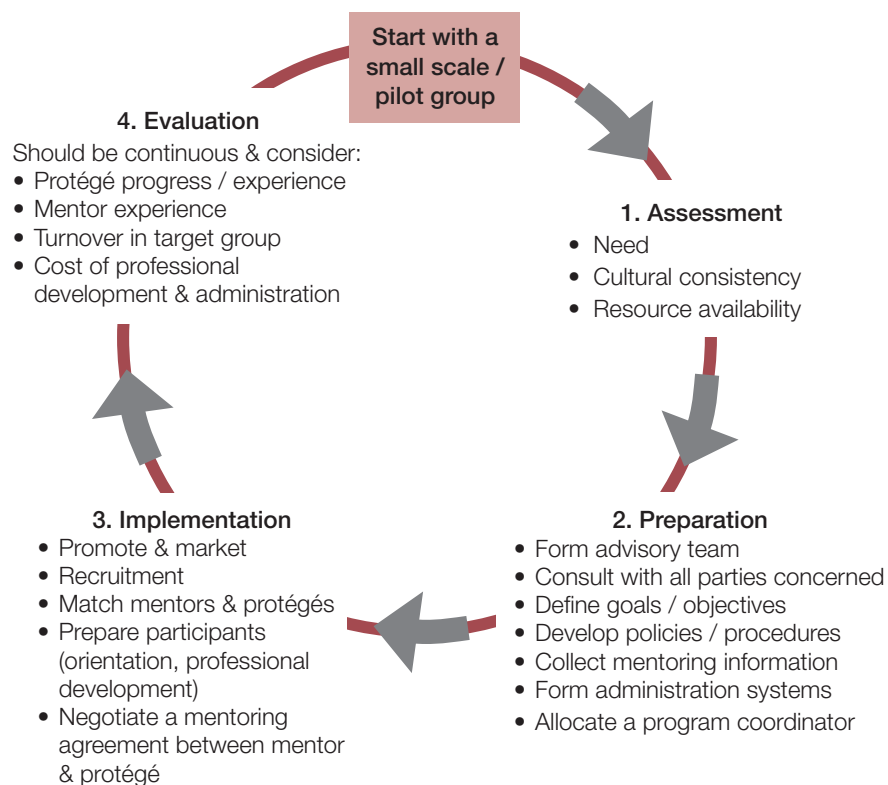


Figure 2. Setting up a formal mentoring program

## 1. Assessment

Assessing whether mentoring is an appropriate professional development strategy is a crucial first step in program development. Three important issues to consider are:

- i. Need – is a mentoring program required?
- ii. Cultural consistency – is a mentoring program consistent with the workplace culture?
- iii. Resource availability – are the necessary resources available to implement a mentoring program?

### i. Need

The need for a mentoring program can be evaluated against a range of criteria including:

- Requirements for skill development / support (current and future)<sup>3</sup>
- Availability / suitability of alternative approaches to professional development (e.g., education and training, work placements).

### ii. Cultural consistency

A mentoring program that is consistent with the workplace culture has a greater chance of success.<sup>17</sup> Workplace cultures supportive of mentoring are characterised by:

- Investment in current workers by providing opportunities for development (e.g., access to professional development) and advancement (e.g., promotion)<sup>3</sup>
- Support for professional development, particularly support from upper management<sup>3</sup> that is ongoing, frequent and visible (e.g., verbal support, inclusion in strategic planning).<sup>18</sup>

### iii. Resource availability

Implementing and maintaining an effective mentoring program requires significant human and financial resources. Important resource considerations include:<sup>16</sup>

- Sustainability of voluntary participation (promotes enthusiasm and commitment)
- Availability of suitable mentors.

## 2. Preparation

As a first step in preparing a mentoring program, an organisation may consider forming an advisory team.<sup>17</sup> Where possible, the advisory team should contain members from diverse roles, experiences, and ages.<sup>17</sup> Diversity will help to:

- Bring a broad range of knowledge / perspectives
- Identify potential problems and solutions.

Although it may not be feasible to develop an advisory team with a diverse range of members, it is nonetheless useful to seek the input of workers within the organisation in the preparation stage of a mentoring program.

The role of the advisory team is to guide program development by:

- Setting goals and objectives<sup>3</sup>
- Developing policies and procedures<sup>3</sup>
- Collecting information about mentoring<sup>17</sup>
- Consulting with key stakeholders (helps to minimise resistance and enhance participation and support)<sup>3</sup>
- Promoting and supporting the mentoring program<sup>17</sup>
- Developing administration systems to implement and evaluate the program<sup>19</sup> (e.g., recruiting program coordinator/s).

### 3. Implementation

Implementing a mentoring program involves five main activities:

- i. Promotion
- ii. Recruitment and selection
- iii. Matching mentors and protégés
- iv. Preparing participants (orientation, professional development)
- v. Negotiating an agreement.

