
RESEARCH ARTICLES

Navigating Uncertainty: Evaluation of a COVID-19 Surge Workforce Support Program, Australia 2020-2021

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Abstract

Introduction: The COVID-19 pandemic response has required a rapid influx into the public health workforce, demanding a wide range of skills to address the crisis. As the second wave of COVID-19 escalated in the southern Australian state of Victoria during 2020, the Public Health Association of Australia and the Australasian Epidemiological Association partnered to implement a mentorship program to support the public health surge response workforce within the Department of Health and Human Services. We conducted an evaluation of this program to identify whether the model is valuable for future emergency response workforce support.

Methods: The mixed-methods program evaluation consisted of a short self-administered and anonymous online survey, focus groups, and semi-structured interviews for mentors and mentees. We used the Kirkpatrick model to evaluate the program, using the model's four levels: reaction, learning, behaviour and results.

Results: Seventy-six program participants responded to the online survey; 16 participated in focus group discussions and nine in interviews. Eighty-nine percent (n=25/28) of surveyed mentees reported that this was their first public health emergency response, and 54% (n=15/28) reported that they had less than five years of public health experience. Three primary focus areas were identified from the data to inform program refinement: programmatic considerations, professional and wellbeing support, and broader benefits of the program.

Discussion: The program supported frontline pandemic response workers at a time of heightened need. Our evaluation found the support provided mitigated the inexperience of the surge workforce in Victoria, and this model was useful during a public health emergency response. The findings of this evaluation will contribute to the development and refinement of a support program specifically for future emergency response workforces.

Keywords: Epidemiology, public health practice, health workforce, pandemic, program evaluation, mentorship

Introduction

The COVID-19 pandemic response in Australia demanded a rapid increase in the public health workforce and a range of specialist skills were required to address the crisis. Research conducted in 2019 with emergency response experts identified that there was insufficient support and mentoring of the epidemiology workforce during emergency responses.(1,2) The Australian state of Victoria experienced a large second wave of COVID-19 between late May to late November 2020.(3) To support the response, the Victorian Department of Health and Human Services (DHHS) onboarded new staff and seconded staff from other Departments.

As the second wave escalated, a group of experienced epidemiologists and public health practitioners convened to discuss surge workforce challenges and necessary mitigation measures to sustain the workforce capacity. Based on these discussions, the Public Health Association of Australia (PHAA) partnered with the Australasian Epidemiological Association (AEA) to implement a mentorship program to support the public health response workforce within the DHHS.(4) The program ran from September to December 2020 and was based on the national PHAA mentorship program format.

Mentorship research has demonstrated positive outcomes for mentees and mentors,(5-7) and early

career professionals have identified this as an area of need.(8) By developing a targeted support program for an emergency response workforce, this mentorship program aimed to support and increase the effectiveness of this workforce, and reduce stress and burnout.(6,9) The aim of this evaluation was to better understand the utility of mentorship during public health emergencies and to identify the needs of a model of workforce support appropriate for emergency response.

Method

Study population

This mentorship program was open to all COVID-19 staff at DHHS. The target mentee participants ranged from newly arrived staff through to established middle-level staff. Mentors were experienced public health professionals from across Australia, with more than five years of public health experience.(4) Program participants were not required to be PHAA/AEA members.

Initially, mentors and mentees completed a questionnaire regarding their mentorship needs prior to PHAA matching them with a volunteer mentor. All participants were provided an information pack outlining potential objectives of the mentee/mentor relationship, guidance on setting expectations in terms of format and regularity of meetings.(4) Once matched, an email was sent to mentees and mentors with contact details, informing the mentee that they were to make primary contact with the mentor with pre-determined objectives.

Evaluation method and model

The evaluation of the mentorship program consisted of a short, self-administered, and anonymous online survey for mentors and mentees, and participation in a focus group discussion or semi-structured interview, following the completion of the three month program. All components of the evaluation were voluntary and were not a prerequisite for participation in the program.

