



# Midwife Mentoring Policy

## 1. Background

This document is aimed to define the role of mentoring and address mentoring needs of midwives within the WACHS.

Mentoring plays an important role in raising and maintaining standards of care and promoting lifelong learning. It is intended to give midwives the tools of knowledge to offer the most effective and high quality care to patients and to provide the opportunity to continuously update their skills and knowledge.

Mentoring is usually defined as a relationship between an experienced and a less experienced person in which the mentor provides guidance, advice, support and feedback to the mentee. It can be a focused, planned relationship where the mentor assists the mentee to achieve greater self-awareness, identify and plan goals and initiate and evaluate actions. Mentoring relationships have a clear start, evolution and ending.<sup>1</sup>

Regular protected time and confidential mentoring can ensure clinicians are supported in their practice. Novices may require one hour a fortnight while more experienced (more than five years) clinicians may need one hour a month (Queensland Health 2009).

The benefits of mentoring include:

- facilitation of individual workplace learning
- provide information and insight
- discover and develop talent and skills
- tap into informal communication channels
- explain the 'unwritten rules'
- teach specific skills and share knowledge
- coach in effective behaviours
- assist in goal-setting and planning
- encourage and support achievement of goals
- provide new or different perspective
- model skills and behaviour
- challenge in a supportive way
- encourage critical reflection
- provide feedback on observed performance.<sup>1</sup>

### Objectives

- Midwifery mentoring is expected to be undertaken monthly.
- Sessions should be around 60 minutes in duration.
- The process is to be based on a mutually agreed written contract between mentor and mentee.

Mentoring sessions may consist of discussions of the mentee's clinical work and interactions with maternity consumers and may take into consideration:

- the nature of the care being provided
- the clinical skills utilised to provide the care
- ethical and professional issues.
- caseload management

## 2. Policy Statement

All mentoring is to occur within work time and on work premises where practicable. The WACHS Nurse Manager -Workforce is to maintain a current directory of mentors and of the mentoring arrangements of each midwife.

The Clinical Midwifery Manager (CMM) is responsible for ensuring that the mentee and mentor workload is such as to allow time for regular mentoring. This should occur during double handover time and may occur in person, via phone or videoconference, Mentors clinical caseloads may need to be adjusted accordingly to reflect the demands of providing mentoring.

Staff must ensure clear communication with their CMM and mentor regarding the suitability of mentoring times. The appropriate process is to be followed for the booking of venues and video conferencing if relevant.

### 2.1 Arrangements for all Midwives

All midwives are covered by this procedure and are required to seek mentoring from the list of mentors provided. Because of the time required to build a register of mentors and the large number of midwives employed by WACHS, a pilot will be commenced prioritising midwives who are:

- novice
- working in isolation (MGP midwives and community midwives)
- midwife managers

As the number of mentors on the register increases the number of midwives mentored can also increase.

Midwives may seek mentoring outside WACHS from a suitably senior qualified practitioner on the DOH 'Mentoring Network'. A copy of the signed supervision agreement is to be kept by the CMM. However, midwives are free to seek additional mentoring at their own expense, beyond their main mentoring as outlined in this procedure.

### 2.2 Process for Joining the Agreement

Any midwife, covered by this agreement, may advertise their availability in the mentors' register with their line manager's permission.

The [Introduction to Mentoring](#) and the [Mentor preparing for mentoring sessions](#) fact sheets must be read by the mentor prior to their line manager submitting the person's details for inclusion in the directory. Mentees are to be able to contact the mentor of their choice from the directory and arrange a primary mentoring session.

The primary mentoring session is to discuss contract terms and allows the mentor and mentee to engage with each other and see if they wish to enter into a mentoring agreement.

### 2.3 Identification and Action for Unsafe Practice

Where the mentor identifies an issue relating to unsafe, illegal or unethical practice, it is their responsibility to bring this to the attention of the mentee's line manager after informing the mentee of their intention and the practice with which they will raise.

Conversely, if a mentee becomes concerned by their mentors conduct, this should be reported to the mentee's line manager immediately.

### 2.4 The Mentoring Toolkit

The [Mentoring Toolkit](#) on the Department of Health –Mentoring Network website provides resources for both mentees and mentors.

