

# Improving support and raising standards: a pilot induction and mentoring programme for new Review Group Coordinators in The Cochrane Collaboration.

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## Background

The Review Group Coordinator (RGC) Induction working group was formed by consensus at the 2006 Colloquium RGC meeting, in response to stated concerns about the lack of a system for introducing new RGCs to The Cochrane Collaboration. RGCs generally work in geographic isolation from each other and frequently commence in the role with no handover from the previous RGC and little consistent advice about relevant resources, procedures and key tasks. Resources that did exist were scattered and largely out of date.

## Objectives

To assess and address the need for standardised induction and support material for RGCs.

## Methods

We surveyed RGCs and assistant RGCs in January 2007 on their experiences of assuming these posts. The survey results revealed a lack of support and information about relevant materials, and a sense of isolation. There was a high risk of errors and inefficiencies with the potential for a negative impact on the production of reviews. Informal mentoring had been useful to a number of RGCs, but there were concerns that this ad hoc method increased the diversity of systems and procedures being used.

As a result of this survey, we submitted a proposal to the Collaboration's Opportunities Fund for support to develop relevant resources and training for new RGCs; in particular:

- A generic position description template for RGCs.
- An updated welcome letter, guides and resources such as Signposts.
- A pilot mentoring programme to support RGCs internationally.

## Results

An Opportunities Fund Grant was awarded in May 2007. To date:

- We developed a generic RGC position description, which was approved, and has since been included in The Cochrane Manual.
- We updated various resources (e.g. welcome letter to new RGCs, Signpost (see Figure 1)).
- We developed a document outlining 'Mentoring in the Cochrane context'.
- RGCs selected four experienced RGCs to be regional mentors: Kate Cahill and June Cody (UK and Europe); Victoria Pennick (North America); Narelle Willis (Australasia).

The programme was based on the same geographical areas as Cochrane Information Management System (IMS) support. We have developed mentor training to minimize variability between mentoring activities in different regions, and have structured the programme to collaborate with existing IMS induction activities (to minimize duplication).

We developed a needs assessment, evaluation document, and induction outline and checklist.

Each mentoring visit will involve a needs assessment form completed by the mentee, the mentor visit itself (either at their office base or the mentor's office base) and a one month follow-up questionnaire sent to both mentee and the mentor.

The pilot of the programme commenced in February 2008 and will include the first five RGCs to receive mentoring.

## By end August 2008

- Two RGCs have participated in the mentoring scheme and returned follow-up questionnaires. Preliminary feedback has been positive, although changes to the system, such as follow-up a few months after the mentoring visit, have been proposed.
- Seven assistant RGCs have joined the Collaboration. It was decided that their own Group's RGC would conduct their training, but that they would be asked to complete the needs assessment form to inform the development of the pilot programme.
- One other potential candidate for the mentoring programme completed the needs assessment form and, due to previous experience with the Collaboration, did not think the mentoring programme necessary to her situation.

## Conclusions

Two RGCs have participated in the pilot mentoring scheme as at August 2008, and initial feedback has been positive. The pilot will run until a further three new RGCs have participated in it. To date, the scheme has highlighted that:

- The development of core processes and documents has been important to minimise diversity of practice and to guide mentors.
- There is no standard mechanism for identifying when a new RGC or assistant RGC commences in the role. The outgoing RGC (or the Coordinating Editor) should notify the Collaboration Secretariat (Jini Hetherington) when this transition is occurring, so that appropriate support and information can be offered to new RGCs.
- RGCs acting in an interim capacity, for instance covering long-term leave of absence, may prove a particular challenge in terms of the provision of mentoring and other support.
- Close collaboration with the IMS support function is important to minimise duplication of effort and to coordinate training activities.
- New RGCs are diverse in their skills and experience, and in their knowledge of the Cochrane Collaboration. Therefore mentoring—if needed—must be tailored accordingly. Face-to-face mentoring may not always be appropriate.
- In most cases, training of assistant RGCs is most appropriately conducted by the 'parent' RGC rather than an external mentor.

We expect to present findings of the completed pilot programme to the 2009 Colloquium.

## Acknowledgements

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**Figure 1: Resources for new RGCs**

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**Induction**  
You may or may not have received a 'handover' or induction into the ME/RGC role from the outgoing ME/RGC or from your Co-ordinating Editor (Co-Ed). To support all new MEs/RGCs – irrespective of the skills and experience they bring to the role – two key programmes are available: Information Management System (IMS) Support and ME/RGC mentoring.

**IMS Support**  
• The IMS Support team provides ongoing training and support to Cochrane Review Group (CRG) editorial staff in the use of the Cochrane Collaboration's Information Management System (IMS). The IMS is partly internet-based, and consists of software and processes that