

# Summary of Cochrane KT mentoring pilot programme and assessment of next steps

## 1. Purpose

This document summarises the results of Cochrane's first test of virtual mentoring undertaken in late 2019/20 and provides suggested next steps for a future knowledge translation programme and broader applicability for use across Cochrane.

## 2. Summary of main findings from pilot

The results of the mentoring has been summarised below, but a full report is available upon request from Karen Head, Cochrane KT project manager ([khead@cochrane.org](mailto:khead@cochrane.org)).

### 2.1 Testing virtual mentoring

Mentoring involves an experienced person (mentor) sharing their knowledge and experience to guide another (mentee). Between September 2019 and March 2020, Cochrane explored the feasibility of virtual mentoring to increase capacity for knowledge translation. There was demand to take part, with 38 members of the Cochrane community applying to be mentees and 25 people from within and outside of Cochrane volunteering to act as mentors. Cochrane's Central Executive Team matched mentors and mentees based on the type of support requested and areas of expertise. Twelve pairs of mentors and mentees were encouraged to meet monthly by teleconference to work on a knowledge translation project led by the mentee. Participants were provided with an information pack and mentors attended online training about the mentoring role. Mentoring pairs met for up to six months. One pair met in person and the rest primarily used telecommunications.

This is the first time that Cochrane has coordinated a virtual mentoring programme. The Central Executive Team wanted to understand whether this was feasible and potentially worth expanding to support knowledge translation and other activities. All mentees and mentors were invited to provide feedback in anonymised surveys before, during and after the programme. All participants also provided verbal feedback to an independent team. The focus was on understanding whether a virtual mentoring approach had potential for further development, rather than on quantifying changes in knowledge and confidence.

### 2.2 Perceived value

100% of people who participated in the programme believed that mentoring was a worthwhile approach and something that Cochrane should expand. Of the 24 people who took part as mentees or mentors, 83% believed that mentoring had been useful. Examples of the perceived value included:

- Two thirds of mentees said that they were more confident about knowledge translation.
- Before mentoring 0% of mentees rated their skills or confidence in knowledge translation at 7 or above on a 10-point scale. After mentoring 50% rated their skills at 7 or above and 63% rated their confidence at 7 or above on a 10-point scale.

- Two thirds of mentors said that they felt valued and that their own ideas or thinking developed.
- Mentees undertook tangible knowledge translation activities for Cochrane including mapping stakeholders, developing communications plans, disseminating information through infographics, journal publications and presentations, adapting outputs to support diverse audiences, and increasing the response rate to surveys, letters and weblinks.

In two thirds of mentoring pairs, both the mentee and mentor felt the process was a ‘success’ and had achieved what they hoped.

In the third of pairs that did not feel that mentoring had worked as well as it could have, this was because (i) time zone differences or busy schedules made regular contact challenging, (ii) the mentor thought that the mentee did not have a clear idea of what they wanted to achieve or did not take responsibility for guiding the process or (iii) the mentee did not feel that their mentor had the expertise they needed. People who said the mentoring partnership had not worked as they expected this time still believed that mentoring was a worthwhile concept and were keen to be part of mentoring in future.

### **2.3 Learning and recommendations**

It was feasible to implement virtual mentoring. Participants said that the programme was promoted well and that the information provided before and after the application process was useful. Mentors valued the opportunity to take part in a 90-minute online training session at the outset, particularly to discuss the difference between mentoring and coaching and the expectation that mentees lead the process.

Cochrane asked mentors to allow mentees to guide the process, including preparing for meetings and specifying what they wanted to achieve. Around half of mentees did not seem aware that this was the expectation and were looking for firmer guidance or more structured support from mentors.

During this initial test, the Central Executive Team spent at least 100 hours developing and promoting the programme, reading applications, matching participants to work together and facilitating training and support. Most of this was at the development and matching phase. The Central Executive Team aimed to be ‘hands off’ to explore whether the programme could run without significant centralised input. The programme progressed without the need for such input, but participants said they would welcome more regular contact from organisers and opportunities to share experiences with other participants.

#### **Recommendations from programme participants included:**

- Cochrane should continue to make mentoring available as part of a menu of opportunities to facilitate increased skills and confidence in knowledge translation. This may include fostering a network of mentors and, as the scheme matures, having mentors available to support people with projects starting at different times during the year rather than everyone starting on the same date. There is demand for the scheme and it appears feasible to run, but there are opportunity costs in terms of other ways that people’s time could be invested to increase knowledge translation capacity.
- Mentoring could continue to be based around a specific knowledge translation project and have a set time limit, though guidance could be refined so participants feel able to continue their relationship.

- It is important to consider time zone differences when matching participants, alongside the subject matter experience of mentors. The best matching approach likely depends on whether the goal is to support the development of transferable skills or to improve specific projects.
- The programme coordinators could provide encouragement during the programme in a manner that is not intrusive or time-consuming. Examples include, sending a monthly email with tips or interesting articles and having a webinar so participants can share experiences. Such group sessions could be facilitated by participants themselves.
- In pairs where the mentoring approach was perceived to be less useful, there were often differing expectations between the mentee and mentor about whether the mentor should be 'leading'. Clarifying in promotional materials and guidance that the mentee will be responsible for guiding the process, having a webinar for mentees at the outset and including this as a topic to be discussed at the first mentoring meeting could help to align expectations.
- Some of the people who applied but were not selected this time were disappointed or did not understand why they were not chosen, so careful handling of this is required to maintain positivity.
- There is potential to expand mentoring across other areas of Cochrane such as editorial and methods processes. A coordinated mentoring scheme across Cochrane rather than multiple schemes, each run slightly differently, may achieve economies of scale and quality assurance.
- Case studies and learning could be shared to show that international virtual mentoring is feasible.

Cochrane's first test of virtual mentoring suggests that it is possible to run such a programme without extensive centralised resources. Mentees and mentors all thought that Cochrane should continue to offer a mentoring programme as part of a wider range of initiatives to increase knowledge translation capacity. Most mentors were willing to continue to share their experience and one third of mentees said they would now consider mentoring someone else. Any expansion of the programme might usefully be accompanied by a fuller examination of the impacts for participants, including longer-term impacts.

## 3 Next steps

### 3.1 Future Cochrane mentoring

Cochrane will use the results from this first KT mentoring scheme, along with other organisational knowledge to investigate the implementation of mentoring across different areas of Cochrane (e.g. review author mentoring, trainer mentoring, career mentoring). These options will be discussed with Cochrane's Senior Management Team in collaboration with People Services and the Learning Department.

### 3.3 Initiation of a second cohort

We acknowledge that the discussions of wider mentoring programmes across Cochrane are needed and any new scheme(s) will require time to be developed and organised.

The KT Department proposes that, whilst the wider conversation is taking place, a second cohort of the KT mentor programme is initiated, implementing some of the learnings identified during the first programme. It is hoped that the scheme will be ready for advertisement by September 2020 with mentoring starting in November 2020.

For further details please contact Karen Head ([khead@cochrane.org.uk](mailto:khead@cochrane.org.uk)).