

Across clinical and management areas, mentoring is becoming increasingly popular in aged care.

Sector leaders guide next generation

In this story

- Mentoring is a mutually beneficial learning experience
- An organisational culture that sees education and support of staff as worthwhile is an important element of an aged care mentoring program

From clinicians to aspiring leaders, aged care facilities are tapping mentors to pass on their knowledge and expertise, writes NATASHA EGAN.

At Holy Spirit Dubbo, nurses in the new graduate program and students on placement from the neighbouring university are buddied with registered nurses at the aged care facility.

The RNs share their experience and knowledge with their lesser-qualified counterparts to help them develop their skills, confidence and interest in aged care nursing.

All of the registered nurses at Holy Spirit have undertaken mentoring and preceptor training, says Di Thomas, residential manager at Holy Spirit.

“The RNs had initial training and now they just do it as part of their role,” Thomas tells *Australian Ageing Agenda*.

The training was part of a CSU project launched in 2015 to develop a mentoring program for student nurses on aged care placement relevant to both staff and students. It aimed to foster a culture of acceptance of students and mentoring skills among facility staff and thereby enhance the attractiveness of working in aged care.

The CSU project is led by Maree Bernoth, community engagement lead at Charles Sturt University. It came about because the university and aged care facility wanted to extend their relationship by offering mentoring and preceptorship to students on clinical placements, says Bernoth.

The successful program involves the university holding tutorials in the facility. Nursing staff become part of the teaching team as well as mentors, giving students individual attention and feedback on the floor.

“We have this wonderful partnership where the nursing staff, academics, residents and the managers all become a team to teach and support these students,” Bernoth tells *AAA*.

Staff involved at the aged care facility receive a sense of satisfaction and feel valued, Bernoth says.

“They feel they are not just doing the same things every day; they have knowledge, which is important and can contribute to students.”

Staff also report they ensure their knowledge is up to date for the tutorials, says Bernoth.

As a result students engage with staff and respect the learning they get, says Bernoth.

Thomas says the partnership with CSU is beneficial to the facility, which hosts an “enormous” amount of students, and raises the profile of aged care among this group of would-be nurses.

“It exposes students to different things. It might open up their thinking a bit. As a result of this project we have started the new graduate program, which has been fantastic.”

Graduate nurses are in excess of requirements for six months and are buddied up with RNs and receive support from facility and university mentors to help their development, she says.

Access to mentoring improves people’s qualifications, eagerness to do the same, and interest in working in aged care, says Bernoth, who is now developing a mentoring model for aged care.

“We are finding from the interviews we have done that students are much more excited about aged care. They can see how complex it is and they appreciate the depth of knowledge that the care workers have about the individual resident.”

For mentoring in clinical aged care roles, Bernoth says the most important element is an organisational culture that sees education and support of staff as worthwhile. It is also important that mentors receive formal education before they start, she says.

“You need to know your staff. You need to know what their skills are because it involves much more than knowledge. They have to have the right attitude toward residents including a person-centred or partnership approach”

Nurse mentors need strong communication abilities to share their knowledge and skills in a way that the mentee is comfortable with, which can be a challenge with multicultural groups, says Bernoth. Managers will need to provide ongoing monitoring and support and have a willingness to act if the relationship between the two is not working, she says.

Mentoring to lead

Corrinne Armour, a leadership advisor who helps organisations develop mentoring programs to support leadership, agrees compatibility is an important part of a mentoring program.

“You need to be clear on the matching process for mentoring because it won’t always work,” Armour tells *AAA*.

In terms of a setting up a leadership mentoring program, Armour says up-front training for mentors and mentees is required to ensure individual and shared understanding of the roles, she says.

“There needs to be an agreement between the mentor and the mentee, which would cover things such as the level of formality of conversations, the timing, frequency and areas in and out of scope, as well as how to wrap up the mentoring relationship.”

The main outcomes for mentees are development, support, career sponsorship, confidence and exposure to people and ideas, says Armour. The mentor also gets access to new ideas as well as learning



Maree Bernoth



Corrinne Armour



Drew Dwyer

through discussing their own past practices.

“You relearn from your own experiences when you pass them onto someone else,” says Armour.

The most important quality a mentor needs is experience or expertise in the space they are mentoring in, says Armour. They must also be able to listen and ask questions, she says.

Armour says the relationship also needs clear boundaries led by the mentor that include when and how to contact each other, the scope of the relationship and confidentiality.

A shared learning experience

Dr Drew Dwyer, a consultant gerontologist with Frontline Care Solutions, agrees a good mentoring relationship is collaboratively designed so the outcomes are met by both parties.

Dwyer, a mentor and facilitator of clinical leadership and mentoring programs in aged care, describes mentoring as a shared learning experience.

“The mentor gets professional development particularly around the parts that are really important like emotional intelligence, conflict management, decision-making and using evidence-based practice,” Dwyer tells *AAA*.

Dwyer says mentoring isn’t about providing answers, rather it is about helping the mentee interpret evidence and form their own view.

“The mentee may reach a point where they are unsure of what to do next and so mentoring then steps into educating them around clinical decision making, critical thinking and these types of things,” he says.

The qualities of a good mentor include patience, a positive attitude, a can-do approach, excellent communication skills and emotional intelligence, says Dwyer.

For those considering taking on a mentoring role, he says would-be mentors should first undertake education and professional development and be mentored by someone themselves. If you’re intending to be a mentor for someone in a high-level position, you should have a higher level of education due to the challenges associated with those roles, he says.

Being supervised and mentored by a master, who points out weaknesses and strengths, guides and pushes a bit harder, strengthens you and enables you to become a mentor yourself, says Dwyer. ■

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