

Evaluating the Benefits of the MOVE Mentoring Programme to Mentors and Early Career Physiotherapists

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ABSTRACT

The purpose of this study was to evaluate the benefits of a structured mentoring programme for new graduate physiotherapists, which included standardised mentor training. Thirty new graduate physiotherapists from Aotearoa New Zealand were matched with registered physiotherapist mentors located outside their workplace but working in the same clinical practice area. All mentors completed a standardised 3 hr mentor training. Four mentoring sessions were conducted by Zoom over 4 months. Mentees and mentors completed pre- and post-mentoring surveys and participated in post-mentoring focus groups for review and elaboration of data. All participants reported benefits from the mentoring process. Most mentors had no previous mentor training and found the 3 hr programme valuable for improving their confidence and skills. Mentees reported improvements in confidence and motivation and highlighted the benefits of having a mentor outside the workplace to discuss potentially sensitive issues. The main challenges for mentees related to them taking the lead in the process due to feeling unsure what to bring to mentoring sessions so early in their career. This study highlighted both the benefits and challenges of structured mentoring for early career physiotherapists and mentors in Aotearoa New Zealand.

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INTRODUCTION

Across Australia and Aotearoa New Zealand, the intake of students into university-based physiotherapy programmes has steadily increased to meet projected workforce demands. However, job satisfaction and retention of early career physiotherapists are of growing concern (Bacopanos & Edgar, 2016; Mulcahy et al., 2010; Reid & Dixon, 2018).

Poor retention has been attributed to new graduates having unrealistic expectations, a lack of peer support and mentoring, limited career pathways, and inadequate exposure to the full range of clinical settings during training. The result is that many report feeling unprepared to manage the workload, complexity, and psychosocial care of patients (Arkwright et al., 2018; Atkinson & McElroy, 2016; Bacopanos & Edgar, 2016; Kennedy et al., 2021; Reid & Dixon, 2018; Wells et al., 2021).

While Aotearoa New Zealand physiotherapy training providers report skills and competence are adequate, it is acknowledged that students may get insufficient variety in clinical placement offerings and have less effective communication skills, making patient/client interactions more difficult (Kennedy et al., 2021). In addition, while nearly half of new graduates enter private practice, many have limited experience as students in this setting (Health Workforce Australia, 2014; Kennedy et al., 2021; Pretorius et al., 2016; Reid & Dixon, 2018).

Professional supervision has been promoted to provide ongoing learning and support to physiotherapists (Butler & Thornley, 2014). It involves scheduled, protected time for a practitioner

to discuss any aspect of their practice, facilitated by a respected colleague (Davys & Beddoe, 2021).

Among the challenges associated with professional supervision is the lack of consensus on the definition and inconsistent use of language, with the terms professional supervision and clinical supervision often used interchangeably (Holder et al., 2020; Snowdon et al., 2015). While it is valued as a clinical governance and professional support strategy by health professionals in rural settings (Ducat & Kumar, 2015), it is not seen as a normal part of physiotherapy private practice culture (Holder et al., 2020). As such it would be difficult to implement professional supervision in physiotherapy without broader knowledge, training, and acceptance across the profession.

In contrast, mentoring is recognised as important for early career health professionals as it can help build competence, confidence, improve decision-making, productivity, career satisfaction, clinical outcomes, workload, stress management, and provide networking opportunities (Buning & Buning, 2019; Davies et al., 2016; Williams et al., 2019; Yoon et al., 2017).

Mentoring is defined as:

A learning relationship, involving the sharing of skills, knowledge, and expertise between a mentor and mentee through developmental conversations, experience sharing, and role modelling. The relationship may cover a wide variety of contexts and is an inclusive two-way partnership for mutual learning that values differences. (European Mentoring and Coaching Council (n.d.).

Mentors need to be patient, open-minded, approachable, kind, reassuring, willing to listen, and able to provide direct guidance (Buning & Buning, 2019; Forbes et al., 2021). The role of a mentor is multifactorial and should include goal setting, teaching, role modelling, provision of feedback, and development of coping strategies (Loosveld et al., 2020). In addition, the process of mentoring should be collaborative, individualised, and adaptable to meet mentee needs (Forbes et al., 2021). The quality of the mentoring experience will depend on factors such as the matching process, the skills and training provided, as well as the receptivity and motivation of the mentee (Buning & Buning, 2019). Consequently, the purpose of this study was to evaluate the benefits of a 4-month structured mentoring programme for new graduate physiotherapists (mentees) and their mentors that included mentor training (Williams et al., 2022; Yoon et al., 2017).

METHODS

A qualitative descriptive methodology was utilised for this research (Sandelowski, 2000). The first author (AC) is a physiotherapist with over 30 years of experience in private practice. AC is actively involved in mentoring colleagues and regularly delivers professional development training to physiotherapists at all levels. She has firsthand experience of the knowledge and skill gaps, as well as the lack of confidence among early career physiotherapists.

The second author (MP) is a physiotherapist and professional certified coach with over 30 years of experience in health professional education including curriculum design, delivery, and evaluation. MP was keen to participate in this research based on feedback from her clients about the growing need to build the confidence and competence of new graduates and junior staff.

A key driver for both authors was anecdotal evidence that, while many Aotearoa New Zealand physiotherapists are engaged in mentoring roles, there is limited information available about the quality of the mentoring experience and what, if any, training is provided.

