Mentoring Guide
2020

PEPA Program of Experience in the Palliative Approach

PEPA Indigenous Program of Experience in the Palliative Approach

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Introduction

Thank you for agreeing to act as a mentor for PEPA. Your expertise and guidance will be a valuable component of the program, and the time and effort you are providing is greatly appreciated. We hope your involvement in the program will be a rewarding and interesting experience for the participant, as well as for you as a mentor.

In addition to receiving this mentoring guide, host sites and mentors will be sent more specific details about each participant attending their host site closer to their scheduled placement date/s. Mentors will also have the opportunity to obtain more information from each participant prior to their placement.

If you have any queries during the placement please contact the PEPA Manager in your State or Territory. Contact details for the manager in your jurisdiction can be found on the PEPA website: www.pepaeducation.com/about-pepa/our-team

Welcome to PEPA

PEPA provides primary healthcare providers with the opportunity to develop skills, knowledge and confidence in the palliative approach to care through a supervised clinical placement at a specialist palliative care service. Placements are available within all Australian states and territories for healthcare practitioners from a range of disciplines including nursing, allied health, general practitioners, Aboriginal health workers / professionals and aged care workers. Applicants are welcome from regional, rural and remote areas.

PEPA aims to enhance the capacity of health workers / professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.

PEPA will achieve this aim by:

- building workforce capacity by facilitating clinical experience and other experiential opportunities for health practitioners across rural, remote and metropolitan settings in the palliative approach to care;

- enhancing network linkages between specialist and generalist palliative care providers;
- enabling Aboriginal and Torres Strait Islander healthcare providers to gain culturally supported experience in the palliative approach to care; and
- providing professional skills development opportunities for clinicians.

The focus is on assisting participants to expand their knowledge and skills by achieving their learning goals. This opportunity is not designed to make generalist participants specialist palliative care providers, but to assist them to incorporate a palliative care approach into their generalist practice setting.

On completion of the placement, participants should be able to:

- Demonstrate an enhanced understanding of the application of the principles of palliative care in the clinical setting
- Identify the needs of individuals with a life-limiting illness and their family / carers, including care preferences, spiritual requirements and bereavement expression
- Appreciate the benefits of timely and appropriate access to palliative care services
- Identify the role of your profession / work role in managing issues faced by individuals with a life-limiting illness
- Demonstrate an enhanced understanding of culturally-responsive palliative care provision
- Identify services and resources to support individuals with a life-limiting illness and their families
- Recognise your own knowledge base and scope of practice regarding palliative care provision
- Identify personal coping and self-care strategies to effectively manage the issues related to working in this field.

Participant Resources

The PEPA learning pathway provides participants with a range of resources to support their learning and to optimise their learning experiences while on placement. These include:

- Profession / role-specific learning guides
- Participant Placement Guide
- Reverse PEPA Placement Guide

These resources are available on the PEPA website.

What is in this mentoring guide?

This mentoring guide provides you with an outline of PEPA and guidelines for mentoring before, during and after the placement. This mentoring guide is divided into three sections.

- **Section A** provides a brief overview on mentoring.
- **Section B** outlines what is expected of a PEPA mentor.
- **Section C** introduces the PEPA learning guide and provides suggestions for how to support the participant's work through the learning guide and optimise the learning opportunities provided by the placement.

It is suggested you keep this guide easily accessible so that you may refer to it as needed.

Did you know?

The word 'mentor' comes from Homer's Odyssey. Mentor was a trusted friend of Odysseus who went to fight in the Trojan wars. Odysseus entrusted Mentor with the care of his house and his son, Telemachus. Anthena, the Greek goddess of wisdom, assumed the form of Mentor in order that she might give Telemachus some useful advice and counsel. Through Mentor Anthena acted as an advisor to the young Telemachus, helping him to overcome challenging obstacles.

Section A: Overview of mentoring

Some basic definitions

Mentoring

There are many definitions for mentoring, some of the more commonly used definitions include:

- Mentoring offers "experienced professional nurturing and guiding" for novice practitioners who benefit from being taught by a more experienced practitioner and receive practice-based teaching relevant to their specific needs. Mentoring also enables feedback to be contextual and as immediate as possible. (Nash and Scammel, 2010)
- Mentoring is a process whereby an experienced, highly regarded, empathic person (the mentor) guides another usually younger individual (the mentee) in the development and re-examination of their own ideas, learning, and personal or professional development. (Taherian and Shekarchian, 2008)
- Mentoring is a relationship between two people in which trust and respect enables problems and difficulties to be discussed in an open and supportive environment. (Whittaker and Cartwright in Macafee, 2008)

Mentors

- Provide a safe place for reflection, they listen and support, explore strengths and blind spots, enable self challenge, generate insight and focus on goals. (Connor et. al., in Macafee, 2008)

Common to all of these definitions is an emphasis on a supportive professional relationship between two individuals, where a primary focus is on the development of the mentee.

Why is mentoring used?

Mentoring encompasses a supportive relationship and a teaching-learning process (Thorndyke et. al., 2008). If humans are to flourish they need positive and fulfilling relationships with others (Seligman etal., 2005), including at work (Mann, 2018). Mentoring relationships are based around developing reciprocity and accountability between each partner (Mills, Francis and Bonner, 2005).

The mentoring process can be beneficial to all parties including mentors, mentees and organisations (Hansford, Ehrich and Tennent, 2003: p222,; Taheiran and Shekarchian, 2008).

Mentoring has the potential to develop a professionally stronger and more rounded workforce, with the fostering of scholarship and research, as well as clinical expertise (Mills, Francis and Bonner, 2005; Johnson 2006).

Within the context of PEPA, a specialist palliative care worker (the mentor) is linked with a primary healthcare provider (the participant) who undertakes a short term clinical placement in the mentor's practice setting. Where possible, the discipline of the participant is matched with that of the mentor. A combination of observing clinical experience in a specialist palliative care service, using the PEPA placement guide and interacting with a mentor will expose the participant to a variety of learning experiences.

The mentor has a variety of roles including helping orientate the participant, pointing out resources, demonstrating best practice, facilitating learning and providing feedback. The mentor is also available to discuss placement experiences, issues or any concerns that may arise. The mentor will meet with the participant on the first day of the supervised clinical placement to discuss the learning goals, and to come to a mutually agreed learning plan. The mentor will regularly discuss with the participant progress against the learning goals.

Evidence-base for mentoring

A meta-analysis of 151 mentoring studies, most of which relied on qualitative methodologies for measuring outcomes, showed that mentors, mentees and organisations were largely positive about their mentoring experiences:

Note: the numbers in brackets represent the percentages of respondents who cited each of the specified points.

Positive outcomes for mentees:

- ✓ career satisfaction and motivation (50%),
- ✓ coaching, ideas and feedback strategies (31%),
- ✓ improved skills and performance (23%),
- ✓ support and encouragement (22%),
- ✓ access to resources, information and people (17%),
- ✓ increased confidence (15%).

Negative outcomes for mentees:

- ✗ problems associated with gender and race differences (8%),
- ✗ limited autonomy (7%),
- ✗ untrained or ineffective mentors (7%),
- ✗ either lack of mentor time or lack of mentor availability (4%).

Positive outcomes for organisations:

- ✓ improved productivity by employees (14%),
- ✓ staff retention (12%),
- ✓ team spirit (7%),
- ✓ facilitated change / learning (2%),
- ✓ bridging the gap between training and workplace (1%).

Positive outcomes for mentors:

- ✓ career satisfaction and possible promotion (7%),
- ✓ improved skills and job performance (7%),
- ✓ pride or personal satisfaction (7%),
- ✓ benefits of assistance and ideas (6%),
- ✓ respect and empowerment (6%),
- ✓ insight into other roles (6%),
- ✓ interpersonal development and confidence (6%).

Negative experiences of mentors:

- ✗ lack of time to perform their mentoring role (6%)
- ✗ lack of training (5%),
- ✗ unrealistic expectations of the mentee (3%).