#### i. Promotion

Promotion of the mentoring program:

- **Informs** the target audience (potential mentors, potential protégés, others who will support / promote the program)
- **Motivates** the target audience to participate in the program.

The scale of promotional activities will depend on the size of the organisation and resources available. As a rule of thumb, however, promotion activities should be guided by a promotional plan that defines the:

- **Target audience**<sup>17</sup>
- **Methods of promotion** (e.g., scheduled discussions, leaflets, group email, organisation's website)<sup>17</sup>
- **Content of promotional material and activities**<sup>17</sup> – content should be informative (e.g., rationale for program, how to be involved, criteria for participation, policies, frequently asked questions)<sup>3, 17</sup> and motivational (e.g., rewards associated with participation, positive outcomes / guarantees, awards at key conferences).<sup>3, 17</sup>



**The *Organisational Change* chapter contains information and advice on effective communication strategies for informing workers of programs and initiatives within the organisation.**

## ii. Recruitment and selection

Recruitment and selection strategies may include:

- **Progressive recruitment** – start with a small number of participants from work units where support / participation are most likely, then gradually expand recruitment<sup>17</sup>
- **Voluntary participation** (i.e., self nomination)<sup>3</sup> – motivation is likely to be higher with voluntary mentors and protégés
- **Nomination by others**<sup>3</sup> – helps to involve promising mentors and protégés who may not have considered participating. Ensure that potential nominators (e.g., supervisors, senior management, and other workers) are targeted in the program's marketing strategy. To encourage nomination of suitable candidates provide nomination criteria (e.g., required and desired skills, knowledge and experience) and explain role expectations (responsibilities, required commitment, expected outcomes)
- **Nomination / volunteer forms** – should include the position, education and experience of the nominated mentor or protégé. Self nomination forms may also include motivation for participation, type of relationship sought and time availability. This information can be used to match mentors and protégés.

## iii. Matching mentors and protégés

Preliminary matching of mentors and protégés can be made based on:

- Developmental needs of the protégé
- Skills of the mentor
- Personal style and availability.<sup>3</sup>

Cultural background may also be an issue for consideration when matching a mentor and protégé. Information to assist the matching process can be obtained from:

- Recruitment and selection processes (i.e., via nomination / volunteer forms)
- Coworkers, supervisors or formal assessment.<sup>3, 17</sup>

Preliminary matches can be made by the program coordinator. However, mentors and protégés should be consulted regarding the suitability of the match.<sup>20</sup>

Mismatches may result in a dysfunctional relationship or discontent, anger and resentment.<sup>21</sup>

## iv. Preparing participants

Orientation and professional development should be provided at the start of the program.

**Orientation** should be provided to mentors, protégés and protégés' supervisors. It should clarify the:

- Nature of the mentoring relationship and process<sup>22</sup>
- Roles and responsibilities of mentors, protégés and others involved in or affected by the relationship<sup>23</sup>
- Anticipated outcomes<sup>23</sup>
- Duration of the program<sup>3</sup>
- Process for terminating relationships.<sup>3</sup>



**Professional development** should be offered to mentors and protégés based on adult learning principles, interactivity and practical activities (e.g., role plays).<sup>24</sup> Professional development should address:

- Learning outcomes (established at the outset)<sup>17</sup>
- Adult learning techniques<sup>17</sup>
- Development and maintenance of relationship (e.g., establishing trust, communicating, initiating and negotiating the relationship)<sup>17</sup>
- Defining roles and responsibilities<sup>17</sup>
- Skills training (general skills and specific needs).

#### **v. Negotiating an agreement**

Following on from professional development, an agreement between the mentor and protégé should be negotiated before the relationship starts. Negotiations should:

- Involve the program coordinator and the protégé's supervisor<sup>3</sup>
- Establish the role of the mentor
- Clarify the protégé's goals, objectives and expectations
- Discuss confidentiality, duration and termination of the relationship, frequency of meetings, and time commitment
- Plan for the conclusion of the relationship.

## **4. Evaluation**

Evaluation of a mentoring program serves two key purposes:

1. To assess the program's effectiveness (e.g., are the goals and objectives being met? what was the cost?)
2. To increase support for the program (e.g., positive results can promote workers' support for and decision makers' funding of the program).<sup>3</sup>

Evaluation of the mentoring program should be designed at the start of the program, be conducted on an ongoing basis, and, where feasible, include a variety of measures.<sup>3</sup> Strategies for evaluating a mentoring program may include assessing costs and cost effectiveness, or assessing benefits and value to participants and the organisation.

An evaluation may measure:<sup>3</sup>

- Protégé progress
- Mentor and protégé experience of the program (e.g., satisfaction, perceived benefits)
- Protégé outcomes (self esteem, job satisfaction, work practice change / improvement)<sup>25</sup>
- Participant retention in the program
- Costs of professional development and administration.