Mentoring is to take place within the requirements of the relevant Registering / Accreditation Bodies Code of Professional Conduct and matters of misconduct subject to normal mechanisms.

Given the small teams in rural and remote areas of WA, video conferencing equipment is available to those clinicians wishing to engage in mentoring with a mentor from another site.

Both mentee and mentor should keep notes of what is discussed in mentoring sessions, and of any actions agreed. It is preferable that the [Mentoring Agreement Template](#) is filled in at the commencement of the mentoring relationship so that the mentees goals can be reviewed by both professionals. The mentee would normally maintain mentoring notes for their own use on the [Mentoring Summary Tool](#).

All notes should be stored securely and confidentially. Mentor and mentee should be aware that such notes may be subject to examination by other parties in relation to formal processes (e.g. Critical Incident Review, disciplinary investigations, etc.)

The employing authority has ownership of all records.

As a minimum standard, the record should include:

- attendants
- date, mode and items/actions discussed
- agreed Actions/Comments, by whom/when
- date of next session.

The mentoring process is to be reviewed after six months by both the mentee and mentor on the, [Mentoring Agreement Review](#). The review is to include assessing whether goals have been achieved, any issues to do with arrangements or venue and any changes to the process. The review may provide opportunity to discuss concerns, but it is advisable to discuss concerns as they arise.

### 2.5 Changing a Mentor

For a variety of reasons, it may sometimes be necessary or appropriate to change a mentor. Proposed changes to the mentoring arrangement should be discussed with CMM in advance. A new agreement would need to be signed by both parties.

## 3. Definitions

<b>Formal Mentoring</b>	The process of two people engaging in a mentor relationship with organisational support structures to ensure clarity of purpose and success.
<b>Agreement</b>	The formal written arrangement to participate in a mentoring program with another person. A copy of the agreement should be forwarded to mentee /mentors line manager for inclusion in personnel file.
<b>Meeting</b>	The time spent between mentee and mentor
<b>Clinical Midwifery Manager</b>	The person/manager directly responsible for your performance

## 4. Roles and Responsibilities

The WACHS Coordinator of Midwifery:

- Assists clinicians' in the resolution of any issues or problems that arise in the use of this policy.
- ensure that the principles and requirements (including evaluation) of this policy are applied, achieved and sustained

The WACHS Nurse Manage – Workforce initiatives:

- To maintain a directory of mentors and their respective sites and of the mentoring arrangements of each clinician and is responsible for ensuring the information therein is current.
- Develop systems to ensure all WACHS midwifery staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

Clinical Midwifery Manager is to:

- ensure that all midwifery staff are aware of this policy and the opportunity for participation in a mentoring program
- Monitor this document and ensure staff comply with its requirements.
- responsible for ensuring that the mentee and mentor workload is such as to allow time for regular mentoring

Mentors are to:

- ensure venue, mode and personal availability
- keep legible records
- ensure confidentiality is maintained
- be aware of limitations in knowledge
- commit to the process of mentoring
- be accountable to the employing organisation by promoting safe clinical practice accept responsibility for own professional development by seeking out additional resources for professional development and training as necessary

Mentees are to:

- ensure venue, mode and personal availability
- prepare issues or concerns for discussion
- keep legible records
- ensure confidentiality is maintained
- commitment to the process of mentoring.

All staff are to:

- ensure they comply with all requirements within this policy.
- promote a safe, patient-centred culture within WACHS.
- work within endorsed clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

## 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

[Health Record Management Policy](#)

## 7. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years. This process is to include a routine review of mentors, mentor sessions, number of clinicians who received mentoring, and number of clinicians who completed mentoring during that three year period. This process is initially the responsibility of the Country Health Innovations-Maternal Health Improvement Project.

## 8. Standards

[National Safety and Quality Health Service Standards](#)

- Standard 1 – Organisational Leadership 1.3.2

[EQulPNational Standards](#)

- Standard 13 - Workforce Planning and Management 13.8.1

## 9. Legislation

[Health Services Act 2016](#)

## 10. References

1 .Department of Health – Mentoring Network

[https://ww2.health.wa.gov.au/Articles/N\\_R/Nursing-and-Midwifery-leadership/Mentoring-network](https://ww2.health.wa.gov.au/Articles/N_R/Nursing-and-Midwifery-leadership/Mentoring-network)

## 11. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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