Hansford, B.C., Ehrich, L.C. and Tennent, L. (2003) Does mentoring deserve another look? In: Wiesner, R. and Millett, B., (eds.) *Human Resource Management: Challenges and Future Directions*. John Wiley & Sons, Milton, Qld., pp. 219-228.

The mentor–participant partnership

Characteristics of effective mentor-participant partnerships in the context of clinical learning environments include the following:

- The mentor and participant are working in a voluntary capacity towards the same goals.
- The mentor and participant have mutual respect and consider each other as equals irrespective of their different knowledge, skill and experience levels.
- Most importantly, the mentor and participant require good communication, interpersonal and problem solving skills.
- Parties must be committed and motivated.
- Mentors have a sound knowledge base, be competent in their field and have a good awareness of safe practice.
- The mentor needs to have an established network and be willing to share information, skills and wisdom.
- The participant uses initiative and has the capacity for self-direction.
- The mentor and participant create a culturally inclusive partnership.
- Mentors have sound knowledge of cultural responsiveness and a good awareness of culturally safe practice.

(Murray, 2001; Rolfte-Flett, 2002; Clutterbuck, 2004; Northcott, 2000; Zeus and Skiffington, 2001, Shea, 1994)

Interpersonal strategies for mentors

- Spend time getting to know each other during the initial stages.
- Be available, visible, receptive, non-threatening, tolerant, honest and understanding.
- Build rapport, trust and an open environment to promote discussion.
- Introduce the participant to other colleagues.
- Listen to the participant's needs and experiences.
- Ask probing, open-ended and 'what if' questions.
- Encourage the participant to ask questions.
- Provide regular support and encouragement.
- Give clear messages and instructions and check that the participant understands them.
- Let the participant work at his or her own pace, where appropriate and possible.
- Clarify any uncertainties and discuss any problems.

Things to talk about upfront

- **Well defined goals and outcomes –** What do each of you want from this mentoring relationship?
- **Successful criteria and measurement –** How will you know when you both have been successful in this mentoring relationship?
- **Delineation of mutual responsibility –** What do each of you agree to do?
- **Accountability assurances –** How will you work together to hold each other accountable for making time to do what you plan?

- **Confidentiality –** What do you agree to in terms of protecting confidential information? What do you agree to in terms of deciding when each one might need to seek the assistance of others?
- **Protocols for addressing stumbling blocks –** What are your routines for collaborative conversations or problem-solving strategies?
- **Boundaries –** When and how do you agree to communicate with one another? What are the topics that are relevant? What is off-limits, in terms of your mentoring relationship?
- **Partnership agreement –** How do you document your decisions about these issues?

Relationship concerns

We hope that most issues between mentors and participants can be discussed and resolved between each other – this can provide an interesting learning opportunity for both people.

Types of challenges that could be encountered include:

- Different expectations
- Engagement
- Mismatched expertise
- Different perceptions of scope of practice
- Breach of safety and/or professional conduct
- Lack of cultural safety.

Excellent resources to help you increase your repertoire of interpersonal skills for mentoring are the books:

Beyond Goals: Effective strategies for coaching and mentoring (2013). By S. David, D. Clutterbuck & D. Meggison (Eds). Farnham: Gower.

The neuroscience of the mentor-learner relationship. By Johnson, S., in the New Directions for Adult and Continuing Education (2006). (110), 63-69.

Principles for facilitating learning

When working with adult learners it is often more appropriate to facilitate / educate rather than tell / instruct (Nash and Scammell, 2010; Seligman, 2005).

Fundamental to this process is the exploration of beliefs that underpin and guide personal practice as they become apparent in actions and attitudes.

Whatever the area and context in which workplace learning is used, a prerequisite is the ability for the mentor to translate their enthusiasm for the role they perform in palliative care.

Management of risks

It is the responsibility of all stakeholders to be aware of the potential risks associated with the program and to implement appropriate strategies to effectively manage these risks.

Participants attending host sites are supernumerary to the staff of the host site, and must only undertake those activities within the scope of their profession, skills and experience, while being supervised at the time. Some risks can be mitigated by appropriate orientation and checking eligibility prior to a placement.

Process for resolving issues

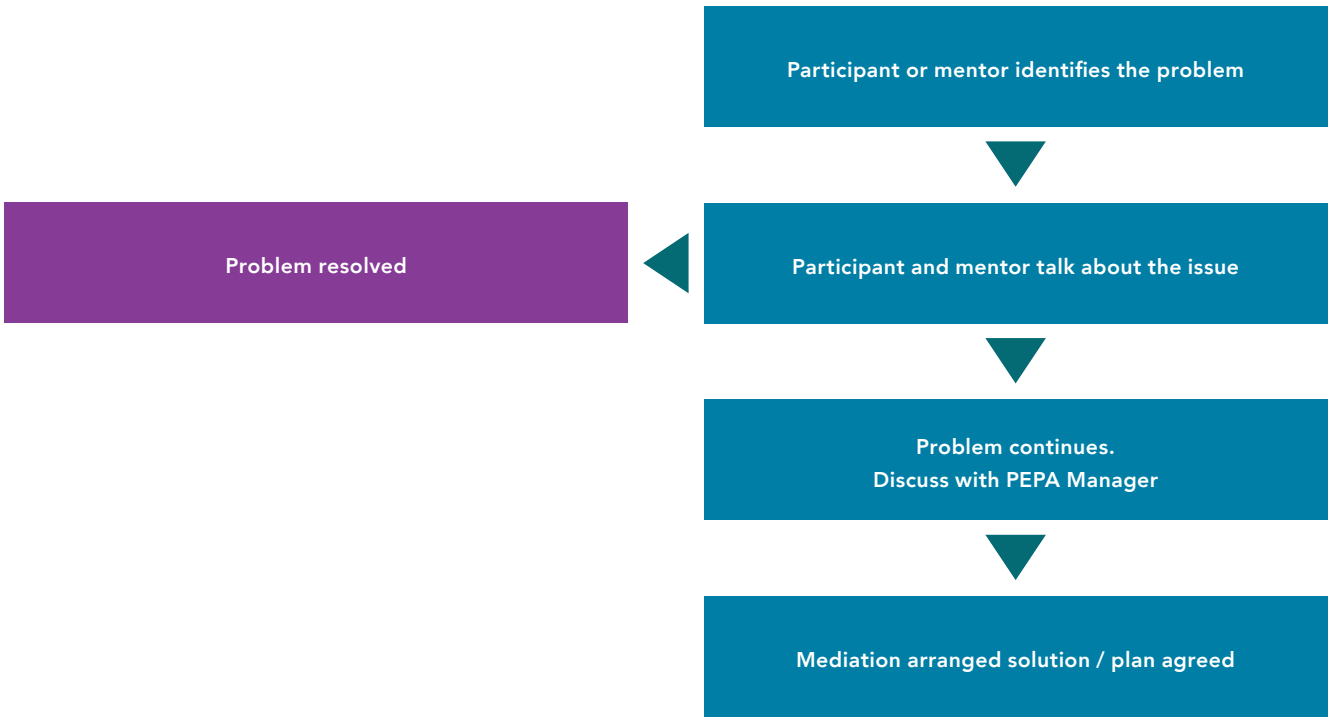
While every effort will be made to ensure appropriate placements, at times a participant or host site might identify a problem with the placement. The mentor, participant and host venue need to address the issue and, if this does not work, the mentor can contact the PEPA Manager in their state or territory to resolve the problem (www.pepaeducation.com/about-PEPA-our-team)

We suggest that you follow the simple process below to help you ascertain the extent of the issue and take appropriate action.

- In the first instance, clarify in your own mind what the issue seems to be from your point of view.
- Mentors then see if they can think about the issue from your participant's point of view.
- Taking both perspectives into account, think of possible solutions or alternative ways you might move the situation forward.
- Introduce the topic of concern in your next meeting, or if appropriate before your next meeting.
- Outline your concerns and ask your participant how they perceive the issue. Use the information from both points of view to find a way of working through the issue to an appropriate solution.
- If an appropriate solution cannot be agreed upon, either party you will need to contact the PEPA Manager to resolve the problem.

Where a serious issue or concern arises, follow the appropriate policies and procedures for your host site service and inform the PEPA Manager as soon as practicable.