Mentees

Thirty-three new graduate physiotherapists were recruited from fourth-year student electronic noticeboards at two physiotherapy schools in Aotearoa New Zealand in November 2021 (AUT University and the University of Otago). Participants were eligible if they graduated in the 6 months prior to start of the project (February 2022).

Mentors

Expressions of interest were sought for mentors through advertising within established physiotherapy networks in Aotearoa New Zealand and Australia including professional social media group pages, professional email lists, and word-of-mouth referrals. Potential mentors were eligible if they held a current Aotearoa New Zealand or Australian annual practising certificate and were based in Aotearoa New Zealand or Australia at the time of the study.

Fifty-six physiotherapists registered interest in being a mentor and 43 completed a 3 hr mentor training session via Zoom as a pre-requisite for involvement in the programme.

The 'MOVE' mentoring programme

The training was developed by MP and focused on:

1. Exploring the role of a mentor.
2. Creating a quality relationship.
3. Establishing a mentoring agreement and mentee development plan.
4. Exploring mentoring methods (coach, support, teach, delegate).
5. Ethical considerations and dealing with challenges.

A summary of the MOVE mentoring process is provided in Figure 1. As part of the training, mentors were encouraged to adopt a specific, structured approach to each mentoring session that was coined "MOVE" to reflect the following four components:

1. **M**ap out the goal for the session.
2. **O**ptions should be identified with mentee.
3. **V**erify with mentee their next steps.
4. **E**valuate the session.

The MOVE structure provided mentors with a framework they could utilise for the mentoring process and encouraged a consistent approach. This was considered important as mentoring practice is influenced by personal beliefs and, in general, mentors have their own unique ways of working (Loosveld et al., 2020).

As part of the training, mentors and mentees were provided with guides that explained the stages of mentoring, expectations, useful questions, and included a mentoring agreement, a mentee development plan, and a mentoring session agenda. These templates were included as resources to guide the mentoring process, which was conducted via video conference using Zoom. Online mentoring has proven to be valuable for novices in physiotherapy (Westervelt et al., 2018).

Both mentors and mentees provided written consent to participate in the study and ethical approval for the project was granted from the New Zealand Ethics Committee (reference number, NZEC21_55).

The matching process

Mentees were matched with mentors based on information provided in a commencement survey (Appendices A and B). The matching process prioritised the following areas:

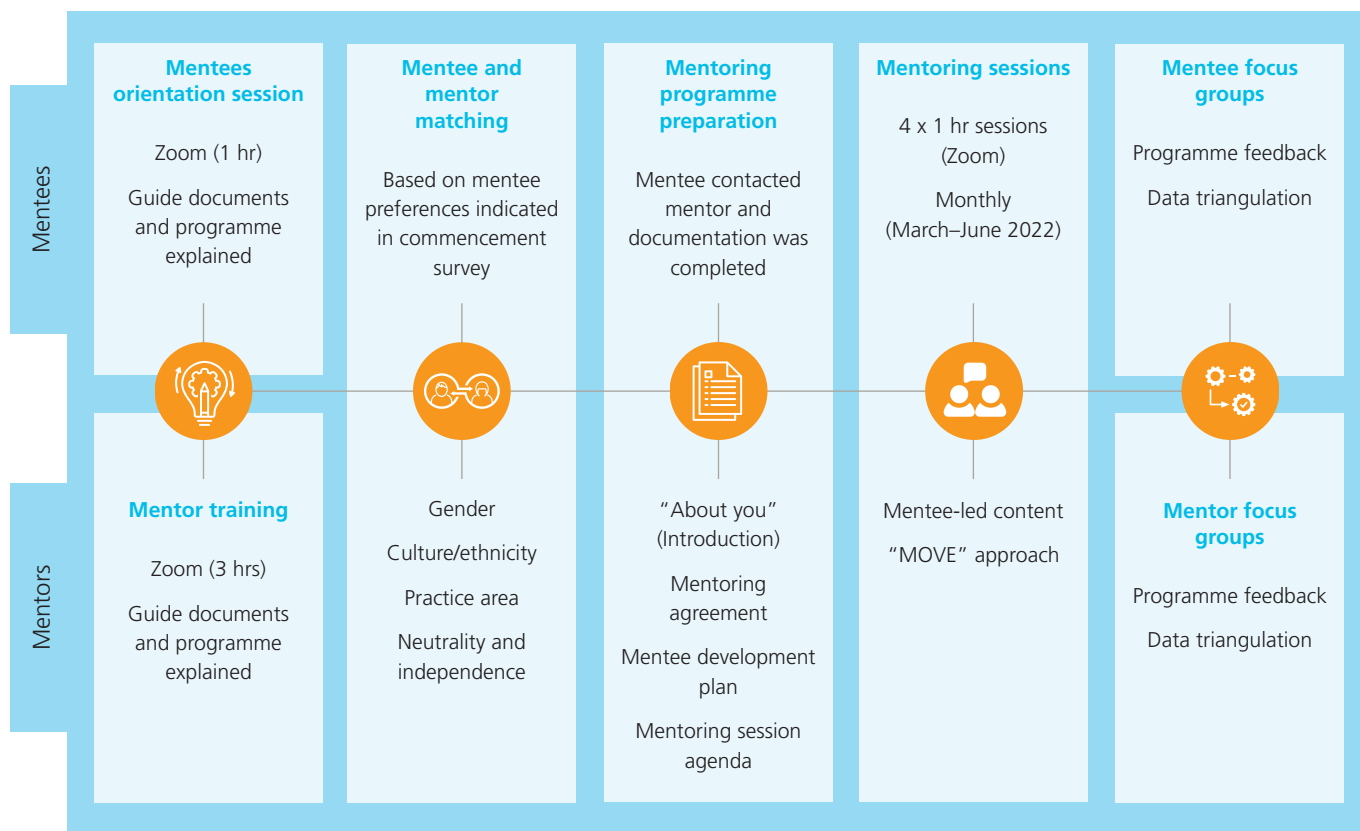
- Gender and cultural/ethnicity preferences.
- Practice area.
- Neutrality and independence, so neither party was working with, or for, the other party or had any influence over their employment status.

