

# Aged Care Transition to Practice (ACTTP) program

## Mentor Guide

### Introduction

The Aged Care Transition to Practice (ACTTP) program, developed by the Australian Government Department of Health, Disability and Ageing (2025), aims to support the professional development of nurses within the aged care sector. Targeting newly graduated registered nurses (including nurse practitioners), enrolled nurses, and experienced nurses who have transitioned into aged care settings within the past two years, the program emphasises the importance of structured mentorship.

Effective mentoring is essential to achieving positive outcomes for all stakeholders—mentees, mentors, organisations, and older individuals and their carers. However, without robust organisational support, meaningful mentoring can be compromised due to high workloads and the complex, evolving nature of the healthcare environment (Coventry & Hays, 2021). Organisational support should include recognition of mentors, access to education and training in mentoring practices, and mechanisms for evaluating mentorship effectiveness (Stephenson et al., 2023; Coventry & Hays, 2021). Given the national focus on aged care workforce investment and retention, mentorship is a critical component of the ACTTP program.

### Aim

A transparent and well-structured process is essential for the effective implementation of mentor support within the Aged Care Transition to Practice (ACTTP) program. This booklet provides stakeholders of Charles Darwin University's ACTTP program with an overview of the mentorship framework, outlining key components of support available to participating nurses.

### Definition

Mentoring is a multifaceted process that involves guiding the mentee through roles such as teacher, role model, coach, advisor, clinical facilitator, and supportive peer, grounded in mutual values of motivation and openness (Akanegbu & Iheduru-Anderson, 2022). Evidence highlights the critical role of mentorship in enhancing workplace satisfaction, retention, wellbeing, and

sustained professional practice, particularly during the transition to clinical settings (Biles et al., 2025; Traynor et al., 2025).

Effective mentorship also contributes to the development of professional competence and confidence in problem-solving among junior nurses, as supported by Davey et al. (2020). Beyond benefits to mentees, mentors gain recognition as valued clinicians, reinforcing their professional identity and positively influencing organisational culture (Pearce, 2023).

### **Eligibility**

Mentors in the Aged Care Transition to Practice (ACTTP) program must be **registered nurses** working in health and/or aged care services with a primary focus on the care of older people for three years or more. Ideal mentors appreciate the nursing care of older people and have a genuine passion for supporting their health and wellbeing. Similarly, they are role models to novice nurses transitioning to gerontological nursing and are willing to support their career development.

While mentors may be internal or external to the participant's service or organisation, on-site mentors are preferred to enhance accessibility and support. As part of the onboarding process, mentors complete a self-assessment checklist. This tool is designed to help mentors reflect on their current confidence and capabilities. The results are not used to determine eligibility but serve as a foundation for identifying areas for professional growth and guiding targeted development.

### **Mentor Qualities / Attributes**

- Builds a trusting, respectful mentor–mentee relationship
- Demonstrates empathy, patience, approachability, confidence, and enthusiasm
- Communicates openly, clearly, and transparently, managing conflicts effectively
- Shows cultural, personal, and generational sensitivity
- Commits to ongoing self-development through reflective practice and professional learning

### **Roles and Responsibilities**

- Provide psychological and emotional support, including regular debriefing
- Encourage motivation and interest in older persons' nursing care
- Support professional development by exposing/directing mentees to diverse roles

- Set clear expectations and agreed learning goals
- Monitor progress, evaluate performance, and give constructive feedback
- Facilitate reflection and critical thinking to improve practice quality

### **Commitment to the Mentor Role**

- Mentor up to 3 nurse participants
- Meet mentees weekly, fortnightly, or monthly (2-4 hrs total; face-to-face or virtual)
- Mentees may be from different organisations
- Use group mentoring where appropriate, but prioritise individual learning needs
- Take a break after each cohort to prevent burnout
- Optional: Access and review CDU ACTTP learning modules to align support
- Optional: Attend monthly Mentor CoP meetings
- Optional: Complete CDU Mentoring in Clinical Practice short course (recommended for skill development)

### **Mentor Recruitment Process**

Participation in the program may occur through self-nomination by a registered nurse who identifies as a confident mentor, or by nomination of an organisational leader/manager based on their own recommendation, or the recommendation of the nurse's colleagues. Clinicians working in rural and remote areas, as well as First Nations and other culturally diverse practitioners, are strongly encouraged to participate.