Diagram 1: Flowchart for resolving issues



Section B: What does the mentor do?

Although the development of the participant primarily depends on the participant, individual progress can be influenced by the mentor's actions; more specifically by the roles, functions and strategies the mentor adopts. The following section provides a broad overview of the roles and functions of the mentor which can facilitate the participant's development.

Roles and responsibilities

Diagram 2: Roles of the mentor

Responsibilities of the participant (mentee)

- Be familiar with the content of the placement guide.
- Prepare for the placement by referring to the educational resources provided and identifying their individual learning needs for the program.
- Attend the placement as an observer and work closely with the allocated supervisor at all times.
- Consider how learning can be transferred into their current practice and work environment.
- Be sensitive to the work demands of the mentor.
- Abide by the policies and procedures of the host site.
- Reflect on their experience and critically appraise care provision of patients in their community.
- Undertake an activity on return to their own workplace / practice within three months of completing the placement.
- Complete and return all evaluation documents.
- Complete and return all necessary documents to the PEPA Manager, pre and post placement according to the checklist in the placement guide.
- Notify the PEPA manager and comply with the host site policy, in the event that any injury or illness occurs on placement.
- Notify the mentor and PEPA manager if they are unable to attend their supervised clinical placement for any reason.

Responsibilities of the host site

- Ensure there is a single person responsible to administrate arrangements.
- Provide mentors who have appropriate clinical teaching experience and who have done the PEPA mentoring workshop / online learning.
- Ensure that mentors are aware of the dates that they have been assigned a participant.
- Ensure that the participant is supernumerary to the staffing of the service.
- Ensure that the participant is aware of local policies and procedures relating to safety and security.
- Complete and return the evaluation survey every six months.
- Advise the PEPA manager of any issues or concerns during the supervised clinical placement.
- Ensure that the host site is culturally responsive and provides a culturally safe environment for Aboriginal and Torres Strait Islander PEPA Participants.

Responsibilities of the mentor

- Be familiar with the contents of this Mentoring Guide and the PEPA for Aboriginal and Torres Strait Islander Health Workers Mentor Guidelines and Communication Guidelines.
- Be familiar with the contents of the PEPA Placement Guide and PEPA Learning Guide relevant to your profession (online versions of all guides are available for download from the PEPA website (www.pepaeducation.com).
- Start thinking about or planning your time and working arrangements for the placement period. Consider whether you need to delegate some responsibility to colleagues intermittently or for the duration of the placement.
- Incorporate the features of a 'best practice' PEPA placement as outlined in the following sub-section.
- Sign the participant's PEPA Placement Completion form for allocation of continuing professional development (CPD) hours / points.

Responsibilities of the PEPA Manager

- Coordinate and implement the PEPA program.
- Resolve any procedural issues that arise during the course of the placement.
- Ensure the participant is placed in a suitable host facility to meet their learning needs.

Key elements of best practice clinical learning settings

Best practice clinical learning organisations provide learners with a secure and supportive environment to experience the reality of professional palliative care practice. Such organisations are identified by the following six key elements (Darcy Associates, 2010).

1. **An organisational culture that values learning:** Education is valued and viewed as beneficial to the organisation. Education is planned for and lifelong learning and evidence-based practice are supported. Educators are rewarded and supported for their contributions and learners are treated as part of the team and are respected for what they bring.
2. **Best clinical practice:** Palliative care services achieve best practice with a commitment to quality care and striving for continuous quality improvements by adopting policies and protocols that encourage high quality care; monitoring service accreditation processes; performance measures; and recruitment of highly skilled staff. Best practice organisations model the behaviours, processes and practices the learners need to understand how best practice can be achieved.
3. **A positive learning environment:** Palliative care organisations need to provide a safe, welcoming environment and supply appropriate learning opportunities bringing together patient, facilitator and learner into the same space where the learner can progress from observer to independent practitioner. Learning objectives need to be clear with structured learning programs and assessment. Clinical teaching staff need to be suitably trained and sustainable ratios of teaching staff to student and patients to students need to be maintained.
4. **An effective health service-training provider relationship:** Collaborative written agreements (legal or otherwise) between training providers and palliative care services establish expectations and responsibilities of the partners in the delivery of clinical education.

   This relationship stands on mutual respect and understanding and should provide practical mechanisms such as shared administrative resources, feedback mechanisms and direct exchange of expertise, experience and educational resources.

5. **Effective communication processes:** Effective communication between learners, clinical educators, other health professionals, health service administrators and educational providers is essential in establishing strong and resilient relationships. These relationships permit the exchange of ideas and information and provide feedback to improve teaching and learning.
6. **Appropriate resources and facilities:** To provide best practice clinical placements, palliative care services should provide sufficient capital infrastructure facilities such as teaching and learning spaces; personal resources; teaching and learning materials; IT and communication resources including computer workstations and internet access; amenities such as kitchen access, staff toilets and lockers; and additional assistance for learners away from home such as accommodation assistance and work and travel support.

Tips for a best practice PEPA placement experience

Qualitative assessment of the PEPA placement experience (Connell, Yates and Barrett, 2010) has highlighted features that denote a positive and successful placement. Most significantly, interactive engagement with service staff and patients as well as self-directed learning strategies promoted optimal learning. This was enhanced by validation of the students' own knowledge and life experiences.

As a general guide, the features of a quality PEPA placement would ensure:

- Mentoring arrangements are clearly identified prior to participant's arrival at service.
- Participant is oriented to service upon arrival (eg, OH&S, confidentiality, facilities etc).
- Participant's learning goals are identified.
- Activities / opportunities to achieve learning goals are identified. These may include:
  - ward rounds
  - handover
  - case conference / team meetings
  - family meetings
  - home visits
  - training / in-services
- A tentative schedule is prepared that includes time for the participant to observe a multidisciplinary approach to care and network with staff from other professions / roles working in the service. The schedule will include regular times for the mentor and the participant to meet. Remember that the schedule does not need to be too rigid. Flexibility is important and enables participants to take full advantage of whatever is happening in the service at that particular time. Host sites operate differently so the schedule will vary between services and also between participants according to their individual learning goals.
- Learning is sensitive to the needs of rural and remote practitioners, Indigenous participants and participants who are from or primarily service people from Culturally and Linguistically Diverse backgrounds, as applicable.
- The participant is provided with resources and directed to further sources of information if a deeper understanding is desired.
- Mentors model desirable behaviours, attitudes and 'best practice' in palliative care that is preferably evidence-based.
- The participant is invited to join staff for meals.
- 'Reflection time' is encouraged, whereby the participant can read patient records (as appropriate), policies, pamphlets, PEPA learning guide etc.

- The participant is provided with an opportunity to debrief and review goals at the end of each day.
- Feedback is sought and provided.
- The participant is provided with an opportunity to discuss their planned workplace activity (which must be implemented in their service within three months of completing a PEPA placement).
- The participant is encouraged to retain links with service and PEPA post placement network.

Note: A mentor checklist is included in Appendix 1 for you to copy and refer to during every placement.

Further education and training

PEPA Online Mentoring Modules are available on the Palliative Education and Training Collaborative's learning management system https://palliativecareeducation.com.au/ to enhance your development. These modules are free, you just need to register via the site to access them. There are four modules of learning that will take you 30 minutes per module to complete. These modules must be completed prior to your first PEPA mentoring experience. These four modules will support your understanding of holistic culturally responsive mentoring practice that is expected for all PEPA placements. These modules will additionally provide you with two hours of CPD development when complete.

In addition to online learning, PEPA Mentoring workshops and training will be held within the various jurisdictions. More information can be found at https://pepaeducation.com/upcoming-workshops-and-registration/

Please contact your state or territory PEPA Manager for additional information.

Further training at a tertiary level include: Certificate IV, Graduate Certificate, Postgraduate Certificate, Graduate Diploma and Master level courses in Training and Assessment, Leadership and Management, Educational Leadership, Mentoring and Coaching.

Summary

Within the context of PEPA, the role of the mentor is to orientate the participant, to help coordinate and plan the clinical experience, to point out resources, to demonstrate best practice, to answer clinical questions and to provide feedback.

