

Mentoring Program

Introduction

Life for a Child (LFAC) provides insulin, blood glucose testing equipment, education and various other support for children and young adults under 26 years of age in less-resourced countries through partnerships with local Diabetes Associations and hospitals. Our partners are passionate, caring healthcare professionals (HCPs) who work under challenging conditions with limited resources. Access to professional development is limited. Type 1 diabetes (T1D) is an uncommon but complex condition that requires expert knowledge and experience. Furthermore, children and young adults with T1D in less-resourced countries are often cared for by adult diabetologists/endocrinologists, general physicians, paediatricians, or nurses who may have little or no formal training in paediatric and adolescent diabetes.

LFAC and the International Society for Pediatric and Adolescent Diabetes (ISPAD) have been providing training workshops, video calls and site visits from health professional volunteers who specialised in paediatric and adolescent diabetes care (e.g., paediatric endocrinologists, credentialed diabetes educators and dietitians) to upskill and mentor local health professionals in already established diabetes centres/clinics. In some countries, this has led to ongoing mentoring relationships. Our website of educational resources and guidelines further supports local health professionals in delivering care and self-management education to their patients and families.

Mentoring can provide a safe, non-threatening environment for providers to expand their knowledge and professional development, share problems, insecurities and challenges, and become part of an international community.

This six-month virtual mentoring program is supported by LFAC and ISPAD. Upon successful completion of a six-month mentoring relationship, as detailed in the following program guide, the Mentee and Mentor will receive an LFAC/ISPAD endorsed Certificate of Participation.

Goal

To improve the quality of paediatric and adolescent care in less-resourced LFAC-supported countries, thereby improving clinical outcomes, and quality of life in young people with diabetes.

Objectives:

- Provide formalised, structured mentoring partnerships, between LFAC-supported country partners and experienced volunteer paediatric/adolescent diabetes HCPs
- Support these HCPs in less-resourced countries in order to improve their knowledge and skills in paediatric and young adult diabetes care
- Foster best practice diabetes care and education based on ISPAD consensus guidelines together with the adapted 'ISPAD/LFAC/IDF Pocketbook Guidelines for Less-resourced Countries' as appropriate
- Provide access to professional development - for those who cannot otherwise afford or do not have access
- Provide a platform for supporting Mentees' individual professional and organisational goals
- Reduce professional isolation and facilitate collaboration

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What is Mentoring?

Mentoring is a relationship between a less experienced and a more experienced person, in this case, HCPs. It is about facilitating another person's learning and personal development through role modelling and providing guidance.

A Mentor should be able to pass on experiences and knowledge and motivate, support and enhance the professional career development of the Mentee. The role of the Mentor can be an ongoing one – possibly even lifelong.

For a Mentee, it can be a tremendous opportunity to be matched with and learn from an experienced colleague, whether the Mentee is early in their career or practising for years and desiring some mid-career development.

General points to consider:

- The Mentor/Mentee relationship is reciprocal and relies on both parties sharing trust, respect and confidentiality.
- LFAC Mentoring relationships can be doctor to doctor, doctor to nurse, nurse to nurse, or between other HCPs such as dietitians, psychologists and social workers.
- The Mentor will need to adapt to the cultural context.
- Less-resourced countries may not have access to the same insulins, insulin delivery and blood glucose monitoring devices, and HbA1c testing, that Mentors might be used to. Ketone strips and glucagon are often unavailable or unaffordable. The organisation of care and workforce may also be different.
- The Mentee may need to request support from their clinic to have time blocked from their schedule to meet for the mentoring sessions. A quiet and private space is necessary to hold the videoconferencing sessions.

**“Mentoring is a brain to pick,
an ear to listen, and a push in
the right direction”**

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Guide for Mentors

Mentoring HCPs working in less-resourced countries can be rewarding both on a professional and personal level.

Who are we looking for?