Mentoring sessions

Mentees were responsible for initiating contact to commence mentoring. One session was scheduled per month between March and June 2022 (a total of four mentoring sessions). The content of the sessions was at the discretion of the mentee.

Figure 1

Summary of the MOVE Mentoring Process



At the conclusion of the mentoring programme, mentees and mentors were invited to participate in a focus group debrief session (1.5 hr) to provide feedback on the programme and to assist with the triangulation of survey data.

Data analysis

De-identified data from open questions in the post-mentoring surveys were analysed thematically using inductive content analysis (Elo & Kyngäs, 2008). This process was primarily completed by the second author coding the data provided in the written responses to identify key ideas and create themes. The next step involved engaging mentors and mentees in separate audio-recorded focus group meetings via Zoom. The purpose of these meetings was not to seek congruence or agreement of themes but rather to enable participants to review and ascribe meaning to their input (Varpio et al., 2017). In addition, transcription of this data ensured direct quotes from participants were available to explain the findings. If participants were unable to attend one of the two focus-group meetings scheduled for each cohort, they were given the opportunity to review the information and provide written feedback. For all questions that utilised a five-point Likert rating scale, the mean was calculated.

RESULTS

Demographics

Thirty mentors and mentees completed the MOVE mentoring programme (Tables 1 and 2). Three mentees dropped out of the study. Reasons for dropouts are provided in Figure 2. Of the 30 mentees who completed the study, 29 completed four mentoring sessions. Follow-up surveys were completed by nearly all mentors (93%) and mentees (83%), and 80% of mentors and 63% of mentees attended focus group sessions (Figure 2).

Matching

Mentees were matched with a mentor based on clinical practice area with mentoring sessions occurring remotely with mentors based outside their geographic location. This was an ethical requirement of the study to maintain mentee confidentiality and minimise the possibility of employer influence.

Three mentees working in hospital settings could not be matched to their clinical practice area due to insufficient mentors recruited from hospital-based settings. All three mentees were matched with mentors from private practice settings and remained in the study. Although these three mentees found the mentoring process beneficial, two indicated that the lack of a matched mentor from their clinical practice

Table 1*Descriptive Statistics for Mentees and Mentors (N = 30)*

Characteristic	Mentees		Mentors	
	<i>n</i> ^a	%	<i>n</i> ^a	%
Age, years, <i>M (SD)</i> , range	25 (5), 22–45		43.7 (9.8), 25–64	
Gender				
Male	6	20.0	10	33.0
Female	24	80.0	20	67.0
Ethnicity				
New Zealand European/Pākehā	20	67.0	23	77.0
Asian (not further defined)	3	10.0	1	3.0
European (not further defined)	3	10.0	0	0
New Zealand Māori	2	6.5	1	3.0
Chinese	2	6.5	2	7.0
Indian			2	7.0
Other			1	3.0
Practice area				
Private practice (*musculoskeletal)	24	80.0	22	73.0
*District health board/hospital	5	17.0	2	7.0
Don't know	1	3.0		
Other			6	20.0