The mentor is not expected to know everything, but must be able to engage other resources in order to find out more information as required. As mentor, you may work with the participant on a one-to-one basis or delegate the responsibility to one of your colleagues for some of the time.

Above all, maintain confidentiality and a sense of humour, and facilitate the participant's self-directed learning by providing encouragement and access to learning opportunities.

Section C: Learning guide and learning plan

To support the participant's learning mentors will need an understanding of what the participant will be doing throughout the program. Mentors will need to be familiar with the content of the PEPA Placement Guide as this is the participant's primary tool for self-directed learning during the PEPA placement. It is suggested that mentors read through the Placement Guide prior to reading the remainder of this section.

Overview of the PEPA Placement and Learning Guides

- A number of PEPA learning guides are available that are profession / role specific.
- Each learning guide contains information to facilitate the participant's self-directed learning.
- Guides are tailored to meet the unique learning needs of each individual while also ensuring some fundamental principles are examined. Learning guides can be requested from PEPA Managers
  or an electronic version can be downloaded from www.pepaeducation.com.
- The Placement guide outlines the recommended and mandatory work the participant must undertake and submit for their placement. It covers the steps the participant needs to undertake to prepare for their placement, directions on how to use the PEPA Learning Guide and tips for working with a mentor. Furthermore, it includes activities and readings to be used during the placement and instructions for the post placement project and completing the necessary assessment and paperwork for the program.
- As this guide is a vital resource for the participant, they have been advised to bring it with them on every day of their placement.
- Reverse PEPA placements, where a specialist palliative care clinician travels to the applicant's place of employment to facilitate learning, is another type of PEPA placement. There is a specific placement guide for this available on the PEPA website.

Learning plan and activities

- At the beginning of the Placement Guide, there is a space for participants to record their personal learning objectives and construct a learning plan.
- Participants have been instructed to complete this section prior to the commencement of their placement.
- On the first day, review the participant's constructed learning plan and discuss strategies for achieving these goals.
- Throughout the placement refer to the learning plan regularly to maintain focus and use it as a baseline from which to review the participant's progress.
- Most of the Placement guide activities are self-directed. However, some may require mentor input in the form of instruction, discussion, supervision, debriefing and feedback. Review participant answers / findings and provide feedback and clarification as required.
- Assist the participant's selection of appropriate patients and families to work with when undertaking the activities.
- Assist the participant to identify appropriate and available resources at your host site.
- Prompt the participant to take notes on what has been learnt and clarify additional goals of future learning.

Workplace Activity

As specified in the learning guide, the participant is required to design and undertake a palliative care project in the workplace on completion of their placement. The participant might wish to discuss ideas with you and search for resources to implement the plan. The provision of such resources is left to your discretion and the policy of your host site.

Participants have been given suggestions in the Placement Guide for what activities they could do. It would be helpful if you could assist the participant to think creatively if he or she is struggling to devise

an activity. Some example activities are organising a workshop or presenting an in-service or case study, designing an assessment tool for your workplace, developing a palliative care resources folder, amending or introducing a policy and procedure, conducting a research activity, or planning something for the annual Palliative Care Week. As a guide, the preparation and implementation of the project should take at least 2–3 hours in total.

Reflection of Learning

Participants are required to complete a reflection of learning at the end of their placement to help them to ascertain the effectiveness of their experience during placement. This includes a review of the program and program objectives and a reflection on the extent to which they were achieved and areas for further learning. The participant must complete this reflection independently and submit a short summary to their local PEPA Manager. However, they may need you to provide relevant feedback and discussion.

At the end of their placement, set aside some time to meet with the participant to specifically reflect on the placement, your mentor–participant relationship, and the program. You might offer the participant some overall feedback on his or her performance and perhaps the participant might have some feedback for you or the host site.

Your discussions might also produce suggestions about the management of the program or the learning and mentoring guides, which might be of interest to the PEPA Manager. It would be worthwhile taking some time out to reflect on your own performance as a mentor too.

Ongoing networks and support

One of the other main purposes of the program is to establish networks between generalist healthcare providers and specialist palliative care providers. As the placement comes to a close, explore the possibilities for ongoing consultation and networking.

Paperwork

As the mentor, you are required to verify that the participant has attended the clinical placement so the participant can claim continuing professional development points.

You are to sign this on the last day of the participant's placement. It is the participant's responsibility to submit this form along with the completed PEPA Learning Plan, reflection of learning and workplace activity report to the PEPA Manager.

Evaluation

Participants are required to complete pre- and post- placement evaluation at the following times:

- **Pre-placement:** approximately one week prior to placement;
- **Post-placement:** approximately three months after placement.

These will be emailed to the participants from pepaevaluations@qut.edu.au.

Additionally, every six months you or another representative (mentor or manager) from your host site is required to complete host site evaluation surveys that will be sent to you by your local PEPA Manager:

- **Host site evaluation:** biannually in March and October.

Certificate of completion

PEPA Managers will post a certificate of completion to participants once all post placement activities have been completed, including the completion form, reflection of learning workplace activity and the post-placement evaluation.

Section D: Working with Aboriginal and/or Torres Strait Islander PEPA Participants

Introduction

Aboriginal and Torres Strait Islander peoples have the right to live healthy, safe and empowered lives with strong connections to culture and Country. This includes having access to culturally safe and respectful workplaces and training environments.

Deficit discourses and negative stereotypes about Aboriginal and Torres Strait Islander peoples have informed many foundational aspects of Australian society throughout our shared history including our health systems (Attwood & Markus, 1999; Augoustinos, Tuffin, & Rapley, 1999: Paradies, 2016). For many Aboriginal and/or Torres Strait Islander peoples, workplaces and training environments that are culturally safe and respectful have been difficult to find.

Yet, the invaluable role of Aboriginal and/or Torres Strait Islander health professionals in delivering appropriate care to Aboriginal and/or Torres Strait Islander peoples as well as improving the health system is recognised widely including in the National Aboriginal and Torres Strait Islander Health Strategy, 2013-2023, (p.23):

> *Aboriginal and Torres Strait Islander health professionals are essential to the delivery of culturally safe care, in primary health care settings with a focus on health promotion, health education, in specialist and other health services, and the engagement of Aboriginal and Torres Strait Islander people in their own health. The employment of Aboriginal and Torres Strait Islander health professionals also contributes to the development and maintenance of culturally safe workplaces and assists in addressing institutionalised racism.*

PEPA aims to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops. Ensuring cultural safety in PEPA training and clinical environments for Aboriginal and/or Torres Strait Islander health professionals is a fundamental aspect of the program.

What is cultural safety?

> *For Aboriginal and Torres Strait Islander peoples a culturally safe environment is one where we feel safe and secure in our identity, culture and community.* (Australian Human Rights Commission 2011)

> *Cultural safety is a philosophy of practice that is about how a person does something, not what they do, in order to not engage in unsafe cultural practice that '… diminishes, demeans or disempowers the cultural identity and wellbeing of an individual'* (Nursing Council of New Zealand, 2011, p 7).

Cultural safety is central to Aboriginal and/or Torres Strait Islander peoples and their relationships. In mentoring partnerships, it is experienced when individual cultural ways of being, preferences and strengths are identified and included in the mentoring process.

When Aboriginal and/or Torres Strait Islander peoples experience a lack of cultural safety, health professionals, administrators and mentors are usually well-intentioned. However, we are often unaware of our own cultural practices and assumptions. Sometimes the usual ways we relate to people can cause them to feel unsafe, uncertain and offended.

Importantly, it is the PEPA Participant who determines whether he or she feels culturally safe in the partnership.

Cultural safety does not necessarily require the mentor to study any culture other than their own. It is essentially about being open-mindeded and flexible and understanding our own culture(s) and its influence on how we think, feel and behave.

Creating healthcare environments that are culturally safe for Aboriginal and/or Torres Strait Islander patients and staff is crucial to:

- improving Aboriginal and Torres Strait Islander health outcomes
- ensuring a culturally inclusive health system and to
- successfully recruiting, training and retaining Aboriginal and Torres Strait Islander staff.