- ✚ Endocrinologists/diabetologists with at least 2 years' post-qualification experience in paediatric and adolescent and/or young adult diabetes care
- ✚ Credentialed/Certified Diabetes Educators with a primary discipline in nursing or dietetics, with at least 2 years' post-qualification experience in paediatric and/or young adult diabetes care
- ✚ Potentially also psychologists and social workers with experience as above
- ✚ Languages needed:
 - English
 - French
 - Spanish
 - Russian

Mentor characteristics

Good Mentors are:

- good listeners
- flexible and accessible
- adaptable (to culture and context)
- approachable and non-judgmental
- empathetic (can imagine themselves in Mentee's shoes)
- open-minded
- competent and experienced
- able to act as a guide, teacher and advocate
- committed to the mentoring partnership

“The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.”

— Steven Spielberg

The Roles and Responsibilities of an LFAC Mentor are to:

- gain an understanding of the local clinical context and available resources of the mentee (e.g. may not have access to analog insulin, pumps, CGM, etc.)
- motivate, support and coach the Mentee to achieve their goals
- share their own experience and facilitate responsible decision-making
- ensure a professional relationship
- maintain confidentiality
- act as a role model
- help identify areas for professional development (e.g., list of suggested topics/goals - see Appendix A for suggestions on topics to discuss with mentee)
- be aware, respect, and adapt to the local culture and practices (e.g., use of mg/dL or mmol/L as appropriate)
- ask questions to explore issues (e.g., discuss management of sick days, or diabetes during school, etc.) or to prompt critical thinking (e.g., how they treat a child with DKA)
- provide constructive feedback

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- refer the Mentee to relevant best-practice resources and educational materials (from their own country if applicable or from ISPAD and LFAC websites) and facilitate application/practical use of these resources
- facilitate problem-solving (e.g., discuss case studies)
- be realistic, recognise and work within the limitations and resources available to the Mentee
- make suggestions for LFAC and ISPAD to consider support if needs/gaps are identified
- recognise when it is time to relinquish the mentoring role (discuss with LFAC Mentoring Program Coordinator)
- provide feedback to the LFAC Mentoring Program Co-ordinator by completing an evaluation questionnaire at six months or at completion of the mentoring relationship (if less than six months)

Tools and Tips for Mentors

Building rapport is the aim during the introductory session(s)

- Sharing one another's professional background
- Discuss the background questionnaire (Appendix B form)
- Discuss and sign the mentoring partnership agreement (Appendix C form)
- Decide jointly what platform is used for future sessions (e.g., Zoom, Microsoft Teams, Skype, WhatsApp etc.)
- Decide jointly on the timing and frequency of sessions (suggest fortnightly/monthly); discuss if you are available outside of the arranged session e.g., by email
- It may be helpful to create a general structure or outline for further sessions
- Confidentiality should be emphasized. Remind the Mentee that any patients discussed should be de-identified as per Protected Health Information (PHI) guidelines
- Voice your concerns if the mentoring relationship does not work out (see 'Conflict resolution' below for guidance)

Some sample phrases and open-ended questions - to help foster conversation during the introductory phase:

- What do you enjoy, and find most rewarding about your work?
- What is the most challenging part about your practice/workplace?
- Are there any specific issues or topics you'd like addressed during our sessions?

Before the next session, ask the Mentee to:

- write down **two to three learning goals** (use Mentees' Goals and Activities Record and sign off template - Appendix D). What do they want to achieve for themselves and for their clinic? Some Mentees may need your help with refining their SMART goals
- take note of any questions arising in-between sessions
- complete pre-reading as appropriate (e.g., parts of LFAC ISPAD Pocketbook Guidelines or full ISPAD Consensus Guidelines; or if discussing Benchmarking - introduction to SWEET, etc.)

Tips:

- It may be beneficial if you keep a record of all sessions and contacts
- Finally, go into the relationship with an open mind and realise that you may not be able to change the circumstances in the relevant country, but you can make a difference to the Mentee and those in their care.

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Guide for Mentees

A Mentee can be a **doctor, nurse, dietitian, psychologist or social worker** who is currently caring for children and young adults with diabetes in an LFAC-supported centre or hospital.

Mentee characteristics

A good Mentee is:

- willing, interested and motivated to learn and adopt new skills and knowledge into their own practice
- proactive and self-directing
- enthusiastic and ready to work on their own professional development
- self-disciplined
- communicative
- appreciative and open to constructive feedback
- confident to ask questions and voice their opinion

"By recording your dreams and goals on paper, you set in motion the process of becoming the person you most want to be. Put your future in good hands—your own."