Evaluation information may be obtained by various methods (e.g., surveys, interviews, formal assessment instruments).<sup>3, 17, 18, 24</sup>



**The *Evaluating AOD Projects and Programs* chapter provides an overview of program evaluation strategies and techniques.**

## Encouraging informal mentoring

It may not always be necessary or feasible to establish a formal mentoring program in an organisation. Many mentoring relationships develop spontaneously without the need for formal, structured programs. If resources are not sufficient to establish a formal mentoring program, a range of strategies can be used to establish a workplace culture that encourages informal mentoring.

Strategies to develop a culture supportive of mentoring include:

- **Reference to mentoring in policies and guidelines**<sup>15</sup> (e.g., strategic plans, work practice guidelines, job descriptions and selection criteria for managers / supervisors)
- **Education and professional development**<sup>15</sup> in mentoring skills (to prepare experienced workers for a mentoring role), self-management or networking (to assist less experienced workers obtain a mentor)
- **Creating opportunities** (e.g., provide time and space for discussions, run networking events and groups<sup>5</sup>, encourage workshop / seminar attendance<sup>7</sup>).

## Using mentoring to address workforce development challenges

Mentoring can be used to address a range of workforce development challenges. In particular, mentoring can be a useful tool to assist with:

- Recruiting workers to the organisation
- Retaining valued workers
- Supporting and motivating effective performance
- Supporting worker wellbeing.

### Recruiting workers to the organisation

Having a mentoring program can help AOD organisations to attract skilled and qualified workers to the field. For instance, in some organisations new workers may be provided with a mentor (e.g., a senior worker) who takes the new worker “under their wing” for a period of time in order to oversee their professional development.<sup>16</sup> Candidates are likely to have greater motivation to seek employment with and remain committed to organisations that offer career development opportunities such as mentoring.

## Retaining valued workers

The retention of valuable, high-performing workers is a key issue for the AOD field. Mentoring programs can address some of the issues that affect the retention of workers (e.g., lack of opportunities for career development, work-related demands / stress<sup>1, 26, 27</sup>) by offering:

- **Professional development opportunities**  
Professional development opportunities, such as mentoring, are highly valued by most workers. Organisations that provide workers with opportunities to develop their knowledge, skills and abilities are more likely to retain valued workers.<sup>28-30</sup>
- **Workplace support**  
Providing opportunities for mentoring is one strategy for organisations to demonstrate support for workers. Mentoring relationships offer less experienced workers the opportunity to gain support and encouragement from a worker (or workers) who have greater experience in the AOD field. For example, a worker may be able to discuss issues related to best practice and challenging clients. Mentoring can also offer workers with support during periods of change. Perceptions of organisational support have been linked to a range of desirable outcomes including increased job involvement and lower turnover.<sup>31</sup>
- **Support and accessible professional development for rural and remote workers**
- **A mechanism to link different professions and institutions within the AOD field.**

## Supporting and motivating effective performance

A worker's capacity to perform key tasks, roles and responsibilities is dependent on:

- Personal capacity<sup>32-34</sup> (e.g., ability, intelligence, experience, training)
- Motivation<sup>32-34</sup> (influenced by self confidence, clear goals / objectives, and perceptions of fairness and equity)
- Work environment<sup>32-34</sup> (e.g., resource availability, organisational policies, actions of coworkers and leaders).

Mentoring can facilitate workers' attainment of new roles and responsibilities by:

- Providing support and guidance
- Increasing confidence in ability to engage in AOD related work.

## Supporting worker wellbeing

The need for support and encouragement from a more experienced worker can be particularly important for workers in the AOD field given the challenging nature of some of the ethical and clinical issues they can experience on a day-to-day basis.

Workers' involvement in a mentoring program can help to alleviate some of the common causes of stress and burnout. For instance, mentoring may assist with:

- **Stressful events**  
Mentors may provide the opportunity to discuss challenging aspects of AOD work and offer workers coping strategies.
- **Role ambiguity**  
Mentors may help workers to clarify the roles and responsibilities of the job.
- **Career development**  
Mentoring can facilitate career progression by helping workers to enhance skills and experience and providing valuable networking opportunities.

It is important that workers involved in mentoring programs are aware that a mentor's role does not extend to the provision of counselling on personal issues (referral to an external counsellor or an employee assistance program is the appropriate course of action if this situation arises).

## Summary

Mentoring is a workforce development approach which focuses on the provision of professional support, guidance and development. It most commonly involves the interaction of a more experienced mentor and one or more less experienced protégés. Mentoring is a good workforce development strategy for the AOD workforce given that workers can experience complex and challenging issues on a day-to-day basis but often lack adequate access to supervision and support.

Whether through a structured program or informal support, mentoring can enhance the capacity of the AOD workforce by offering a buffer against stress and burnout, guidance and support during the development of new skills, and valuable professional development and career progression opportunities. Having a mentoring program and a workplace culture supportive of mentoring is likely to impact positively on the recruitment and retention of skilled workers, accessibility and quality of workplace support, and opportunities for professional development and career progression.