Cultural Responsiveness is the practice that enables cultural safety.

What is cultural responsiveness?

> *Cultural responsiveness is the active approach taken by individuals, organisations and systems to promote and maintain cultural safety… For IAHA, cultural responsiveness in mentoring is a set of strengths-based, action-orientated approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. It is a negotiated process of what constitutes culturally safe mentoring. It is about the centrality of culture and how that shapes each individual, their worldviews, values, beliefs, attitudes, and interactions with others. It requires strengths-based approaches and recognises that if cultures are not included in the mentoring relationship, the quality and probable impact of the mentoring relationship is likely to be diminished.* (Indigenous Allied Health Australia, 2015)

> Cultural responsiveness is a term that originated in Canada and North America and is a further development of work in transcultural nursing and cultural competency. (Federation of Saskatchewan Indian Nations, 2013).

To be culturally responsive, individuals, organisations and systems take action to be culturally inclusive, culturally respectful and to respond appropriately to the unique attributes of the people, families and communities with whom they work. It is not enough to be well motivated and understand the need for change. Culturally responsive health professionals are courageous, self-aware, reflective and proactive.

The following table provides examples of culturally safe practice and practice that creates a lack of cultural safety. This list is not comprehensive. Rather, it is a beginning for your considerations.

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• have an awareness of their own culture, cultural practices and assumptions	• are unaware of own culture and cultural practices eg, customs, traditions, beliefs, values and assumptions. For example, a common assumption is that Australians like to give everyone a fair go but research shows this is not the experience of minority populations. Another cultural practice is that Australians drink alcohol which increases trust and 'mateship' with others. When someone does not drink alcohol, often assumptions emerge. We have cultural ways in which we organise and enjoy celebrations. Our spiritual beliefs are also guided by our culture. What cultural practices, traditions, beliefs, values and assumptions did you learn as you were growing up? How do these impact your relationships now?
• have an awareness of how their own cultural practices and assumptions may be different from those of other cultural groups	• focus on understanding other cultures. Assume that people can be understood by studying their culture. While this approach is well meant, it can create generalisations. For example, some people believe that making eye contact with Aboriginal and/or Torres Strait Islander peoples is disrespectful. This is true for some but not all Aboriginal and/or Torres Strait Islander peoples. This approach doesn't allow for individual preferences or individual life experiences. It also promotes the "othering" of people from cultures other than our own and "cultural voyeurism". It's not possible to completely understand another culture through study because it is not our lived experience and we view and understand other cultures through our own cultural lens. Cultural safety for others is more likely when we understand our own cultural lens and expect that there will be differences and similarities without making assumptions, generalisations or judgements.

• use personal reflection to become aware of own stereotypes and act to counter stereotypes.	• are unaware of own stereotypes. We all have stereotypes about individuals and groups. For example, some people believe that women allow their emotions to affect their work more so than men or that the younger generation lack work ethic and are self-centred or that cyclists are arrogant and try to take up space on the road. Consider your initial responses to the following terms:
	  • greenie
	  • unionist
	  • priest
	  • an Aboriginal person living in Alice Springs
	  • truckie
	  • an urban Aboriginal man
	  • backpacker
	What stereotypes came up for you? The issue is not that we have stereotypes but rather whether we are aware of them – if we believe them and act from them or whether we challenge them.

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• appreciate diversity and value the life experiences and cultural perspectives that Aboriginal and Torres Strait Islander health professionals bring to the workplace.	• may consider that Aboriginal and/or Torres Strait Islander health professionals have been employed to meet targets and that when workplaces are culturally inclusive, special treatment is being given. When this occurs, assumptions can be made that Aboriginal and/or Torres Strait Islander health professionals are somehow not up to the job and/ or that they need additional training in order to do the job, regardless of their qualifications and skill levels. Have you ever heard anyone in your workplace make comments doubting the ability of an Aboriginal and/or Torres Strait islander health professional sometimes before they have met them? In mentoring relationships, it is essential to respect and value the life and work experiences and cultural perspectives that the mentee brings to the relationship.
• have an awareness of how cultural diversity may impact relationships with clients/ patients/ mentees from other cultures. When mentoring relationships are open and inclusive of diversity, they provide an opportunity for mentees to share valuable personal insights into cultural diversity and for mentors to increase their knowledge.	• treat everyone the same regardless of cultural heritage. While this approach seems fair, when we do this, it assumes that people from other cultures are just like us. We can assume common goals, standards, problems, and needs. In doing so, this approach can negate the cultural values, norms, expectations and life experiences of people from other cultures. Consider this scenario. Mark, a Wiradjuri man, is a patient in a palliative care facility. His condition deteriorates and the hospital notify his family. Mark's extended family travel from near and far to see him and be with him. The number of visitors wanting to see Mark and support him and each other at this time is more than the hospital has seen before. Sometimes there is silence, sometimes there is noise and laughter. When it becomes clear that Mark will pass soon, the visitors stay as close to him and his wife and children as they can in a vigil. Although the management of the facility wants to support the family as much as they can, this situation, tests their rules, protocols and resources. How would your workplace respond?
• include the worldviews and life experiences of mentees and people receiving care	• focus on life styles without considering the world views and life experiences of mentees and people receiving care. When this happens, health professionals often expect that patients and mentees will have similar expectations or similar concepts of a healthy lifestyle. Sometimes cultural practices or life circumstances can conflict with these expectations. If your mentee or patient works and/or lives with Aboriginal and/or Torres Strait Islander people, his or her experiences may be very different from yours. For example, patients may have cultural beliefs around the concept of medicine taking and western-style healthcare. Some Aboriginal and/or Torres Strait Islander peoples may use traditional healing methods and bush medicine. Additionally, there may be factors that affect Aboriginal and/or Torres Strait Islander patient access to and management of medicines including cost, availability of transport, availability of pharmacies and storage facilities.

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• are aware of power dynamics in relationships with mentees and people receiving care. Practice shared decision making and patient centred care.	• are unaware of power dynamics in relationships with mentees and people receiving care. When power issues occur the health professional, mentor or administrator may have very good intentions. However, responses from patients and mentees may not be what they expect. Consider this scenario. Joe, a Waka Waka man, is admitted to hospital for minor surgery. In his family, being admitted to hospital has meant that the patient had no say in what was happening and sometimes they didn't come home. He and his family hold much fear about hospitals. The staff at the hospital are very friendly and do everything they can to make him feel comfortable. However, they don't know about Joe's family history with the health care system so it is not considered when his treatment plan is developed. Joe tells the hospital staff what he thinks they want to hear so that he can get out of there as fast as he can. In fact, he discharges himself as soon as he can and before the staff believe that he is ready. Similarly, in mentoring relationships, when power dynamics are unnoticed, there is a greater likelihood of miscommunication in the same way as demonstrated in the above example.
• accept that power imbalances can be negotiated/changed.	• retain power. When this occurs the health professional, mentor or administrator takes the lead in decision-making and those decisions are based on what that person thinks is best for the patient or mentee. Little dialogue occurs. For some patients and mentees, this approach may work well. Others can feel intimidated and powerless. Consider this scenario. Maree, a Kauna woman, is a PEPA participant and she has just started her mentoring experience. She feels honoured to have this experience especially as her mentor, Angela, is a senior person in the Palliative Care Unit. Angela is clearly very busy. She has a great deal of responsibility and works efficiently. By the end of the second day, although Maree admires Angela's knowledge and ways of working, she feels quite intimidated by Angela. She doesn't want to be a burden during this placement and she doesn't want to sound stupid when she asks questions. She also has a couple of small suggestions for how things might work a bit better with two of the Aboriginal patients in the Unit but is very hesitant to express them.