—Mark Victor Hansen

The Roles and Responsibilities of a Mentee are to:

- explain the local clinical situation to the Mentor (e.g., types of insulin available, access to blood glucose monitoring, etc.)
- reflect on what you want to get out of the mentoring opportunity
- set realistic professional development goals
- make decisions and take any actions required following discussions with the Mentor
- set aside time to participate in mentoring sessions and activities that will help you achieve your goals
- seek the opportunity to evaluate your own strengths and weaknesses
- consider ethical and confidentiality issues when discussing cases
- speak up if the mentoring relationship does not work out (see under heading 'Conflict resolution' below for guidance)
- provide feedback to the LFAC Mentoring Program Co-ordinator by completing an evaluation questionnaire at six months or at completion of the mentoring relationship (if less than six months)

**Remember:
Mentoring is about you!
You are in the driver's seat!**

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Tools and Tips for Mentees

How to develop learning goals?

1. Assessment

- a) reflect on your situation, interests, skills, knowledge and performance in your current position: what are your strengths and weaknesses?
- b) consider what skills and knowledge you could develop to support your practice clinically, e.g.
 - i) teach a newly diagnosed child with type 1 diabetes and their family how to inject insulin, self-monitor blood glucose levels, etc.
 - ii) transition the clinic from pre-mixed insulin to long-acting analogues (Basaglar) and regular, or from twice-daily injection to basal bolus therapy, or human to analog insulins

2. Goal setting

Goals should be general statements of what you want to achieve. Try to follow the SMART principles:

- | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| S – Specific | Clearly defined and not too broad |
| M – Measurable | How will you know that you have achieved this goal? You should be able to measure it. |
| A – Achievable/Attainable | Is the goal reasonable enough to be accomplished? |
| R – Realistic | Is the goal relevant to your practice, and will it meet your needs? Does it fit within the timeframe of the mentoring partnership? |
| T – Timely | Give yourself an appropriate time frame to achieve each goal |

Example of a SMART goal: *‘In three months’ time I will have taught at least three children and their parents/carer how to inject insulin and educated them on hypoglycaemia, according to best practice guidelines*

3. Action plan – How will you achieve your goal?

4. Evaluation – Reflecting and assessing if you have met your goals is an important part of your personal learning plan. You may not have achieved all the goals as planned due to circumstances beyond your control. Discuss your reflections and evaluation with your Mentor.

Tip:

- It may be beneficial if you to keep a record and summary of all sessions and contacts: document what you’ve learned, actions you would like to take etc.

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Mentoring Relationship Process

1. Potential Mentee and Mentors will be approached and invited by LFAC through their network of supported partners and ISPAD representatives.
2. Prospective Mentors will be briefed by LFAC on the background and context of the Mentees' role and organisation.
3. Prospective mentees will be contacted and briefed by the Mentoring Program Co-ordinator (MPC) on the program and if interested will receive a copy of the mentoring program guide.
4. The MPC will then contact both the Mentor and matched Mentee(s). If both parties agree to enter a mentoring relationship, the MPC will connect them.
5. The Mentee will be asked to complete and return the background questionnaire (see Appendix B) to the mentor and copy the MPC.
6. During the initial session, both parties sign the Mentoring Agreement (see Appendix C) and email it to the MPC.
7. Mentee and Mentor discuss professional development goals. The Mentee identifies two to three goals and records these on the 'Mentees Goals and Activities Record' document (see Appendix D).
8. Both parties agree on:
 - a) Mentees goals
 - b) Content
 - c) Frequency of sessions (typically monthly but may be more frequent)
 - d) Duration (typically scheduled for 45-60 minutes)
 - e) Platform: Skype, WhatsApp, Zoom, Microsoft Teams, etc.
9. After three months the mentor and mentee review progress towards achieving at least two goals by 6 months and record this on the 'Mentees' Goals and Activities Record and sign off' (Appendix D).
10. **After six months, and if at least five sessions** have been completed and the Mentee has **achieved at least 2 goals**, both the Mentor and Mentee sign of the Mentees' Goals and Activities Record and sign off' form (Appendix D) and email it to the Mentoring Program Coordinator. The Mentee and Mentor will then receive a **LFAC/ISPAD certificate of participation**.
11. An evaluation questionnaire will be completed by both Mentor and Mentee (see Appendices E and F)
12. After the six-month period, if both Mentor and Mentee think it's useful, the relationship can continue in a less formal manner.
13. Inform the Mentoring Program Coordinator on a six-monthly basis regarding the mentoring progress, if the mentoring relationship continues after the minimum of six months.