### **Community of Practice (CoP) participation**

The 'ACTTP Mentor Community of Practice (CoP)' offers mentors a collaborative platform to share experiences, raise concerns, provide feedback, and contribute suggestions for program improvement in a psychologically safe environment. Facilitated by the ACTTP academic lead at Charles Darwin University, the CoP meets monthly for one hour via Microsoft Teams. While participation is strongly encouraged, it is not mandatory.

Mentor wellbeing is a critical factor in achieving effective mentoring outcomes. The Community of Practice group sessions offer mentors a psychologically safe space to openly discuss the challenges they encounter in fulfilling their mentoring roles.

## **Escalation Pathway for Participant Progress Concerns**

Mentors are expected to escalate concerns regarding a participant's progress or performance to the designated reporting contact within the participant's organisation, or to the ACTTP program academic lead at [agedcarettp@cdu.edu.au](mailto:agedcarettp@cdu.edu.au), depending on the nature of the issue. Similarly, at any time, health/aged care services or organisations may escalate concerns related to the participant or the program to the same contact.

## **Charles Darwin University's Professional Development Program for Mentors**

Stephenson et al. (2023) highlight the importance of professional development and targeted education to build mentors' capacity, capability, and confidence. With intergenerational mentoring becoming increasingly relevant in healthcare (Ihara et al., 2025), Charles Darwin University offers a free short course designed to support the professional development of healthcare mentors.

The course comprises six modules, which participants may complete in full or select based on the mentor's individual learning needs. Successful completion of the program provides credit equivalent to one unit toward the Graduate Certificate of Clinical Education. For more information, contact [agedcarettp@cdu.edu.au](mailto:agedcarettp@cdu.edu.au).

### CDU's Mentor Short Course topics:

- Roles and responsibilities of mentors
- Culturally informed, person-centred care educational framework
- Role-modelling and driving practice change
- Adult learning principles, learner styles and experiential learning theory
- Facilitating clinical reasoning and decision making
- Communication skills
- Identifying barriers to learning progress and facilitating support strategies

## **Evaluation**

Evaluating mentors' experiences and the effectiveness of mentor development programs is essential for continuous improvement in mentorship structure and delivery (Biles et al., 2023;

Stephenson et al., 2023). The ACTTP program will be evaluated externally from Charles Darwin University using an anonymous survey developed by Nous in collaboration with the Department of Health, Disability and Ageing. Participation in this survey is voluntary but strongly encouraged. Charles Darwin University also conducts internal evaluation research, in which the research lead invites mentors to participate.

Mentors enrolled in CDU's Mentor Program short course will also be invited to complete an educational feedback survey developed by CDU to assess the quality and relevance of the training.

### **Mentor Readiness: Self-Assessment Checklist**

Self-assessment of mentoring skills is a valuable tool for mentors to reflect on their current capabilities and identify areas for growth and future learning (Stephenson et al., 2023). The Mentor Self-Assessment Checklist may be used at the outset to establish baseline skills or revisited periodically to monitor progress and guide intentional development.

Refer to **Appendix 1** for the Mentor Self-Assessment Checklist.

## Appendix 1

### Mentor Self-Assessment Checklist

**Instructions:**

Please read each statement and select the number that best reflects your mentoring skills.

There are **no right or wrong answers**. This tool is designed to enhance self-awareness, identify strengths and areas for growth, and guide deliberate actions for targeted development.

**5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly disagree**

1	Creating a psychologically safe and supportive environment	5	4	3	2	1
1.1	I encourage, motivate, and guide mentees to take actions that promote their growth and learning development					
1.2	I set clear, mutually agreed expectations for mentees' professional and learning behaviour to achieve learning objectives and outcomes					
1.3	I demonstrate respect, patience, empathy, approachability, dedication, and enthusiasm to facilitate mentees' personal and professional growth					
1.4	I have self-awareness of cultural, personal, and generational differences that may affect my relationship with the mentee					
1.5	I possess the skills to implement evidence-based strategies to overcome the challenges mentioned in the above statement					
1.6	I have the skills to acknowledge and respect mentees' existing knowledge and skills, and facilitate building their professional development					
1.7	I escalate identified challenges in the mentee's learning progress to appropriate personnel in a timely manner					
2	Advocating for culturally informed person-centred care of older persons	5	4	3	2	1