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• understand how past events can impact the health of Aboriginal and Torres Strait Islander peoples and levels of trust between Aboriginal and Torres Strait Islander people and health professionals.	• are unaware of the history of Aboriginal and Torres Strait Islander peoples, particularly with health systems and impacts on contemporary care and relationships. Most Australians experienced an education system that omitted the history and experiences of Aboriginal and Torres Strait Islander peoples. When we are unaware of this history, we are more likely to accept common deficit discourses and negative stereotypes without question. It's part of our world view. Without this knowledge, we can't understand how experiences of colonisation have caused negative impacts on health outcomes for Aboriginal and/or Torres Strait Islander peoples and led to persistent risks to physical, psychological, social, spiritual and cultural health and wellbeing. This means that we may not understand responses from Aboriginal and/or Torres Strait Islander patients and mentees and our ability to form open and trusting relationships may be limited.
• are aware of the strengths, resilience, and resistance of Aboriginal peoples and Torres Strait peoples.	• accepts without question deficit discourses about Aboriginal and/or Torres Strait islander peoples. When this occurs, whether we realise it or not, we can have negative stereotypes that create have low expectations of Aboriginal and/or Torres Strait Islander people. Consider this scenario. Helen is a palliative care nurse in a large urban hospital in Western Australia. Helen is very interested in supporting Aboriginal and Torres Strait Islander people. She reads all that she can about Aboriginal and Torres Strait Islander health and feels distressed about the difference in life expectancy, housing standards, unemployment and rates of chronic disease in Aboriginal and Torres Strait Islander communities. Helen has just become a PEPA mentor and next week she will work with her first PEPA participant. She knows that she will be working with Kylie, a Yamatji woman, who has done very well in her study and work. Helen can't help but wonder about how Kylie overcame the difficulties that she must have experienced as an Aboriginal woman and whether she will need any extra support. Kylie is looking forward to her PEPA placement and to working with Helen. Kylie is proud that she followed her family tradition of nursing. Her grandmother was a midwife who travelled to communities across Yamatji country delivering beautiful babies. She was well-known and loved and people still tell yarns about her. Kylie's mother is a NUM in a regional hospital. Kylie graduated near the top of her class. She enjoys nursing and wants to make a contribution. Over the last 5 years, she has worked in stroke and geriatric care units. She is looking forward to learning about palliative care. When Kylie and Helen met it was clear that they had very different expectations about what the mentoring might achieve. Helen was surprised at Kylie's goals for the week and at first had doubts and advised Kylie not to be so ambitious. Kylie felt that Helen had low expectations of her but she had experienced this previously and knew that she could prove herself. Within a couple of days, Helen's expectations of Kylie had changed completely.

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• consider identity as a resource that can support wellbeing and social connectedness	• may consider identity a burden or a problem and that the patient or mentee has reduced opportunities for success because of his or her identity. Consider this scenario. Brian, a nurse, works in a geriatric evaluation and management unit in a regional hospital in the Northern Territory. Two of his patients are Larrakia men, David and George. Brian has much compassion for them. George, David and their families live on their homelands about 200kms from the hospital. This means that they and their family members need to travel long distances in order to receive medical care when they need it. On top of that, none of the health professionals speak the Larrakia language. They have to rely on family members to translate and Brian isn't sure that the right messages are getting through. Brian is familiar with Aboriginal and Torres Strait Islander health statistics and worries that the language and cultural differences and their location so far away from the hospital compromise the care that they receive. Additionally, David and George use bush medicines and, Brian suspects, don't take their prescribed medications regularly. Brian feels frustrated by this situation and has been enquiring into aged care facilities near the hospital. He has raised the subject of moving into town with both David and George and their families but they were adamant that they wanted to live out their lives on country with family. These differences are starting to cause tension in the relationship between Brian and David and George. What benefits to the health and wellbeing of David and George might living on their homelands with their families provide? How might health professionals be culturally inclusive when working with David and George?
• aware of the importance of developing trust in the relationship	• may assume trust because of professional status. When trust is assumed, we tend not to take the time to build rapport and get to know one another. In mentoring relationships trust is an essential component of the process. Trust is established at a personal level and is created by openness, honesty and mutual respect. It should be noted that trust in a mentoring relationship is different from professional credibility which is established by the mentor's competence and knowledge

Culturally responsive practice	Practice that creates a lack of cultural safety
Health professionals, mentors and administrators:	**Health professionals, mentors and administrators:**
• engage in a two-way dialogue where knowledge is shared	• engage in dialogue to establish rapport and obtain cooperation from the mentee or the person receiving care. In this type of dialogue, the patient or mentee is asked to share something about themselves and then the conversation is guided towards the information that is required by the health professional, mentor or administrator. Establishing a two-way dialogue requires the health professional, mentor or administrator to actively engage the mentee, invite questions and comments and take time to listen.

The development of high-level capabilities in cultural responsiveness involves continuous reflection, learning and action as we base our relationships on dialogue, communication, power sharing and negotiation (IAHA, 2015).

Preparing for your PEPA Participant

The following tips will help you to prepare yourself for a PEPA mentoring experience with an Aboriginal and/or Torres Strait Islander health professional.

TIP 1:
Develop your self-knowledge

REFLECTION

What are my strengths?

What are my limitations?

What are my values, beliefs, assumptions and expectations generally and specifically about mentoring?

To every relationship we bring our own values, beliefs, assumptions, perceptions, expectations, attitudes, motivations, moods, emotions, strengths and limitations. In mentoring relationships, it is important for us to know how these things may influence our mentoring choices and relationships. One of the characteristics of effective mentoring relationships is that mentors and mentees are focussed on self-awareness and are open to learning more about themselves.

TIP 2:
Reflect on your own culture(s) and worldview

REFLECTION

What is my culture or cultures?

How does culture influence my thoughts, feelings and behaviours?

What are my internal and external responses when I meet someone with a different cultural heritage?

Being culturally responsive does not necessarily require the study of any culture other than our own. The first step is to reflect on and develop an awareness about your own culture or cultures. Our culture informs our worldview – our personal framework of values, attitudes, perceptions, assumptions, beliefs about the world, ourselves, and life. It also subtly influences how we think about, and communicate with, those we see as different from ourselves. Understanding our own culture and its influence on how we think, feel and behave is complex, and often goes unquestioned.

It is important for us to know how our worldview may influence our mentoring relationships. Our cultural bias influences our actions. Our perceptions are shaped by our own cultural context and experiences. Using only one worldview, it is common to misinterpret an interaction or situation, which can lead to miscommunication and challenges in the mentoring relationship.

It is also important to keep in mind that we cannot be culturally neutral in any encounter and that each cross-cultural relationship is an opportunity for us to learn about ourselves and others.

TIP 3:

Develop your capabilities in cultural responsiveness

REFLECTION

What are my capabilities in cultural responsiveness?

Indigenous Allied Health Australia has developed a Cultural Responsiveness Framework, comprised of six key interconnected capabilities, which is a great start to considering and assessing your capabilities in cultural responsiveness.
They are:

Respect for the centrality of cultures focuses on:

- respecting and valuing Aboriginal and Torres Strait Islander cultures
- valuing the unique cultural lens that the Aboriginal and Torres Strait Islander workforce bring to organisations
- understanding and respecting diversity of Aboriginal and/or Torres Strait Islander peoples and communities
- understanding dominant cultures and privilege and the impacts on Aboriginal and/or Torres Strait Islander people.

Self-awareness is focused on:

- understanding our own cultures and impact on others
- understanding our own assumptions, beliefs and attitudes and their impact on others
- being open to changing behaviours and practices
- challenging our own assumptions, beliefs and attitudes that contribute to personal and institutional racism.

Proactivity is focused on:

- taking responsibility for our own capability development in cultural responsiveness
- addressing all forms of racism
- taking strengths-based and nation building[1] approaches to practice
- transforming practice through personal and organisational initiatives and innovations.

[1] **Nation (re)-building** refers to the processes by which an Indigenous nation enhances its own foundational capacity for effective self-governance and for self-determined community and economic development. (Jorgensen, 2007)

Inclusive Engagement is focused on:

- appreciating and implementing processes for Aboriginal and Torres Strait Islander self-determination and leadership
- developing respectful communication and engagement strategies that are a cultural match with communities
- encouraging community development solutions
- establishing respectful and equal partnerships in decision making.
- Leadership is focused on:
- leading by example – vision and values in cultural responsiveness are visible to others
- inspiring others in cultural responsiveness and cultivating a shared vision
- using strengths-based, solution-focussed approaches that collaborate with community leadership and are reinforced by governance protocols and relationships
- influencing change and transformation in building culturally responsive practice and environments.

