

Appendix 1. Position description for pharmacist mentors in the Pharmacist Mentorship Program. © 2007 St Joseph's Healthcare Hamilton, Pharmacy Department. Reproduced by permission.

Pharmacist Mentor Position Description — Clinical Practice

Knowledge and Skills Requirements:

Practice Skills

1. Demonstrated expertise in practicing pharmaceutical care including conducting medication histories, identifying drug-related problems, generating and monitoring care plans, documenting in the medical chart, and communicating with the interdisciplinary team.
2. Exceptional communication, decision-making in practice, and problem-solving skills that have been recognized by peers.
3. Experience in working within an interdisciplinary team environment.
4. Ability to effectively triage medication orders and provide accurate drug information.
5. An interest in and a commitment to teaching and learning.
6. Enthusiasm in role as a pharmacist.

Computer Skills

1. Basic computer skills related to word processing, spreadsheets and Power Point presentations.
2. High level of familiarity and facility with STAR system for order entry, laboratory information gathering, data collection, etc.
3. Familiar with other pharmacy, medical, and drug information software.

Pertinent Experience

At least 3 years of practice experience at St Joseph's Healthcare Hamilton.

Duties and Responsibilities

The mentor will meet with the pharmacist mentee (hereafter referred to as mentee) on a regular basis to ensure that the mentee develops the necessary skills and knowledge to successfully meet identified learning objectives. The mentor will communicate with other mentors, the Pharmacy Practice Council (responsible for the mentorship program), and consultants as required. The mentor will complete the necessary documentation for the program.

Supplementary data for Nieuwstraten C, Huh A, Liu G, Davis K, Dolovich L. Developing, implementing, and evaluating a formal pharmacist mentorship program. *Can J Hosp Pharm* 2011;64(2):124-130.

Appendix 2. Matching form for Pharmacist Mentorship Program. Adapted and reproduced with permission. © 2007 St Joseph's Healthcare Hamilton, Respiratory Therapy Services.

Mentor/Mentee Matching Form

The following form has been developed to facilitate appropriate pairings of Mentors and Mentees.

Education and Training

1. Where did you go to school?
2. Are you, or do you plan to, pursue additional schooling or training? YES NO (go to question 5)
3. What additional schooling or training are you currently pursuing?
4. What additional schooling or training are you planning to pursue?
5. Summarize leadership, community, or other major life experiences to date.

Work Preferences and Clinical Skills

6. What do you think are the qualities that make a good pharmacist?
7. What professional skills do you have in addition to standard pharmacist clinical skills?
8. What are the most valuable characteristics in a pharmacist colleague?
9. Which type of patients do you prefer to work with?
 Short-term Long-term Acute Chronic
10. If you had a choice, how would you prefer to spend your time at work (%)?
 Direct patient care Policy development Research
 Student development Program development Other

Mentoring

11. What is your learning style (check up to 3 that apply)?
 Linguistic (learn best when can say, hear, and see words)
 Logical (learn best when can categorize, classify, and work with abstract patterns/relationships)
 Spatial (learn best when can visualize and be creative)
 Musical (learn best through rhythm, melody, and music)
 Bodily (learn best when can interact with space and use senses)
 Interpersonal (learn best in groups by comparing, sharing, relating, and interviewing other people)
 Intrapersonal (learn best in self-paced instruction, with individual projects, when working alone)

Consider also your learning style as identified through the Kolb Learning Style Inventory.

12. What are the top 3 criteria you would like to be matched on?
 1. _____
 2. _____
 3. _____

Please add any additional information you feel may be relevant to the matching process.

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Appendix 3. Mutual agreement form for Pharmacist Mentorship Program. Adapted and reproduced, with permission, from Noesgaard C, Kustra E, Walsh A. Mentorship: What's it all about? [workshop materials]. © 2007 McMaster University, Program for Faculty Development, Centre for Leadership in Learning, Education Research Unit.

MUTUAL AGREEMENT FORM

Please complete prior to your initial meeting, so responses can be discussed.