## Resources to support effective mentoring

This chapter includes the following resources and tools to support effective mentoring:

- Checklist for setting up a mentoring program
- Case study on the development of a mentoring pilot project in an AOD setting
- Guidelines on how to be an effective mentor
- Guidelines on how protégés can develop an effective relationship with their mentor
- Forms and templates: Mentoring Meeting Form
- Recommended readings.

## References

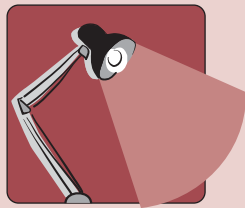
1. Pitts, J. A. (2001). Identifying workforce issues within the alcohol and other drugs sector: Responses to a national survey. In A. M. Roche & J. McDonald (Eds.), *Systems, settings and people: Workforce development challenges for the alcohol and other drugs field* (pp. 31-36). National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
2. Howard, S. (1999, November-December). *Mentoring - transforming school cultures*. Paper presented at the AARE Conference, Melbourne, Victoria.
3. Murray, M. (1991). *Beyond the myths and magic of mentoring: How to facilitate an effective mentoring program*. San Francisco, CA: Jossey-Bass.
4. Ritchie, A. (1999). Professionalism through ALIA: Outcomes from group mentoring programs. *Australian Library Journal*, 48, 160-177.
5. Linney, B. J. (1999). Characteristics of good mentors. *Physician Executive*, 25, 70-72.
6. Chalmers, M., Murray, C., & Tolbert, S. (1996, August). *Peer mentoring for improvement and change: Utilising technology for professional development in distance education*. Paper presented at the Rural Education: Quality Provision, Quality Experience, Quality Outcomes Conference, Hobart, Tasmania.
7. Coombe, K. (1995). The effectiveness of mentoring in the workplace: A case study of work-based learning in early childhood education. In D. Lucardie (Ed.), *Continuing Professional Education in the Learning Organisation* (pp. 67-84). Armidale, New South Wales: University of New England Department of Continuing Education.
8. Little, G., Browne, M., & Sullivan, P. (2001). Needle and syringe program delivery in regional hospitals: Building capacity for change. In A. M. Roche & J. McDonald (Eds.), *Systems, settings, people: Workforce development challenges for the alcohol and other drugs field* (pp. 53-60). National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
9. Head, F. A., Reiman, A. J., & Thies-Sprinthall, L. (1992). The reality of mentoring: Complexity in its process and function. In T. M. Bey & C. T. Holmes (Eds.), *Mentoring: Contemporary principles and issues* (pp. 5-34). Reston, VA: Association of Teacher Educators.
10. Darling, L. A. (1984). Mentor types and life cycles. *Journal of Nursing Administration*, 14, 43-44.
11. Kram, K. E. (1983). Phases of the mentoring relationship. *Academy of Management Journal*, 26, 608-625.
12. Chao, G. T. (1997). Mentoring phases and outcomes. *Journal of Vocational Behavior*, 51, 15-28.
13. Winefield, T. W. (1998). Older workers and mentoring. In M. Patrickson & L. Hartmann (Eds.), *Managing an ageing workforce* (pp. 180-192). Melbourne, Victoria: Business and Professional Publishing.
14. Andrews, M., & Wallis, M. (1999). Mentorship in nursing: A literature review. *Journal of Advanced Nursing*, 29, 201-207.
15. Kram, K. E. (1985). Improving the mentoring process. *Training and Development*, 39, 40-43.
16. McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field. A what, why and how primer for the alcohol and other drugs field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
17. Lindenberger, J. G., & Zachary, L. J. (1999). Play "20 Questions" to develop a successful mentoring program. *Training and Development*, 53, 12-14.
18. Geiger-DuMond, A. H., & Boyle, S. K. (1995). Mentoring: A practitioner's guide. *Training and Development*, 49, 51-54.
19. Freeman, R. (1997). Towards effective mentoring in general practice. *British Journal of General Practice*, 477, 457-460.
20. Scandura, T. A. (1998). Dysfunctional mentoring relationships and outcomes. *Journal of Management*, 24, 449-467.
21. Burke, R. J., & McKeen, C. A. (1989). Developing formal mentoring programs in organizations. *Business Quarterly*, 53, 76-79.
22. Fowler, A. (1998). Guide lines. *People Management*, 4, 48-50.
23. Kaye, B., & Jacobson, B. (1995). Mentoring: A group guide. *Training and Development*, 49, 23-27.
24. Allen, T. D., & Poteet, J. L. (1999). Developing effective mentoring relationships: Strategies from the mentor's viewpoint. *Career Development Quarterly*, 48, 59-73.
25. Seibert, S. (1999). The effectiveness of facilitated mentoring: A longitudinal quasi-experiment. *Journal of Vocational Behavior*, 54, 483-502.
26. Pierce, L., & Long, V. (2002). The NADA workforce development project. In A. M. Roche & J. McDonald (Eds.), *Catching clouds: Exploring diversity in workforce development in the alcohol and drugs field* (pp. 51-54). National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
27. Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26, 463-488.
28. Jamrog, J. (2004). The perfect storm: The future of retention and engagement. *Human Resource Planning*, 27, 26-33.
29. Robbins, S. P., Bergman, R., Stagg, I., & Coulter, M. (2000). *Management* (2nd ed.). Frenchs Forest, NSW: Prentice Hall.
30. Hesketh, B., & Considine, G. (1998). Integrating individual and organizational perspectives for career development and change. *European Journal of Work and Organizational Psychology*, 7, 405-418.
31. Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87, 698-714.
32. Blumberg, M., & Pringle, C. D. (1982). The missing opportunity in organizational research: Some implications for a theory of work performance. *Academy of Management Review*, 7, 560-567.
33. Campbell, J. P. (1999). The definition and measurement of performance in the new age. In D. R. Ilgen & E. D. Pulakos (Eds.), *The changing nature of performance* (pp. 399-429). San Francisco, CA: Jossey-Bass.
34. Waldman, D. A., & Spangler, W. D. (1989). Putting together the pieces: A closer look at the determinants of job performance. *Human Performance*, 2, 29-59.