We used the Kirkpatrick model to evaluate the COVID-19 mentorship program data.(10) The model has four levels: reaction, learning, behaviour, and results.(10) "Reaction" aims to ascertain whether participants felt the program was valuable. "Learning" identifies what participants learnt. "Behaviour" aims to understand how well people applied what they learnt. The "Results" level was to identify the overall outcomes of the program.(10)

Data collection

We used the online survey software, REDCap (Research Electronic Data Capture), to distribute a self-administered electronic survey from October 2020 to January 2021. The PHAA/AEA distributed the survey link to all registered program participants, after which PHAA sent two reminder emails to encourage participation. Embedded in the online survey was a plain language participant information statement; consent was obtained electronically. The survey was short in format to encourage busy participants to complete and

consisted predominantly of multiple choice (yes, no, unsure) or Likert scale format questions (strongly agree, agree, neutral, disagree, strongly disagree). Completion of open-ended questions was optional. The survey included questions related to career stage, length of the program, objectives, matching of mentees and mentors, confidence, lessons learned, and application of lessons in the workplace during the pandemic (survey can be found in Supplement B).

In February 2021, all program participants were invited to share their mentorship experience in a focus group discussion or semi-structured interview. A plain language participant information statement was provided electronically, participants returned their signed consent via email. Focus group discussions and interviews were voluntary and confidential and conducted via Zoom in March 2021. We conducted mentor and mentee group discussions separately to ensure there was no perceived power imbalance, and so participants felt they were amongst peers.

Focus group discussion and interview questions were guided by survey findings. We consulted an experienced social researcher to support question enhancement that promoted sharing of personal stories and experiences. The order of questions asked was based on the flow of conversation, prompts were used as a tool to expand on the discussion and illicit depth.(11) For consistency, the lead researcher (AP) conducted all interviews and focus group discussions.

Questions for interviews and focus group discussions included perceptions on the benefits of the mentorship program, opinions on the program structure, program challenges, application of learnings, and perceptions on the mentor/mentee matching process. Focus group discussion and interviews evolved based on what the group felt was important to them, therefore not all questions were asked in all focus group discussions or interviews. We recorded the interviews and focus group discussions and transcribed them verbatim using an auto-transcription software, Sonix (sonix.ai, California and New York, USA). The research lead (AP) cross-checked all transcriptions against the recording to ensure accuracy.

Data analysis

Survey data were analysed descriptively in Microsoft Excel 2016 and STATA 15 (TX:StataCorp), and content analysis was conducted for open-ended survey questions.

We redacted identifying information within the transcript data. Data familiarisation was conducted through repeated listening and reviewing of the data.(12) Transcripts were imported to NVivo11 (QSR International Pty Ltd, Melbourne, Australia) qualitative data analysis software and open-coded without a pre-existing frame.(13,14) Transcripts were reviewed at least twice to ensure consistency and complete capture of data. Codes were iteratively developed and merged as required, prior to identification of themes and interpretation for meaning.(14)

Survey, interview and focus group discussion data were analysed together in a mixed analysis and presented together. Semantic and latent thematic analysis of the coded data was conducted to ensure direct and underlying issues were examined.(14)

Ethics

The Australian National University Human Research Ethics Committee provided approval for this evaluation (identification no. 2020–596).

Results

There were 197 mentors and 198 mentees registered in this program (n=395). Seventy-six program participants completed the online survey (response rate 19% n=76/395), 37% (n=28) were mentees and 63% (n=48) were mentors. Two mentor and two mentee focus group discussions were held with a total of eleven mentors and five mentees. Nine semi-structured interviews were conducted, five with mentors and four with mentees.

Eighty-nine percent (n=25/28) of surveyed mentees reported that this was their first involvement in a public health emergency response, and 54% (n=15/28) reported that they had less than five years of public health experience. Of the mentors, 51% (n=24/48) reported this was the first time they had mentored (Table 1).

We identified three primary focus areas from the data: 'programmatically', 'support' and 'benefits'. The relevant identified themes are included under each focus area (Figure 1).

Focus area one: Programmatic

Key programmatic considerations discussed by participants were program structure, guidance and documentation, time, and matching of mentees and mentors (Box 1).

Mentees and mentors found the program to be flexible to their needs, however a more 'fit-for-purpose' emergency response structure was identified as a need, with clear program expectations. Mentors with prior mentorship program experience said they used previous mentorship models to shape the relationship, rather than the guidance from the program.