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Conflict resolution

If either partner in the mentoring relationship feels dissatisfied, they should:

- Take note of their own feelings
- Reflect on their role and activity in the partnership to date
- If the issue remains unresolved, the Mentor / Mentee should openly, clearly and empathetically communicate their feelings to their Mentor / Mentee
- Seek out the view of the other partner and try problem-solving
- Identify a 'win-win' solution. The solution may include: redefining the relationship or disengaging from the partnership
- Discuss the concern with the LFAC Mentoring Program Co-ordinator if unable to resolve the issue(s)

Please send all completed forms and any questions or concerns to the Mentoring Program Coordinator, Cecile Eigenmann, LFAC Education Manager at: ceigenmann@diabetesaustralia.com.au

References and Resources

- Australian Diabetes Educators Association. ADEA Mentoring Program. Available from <https://www.adea.com.au/credentialling/mentoring-program/>, Last accessed Sept 2023
- Amaro, C. M., Noser, A. E., Rogers, E. E., Patten, J., Berry, S., & Roberts, M. C. (2022). Evaluating mentoring programs in health service psychology: An example of the society of pediatric psychology mentoring project. *Training and Education in Professional Psychology*. Advance online publication. <https://doi.org/10.1037/tep0000431>
- Miller, C, Wagenberg, C, Loney, E, Porinchak, M, Ramrup, N. Creating and Implementing a Nurse Mentoring Program - A Team Approach. *JONA: The Journal of Nursing Administration* **50(6): p 343-348, June 2020.**
- OWLLabs. Video Conferencing Etiquette: 10 Tips for a Successful Video Conference. Available from: <https://www.owllabs.com/blog/video-conferencing-etiquette>, Last accessed Sept 2023

APPENDIX A - Possible topics for discussion

1. Essential elements of clinic visit
2. Coordination of diabetes team
3. Diagnostic criteria of diabetes in children and young adults
4. Ongoing education and management, and education of patients with newly diagnosed type 1 diabetes
5. Technical aspects of daily care – insulin administration, insulin storage, blood glucose monitoring, etc.
6. Transition the clinic from pre-mixed insulin to Basaglar (glargine) and regular, and/or from twice-daily injection to basal-bolus therapy
7. Matching insulin to diet: adjusting schedule/routine to match onset and peak of insulin action
8. Insulin dose adjustment
9. Hypoglycemia
10. Sick day management
11. Management of acute complications – severe hypoglycemia, ketoacidosis
12. Complications screening
13. Psychological aspects of having diabetes that concern both patient and caregiver
14. Supporting adolescents (e.g., peer support, how to communicate with a teenager etc.)
15. Counseling teen/young adult re: alcohol use and sexual activity (if appropriate in the setting)
16. Developmental stages of the pediatric patient
17. Nutrition management and carbohydrate counting
18. Exercise and diabetes

19. School and diabetes
20. Epidemiology and pathophysiology of type 1 diabetes
21. Recognizing and managing type 2 diabetes
22. Pregnancy and breastfeeding
23. Transition care from pediatric to adult setting
24. Diabetes and employment
25. Life transition such as starting high school, a new job, a marriage and etc.
26. Screening for associated disorders
27. Neonatal and monogenic diabetes and genetic testing

APPENDIX B - Background Questionnaire (for Mentees to complete)

Your Name: Country

Please write your answers directly into this document or print and scan it and email it back.