Responsibility and Accountability is focused on:

- setting and achieving shared goals and targets in cultural responsiveness
- embedding cultural responsiveness in organisational goals and targets
- having accountability to Aboriginal and Torres Strait Islander individuals, families and communities
- understanding and working within a social justice and rights-based framework.

(Indigenous Allied Health Australia, 2015)

TIP 4:

Be clear about your mentoring purpose

REFLECTION

What is my mentoring purpose?

Before you start your PEPA mentoring experience, it is very useful to be clear about your motivations and your purpose.

Be clear about what you are offering your PEPA Participant. What skills and knowledge will be beneficial in the mentoring process? In what ways will you be a role model to your PEPA Participant?

The mentor-participant relationship

In this section the tips continue as we consider the relationship between you and your PEPA Participant.

TIP 5:
Communicate mindfully

REFLECTION

How is my communication working?

Your first interaction with your PEPA Participant establishes connection, begins the process of relationship building and provides the context for future communication. It is customary for Aboriginal and/or Torres Strait Islander peoples when first meeting someone to share both formal and personal information as a way of establishing a connection to each other. This reciprocal interaction is fundamental to relationship building with Aboriginal and/or Torres Strait Islander peoples.

Communicate with your mentoring partner in ways that work for both of you. Monitor its effectiveness and make adjustments as needed. Read the non-verbal language of the PEPA Participant and monitor your own non-verbal language to be sure it's conveying your message accurately.

It is important that personal stories are shared. Scenarios, anecdotes and case studies offer valuable, often unforgettable insights. This includes not only stories about what worked but also experiences of what didn't work and why. Both types of stories are powerful lessons that provide valuable opportunities for reflection

TIP 6:
Demonstrate respect for Aboriginal and Torres Strait Islander cultures

REFLECTION

How am I demonstrating respect for Aboriginal and Torres Strait Islander cultures?

For many Australians there has been limited opportunity to interact with and learn about Aboriginal peoples and Torres Strait Islander peoples and their diverse cultures and lifestyles. This means that for many of us, communication styles, family structures, diversity in lived experiences and the beliefs of Aboriginal peoples and Torres Strait Islander peoples can be unfamiliar.

To demonstrate respect for Aboriginal and Torres Strait islander cultures we can:

- be curious and ask questions respectfully. Often the best way to demonstrate respect is simply being interested and learning more by asking.
- be open-mindeded and flexible in our responses to cultural differences.
- understand that many Aboriginal people have been relocated and no longer live on traditional Country and that this does not diminish cultural and spiritual connections to Country.
- observe local community and cultural protocols in our healthcare and palliative care practices
- value culturally specific knowledge and skills that Aboriginal and/or Torres Strait Islander health professionals bring to health care generally, palliative care and the mentoring relationship

TIP 7:

Use strengths-based practice

REFLECTION

How am I using strengths-based practice?

Strengths-based practice recognises resilience and focuses on the strengths, abilities, knowledge, and capacities of individuals, rather than on their deficits, limits, or weaknesses. (Cramer & Wasiak, 2006). It has the ability to transform the broader deficits-based discourse that exists around Aboriginal and Torres Strait Islander peoples and health.

Successful mentoring environments focus on the individual and practise strengths-based approaches such as Appreciative Inquiry or Asset-Based Thinking. They also use solution-focused reflection to address challenges.

By focusing on the individual and using appreciative inquiry, mentors encourage the use of personal power by posing questions that strengthen the mentee's capacity to see and work with their own positive potential. Problem solving is focused on solutions and the process is comprised of reflection, discussion and planning. (Rolfe, 2006)

The following table of strengths based habits with accompanying sample questions may be useful in your reflections.

Five strengths based habits

Practice	Questions and Reflections
1. Acknowledge the positive	What is working well?
	What does a good day look like for you? What makes it a good day?
	What are you most proud of in your life?
	What inspires you?
	What do you like doing? What makes this enjoyable?
	What do you find comes easily to you?
	When things are going well in your life, what is happening?
	What is positive at present?
	What are three (or five or ten) things that are going well right now?
2. Identify strengths	What do you value or like about yourself?
	What skills and talents do you have?
	What would other people, who know you, say that you are good at doing?
	How would your family and friends describe your talents and strengths?
	What helps you bounce back after a setback?
	What are your achievements? How did you make them happen?
	What did you do to help things go well?
	What are your greatest strengths?
	How do your strengths help you to do well?
	When have you felt like you are making a difference, making a contribution? How did you make this happen?
	What is one, (or five or ten or more) things that you can do well?
	When did you respond to a challenge in a way that made you feel really on top of things?

Practice	Questions and Reflections
3. Acknowledge support and resources	What are the things in your life that help you stay strong?
	Who is important in your life?
	How have people around you supported you to overcome challenges?
	How are other people contributing to things going well for you?
	How would you describe the support and resources that you have?
	What resources such as community, people and equipment do you have now? What other resources might be helpful for you?
	What kind of supports have you used that have been helpful? How did the supports improve things?
4. Identifying and addressing challenges	What could be going better?
	What stops things working better?
	What are three things that have helped you overcome obstacles or challenges?
	When you think about (whatever it is that is stopping things going well) is there anything you can think of that could help in any way?
	How have you overcome similar challenges?
5. Focus on solutions	What would be happening if things were working better?
	What small thing could you do that would make a difference?
	On a scale of 1 to 10 how achievable would you say (something that the PEPA Participant has identified for improvement) is? What might make that score a little better?
	What deadly solutions have you tried? How did they work out?

(Adapted from Cramer & Wasiak, 2006)

TIP 8:
Challenge stereotypes

REFLECTION

How am I monitoring and challenging stereotypes?

It is a common and basic human tendency to use generalisations and stereotypes to process the vast amount of information we receive about other people and the world in which we live. Every day we receive a lot of information about the people around us through what we see, hear and feel. As our minds process this information, stereotypes provide us with a short cut to thinking about and storing information. We use stereotypes to place people into groups. We then apply to them a limited set of behaviours and expectations from our own experiences and previous information. (Clutterbuck & Ragins, 2002)

To be open-mindeded and flexible, we need to challenge our stereotypes and our ways of thinking about others.

TIP 9:
Use naming terms with care

REFLECTION

How am I using naming terms?

Naming terms are interwoven in a history of domination and deficit discourse often with misunderstanding and misrepresenting Aboriginal and Torres Strait Islander peoples' knowledge and actions.

In the 1980s, the term "Indigenous people", meaning culturally distinct groups affected by the processes of colonisation, was legislated nationally and internationally. Australian Indigenous people identifies Aboriginal peoples and Torres Strait Islander peoples.

However, in personal and family communication the term indigenous diminishes cultural identity, and should be avoided.

When writing names always start with a capital letter. The word 'Aboriginal' identifies an Australian Aboriginal person or group.

Avoid the use of the acronym ATSI in any written or verbal communications relating to an Aboriginal person(s) or a Torres Strait Islander person(s).

The following terms are part of our historical deficit discourse and are derogatory, culturally disrespectful, discriminatory and racist. They must not be used when referring to Aboriginal and/or Torres Strait Islander peoples:

- full-blood / mixed blood
- half-caste /quarter caste or any other fractional reference
- aborigines / blacks / blackfella
- whites
- yellafella
- those people.

TIP 10:
Acknowledge two-way learning

REFLECTION

What am I learning and how am I acknowledging it?

Effective mentoring relationships are beneficial to both mentors and participants. Benefits to PEPA Participants are obvious, but most mentoring relationships also provide benefits to mentors. When you can share with your PEPA Participant, the benefits that you have gained from the mentoring relationship, the PEPA Participant can feel more valued and empowered.

TIP 11:
Acknowledge and celebrate achievements

REFLECTION

How am I acknowledging achievements?

Plan for a strong finish at the end of your mentoring period. Acknowledge achievements. For instance, were the goals that were set at the beginning of this mentoring period achieved? Discuss with your mentee how the learnings during their PEPA placement can be applied in their workplaces.