Mentees described struggling with developing their mentorship objectives, which reportedly led to a delay or hesitation in instigating initial contact with their mentor. Mentees and mentors stated they needed guidance on developing SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives and clear direction on what would be useful objectives to work on during mentorship within a health emergency.

A recurrent challenge reported by mentees and mentors was in navigating the introduction and forming a connection quickly given the short program timeframe. Some relationships did not need help to get started, however, respondents stated that having clearer guidance and introduction support would help timely relationship development and may have improved the understanding of the program scope.

Overall, the matching of mentees and mentors was lauded as a program success amongst evaluation participants. Eighty percent (n=61/76) of survey participants stated they were well matched (Table 1).

Participants explored what a good match and a mismatch looked like. A good match did not seem to be dependent on being a technical or skills-based match. Those matched across professions initially reported feeling as though they had been mismatched, however on reflection they found that they had been able to bring a lot to the relationship outside of their technical experience. What appeared more important than technical skill-based matching were the characteristics of the mentor. Overwhelmingly, characteristics of a good mentor were frequently repeated as: empathetic, good listener, experienced, and kind.

The power dynamic within a mentor/mentee relationship was discussed. Mentors questioned whether some relationships failed because of a power imbalance, and for the expectation that the mentee make primary contact with the mentor and drive the relationship. Mentees reported feeling pressure to 'not ask dumb questions' because of the perceived power imbalance related to seniority or experience of their mentors.

Where unsuccessful relationships between mentee and mentors were reported, participants believed this should be expected. Some 'failed' on personality clashes, some had non-aligned expectations, and others reported a lack of effort from one or more party to enhance and develop the relationship. Participants discussed that if the relationship did not happen quickly, then there was a need to work at it, which in this context, may have been difficult due to the short timeframe.

The concept of time was discussed in three different ways; the program length, whether involvement was worth participant's time, and whether an emergency response is the right time to participate in mentorship.

Sixty-two percent (n=47/76) of survey participants agreed that the program was an appropriate length (Table 1). Some interviewees clarified this stating that the time was a good length as a minimum, however they would prefer more time to develop a relationship. Many other well-matched pairs decided to continue the relationship past the program dates.

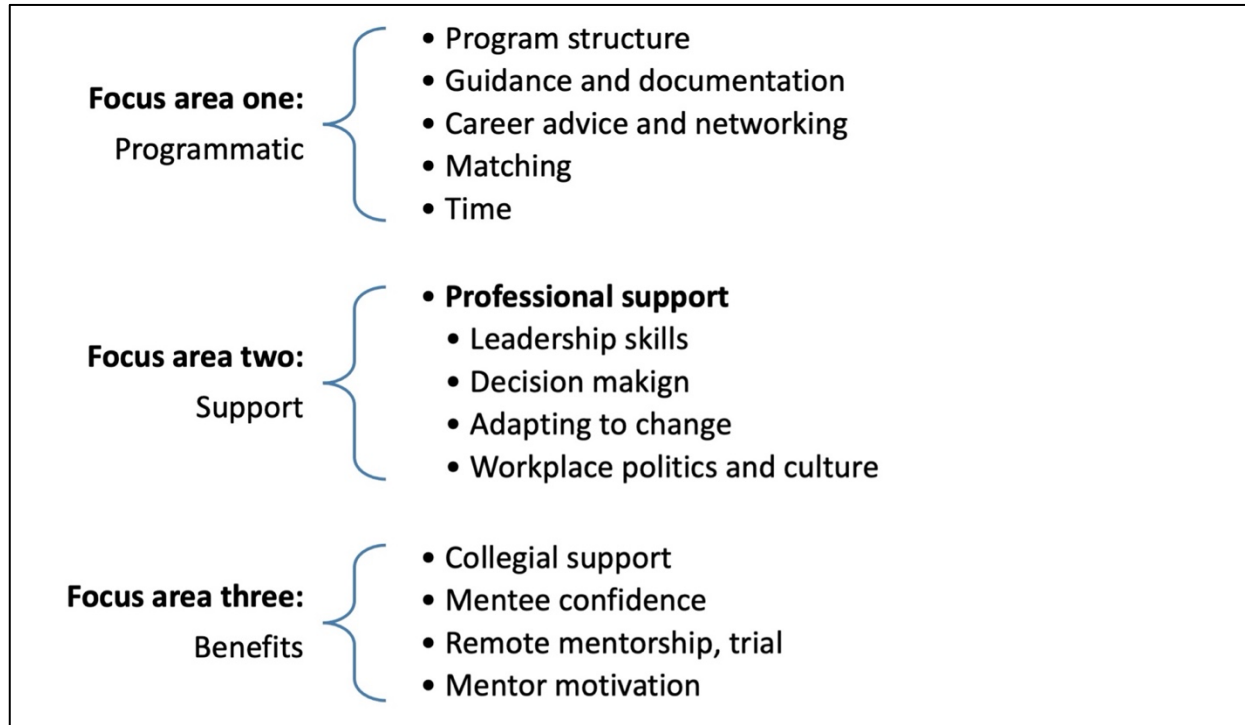
Despite time constraints and work priorities due to pandemic response, 86% (n=65/76) of participants said the program was worth their time; this reaction was similar between mentors (83% n=40/48) and mentees (89% n=25/28) (Table 1). Interviewees frequently stated that the time spent with their mentor was some of the most valuable time in their week, as it provided a time when they could stop and process what they were doing in the workplace. Not all participants had the time to regularly participate, there were reports of mentors or mentees repeatedly missing meetings or not being contactable. Participants were unsure whether this inferred that they were not finding the sessions useful or whether they were too busy.