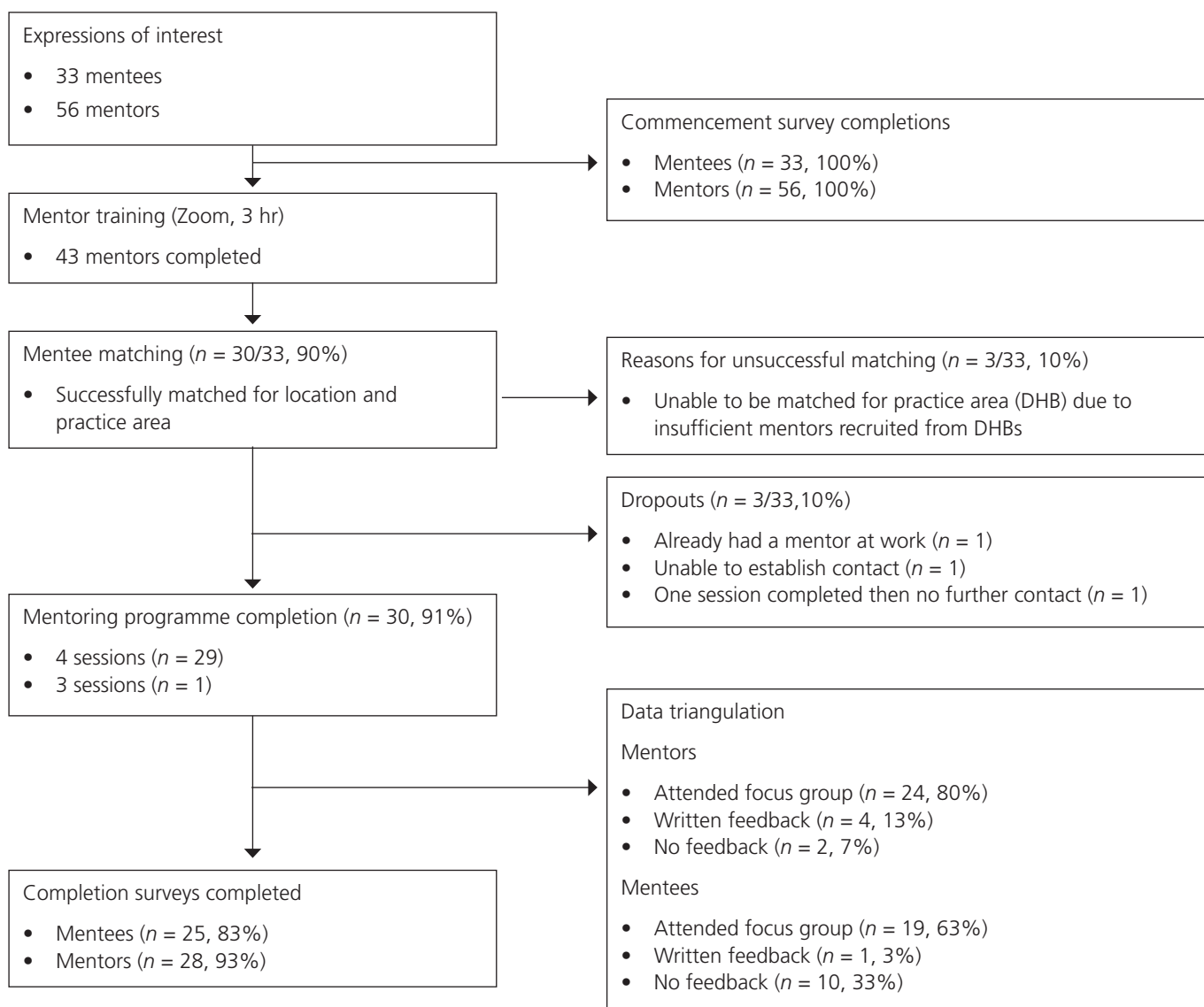
^a Unless indicated otherwise.**Table 2***Mentors' Experience, Qualifications, and Background (N = 30)*

Demographic	<i>n</i> ^a	%
Years in practice, <i>M (SD)</i> , range	21.4 (10.5), 3–44	
Highest qualification		
Bachelor's degree	5	17
Post-graduate certificate	2	7
Post-graduate diploma	12	40
Master's degree	11	37
Registered scope of practice		
General scope	29	97
Advanced practitioner/titled	1	3
Previous mentoring experience		
Yes	14	47
No	16	53
Previous mentor training		
Yes	6	20
No	24	80

^a Unless indicated otherwise.

Figure 2

Flowchart of Participants in the Study



Note. DHB = district health board.

setting (hospital) affected their experience. Specifically, one mentee stated, “The mentoring did not add much value to my practice as it could only be very generic mentoring”. The second mentee said, “I found it difficult to get specific advice because my mentor hasn’t had experience in my role”.

Mentees were asked about gender and cultural preferences for mentor matching at the beginning of the study. None of the mentees indicated a preference for either of these variables initially. However, in the focus group session, two mentees who coincidentally were matched with a mentor of the same culture (Asian) indicated there was value in working with someone who understood their culture and the challenges they faced integrating into the Aotearoa New Zealand healthcare system.