Summary

Aboriginal and Torres Strait Islander health professionals have an invaluable role in delivering appropriate care to Aboriginal and/or Torres Strait Islander peoples. Participating in the PEPA mentoring experience provides important training in the palliative approach.

Cultural safety is central to Aboriginal and/or Torres Strait Islander peoples and their relationships. In mentoring partnerships, it is experienced when individual cultural ways of being, preferences and strengths are identified and included in the mentoring process.

As a mentor, you have an opportunity to contribute to a more culturally inclusive health system including culturally responsive healthcare and mentoring practices. Cultural responsiveness does not necessarily require the mentor to study any culture other than their own. It is essentially about being open-mindeded and flexible and understanding their own culture(s) and its influence on thoughts, emotions and behaviours.

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Palliative care resources

Palliative care textbooks

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Grief and bereavement

Australian Government Department of Human Services. (2014). *What to do following a death*. [Retrieved from www. humanservices.gov.au/ customer/subjects/what-to-do- following-a-death]

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Spiritual care

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Aged care

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Aboriginal and Torres Strait Islander Peoples and a palliative approach

Aboriginal and Torres Strait Islander Health Branch. (2016). *Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying*. https://www.health.qld.gov.au/__data/assets/pdf_file/0023/151736/sorry_business.pdf

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Websites

Aboriginal and Torres Strait Islander

Australian Indigenous Health Info Net
https://healthinfonet.ecu.edu.au/

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives CATSINaM
https://www.catsinam.org.au/

Indigenous Allied Health Australia IAHA
https://iaha.com.au/

The Lowitja Institute
https://www.lowitja.org.au/

National Aboriginal and Torres Strait Islander Health Worker Association NATSIHWA
https://www.natsihwa.org.au/

National Aboriginal Community Controlled Health Organisation
https://www.naccho.org.au/

Advanced care planning

Advance Care Planning Australia
https://www.advancecareplanning.org.au/#/

Caresearch
https://www.caresearch.com.au/caresearch/tabid/450/Default.aspx

End of Life Essentials
https://www.endoflifeessentials.com.au/

The Advance Project
https://www.theadvanceproject.com.au/

Dying to Talk
https://dyingtotalk.org.au/what-matters-most-for-older-australians/

Talking End of Life with people with an Intellectual Disability (TEL)
https://www.caresearch.com.au/tel/tabid/4881/Default.aspx

Ageing

End of Life Directions for Aged Care ELDAC
https://www.eldac.com.au/

Dementia Australia
https://www.dementia.org.au/

Palliative care aged care evidence palliAGED
https://www.palliaged.com.au/

Wicking Dementia Research and Education Centre
https://mooc.utas.edu.au/courses

Bereavement

Australian Centre for Grief and Bereavement
www.grief.org.au

Bereavement Care Centre
www.bereavementcare.com.au

Cancer

Cancer Council Australia
www.cancer.org.au

National Cancer Institute at the National Institutes of Health
www.cancer.gov

Peter MacCallum Cancer Institute
www.petermac.org

Virtual Medical Centre – Cancer Care
www.myvmc.com/cancer-centre

Children and teenager

CanTeen
www.canteen.org.au

Childhood Cancer Association
www.childhoodcancer.asn.au

Children Cancer Institute
www.ccia.org.au

Starlight Children's Foundation
www.starlight.org.au

Cultural diversity

Centre for Cultural Diversity in Ageing
http://www.culturaldiversity.com.au/

Diversicare
http://www.diversicare.com.au/

Educational / research

CareSearch
www.caresearch.com.au

Centre for Palliative Care Research and Education, Queensland Health
www.health.qld.gov.au/cpcre

Centre for Palliative Care: St Vincent's Hospital and University of Melbourne collaborative
www.centreforpallcare.org

End of Life Law for Clinicians ELLC
https://end-of-life.qut.edu.au/

NHMRC National Health and Medical Research Council
www.nhmrc.gov.au

Palliative Care Curriculum for Undergraduates
www.pcc4u.org.au

Palliative Care Outcomes Collaboration PCOC
https://ahsri.uow.edu.au/pcoc/index.html

Program of Experience in the Palliative Approach
www.pepaeducation.com

Quality of Care Collaborative – Australia QoCCA Delivering education in paediatric palliative care
https://www.caresearch.com.au/caresearch/tabid/3967/Default.aspx

Pain

Australian Pain Society
www.apsoc.org.au

International Association for the Study of Pain
www.iasp-pain.org

Palliative Drugs Information
www.palliativedrugs.com

Palliative care

Australian Government Department of Health: National Palliative Care Projects
https://www.health.gov.au/health-topics/palliative-care/about-palliative-care/what-were-doing-about-palliative-care#initiatives-programs

Caring@Home
https://www.caringathomeproject.com.au/

Ehospice
www.ehospice.com/australia/en-gb/home.aspx

Palliative Care Online Training and Information Portal
https://www.pallcaretraining.com.au/

World Health Organization: Palliative Care
www.who.int/cancer/palliative/definition/en

Palliative care associations

International Association for Hospice and Palliative Care
www.hospicecare.com

Palliative Care Australia
www.palliativecare.org.au

Palliative practitioners

Australian and New Zealand Society of Palliative Medicine
www.anzspm.org.au

Australasian Chapter of Palliative Medicine: The Royal Australasian College of Physicians
www.racp.edu.au/page/australasian-chapter-of-palliative-medicine

Cancer Nurses Society of Australia
www.cnsa.org.au

Palliative Care Nurses Australia
www.pcna.org.au

Appendix 1: Mentor checklist

Before the placement:

- ☐ Read through the PEPA Mentoring Guide
- ☐ If mentoring an Aboriginal and/or Torres Strait Islander health professional, read through the PEPA Mentor's Guidelines for Aboriginal and Torres Strait Islander Health Workers and the PEPA Communication Guidelines
- ☐ Read through the appropriate PEPA Learning Guide (profession-specific guides available)
- ☐ Start thinking and planning your time and working arrangements for the placement period.

At the commencement of the placement:

- ☐ Meet the participant on arrival
- ☐ Orient participant to service eg, policies and procedures relating to occupational health and safety and confidentiality, facilities etc. Review the participant learning goals
- ☐ Identify activities / opportunities to achieve learning goals eg, ward rounds, handover, case conferencing, team meetings, family meetings, home visits, in-services etc.
- ☐ Prepare a tentative schedule that includes time for participant to observe multidisciplinary approach to care and an opportunity to network with staff from other disciplines
- ☐ Establish regular meeting times and a way for you to be contacted throughout the day
- ☐ Invite participant to join staff for meals.

During the placement:

- ☐ Provide participant with resources and direct to further sources of information as required
- ☐ Ensure learning is sensitive to the needs of rural and remote practitioners, Aboriginal and/or Torres Strait Islander participants and participants who are from or primarily service people from culturally and linguistically diverse backgrounds, as applicable
- ☐ Model desirable behaviours and attitudes and 'best practice' in palliative care that is evidence-based
- ☐ Encourage reflection time, whereby participant can read patient records (as appropriate), policies, pamphlets, PEPA Learning Guide etc.
- ☐ Provide participant with an opportunity to debrief and review goals at the end of each day
- ☐ Provide ongoing feedback as appropriate.

On completion of the placement:

- ☐ Provide participant with opportunity for final debrief and review of goals
- ☐ Discuss their planned workplace activity (must be implemented in their service within three months of completing a PEPA placement)
- ☐ Sign off on the participant's supervised clinical placement documentation as appropriate for continuing professional development points
- ☐ Encourage participant to retain network links with service and team
- ☐ Encourage participant to link in with the PEPA post placement network at https://pepaeducation.com/

After placement:

- ☐ Reflect on the Placement. As a mentor were you effective? What would you do differently next time?
- ☐ Go online to the PEPA Community of Practice at https://pepaeducation.com/ and leave a comment on PEPA participants post placement activities to support generalist palliative care service delivery for the future.

PEPA Program of Experience in the Palliative Approach

PEPA Indigenous Program of Experience in the Palliative Approach