Table 1. Survey Findings, Emergency Response Mentorship Evaluation, 2020

Topic	Total		Mentee		Mentor	
	n=76	%	n=28	%	n=48	%
Worth my time	65	86	25	89	40	83
Suitable length	47	62	18	64	29	60
Achieved objectives	53	70	22	79	31	65
Mentor/mentee well matched	61	80	24	86	37	77
Recommend program to others	66	87	25	89	41	85
Mentee reported improved confidence	-	-	18	64	-	-
Mentee shared mentors advice/lessons with others in workplace	-	-	19	68	-	-
Mentee applied mentors advice to work	-	-	25	89	-	-
Mentor provided technical support	-	-	-	-	21	44
Mentor provided professional development support	-	-	-	-	41	85
Mentor saw mentee develop confidence	-	-	-	-	26	54
Mentor further developed mentoring skills	-	-	-	-	33	69
Program useful for PHE technical support	27	36	14	50	13	27
Program useful for professional development support during PHE	66	87	24	86	42	88

*PHE: public health emergencies

Figure 1. Thematic Structure of Emergency Response Workforce Support Evaluation Findings, 2021



Box 1. Mentorship Evaluation Participant Quotes on ‘Programmatic’ Focus Area by Theme

<p>Matching</p>	<p><i>“At first I was thinking, how is this a match?...I really enjoyed the experience and the learning from my mentee, as well as providing what I could to my mentee.” - Mentor</i></p>
	<p><i>“It did add a touch of pressure because of the calibre of my mentor, but also because of the calibre of my mentor, it was worth it.” - Mentee</i></p>
	<p><i>“Programs like this will always have some pairs that fail to fire. I think mine was one of those.” - Mentor</i></p>
<p>Time</p>	<p><i>“A longer timeframe to develop relationships and contribute to goal setting would be valuable.” - Mentor</i></p>
	<p><i>“At work you don't have time to stop, there's not been any time to stop and ground and think... like let's take perspective... [my mentor was] grounding in the midst of absolute mayhem.” - Mentee</i></p>
	<p><i>“I think it's a really valuable asset to have as a support mechanism working in emergency response.” - Mentee</i></p>

When asked whether an emergency response was the right time to participate in a mentorship program, mentees and mentors participating in the evaluation agreed emphatically. Participants discussed how the surge workforce was not a workforce that had a lot of field experience. Mentors were reportedly able to support their mentees both professionally and personally, which some discussed as a pragmatic and positive step in supporting a strained workforce and a potential strategy for workforce retention.

Focus area two: Support

Two main categories of 'support' were identified in the analysis, these were professional support and wellbeing support (Box 2).

Discussions on what professional support entailed ranged in topic, however the discussions were largely based on the professional skills needed to undertake emergency response work, not just on the technical knowledge or knowhow required in these roles.