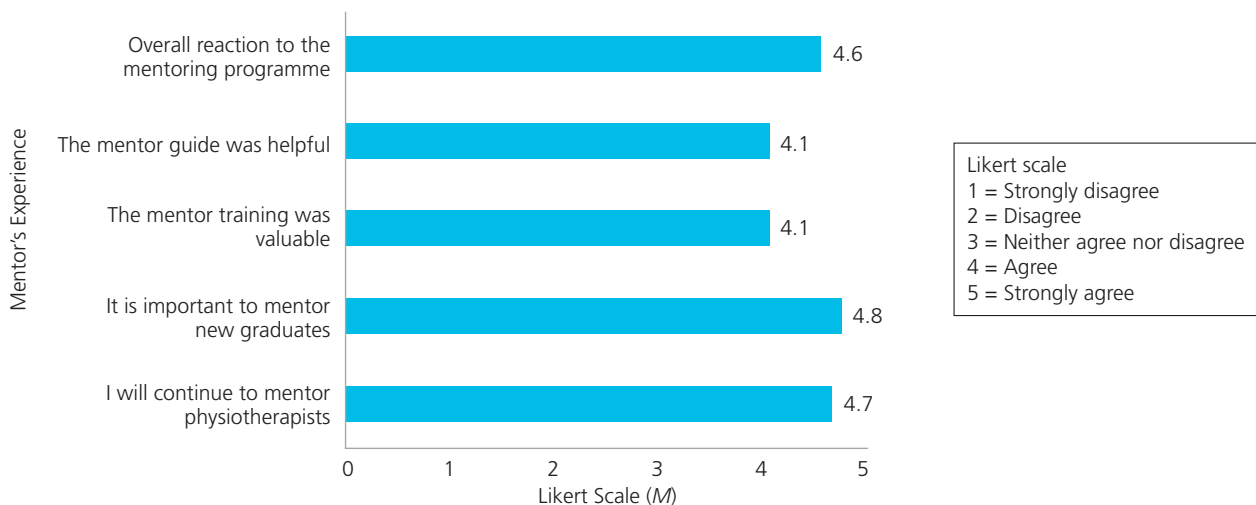
Benefits for mentors

There was overwhelming support for the mentoring programme from the mentors who participated. Mentors highlighted the importance of mentoring for new graduates and indicated commitment to continuing to mentor (Figure 3).

Despite almost half of the mentor group having had previous mentoring experience, 80% of them had never had any formal training as a mentor. The training provided prior to the mentoring programme was said to be valuable, with mentors stating it gave them more confidence in their mentoring ability. The electronic guide and supporting documents were said to be helpful to the process (Figure 3). The key benefits to mentors were related to skill development, gaining a better

Figure 3

Mean Scores Relating to the Mentors' Experience



understanding of new graduates, and the opportunity to share knowledge and skills.

The main areas of skill development identified by 60% of mentors were reflective practice, teaching, coaching, communication, and giving feedback. One mentor reported that, "learning the art of coaching, asking open questions, reflective listening skills" was a key benefit. Another stated:

It (the training) helped me to make sure I was not just teaching the mentee. To make sure I asked more open-ended questions and guided them in accessing their own knowledge and giving confidence that they knew the answer. It helped me to think about what questions I asked the mentee so that I could try to help them in all areas not just clinical.

Getting a better understanding of new graduates was identified as a key benefit by 29% of the mentors. One mentor said, "It gave me a greater understanding of the pressures that new grads are under and led me to offering the new graduate in my clinic more support". Another found it helpful by "gaining some insight into the experience and thought process of new graduate/early career physiotherapist especially about the views of their career goals/aspiration, professional identity as a physiotherapist and barriers/drivers of professional development".

Sharing knowledge and skills was identified as a benefit of the mentoring process by 18% of mentors. One mentor said, "It was rewarding to me to share what I felt were really basic skills, but they meant a lot to the mentee". Another benefitted from the opportunity to help their mentee, saying, "I enjoyed the training we received and the opportunity to help a new graduate develop their knowledge and skills in what I consider to be a pretty tough environment for a new graduate at the present time".

Benefits for mentees

The mentees responded positively to the mentoring programme and on average rated the importance of mentoring and

likelihood of seeking ongoing mentoring as 4.8 out of 5. The topics most frequently covered during mentoring sessions were professional development, clinical cases, clinical reasoning, patient, and workplace communication. Mentees most valued receiving constructive feedback from their mentors and appreciated the approach and expertise provided (Figure 4).

The main benefits of the mentoring programme for mentees were in two key areas. Personal and professional development was identified by all (100%) of the mentees as a key benefit of the mentoring process. One mentee said, "improving my confidence, broadening my knowledge, feeling more supported, making me feel inspired" was one of the most beneficial aspects. Another stated:

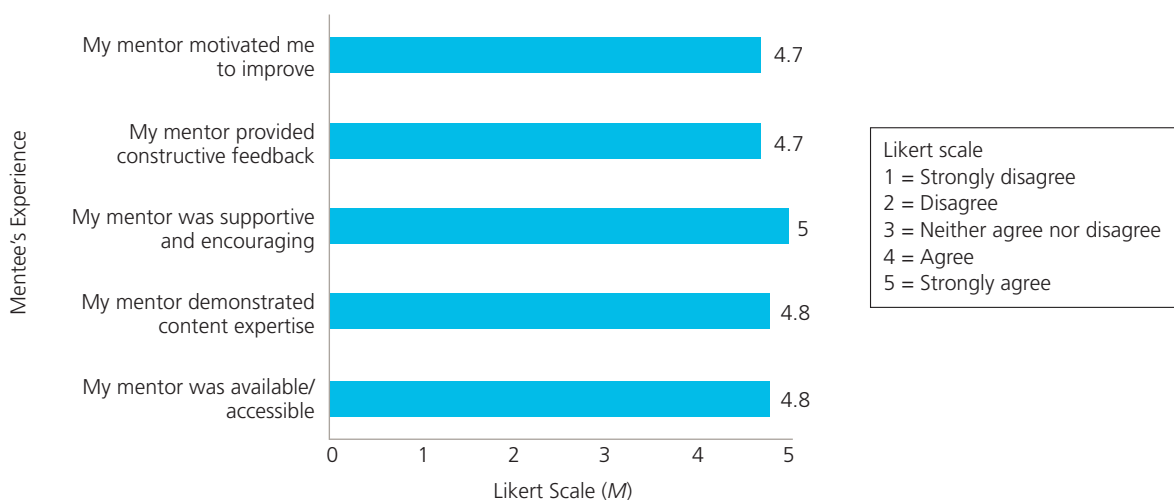
I felt like my mentor really supported me and was so approachable that she was able to reassure me as well as challenge me to become the best physiotherapist I could and provide the best care for my clients. She had so many tips and tricks and such a broad range of expertise that made it so lovely to be guided by her. She supplied resources that were helpful and really listened to and provided helpful ideas. She simplified physiotherapy and the questions I had about it as a career and how to get the most out of this career.