1. What is your title/position?
2. What is your practice setting? e.g., do you work within a hospital or a diabetes association?
3. What type 1 diabetes services does your setting provide (e.g., regular clinics, initial diabetes education, regular follow up education sessions, complication screening, what staff is available and what are their roles)?
4. What does a usual day look like for you, what tasks are you involved in during a usual day?
5. How many patients with type 1 diabetes do you currently have in your care?
6. What is the average age and age range of patients with type 1 diabetes? Write down the age of your youngest patient and the age of the oldest patient with type 1 diabetes.
7. How do your patients inject insulin (syringe, pen or pump)?
8. What type(s) of insulin do your patients use (e.g., short-acting and intermediate-acting human, pre-mixed human, long-acting analog and short-acting human insulins, other)?
9. How many injections do your patients take a day?
10. Do your patients with type 1 diabetes check their blood glucose levels at home by meter and strip? If so, how often?

11. Are you able to monitor HbA1c in your patients with type 1 diabetes? If so, what method is used?
12. What complication screenings for type 1 diabetes patients are conducted in your clinic? (e.g., weight, height, BP, eyes, feet, kidney function lipids, others).
13. Do any of your childhood, adolescent, or young adult patients with type 1 or type 2 diabetes have diabetes related complications? What type of complications?
14. Do your type 1 diabetes patients have access to ketone testing?
15. Do your type 1 diabetes patients have access to glucagon?
16. Do your patients have reliable access to food? If not, can you provide some details about food insecurity?
17. Any other relevant information about you and your diabetes practice you would like to share with your Mentor?

Thank you for completing this questionnaire. Please email it back to
Cecile Eigenmann, LFAC Education Manager: ceigenmann@diabetesaustralia.com.au

Appendix C - Mentorship Agreement

Support, Participation and Commitment

The mentoring partnership is a two-way relationship that relies upon trust, commitment and a mutual benefit being provided to both parties.

Each party is asked to identify ways in which they will be prepared to provide the necessary support, participation and commitment to each other for the duration of the agreement.

Duration

Both parties agree the duration of the mentoring partnership will be for a period of _____ months commencing on ___/___/____.

Please note: Six (6) months minimum is required for ISPAD & LFAC certification

Voluntary agreement

This is a voluntary, pro bono program. Neither the mentor nor the mentee is permitted to ask for funds or visa support request under any circumstances!

Mentee Details

I (*title and full name*) _____ from
(*full work/institution address*) _____

Agree to enter into a mentoring partnership with
(Mentor title and full name) _____

Mentor Details

I (*title and full name*) _____ from
(*full work/institution address*) _____

Agree to enter into a mentoring partnership with
(*Mentees title and full name*) _____

Please tick:

- Both parties agree to commit time needed to carry out this Mentoring Agreement. One (1) hour per month is the minimum commitment required
- We have discussed how the Mentee agrees to receive feedback
- We have discussed the role of the Mentee's manager/supervisor (if applicable)
- We have discussed potential challenges to our partnership and how we can manage these
- We have discussed and agree to maintain absolute confidentiality at all times to personal and professional information disclosed during the course of this mentoring program
- We have discussed and will adhere to the conflict resolution guidelines (set out in the Mentoring Program Guide) and agree to an early dissolution of this partnership if, for any reason, that is considered appropriate.
- Both parties have agreed that no financial or visa support requests will be made by either party

Release from Liability

The LFAC & ISPAD Mentoring Program, aims to encourage an open exchange of information and ideas between Mentors and Mentees. LFAC & ISPAD does not guarantee or endorse the accuracy of any information that participants may receive from their Mentor/Mentee.

Declaration

By signing this mentoring agreement:

- I confirm that I have read the LFAC & ISPAD Mentoring Program Guide for Mentors and Mentees and will abide by the processes and responsibilities set out in the guide.
- I agree to completely release and indemnify LFAC & ISPAD and each of its respective affiliates, directors, officers, employees, agents, and mentoring partner from all claims, judgements, demands, liabilities and actions that may arise out of, or in any way relate to, my participation in the LFAC & ISPAD Mentoring Program. In no event will LFAC & ISPAD or my mentoring partner be liable for any damages arising out of my participation in the LFAC & ISPAD Mentoring Program.