Evaluation participants said a more appropriate description to use when introducing the mentoring program would be to state that it was about professional support rather than technical support, as not all matches were along technical lines. The range of professional support provided was reported to include technical area advice, as well as support with leadership and management, adapting, decision making, and navigating workplace culture and politics.

Mentors understood that many mentees had limited or no experience, and were under heavy workloads with sometimes minimal support. They reported being able to support the mentee with thinking through of ideas, offering practical advice, being a sounding board for ideas, and debriefing with their mentors to better understand complex workplace situations. Some mentors supported operational day-to-day aspects of the mentees job, whilst other mentors commented that their mentee was technically proficient.

The evaluation found that mentees were often junior and inexperienced but were rapidly promoted to team-leader roles and/or were placed in positions of leadership and decision-making. Mentees sought support in understanding leadership styles, managing teams, how to adapt to change, how to initiate and manage important conversations, and on how to lead during stressful times. Mentees reported that they felt increased confidence knowing they could discuss a decision with their mentors without worrying about politics or perception of their team or managers. Mentors reported supporting mentee decision-making through helping them to think laterally and to be aware of possible implications or ramifications of the decisions they were making.

Many mentees were new to the public health and epidemiology workforce and/or government and public service roles. Navigating workplace politics and culture was one of the key areas highlighted in the discussions. Understanding politics of a new workplace or team can be difficult at any time, but during a pandemic this was

exacerbated. Mentors were seen as 'sounding boards' and assisted mentees to navigate the new landscape and difficult workplace experiences, as well as to explore ways forward. An added benefit repeatedly mentioned was that the mentor was external to their workplace and therefore the mentees were more comfortable discussing ideas and challenges.

At the time of the mentorship program, the Australian state of Victoria was experiencing their second wave of COVID-19 transmission with a high number of cases and community deaths relative to other Australian States. A total lockdown was in force within Metropolitan Melbourne, with schools and most workplaces closed.⁽¹⁵⁾ People were allowed one hour of outside exercise time and were required to stay within 5km of their home. Given this situation, wellbeing support of mentees was highly appreciated.

Evaluation participants often mentioned that they sought advice from mentors on the challenge of work-life balance and juggling family commitments. Evaluation participants told their stories of lockdown, of uncertainty, of family challenges, of being scared, but also how their mentor was able to provide recognition, acknowledge vulnerability, and extend friendship and respect during this challenging time. Mentees said that knowing their mentor was there helped them remain positive and reassured them that it was normal to feel stressed or to be overwhelmed.

Mentee/mentor relationships that included a personal support element were reportedly the most successful. Mentees described the high level of pressure they were under and the need to have someone outside of their work and home life to 'vent'. Mentees who reported being able to be vulnerable with their mentor and open to discussing personal as well as professional issues, were more likely to reflect positively on the program's value. Mentees who did not feel comfortable being vulnerable or discussing personal topics with their mentor often stated that they would have found this to be beneficial, if they had been able to find a way to navigate this.

Mentees frequently commented that their mentor helped them to see where they fitted in the emergency response and how the work they were doing was important. This contextualisation supported mentees to 'take a breath' and refocus so they were able to reprioritise or apply themselves to the important aspects of their workload. Some mentors stated that they were able to reframe mentee frustrations to better understand team behaviour or leadership decisions. The targeted personal support ensured mentees were able to better manage their wellbeing during an intense period and focus on their job.

Box 2. Evaluation Participant Quotes on ‘Support’ Focus Area by Theme

Professional support	<i>“I would come out of those sessions feeling super relieved and almost energised...it had a very positive direct effect for the stress and well-being, as well as my career.” - Mentee</i>
	<i>“[I] did not give one piece of technical advice but I gave lots of context around managing a role in the area.” - Mentor</i>
	<i>“I’m actually surrounded by some real experts, so I didn’t need the technical side.” - Mentee</i>
	<i>“[My Mentor] gave me added confidence in my abilities and showed how well I had adapted without even realising it.” - Mentee</i>
Wellbeing support	<i>“I think we were all grappling with that pandemic situation, the unknown.” - Mentor</i>
	<i>“Knowing I wasn’t alone in navigating the uncertainty.” - Mentee</i>
	<i>“We started right in the depths of Victorian lockdown. So it was personal stuff happening, I think, as well as the professional challenges.” - Mentor</i>
	<i>“I probably needed help with wellbeing and she wasn’t able to do that so I didn’t ask.” - Mentee</i>
	<i>“It was so valuable to help me go back... with a different perspective and be more constructive and forward thinking.” - Mentee</i>
	<i>“[I have a] greater understanding of how the work I’m doing fits into the broader context.” - Mentee</i>