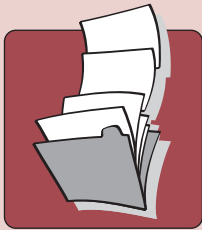
## Checklist

for setting up a mentoring program



## Case Study

Development of a mentoring pilot project  
in an AOD setting



## Guidelines

- How to be an effective mentor
- Protégés: How to develop an effective relationship with your mentor



## Forms and Templates

- Mentoring Meeting Form



## Recommended Readings



## Checklist for Setting up a Mentoring Program

Not all of these points will be relevant for all organisations. They provide a guide to the basics of setting up a formal mentoring program and providing good mentorship.

### Assessing whether mentoring is a suitable strategy

1. Is a mentoring program required? 
  - What are workers' current skill development / support requirements?
  - What skill development / support will be required in the future?
  - Are alternative approaches to professional development (e.g., education and training, work placements) more suitable?
2. Is the mentoring program consistent with the workplace culture? 
  - Does the organisation offer opportunities for development (e.g., access to professional development)?
  - Does the organisation offer opportunities for advancement (e.g., promotion)?
  - Does upper management support professional development (e.g., verbal support, inclusion in strategic planning)?
3. Are the necessary resources available to implement a mentoring program? 
  - Are there enough mentors?
  - Are the available mentors suitable?
  - Do mentors and protégés have sufficient time to dedicate to the mentoring relationship?

### Preparing for the mentoring program

4. Has an advisory team been formed (resources permitting)? 
  - Does the team include representatives from diverse backgrounds (i.e., in terms of roles and experiences)?
5. Has the advisory team: 
  - Set goals and objectives?
  - Developed policies and procedures?
  - Collected information about mentoring?
  - Consulted with key stakeholders?
  - Developed administration systems to implement and evaluate the program?

### Implementing the mentoring program

6. Has the mentoring program been promoted to workers and supervisors in the organisation? Key points to consider: 
  - Has the target audience been clearly identified?
  - Have a range of promotional methods been planned? (e.g., scheduled discussions, leaflets, group email, organisation's website)
  - Does the content of promotional material / activities inform the target audience (e.g., provide a rationale, explain how to become involved, answer frequently asked questions)?
  - Does the content of promotional material / activities motivate the target audience (e.g., rewards associated with participation, positive outcomes / guarantees)?





7. Have a range of strategies been used to recruit and select mentors and protégés? Consider:
  - Progressive recruitment (e.g., starting with a small number of participants from work units where support / participation are most likely, then gradually expanding recruitment)
  - Voluntary participation
  - Nomination by others
  - Nomination / volunteer forms.
  
8. Have mentors and protégés been appropriately matched? Consider matching on the following criteria:
  - Developmental needs of the protégé
  - Skills of the mentor
  - Personal style and availability
  - Cultural background
  - Endorsement of the match by the mentor and protégé/s.
  
9. Have mentors and protégés been prepared for mentoring? Consider:
  - Orientation
  - Professional development (e.g., communication skills, establishing learning outcomes).
  
10. Has an agreement been negotiated between mentors and protégés (and where necessary, protégés and supervisors) prior to commencement of the mentoring relationship?

### Evaluating the mentoring program

11. Does the program include an evaluation strategy that:
  - Has been designed at the start of the mentoring program?
  - Is ongoing?
  - Includes a variety of measures?
  
12. Does the evaluation assess appropriate outcome measures? For example:
  - Protégé progress towards meeting their goals
  - Mentor and protégé experience of the program (e.g., satisfaction, perceived benefits)
  - Protégé outcomes (self esteem, job satisfaction, work practice change / improvement)
  - Participant retention in the program
  - Cost of professional development and administration.
  
13. Have multiple methods been used to collect information? For example:
  - Surveys
  - Interviews
  - Formal assessment instruments.