Mentee

Name _____

Signature _____

Date ____/____/____

Mentor

Name _____

Signature _____

Date ____/____/____

***This Agreement must be submitted by the Mentor to Cecile Eigenmann, LFAC Education Manager:
ceigenmann@diabetesaustralia.com.au***

APPENDIX D – Mentees’ Goals, Activities, Session, and Sign Off records

Mentees Goals and Activities Record

Goal	Action Plan and Activities	Tracking your goal at 3 months <i>Add date of activities, comment on progress, successes, barriers, challenges</i>	Tracking your goal at 6 months <i>Add date and goals achieved or comment on reasons for not being able to achieve some goals</i>
<p>Example: By the end of Nov 2024, I will increase my knowledge and understanding of sick day management in T1D in children and young adults according to best practice guidelines will implement it into our service.</p>	<p>Example:</p> <ol style="list-style-type: none"> 1. I will improve my knowledge of ‘diabetes management during sick-days’ by studying the ISPAD guidelines and other relevant material (as suggested by my mentor) 2. After studying the ISPAD guidelines and relevant materials as per (1), I will discuss my understanding of sick-day management with my mentor and clarify any issue I may have 3. I will develop patient education material or a handout with easy-to- 	<p>Example:</p> <p>2/7/ 2024 I read the ISPAD guidelines on sick-day management and discussed them with my mentor. My mentor answered all my questions.</p> <p>12/8/2024 I developed a pictorial handout and flowchart on sick day management for T1 diabetes. I see many patients whose parents have very little schooling therefore the information needs to be very simple and pictorial. My mentor and my local colleague reviewed and provided feedback to the handout. I revised the handout accordingly.</p> <p>12/9/2024 I educated a 13-year-old and his family on sick-day management with the help of the patient handout and will re-check their understanding on</p>	<p>Example:</p> <p>30/11/2024 I completed all four activities, which further improved my understanding and knowledge of managing T1D during sick-days.</p> <p>I educated a family of a 9 year old, and a 20 yr old female on the management of diabetes during sick-days and provided the handout. I evaluated their understanding at their follow up visits and recorded it in the medical notes. I discussed these ‘cases’ with my mentor.</p> <p>I feel more confident about providing sick-day management advice. I will try to ensure that all families and young adults at our clinic will receive sick-day management education and periodically revise their knowledge.</p>

	<p><i>understand information and appropriate language on 'how to manage sick days at home', which will be peer reviewed by my colleagues, patients and my mentor before finalising it.</i></p> <p><i>4. I will seek opportunities to educate at least two children or young adults and their families on sick-day management. I will use a problem-solving scenario and use the 'teach-back' method, recommended by my mentor, to confirm their understanding.</i></p> <p><i>5. I will record the progress of the two-patient education sessions in the medical note, and discuss these with my mentor to ensure I adhere to the best practice guidelines.</i></p>	<p><i>sick day management at the next follow-up visit (booked in 2 months)</i> <i>9/10/2024</i> <i>I used problem solving questions (e.g., what would you do if you/your child is unwell with vomiting and diarrhoea). I revised the education as I realised the child and family had misunderstood the information I provided and were not confident in answering my problem-solving questions. I provided the education again to reiterate the important steps from the handout.</i></p> <p><i>25/10/2024</i> <i>In reflecting my patient education experience of using the handout, I also made some small changes to the patient handout and discussed these with my mentor and the local clinic doctors. They agreed with my changes.</i></p>	
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1. Add your goals here:			
2.			
3.			

4.			
5.			

Agreement of mentees goals (both parties to sign):

The goals above have been agreed by both Mentor and Mentee.

Date: / / Full name of mentor: _____

Signature: _____

Date: / / Full name of mentee: _____

Signature: _____

Online Sessions record

Record of virtual meetings between mentor and mentee (please arrange monthly meetings and record in point form the meeting discussions and agreed actions resulting from the meetings, in the table below)

Date of meeting	Topics discussed	Agreed actions

Please note: at least six (5) meetings are required for LFAC & ISPAD certification.

See next page for the final sign-off.

Sign off at completion of six (6) months mentoring relationship
(Required for LFAC & ISPAD certification)

Mentee:

I declare that I have achieved at least 2 agreed goals and have met with my mentor _____ [Name of mentor] at least 5 times during our six months mentoring relationship. I have documented this in the above records.

Comments:

Date: ____/____/____ Full name of mentee: _____ Signature: _____

Mentor:

I declare that _____ [Name of mentee] has **achieved at least 2 agreed goals and that we have met at least 5 times during the six months mentoring relationship**, as described in the above records.