The second area of benefit was the independence of the mentor, which was identified by 64% of mentees. Having a mentor who was independent of their workplace made mentees feel more comfortable asking questions and expressing thoughts and opinions without fear of judgement from an employer or line manager. One mentee said, "I could talk pragmatically and honestly about career progressions, pay scales, and workplace logistics/dynamics, which I wouldn't feel as comfortable discussing with physios or managers already in my company". Another indicated:

It was amazing to have another professional opinion from an experienced physiotherapist aside from the clinical directors in my own clinic. It was also great to be able to ask a professional about questions that I may not want to ask my own boss/clinical mentor.

Figure 4

Mean Scores Relating to the Mentees' Experience



Challenges

The main challenge identified by mentors and mentees was scheduling mutually convenient meeting times. In addition, those mentees matched with a mentor in a different practice area noted this was not ideal as it limited discussion of certain issues.

The challenges identified by mentors (one-off comments) included:

- a lack of confidence in their own mentoring skill level
- dealing with a mentee facing personal or professional issues
- the limitations of virtual meetings

The challenges identified by mentees (one-off issues) included:

- a lack of confidence to take the lead in the mentoring process
- commencing a new job, so being unclear about what to bring to mentoring
- feeling unsure regarding whether physiotherapy was the right profession

DISCUSSION

There is a growing body of literature that supports the benefits of mentoring for early career physiotherapists, particularly those working in private practice (Davies et al., 2016; Forbes et al., 2021; Wells et al., 2021; Westervelt et al., 2018). Mentoring and support of early career physiotherapists are important for the retention of graduates, job satisfaction, the quality of physiotherapy service, enhancing clinical outcomes, and the future of the physiotherapy profession (Australian Physiotherapy Association, 2013; Davies et al., 2016; Naidoo, 2006; Williams et al., 2022). Our results support previous research with universal agreement on the importance and value of mentoring in both mentee and mentor groups.

Our study explored the benefits of the MOVE mentoring programme to both mentors and mentees using remote

mentoring methods over a 4-month period. Few previous studies have included standardised mentor training and only a small number investigated the benefits to the mentors of their involvement in the mentoring process.

Mentors

Despite almost half of the mentor group indicating they had previously been engaged in a mentor role, 80% had no previous mentor training and reported limited confidence in their mentoring skills at the beginning of the study. A lack of confidence in their own skill level was a key challenge raised by mentors in this study. The mentors found the training provided prior to commencing mentoring gave them more confidence in their mentoring ability. After the programme, mentors specifically noted improvement in their reflective practice, communication, and feedback skills (Buning & Buning, 2019; Johnson, 2002). The importance and value of training for mentors has also been identified by other researchers (Buning & Buning, 2019; Westervelt et al., 2018). Despite mentor training being an important factor in the quality of the mentoring experience (Buning & Buning, 2019; Johnson, 2002), only 20% of mentors in this study had previous exposure to this form of professional development. With mentoring being recognised as an increasingly important part of early career development, the physiotherapy profession may need to explore ways of improving access to mentor training for the benefit of both mentees and mentors.

Many physiotherapists are appointed to "mentoring" roles in the workplace by virtue of their longevity in the workplace, or by volunteering. However, it is unclear whether the role of a mentor is always clearly defined in these relationships. Consequently, it is possible that physiotherapists working as mentors may adopt more of a "preceptorship" role, which is a short-term, defined, clinically focused arrangement that may have an evaluative component. By contrast, mentorship is a longer-term, formative arrangement focused on building capability to facilitate personal and professional development that is not limited to clinical skill development (Gerhart, 2012).

Based on the results of this study, mentoring roles appear to be common in the workplace; however, in our cohort, previous mentor training was lacking. Given the importance placed on mentoring, particularly for early career physiotherapists, consideration should be given to clearly defining “mentoring” in the workplace and providing adequate training on key mentoring skills including non-clinical skills to optimise the experience for both mentors and mentees. This echoes the call by others to improve the training, policies, and implementation frameworks of supervision, and ensure agreed definitions and functions of different types of support across allied health professions (Ducat & Kumar, 2015).

Mentors were able to empathise with the issues facing new graduates and willingly shared their knowledge and skills to help mentees navigate their challenges. These results echo previously reported mentor benefits from a large Canadian study in which mentors also cited improvement in knowledge base, critical thinking, a sense of fulfilment, and the promotion of personal and professional development because of their mentoring experience (Yoon et al., 2017).

Almost all mentors indicated they would be likely to continue mentoring as they felt that it is important for early career physiotherapists. The physiotherapy profession has a problem with the retention of physiotherapists, with many leaving the profession either in the first two years or between 4–6 years post-graduation (Reid & Dixon, 2018). Mentoring roles provide an opportunity for physiotherapists with some experience to “give back” and obtain a sense of personal and professional fulfilment (Yoon et al., 2017). In addition, it provides motivation to upskill in competencies that are now required for registration under advanced practitioner and specialist scope of practice that may assist their own career pathway (Physiotherapy Board of New Zealand, 2018). Mentoring opportunities supported by training to enhance confidence and mentoring skills may thus contribute to improved retention of physiotherapists in the profession.