## Development of a Mentoring Pilot Project in an AOD Setting

### Overview

The Riverina Murray Alcohol and Other Drug Mentoring Pilot Project was developed in 2004 by the New South Wales Premier's Department (Drugs and Community Action Strategy, Strategic Projects Division) in partnership with New South Wales Health (Centre for Drugs and Alcohol). The aim of the project was to improve the capacity of rural generalist workers and their workplaces to appropriately manage alcohol and other drug (AOD) issues.

The pilot project was a starting point for the implementation of a wider AOD mentoring program in the Riverina Murray region. The project was driven by the recognition that health and human services workers in the region needed further support and professional development to enhance their capacity to respond effectively to AOD issues. Six mentors and six protégés took part in the Mentoring Pilot Project. The protégés included five generalist workers and one less experienced AOD worker. Each protégé was matched with a mentor who was an experienced AOD worker.

### Undertaking the mentoring project

The pilot project involved four stages:

1. Assessment
2. Preparation
3. Implementation
4. Evaluation.

#### 1. Assessment

Prior to implementation of the project an assessment was undertaken. This involved:

##### *i. Establishing a need for mentoring*

Suggestions that alcohol and drug training was a significant issue for frontline workers emerged from the 1999 NSW Drug Summit. In response, the NSW government funded a mentoring project as part of a larger strategy to build the capacity of health and human services workers in the Riverina Murray region to respond to AOD issues.

##### *ii. Cultural consistency*

The use of mentoring as a professional development strategy was strongly supported by local health and human services organisations. It was also seen to be consistent with the learning culture of rural organisations, in which informal mentoring relationships are common.

##### *iii. Resource availability*

Of the 15 participants who submitted protégé applications, 12 participated in the project. An adequate number of mentors were available to match with protégés.



## 2. Preparation

An advisory group consisting of representatives from a range of stakeholder groups (e.g., NSW Premier's Department, Upper Hume Community Health Service, Greater Murray Area Health Service) was formed during the initial stages of the project. The advisory group contributed to the design of the program in order to ensure that it was suitable for the needs and circumstances of the local population of workers. An external organisation was then contracted to implement and evaluate the pilot, with guidance from the advisory committee.

## 3. Implementation

Implementation of the Mentoring Pilot Project involved five main stages:

- i. Marketing and promotion
- ii. Recruitment and selection
- iii. Matching
- iv. Preparing participants
- v. Negotiating an agreement.

### *i. Marketing and promotion*

Strategies to promote the project to potential mentors and protégés included:

- Meetings
- Email
- Communication from management
- Phone calls.

### *ii. Recruitment and selection*

- Participants were either self nominated, or nominated by supervisors, coworkers or senior management from their organisation
- Participation was voluntary and an application form and interview was completed to decide each person's suitability for the project.

### *iii. Matching*

Matching of mentors with protégés was made on the basis of a number of factors, including:

- Skills and needs of the mentor and protégé
- Learning styles
- Commitment and availability of mentors and protégés
- Gender and background
- Rapport between mentor and protégé.

### *iv. Preparing participants*

Mentors and protégés participated in a one-day training session focused on:

- Mentors' and protégés' expectations and anticipated outcomes
- Responsibilities of mentors and protégés
- Strategies to develop and maintain a good mentoring relationship.



Following this training, all participants had an initial meeting with their prospective partner. An information session was also provided to representatives from participants' employing agencies. During this session representatives were provided information on the program's expectations of mentors, protégés and organisations involved.

#### **v. *Negotiating an agreement***

At the initial meeting between mentors and protégés each pair decided if they were comfortable with the match. An agreement was then made to formalise both parties' expectations of the mentoring relationship. The agreement specified:

- The learning and teaching goals
- Frequency of contact
- The learning method and planning of sessions (e.g., case focused or issue focused)
- Communication (i.e., face to face, telephone communication)
- Monitoring of the relationship (any feedback provided to organisations or project coordinators)
- Conflict resolution
- Length and procedure for termination of the relationship
- Confidentiality.

#### **4. Evaluation**

A comprehensive evaluation of the pilot project was conducted by an external consultancy group (Globa Consultancy). A range of strategies were used to collect information on the impact of the mentoring project including:

- Surveys or interviews with mentors, protégés and managers / supervisors in participating organisations
- Training documents and interviews with trainers
- Liaison visits
- Evaluations of training sessions
- Discussions / forums
- Interviews with the senior project manager.

The impact and outcomes of the mentoring pilot project were assessed according to a range of criteria including:

- The needs analysis (identifying key areas in which AOD workers required skill development)
- Basic activity data (data involved in the planning of the project; e.g., dates, times, duration of activity)
- Perceived usefulness of information sessions
- Perceived effectiveness of training (reports on the quality, relevance, delivery and impact of the training program)
- Perceived success of the negotiation process between mentors and protégés
- Perceived impact of the project (positive and negative effects of mentoring on protégés AOD-related work practice)
- Perceived organisational impact of project (positive and negative effects of the mentoring project on participating workplaces).