Comments:

Date: ____/____/____ Full name of mentor: _____ Signature: _____

Please email completed forms to Cecile Eigenmann – LFAC Education Manager: ceigenmann@diabetesaustralia.com.au

Thank you for your commitment to the mentoring relationship.

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Appendix E – Mentor Evaluation Questionnaire

Please provide feedback about your mentoring experience by rating the questions below. Your responses will help LFAC & ISPAD gain valuable insight into the challenges, knowledge and skill gaps of Mentees so we can learn and improve the program and provide relevant support.

This questionnaire is strictly confidential, and responses will be de-identified in any future publications.

Name of Mentor: Name of Mentee:

Please answer the following questions by **putting an X in the appropriate box** (from strongly agree to strongly disagree) and elaborate in the Comments box as relevant. Write your responses directly into this document and email it back, or print, sign and email a scanned copy.

1. **Which video conference platform did you use?** Please delete incorrect options or specify Zoom, Microsoft Teams, WhatsApp, or other- please specify:.....

		Strongly Agree	Agree	Neural	Disagree	Strongly Disagree	Comments
2.	We had no technical issues with internet connections (e.g. poor internet connections etc.)						If disagree or strongly disagree, please specify the issues:
3.	I was clear about what was expected of me as a Mentor						If disagree or strongly disagree, please elaborate:
4.	My Mentee was well prepared for each meeting						If disagree or strongly disagree, please elaborate:
5.	We encountered unexpected challenges that affected the mentoring experience and outcome (other than internet technology issues)						If agree or strongly agree, please specify the challenges:
6.	I anticipate an extended future relationship with my Mentee						If disagree or strongly disagree, please elaborate:
7.	I would recommend this Mentoring Program to other potential Mentors						If disagree or strongly disagree, please elaborate;

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We appreciate any general feedback and suggestions for improvement of the program:

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Mentors' signature: (*e-signature or print and scan*) Date: / /

Thank you for completing this questionnaire. Please email it to Cecile Eigenmann, LFAC Education Manager: ceigenmann@diabetesaustralia.com.au

Appendix F – Mentee Evaluation Questionnaire

Please share your mentoring experience by rating the following questions. Your feedback will help Life for a Child & International Society for Pediatric and Adolescent Diabetes to gain valuable insights into your challenges, knowledge, and skills and assist us in enhancing this program.

Your responses to this questionnaire will be kept strictly confidential, and your identity will be kept anonymous in any future publications

Name of Mentor:

Name of Mentee:

Please answer the following questions by **putting an X in the appropriate box** (from strongly agree to strongly disagree) and elaborate in the Comments box as relevant. Write your responses directly into this document and email it back or print, sign and email a scanned copy.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
1.	We had no technical issues with internet connections e.g. poor internet connections; unfamiliar with the use of the platform etc.						If disagree or strongly disagree, please specify issues:
2.	I was clear about what was expected of me as a Mentee						If disagree or strongly disagree, please elaborate:
3.	My Mentor was supportive and adapted to my circumstances and the context of my working environment						If disagree or strongly disagree, please elaborate:
4.	My Mentor discussed and helped me identify the agreed learning goals						If disagree or strongly disagree, please elaborate:
5.	I feel professionally more connected to other healthcare professionals and know who to contact for advice (with regards to caring for children and young adults with diabetes)						If disagree or strongly disagree, please elaborate:

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6. I encountered unexpected challenges that affected the mentoring experience and outcome (other than internet technology issues)						If agree or strongly agree, please specify challenges:
7. I have learned and benefited from the mentoring relationship						Please elaborate on your answer:
8. I have put new knowledge and skills into practice						
9. I feel more confident in caring for children and adolescents with diabetes						If disagree or strongly disagree what factors influence your lack of confidence?
10. I anticipate an extended future relationship with my Mentor						If disagree or strongly disagree, please elaborate:
11. I would recommend this Mentoring Program to other potential Mentees						If disagree or strongly disagree, please elaborate:

We appreciate your general feedback and suggestions for improvement of the program:

.....

Mentees' signature: (e-signature or print and scan)

Date: / /

Thank you for completing this questionnaire. Please email to Cecile Eigenmann – LFAC Education Manager: ceigenmann@diabetesaustralia.com.au