2.1	I have a sound understanding of the models of care and principles that guide culturally informed, person-centred care for older persons					
2.2	I consistently demonstrate culturally informed, person-centred care principles					
2.3	I possess the skills to assess the enablers and barriers to the application of culturally informed, person-centred care					
2.4	I am confident to speak up when practice breaches person-centredness or creates a risk to the cultural safety of older people					
2.5	I have a passion for older persons' nursing care, and I appreciate aged care as an exciting nursing specialty					
<b>3</b>	<b>Seeking and providing feedback (reflective practice)</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3.1	I am skilled at evaluating the performance of participants and providing constructive feedback using scientific principles					
3.2	I apply various techniques to facilitate the preceptee's analysis of clinical situations and clinical decision-making skills					
3.3	I facilitate the use of reflective practice tools to enhance critical thinking and meaningful learning					
3.4	I guide the preceptee in combining the most recent research evidence and consideration of the person's holistic care needs to provide needs-based care					
3.5	As a mentor, I practice self-reflection and take ongoing efforts to enhance my own professional development (e.g., seeking feedback from peers, mentees, and managers, acquiring evidence-based clinical knowledge, mentor training, updating knowledge of governing frameworks and policies)					
3.6	I guide the mentee to take up leadership in advocacy for safety and quality, effective teamwork, and interdisciplinary collaboration in older person care					

Appendix 1: Mentor self-assessment checklist CDU (2025). References: Stephenson et al. (2023) & Lee-Hsieh et al. (2016)

## References:

- Akanegbu, C. O., & Iheduru-Anderson, K. (2022). Formal Mentoring Program in Nursing Education: A Literature Review. *ABNFF Journal*, 1(1), 23-28.  
<https://research.ebsco.com/linkprocessor/plink?id=76342ccc-4d0c-30df-ae02-a3194bfe4f75>
- Biles, J., Fealy, S., Sara, G., Anderson, J., McMillan Am, F., Christian, B., Davies, N., Willis, R., & Biles, B. (2025). What is the state of play? A nursing and midwifery workplace satisfaction survey across five local health districts. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 61(1), 58-76.  
<https://doi.org/10.1080/10376178.2024.2425753>
- Coventry, T., & Hays, A.-M. (2021). Nurse managers' perceptions of mentoring in the multigenerational workplace: a qualitative descriptive study. *Australian Journal of Advanced Nursing*, 38(2), 34-43. <https://doi.org/10.37464/2020.382.230>
- Davey, Z., Jackson, D., & Henshall, C. (2020). The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement programme for nurses working in the forensic setting. *International Journal of Mental Health Nursing*, 29(5), 992-1001. <https://doi.org/10.1111/inm.12739>
- Department of Health, Disability and Ageing. (2025). *Aged Care Transition to Practice Program*. <https://www.health.gov.au/our-work/aged-care-transition-to-practice-program>
- Ihara, E. S., Tompkins, C. J., Pantleay, H., Barrett, K., Holden, M., Velazquez-Dominguez, V., Ivey, K., Waters, L., & Marrs, S. A. (2025). "Don't Treat Us Like Fragile Babies": Mentors' Perspectives of an Intergenerational Mentoring Program for Medical Students. *Journal of Intergenerational Relationships*, 23(3), 329-341.  
<https://doi.org/10.1080/15350770.2024.2310654>
- Lee-Hsieh, J., O'Brien, A., Liu, C. Y., Cheng, S. F., Lee, Y. W., & Kao, Y. H. (2016). The development and validation of the Clinical Teaching Behavior Inventory (CTBI-23): Nurse preceptors' and new graduate nurses' perceptions of precepting. *Nurse Educ Today*, 38, 107-114. <https://doi.org/10.1016/j.nedt.2015.12.005>
- Pearce, L. (2023). How legacy mentors support new staff: The role is shown to boost retention of newly qualified nurses while re-energising experienced clinicians. *Primary Health Care*, 33(4), 15-16. <https://doi.org/10.7748/phc.33.4.15.s6>

- Stephenson, S., Kemp, E., Kiraly-Alvarez, A., Costello, P., Lockmiller, C., & Parkhill, B. (2023). Self-Assessments of Mentoring Skills in Healthcare Professions Applicable to Occupational Therapy: A Scoping Review. *Occupational Therapy in Health Care*, 37(4), 606-626. <https://doi.org/10.1080/07380577.2022.2053923>
- Traynor, V., Britten, N., Gibson, D., Munk, S., Chenoweth, L., Stokes, J., Moroney, T., Strickland, K., Donaghy, T., & Bail, K. (2025). Implementing a gerontological nursing competencies programme in aged care: Participant experiences. *International Nursing Review*, 72(2), 1–17. <https://doi.org/10.1111/inr.13034>