## Outcomes

Participants reported a range of benefits from their participation in the mentoring project. Beneficial worker outcomes included:

- Skill development in areas such as assessment, referral, networking and case management
- Increased knowledge of health issues (e.g., alcohol withdrawal, addiction)
- Increased confidence in managing AOD clients
- Improved provision of treatment to clients (e.g., workers reported feeling less need to refer clients)
- Increased support and reciprocity (from the mentoring relationship).

Positive organisational outcomes included:

- Increased cooperation between networking agencies
- Perceived improvement in treatment provided to clients
- Mutual support for mentors and protégés
- Improved staff skills
- Knowledge of the value of mentoring and how it can be implemented.

Participants also identified a range of barriers to developing and maintaining an effective mentoring relationship. Two key barriers were:

- Geographical distance between mentors and protégés
- Difficulty finding time for mentoring (due to irregular working hours).

One participating organisation also reported particular difficulties with the mentoring project. From this organisation's perspective, key difficulties to supporting staff participation in the project were:

- The inability to report mentoring as a legitimate funded activity
- Staff shortages due to participation in the project
- Inadequate communication by organisations about the involvement of staff in the project
- Lack of information provided in relation to staff involvement and expected time commitments for the project.

## Conclusion

Overall, the Riverina Murray Alcohol and Other Drug Mentoring Pilot Project had a positive impact on the capacity of health and human service workers to respond to AOD issues. This project also demonstrates that mentoring can be a valuable professional development strategy in regional areas where adequate support may not always be available. As this case study demonstrates, mentoring is likely to be most successful when mentors and protégés are adequately trained, care is taken to ensure appropriate matches between mentors and protégés, and supervisors / managers have a clear understanding and awareness of the impact of a mentoring program on the organisation (i.e., time and resources that may be required).



## How to be an Effective Mentor

### Introduction

This guideline is intended for individuals considering taking on the role of a mentor. The guideline highlights key strategies for mentors to develop an effective relationship with their protégé/s.

### 1. Assess your suitability

Mentoring is a professional development strategy that offers less experienced workers the opportunity to develop knowledge, skills and confidence under the guidance of a more experienced worker. Before deciding to be a mentor, it is worthwhile considering the skills, knowledge, experience and time commitment you can bring to the role, and your compatibility with the protégé.

To check the suitability of your match with a potential protégé, you may find it helpful to make two lists:

1. Needs of the potential protégé
2. Your resources (skills, abilities, knowledge) and what you are willing to contribute to the relationship (time, attention) as a mentor.

### 2. Seek support

The provision of support to a protégé is a key role of a mentor. However, it is also important that mentors have access to, and actively seek out, mentor supports. For example, mentors could attend professional development activities for mentors, or consider networking with other mentors.

### 3. Prepare for the protégé

Preparation is an integral part of being a mentor. The mentoring relationship will progress more smoothly if you undertake some basic preparation before progressing with the mentoring relationship:

- Organise when and where you will meet with the protégé (consider comfort, privacy, accessibility)
- Obtain protégé's background information (e.g., education, AOD work experience, areas of strength and weakness, interests).



#### 4. Lay a good foundation in the first few meetings

It is worthwhile investing time in planning and goal setting at the start of the mentoring relationship. The following strategies can help you to lay a good foundation for the mentoring relationship:

- Clarify your expectations (of your protégé, of yourself as a mentor, and the benefits of the mentoring relationship)
- Negotiate agreements and set limits with your protégé
- Take time to relax and establish a rapport with your protégé
- Have planning discussions to assess the protégé's skills, knowledge and interests, diagnose needs, and help set goals and objectives
- Encourage the protégé to write a developmental plan based on their goals and objectives. Consult with the protégé's supervisor to ensure that mentoring complements and supports the protégé's current work roles and responsibilities.

#### 5. Cultivate the protégé

Practicing active listening, offering constructive feedback and engaging in discussion can facilitate development of the protégé's knowledge, skills and confidence. Cultivation of the protégé can also be enhanced by:

- Providing practical experience where possible (bearing in mind that this may not be feasible if you are from a different organisation to the protégé)
- Evaluating the relationship regularly – discuss whether the protégé's needs are being met, how the relationship can be improved, setting and reaching goals and objectives, whether the protégé requires help external to the mentoring relationship.

#### 6. Moving on from the mentoring relationship

Your mentoring relationship with the protégé is likely to evolve as the protégé develops knowledge, skills and confidence. A mentoring relationship may continue for a few months to a few years. It is useful to periodically assess the mentoring relationship and consider the following points:

- Be prepared to recognise when it is time to move on – there may come a time when you can no longer provide the protégé with opportunities for growth (this is normal)
- If you initiate the termination of the relationship, clearly explain your reasons (to minimise misunderstanding)
- Offer to help the protégé find or prepare for a new mentor.