Focus Area Three: Benefits

Other program benefits identified included building confidence of mentees, provision of collegial support, a pilot of an emergency response workforce support model, and the identification of why mentors agreed to volunteer in the program (Box 3).

Changes in mentee confidence was used as one indicator to determine whether the program was useful for mentees. Sixty-four percent (n=18/28) of mentee survey respondents indicated improved confidence in their work (Table 1), 54% (n=26/48) of mentors reported observing an increase in their mentees confidence during the program (Table 1). Mentees described feeling increased confidence in their work and that they could troubleshoot ideas with their mentor.

An additional benefit identified from this evaluation was that remote support for public health emergency response workforce could be effective. This evaluation has shown that external and expert support is useful, as long as both parties have access to the technology.

Finally, mentors discussed their reasons for volunteering, which were both pragmatic and altruistic. Four main categories of motives were discussed, including; sharing skills and knowledge, interest in COVID-19 and health emergency response, desire to support individuals and the public health workforce, and professional development. The majority of mentor survey participants reflected that their mentoring skills had improved through participating in the mentorship program (69% n=33/48) (Table 1).

Evaluation recommendations are listed in Supplement A.

Discussion

Throughout 2020, the COVID-19 response workforce experienced the extraordinary pressure of working within a community-wide health crisis having a profound effect across the entire population. It is essential that we continue to address and identify support mechanisms for people working in challenging public health response environments. The findings presented from this evaluation show that workforce support is a useful activity to improve the effectiveness of the emergency response workforce.

Research has indicated that emergency responders are often limited in experience, however are placed in positions of leadership and decision-making.(2) A key program success was in mitigating the inexperience of the surge workforce. The support provided to mentees in this program improved the confidence as well as engaged mentees in professional skills and knowledge upskilling. The mentors involved reported an increase in awareness of other areas of public health as well as improved understanding of emergency response. Mentors took pride that as a collective, the senior public health community across Australia supported surge workforce during a crisis.

Our evaluation findings echo other research on mentorship which shows the value in mentorship relationships is beyond that of technical expertise and

career guidance.(7) Wellbeing is crucial for a workforce to thrive and also for workforce retention, however mentors and mentees reported their wellbeing was substantially impacted by the pandemic. Technical matches are useful, however many of the identified required support areas were generalist, the focus should be on recruiting mentors who understand the general environment of an emergency and are experienced in navigating the politics, as well as empathetic to understand the personal support needs of mentees.

The evaluated program structure was useful as a pilot, however modifications will be required to ensure future emergency response workforce support programs set appropriate expectations and provide specific emergency response mentorship guidance. The reported success of the matching process and the stories shared about mentor relationships helped to understand characteristics of a successful match as well as mismatches.(7) Importantly, characteristics highlighted as essential were kindness, empathy, emotional intelligence and being an active listener. These characteristics must be part of any future emergency response mentor recruitment.

This evaluation was able to document reasons why mentors volunteered. These included wanting to support the pandemic as well as the public health workforce, a desire to share skills and knowledge, as well as an opportunity for them to learn about COVID-19 and practice their mentorship skills. This knowledge will be valuable for the recruiting of mentors during future emergency response programs, as they are more specific than mentor motivations identified within the literature.(7,16)

This report shows that mentorship is useful for emergency response workforce surge support. The findings of this study will inform the design and implementation of future emergency response workforce support models.

Limitations

There were a number of limitations that may impact the interpretation of the findings. Participants recounted both positive and negative experiences, however there may have been participation bias towards those who had a positive experience. Due to the self-selection method of recruitment, we were unable to explore a variety of experiences. The sample size and response rate of mentees' participation in the evaluation may have been affected by their restricted availability during the pandemic response. Additionally, the surge workforce were on temporary contracts, many may have left their government role at the time of the evaluation and were uncontactable. This evaluation was unable to comprehensively assess why some matches did not work. A more in-depth exploration of mentor/mentee relationships would help to improve the matching process of future programs.