Mentees

All of the mentees who submitted the completion questionnaire reported benefits of the mentoring process including improved motivation, encouragement, advice, support, and increased confidence, which is supported by the findings of others (Buning & Buning, 2019; Westervelt et al., 2018). One of the challenges raised by a mentee was being “unsure whether physiotherapy is the right profession for me”. Mentoring in this context may be invaluable to identify and work through specific issues that help the mentee make an informed decision about their career, which may improve retention of early career physiotherapists in the profession (Reid & Dixon, 2018).

Having a mentor who is independent of the clinical setting was reported to be important by 64% of the mentees in the completion survey, despite many already having an assigned mentor within their workplace. This underscores the benefit of engaging early career physiotherapists in an externally run mentoring programme where the mentor is impartial, has no conflict of interest, and can focus on the identified needs of the mentee. As such, mentees are more likely to feel comfortable to raise issues such as pay and work conditions and any ongoing

gaps in their knowledge or skills without fear of judgement or adverse consequences related to career progression and remuneration. This is endorsed by Buning and Buning (2019) who noted that in an employer-led mentoring programme, the structure and process may have an organisational bias, rather than a primary focus on the developmental needs of mentees.

In contrast, others have promoted the value of in-house support and mentoring for new graduates due to improved treatment outcomes and factors such as the ease of direct, in-person contact with structured education sessions during work hours (Chipchase et al., 2022; Forbes et al., 2021; Williams et al., 2019). Williams et al. (2022) found that on-site mentoring in the mentees’ clinical environment provided familiarity, comfort, peer support, and adequate reflection time, and all these factors were reported to contribute to optimal outcomes in musculoskeletal clinical practice.

While in-house mentoring in the workplace may enhance clinical outcomes, the results of our study suggest there may be aspects of personal and professional development the mentee does not feel comfortable raising with a workplace-based mentor. As such, there is a case for a mixed model involving external, independent mentoring as well as workplace-based, clinical “preceptorship” for early career physiotherapists to ensure optimal development of both clinical and non-clinical competencies.

Mentee challenges

Challenges raised by mentees during the process included a lack of confidence to take the lead in the mentoring process and being unclear about what to bring to mentoring sessions. This raises important issues relating to the timing and structure of mentoring sessions for new graduates. The value of mentee-led sessions is self-determination; however, it can take some time to develop the level of confidence to take on this responsibility, so it is helpful if mentors are willing and able to lead, if necessary, when commencing mentoring. This further reinforces the value of mentor training that covers different roles in the mentoring process, such as teaching, coaching, counselling, and facilitating learning. This enables a flexible mentoring approach that is adaptable to meet mentee needs.

The matching process

Matching of mentees and mentors based on clinical practice area seems to be an important factor in positive mentoring experiences. Two of the three hospital-based mentees who were not able to be matched with hospital-based mentors reported that the mentoring process was affected as it was difficult to discuss context-specific issues. Studies from medicine have found that randomly assigning mentors and mentees may result in a less beneficial interaction and the matching process should be natural with engagement ideally “in person” to facilitate a more meaningful relationship (Johnson, 2002). In physiotherapy, Buning and Buning (2019) reported value in matching based on personality assessment or similarities in work schedule, location, age, learning styles, or training.

Although no mentees in this study initially indicated a preference for cultural matching, several mentees post-mentoring specifically noted benefits of unintended matching with a mentor of the same culture. The ability to share

experiences of relocation and reintegration into a different society and culture was valuable to these mentees.

Despite mentees in this study being assigned to mentors without in-person contact, as all meetings were conducted remotely via Zoom, all mentees reported positive mentoring experiences. This supports the findings of Westervelt et al. (2018) and suggests that remote meetings with appropriate matching can be successful, especially where small and geographically remote practices may lack the staff resources to offer workplace-based mentoring.

LIMITATIONS

The duration of the mentoring process was 4 months with a maximum of four mentoring sessions, which may be insufficient time to develop a meaningful mentee–mentor relationship. Despite this, all mentees reported benefits from the process. Longer periods would be required to get an accurate measure of mentoring outcomes. All sessions were conducted by Zoom with mentors who were not based in the same city as the mentee. While traditionally mentoring sessions are conducted in person (Yoon et al., 2017), our results did not identify any significant disadvantage in using a remote model of mentoring and all mentees reported benefits from the process.

CONCLUSION

Both mentors and mentees reported benefits from a 4-month, remote, structured mentoring process. Mentees improved in motivation and confidence and found it valuable to have a mentor independent of their workplace but found it difficult to take the lead early in the mentoring process. Mentors rated the training valuable and reported improvements in reflective practice, communication, and feedback skills. Given the value and importance placed on mentoring in physiotherapy, it would be worthwhile to ensure mentors are adequately trained for their role; that the developmental needs of mentees are the primary focus of any mentoring programme; and that minimum matching criteria should include clinical practice area.