Reflection for Mentor and Mentee

Your personal definition of a mentor _____
Your personal definition of a mentee _____
What are you looking for in a mentoring relationship? _____
What do you have to offer? _____
In your opinion, what is essential for your relationship to be meaningful? _____
What is your learning style? (refer to Kolb Inventory¹) _____
What is your concept of personal development? _____
What have the benefits of previous mentoring relationships been? _____

Message from Mentor to Mentee

I master the following skills fairly well.
Are some of them of any particular interest to you? _____
How can I help our relationship to start off "on the right foot"? _____
What roles and functions would you like me to fulfill for you? _____

Questions from Mentor to Mentee

Is there anything I should know right now about you that would facilitate our relationship? Tastes?
Preferences? Practices? _____

Questions for Both

How often should we meet? (time of day, day of week) _____
How long should the meetings last? _____
Where will the meetings take place? _____
Who will be responsible for setting the appointment? _____
How can we cancel an appointment if necessary? _____
What will be best method of communication? (email, phone) _____
How can we amend this agreement, if necessary? _____

Agreement entered into on: _____

Signature of Mentee: _____ Signature of Mentor: _____

Reference

1. Kolb learning styles inventory. Hay Resources; [cited 2007 May 5]. Previously available from: www.hayresourcesdirect.haygroup.com/lsi/default-new.asp?oz=842

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Appendix 4. Form used to develop learning objectives and action plan in the Pharmacist Mentorship Program. Adapted, with permission, from Lee Kilty H. *The Nurse Mentorship Pilot Project: resources for mentors*. © 2006 Ontario Hospital Association; Noesgaard C, Kustra E, Walsh A. *Mentorship: What's it all about?* [workshop materials]. © 2007 McMaster University, Program for Faculty Development, Centre for Leadership in Learning, Education Research Unit.

Mentee:	Mentor:
Date:	
General Areas of Learning:	Learning Objective(s) Identified*: * strategies and resources for the achievement of the learning objectives to be specified in the action plan below
1.	• •
2.	• •
3.	• •
4.	• •
<p><i>Declaration of Commitment:</i> In collaboration with my Mentor, I have identified the above areas of learning and will utilize the identified strategies and resources (Action Plan) to achieve these learning objectives within the specified timeframe.</p>	
Mentee:	Date:
Mentor:	Date:

Action Plan:

Learning Objective <i>What am I going to learn?</i>	Success Indicators <i>How will I know I have learned/ completed it?</i>	Strategies/ Resources <i>How am I going to learn it?</i>	Target Date <i>By when?</i>	Date Completed	Evaluation/Comments <i>(date and sign)</i>

Supplementary data for Nieuwstraten C, Huh A, Liu G, Davis K, Dolovich L. Developing, implementing, and evaluating a formal pharmacist mentorship program. *Can J Hosp Pharm* 2011;64(2):124-130.

Appendix 5. Weekly log for mentors and mentees in the Pharmacist Mentorship Program. Adapted, with permission, from Lee Kilty H. *The Nurse Mentorship Pilot Project: resources for mentors*. © 2006 Ontario Hospital Association.

Weekly Mentor/Mentee Log

Please complete weekly and submit to Steering Group

Date: _____

Mentor/Mentee: _____

Type of Mentoring Activity (please check all that apply):

- formal meeting documentation other mentoring activities
 informal meeting Steering Group meeting

Time spent with Mentee/Mentor _____

Time spent on other mentoring activities _____

Time spent completing forms/evaluations _____

Area of Mentoring (time spent):

Career mentoring (related to career, job, professional plans) _____

Clinical mentoring (related to assisting with learning clinical skills) _____

Psychosocial mentoring (related to support, advising, encouraging) _____

Any activities not captured above (please comment):

Documentation of Thoughts/Feelings/Insights:

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Appendix 6. Focus group guide for Pharmacist Mentorship Program. © 2007 St Joseph's Healthcare Hamilton, Pharmacy Department. Reproduced by permission.

Focus Group Guide – Mentors and Mentees

Introduction:

- Introduction of focus group facilitator and participants
 - Summary of participant involvement: Discussion re: collaboration; there are no right or wrong answers, so would like to hear from everyone
 - Consent
 - Stress confidentiality
 - Demographic sheet to be completed at the end of the focus groups
 - Any questions before we begin
-

Describe your experience with being a mentor/mentee in the St Joseph's Healthcare Hamilton Pharmacist Mentorship Program?
What was the mentoring experience like for you participating in the program?

What positive outcomes have been generated because of the program?
Probes: for you, for your mentee/mentor, for the department, for the hospital

From your perspective, what facilitating factors helped you to be a successful mentor/ mentee during this program?

What did you enjoy most about the mentoring experience?

What challenges did you encounter in delivering mentorship/while being mentored through the program?

What did you enjoy least about the mentoring experience?

What needs to occur within the department to sustain the program?

What was the most important thing you will take away from this mentoring experience?

Are there final comments that you would like to make or anything that you wanted to discuss that was not talked about today?

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