Box 3. Evaluation Participant Quotes on ‘Benefits’ Focus Area by Theme

Collegial support	<p><i>“So I think in an emergency response... [If] people are able to kind of hold each other up, that is actually very valuable.” - Mentee</i></p>
	<p><i>“I certainly don't think that it hurt the public health workforce, to better understand the intricacies of pandemic response, we're better off, we're all better off for that deepened understanding, to help keep our community safe and to help people get roles in some way, shape or form.” - Mentor</i></p>
	<p><i>“For those of us lucky enough not to be in the front line day in, day out, it was really nice to be able to do something positive for those who were.” - Mentor</i></p>
	<p><i>“It was great to feel like you're still a cog in the wheel helping make things work. You don't need to be at the front line, but still in a supportive category.” - Mentor</i></p>
Mentee confidence	<p><i>“A mentor provides a type of support that cannot be underestimated and the extent of the benefits perhaps cannot be entirely measured - I have come away feeling more confident, supported, engaged with public health and inspired by my work within Public Health.” - Mentee</i></p>
	<p><i>“The situation left me feeling uncertain about everything, and it was grounding to be able to interact with someone outside of the situation but who has an understanding of what is going on.” - Mentee</i></p>

Conclusion

The mentorship program supported frontline pandemic surge response workers at a time of intensive need. Addressing wellbeing and burnout of the emergency response workforce is essential to retaining a competent and experienced workforce. The findings of this study will inform development of future support models for the emergency response workforce.

Acknowledgement

Thank you to the Public Health Association of Australia (PHAA) and the Australasian Epidemiological Association (AEA) for supporting this mentorship program at a time of need amongst the public health workforce. Thanks especially to Professor Terry Slevin, Malcolm Baalman, and Gemma Beet who supported and maintained the program. Thank you to Dr Christine Heyes La Bond for supporting question refinement for the interviews and focus group discussions. Lastly, thank you to all of the program participants who gave me their time to tell their story as part of this evaluation.

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Supplementary Materials

Supplement A - Evaluation Recommendations (17)

Area	Recommendation
Program model	Develop ‘fit for purpose’ emergency response mentorship model
	Emergency response mentorship needs to focus both on the professional skills as well as wellbeing support.
	Clear program objectives for targeted emergency response mentorship need to be developed
	Ensure flexibility of program, however provide targeted focus areas for discussion
	Offer option of individual or group mentorship
Guidance documents	Develop a checklist in guidance documents outlining expectations of mentorship program
	Clarify program purpose and structure within documentation
	Provide mentees with instructions on how to develop SMART objectives
	Guidance documents to include discussion ideas to support initial mentee/mentor relationship development
	Ideal mentor characteristics to be added to guidance document for mentors to reflect on what they can offer
	Ensure ability to change mentors or mentees if relationship is unsuccessful for any reason
	Develop or offer mentor training or an information session for mentors at the start

	Create a mentor forum and mentee forum for peer to interact and share knowledge
Recruitment	Vetting of mentors is needed
	Online recruitment application to include more closed questions than open-ended questions for ease of matching
	Add additional questions to the recruitment of both mentors and mentees to match on need
	Don't limit program mentors to epidemiologists – a broad range of support can be provided by general public health mentors
	Build network for peer-to-peer mentorship and support
	Time commitment expectations and availability should be added to the application and taken into consideration when matching
	Conduct group facilitated session on mentoring to set expectations
	Set expectations at the start that pairing may not be along professional expertise
	Facilitate introductions and support mentee in initial relationship development
	Provide brief biographies and context to matched pairs
	Offer mentors a mentor to support developing mentor skills

Supplement B – Survey

[REDCap Survey](#)

How to cite this article: Parry AE, Colquhoun S, Brownbill A, Lynch BM & Housen T. Navigating Uncertainty: Evaluation of a COVID-19 Surge Workforce Support Program, Australia 2020-2021. *Global Biosecurity*, 2021; 3(1).

Published: November 2021

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