KEY POINTS

1. Mentor training is important to build skills and confidence, because, while many physiotherapists are engaged in mentoring, few have received any formal training.
2. Clear and agreed definitions and frameworks are needed for different support roles across health professions, including supervision and mentoring.
3. When matching mentors with mentees, one important consideration should be to ensure they work in the same clinical setting.
4. Mentees perceived real value in being assigned a mentor who was independent of their workplace, as this provided opportunities for open discussion of potentially sensitive issues such as workplace remuneration and conditions.
5. Mentoring of early career physiotherapists has a positive impact on their motivation and confidence, which in turn can benefit clinical outcomes, job satisfaction, and retention within the profession.

DISCLOSURES

No external funding was obtained for the study. There are no conflicts of interest that may be perceived to interfere with or bias this study.

PERMISSIONS

The study was approved by the New Zealand Ethics Committee (Application: NZEC21_55) and informed consent was obtained from all study participants.

ACKNOWLEDGEMENTS

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CONTRIBUTIONS OF AUTHORS

Design, conceptualisation, methodology, writing the original draft, reviewing and editing, AC and MP; project administration and mentor, mentee recruitment and matching, AC; development of the MOVE mentoring programme methodology, mentor training, mentee focus groups and analysis, MP.

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Appendix A

MENTOR COMMENCEMENT SURVEY

Pilot Project

Please complete your details below. This information will be used for the purposes of matching you with a mentee, and for data collection and analysis. Your data will remain confidential. All identifying information will be removed before data analysis.

*Required

1. First name *
2. Last name *
3. Date of birth: *
4. Email *
5. Contact phone number *
6. Ethnicity *
 - New Zealand Māori
 - New Zealand European/Pākehā
 - Pacific Island
 - European (not further defined)
 - Chinese
 - Indian
 - Asian (not further defined)
 - Other
 - Prefer not to say
7. How many years of physiotherapy practice experience do you have? *
8. What qualifications do you hold? (Select all that apply). If "other", please specify. *
 - Diploma/Bachelor of physiotherapy
 - Postgraduate certificate
 - Postgraduate diploma
 - Masters degree in physiotherapy
 - PhDOther: _____
9. What is your registered scope of physiotherapy practice? *
 - General scope
 - Advanced practitioner
 - Titled (Australia)
 - Specialist
 - Other: _____
10. What is/was your main area of clinical practice? *
 - Private practice (musculoskeletal)
 - Private practice (other)
 - DHB/hospital rotation work
 - Educational institution
 - Sports physiotherapy
 - Residential care
 - Cardiorespiratory
 - Neurology
 - Pain
 - Hand therapy
 - Occupational health
 - Pelvic health
 - Paediatrics
 - Older adult health
 - Other _____
11. What city are you located in? *
12. Have you ever participated in any formal mentor training? *
 - Yes
 - No
13. If you answered "Yes" to the question above, please describe the training including the number of hours of training you received.

14. Please rate your skills in the following areas: *

	Not at all skilled	Slightly skilled	Somewhat skilled	Moderately skilled	Extremely skilled
Active listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing constructive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing a relationship based on trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilising different communication styles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying different learning styles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and managing expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing realistic goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivating others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building the confidence of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing the knowledge and skills of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What do you see as your key strengths as a mentor? *

16. Is there anything you would like your mentee to know that might help you to build a successful relationship? e.g., Your preferred communication style.

Appendix B

MENTEE COMMENCEMENT SURVEY

Pilot Project

Please complete the form below. This should take approx. 5 minutes. This information will be used for the purposes of matching you with a mentor, and for data collection and analysis. Your data will remain confidential. All identifying information will be removed before data analysis.

***Required**

1. First name *

2. Last name *

3. What is your gender? *

Mark only one oval.

Male

Female

Prefer not to say

Other:

4. Date of birth: *

5. Email *

6. Contact phone number *

7. Ethnicity *

New Zealand Māori

New Zealand European/Pākehā

Pacific Island

European (not further defined)

Chinese

Indian

Asian (not further defined)

Other

Prefer not to say

8. Please state the reason(s) you are interested to participate in this study. *

9. What city are you located in?

10. Zoom will be our preferred platform for mentee-mentor meetings. How confident are you in using Zoom? *

	1	2	3	4	5	
Not confident at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely confident

11. What area of practice will you be working in 2022? *
Check all that apply.

Private practice (musculoskeletal)

Private practice (other)

DHB/hospital rotation work

Educational institution

Sports physiotherapy

Residential care

Cardiorespiratory

Neurology

Pain

Hand therapy

Occupational health

Pelvic health

Paediatrics

Older adult health

Other: _____

12. For Māori physiotherapists only: If you are a Māori physiotherapist, do you wish to be paired with a Māori mentor?
Mark only one oval.

Yes

No

I have no preference and am happy to be paired with any mentor.

13. Do you have a gender preference for your mentor? *

- Male
- Female
- I don't have a preference

14. To assist in matching mentors with mentees, please indicate if there are any specific areas where you feel you may need support, and feel free to add an area under "Other". Please select ALL that apply. *

- Professional and ethical practice
- Communication (patient, colleagues, including health records/documentation)
- Collaboration (e.g., interprofessional practice, working in teams)
- Self-directed and lifelong learning (developing PD plans, sourcing information, learning in the workplace)
- Education (teaching principles, facilitating learning)
- Management/Leadership
- No specific area
- Other _____

15. What are the top THREE (3) things you would like to achieve from mentoring? *

16. Is there anything you would like your mentor to know that might help you to build a successful relationship? e.g., your preferred communication style.