## Protégé: How to Develop an Effective Relationship with your Mentor

### Introduction

The following guidelines highlight key strategies for protégés to develop an effective relationship with their mentor. Points 2 and 3 are particularly relevant for workers seeking to establish a mentoring relationship outside a formal program.

### 1. Assess your suitability

Mentoring is one of many professional development strategies to improve your knowledge, skills and confidence. It is worthwhile taking the time to carefully consider your goals and objectives. Mentoring may or may not be the best way to achieve these.

### 2. Identify a suitable mentor

Unless you are involved in a formal program that organises matches with mentors, you need to be proactive about finding a mentor. It is useful to have a clear idea of your needs and expectations when you approach a potential mentor. The following strategies may assist you to find a suitable mentor:

- Identify skills, knowledge and characteristics required (in a mentor) to suit your objectives
- Communicate, self promote, and establish connections with a range of potential mentors (e.g., at conferences and professional development courses)
- Find a mentor with whom you have / may develop good rapport – managers or supervisors may be able to provide useful contacts if you are having difficulty identifying a mentor.

### 3. Approach potential mentor(s)

Finding a suitable mentor may take some time. Persistence, and good organisation, are key strategies for success!

- Develop a proposal (including benefits for you and the mentor, why you chose them, etc.) before approaching a mentor
- Don't be discouraged if declined – if appropriate, ask for a referral to another potential mentor.





#### 4. Lay a good foundation in the first few meetings

First impressions are important. The following strategies can help you to lay a good foundation for the mentoring relationship:

- Provide your mentor with information such as your goals and objectives, barriers, expectations, needs (e.g., time) and background
- Discuss your expectations (of your mentor, yourself as a protégé, and the benefits of the mentoring relationship)
- Negotiate agreements and set limits with your mentor
- Take time to relax and establish a rapport with your mentor (i.e., get to know each other a little).

#### 5. Make the most of the mentoring relationship

Making the effort to develop and maintain the mentoring relationship will be to your benefit. In order to maximise the benefit from a mentoring relationship:

- Be proactive – accept responsibility, be clear about your needs, ask for feedback
- Seek out opportunities – observe and participate in activities
- Listen and accept / value feedback.

#### 6. Moving on from the mentoring relationship

Your relationship with your mentor is likely to evolve as your knowledge, skills and confidence develop. A mentoring relationship may continue for a few months to a few years. It is useful to periodically assess the mentoring relationship and consider the following points:

- Be prepared to recognise when it is time to move on – there may come a time when your needs are no longer being met by your mentor (this is normal)
- If you initiate the end of the relationship, clearly explain your reasons (to minimise misunderstanding)
- Keep in touch with your mentor – they often make valuable professional colleagues.



## Mentoring Meeting Form

A useful mentoring strategy is to set long-term goals and shorter-term objectives that indicate steps towards achieving a final goal.

**Goals** – the overall desired long-term outcomes; what you are aiming to achieve or change in your work.

**Objectives** – more specific shorter-term actions, behaviours and work practices that are required in order to reach the goal.

**For the time period:** \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_



**PRACTICAL TIP**

The most effective goals are **SMART** goals

- S**pecific
- M**easurable
- A**chievable
- R**ealistic
- T**imeframe (set within a)

Goal	Objective	Task	Review Date	Comments	Progress



**McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field. A what, why and how primer for the alcohol and other drugs field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.**

This monograph discusses the use of mentoring as a workforce development strategy in the AOD field. Literature is reviewed regarding the different types of mentoring relationships, beneficial outcomes of mentoring, and strategies for implementing a mentoring program. The monograph is available online at [www.nceta.flinders.edu.au/pdf/mentoringmonograph.pdf](http://www.nceta.flinders.edu.au/pdf/mentoringmonograph.pdf)

**Chao, G.T. (1997). *Mentoring phases and outcomes.* *Journal of Vocational Behavior*, 51, 15-28.**

This paper highlights the benefits of mentoring. Four stages of mentoring relationships are discussed (initiation, cultivation, separation, and redefinition). Evidence for positive job / career outcomes of mentoring is provided. This paper is most useful for readers interested in workforce development theory and research.

**Kaye, B., & Jacobson, B. (1995). *Mentoring: A group guide.* *Training and Development*, 49, 23-27.**

This paper provides a good overview of group mentoring. The benefits of group mentoring are described, and a model of the process by which group mentoring results in positive learning outcomes is presented.

**Lindenberger, J.G., & Zachary, L.J. (1999). *Play “20 Questions” to develop a successful mentoring program.* *Training and Development*, 53, 12-14.**

This paper provides a useful guide to the various factors that need to be considered in the development of a mentoring program. Factors that influence the success (or otherwise) of mentoring programs are discussed. The paper indicates strategies to address these factors and develop successful mentoring programs.



FLINDERS  
UNIVERSITY  
ADELAIDE  
AUSTRALIA