Mentoring

Many clinical teachers and supervisors may be required to act as a mentor for a colleague, either informally or as part of a formal scheme. The skills required of an effective mentor are similar to those of a coach, involving career advice, goal setting and support, and can be learned and applied in a range of work-based situations.

This article sets out the principles of mentoring, what mentoring is and what it is not. It considers the benefits to mentors, mentees and organizations in different contexts and the factors underpinning successful mentoring schemes. It outlines the typical topics brought to mentoring, possible traps that mentors can fall into and provides some examples of questions useful for mentoring conversations.

What is mentoring?

Mentoring is difficult to define. Many different definitions abound, but three useful ones are:

- 'Guiding another individual in the development and re-examination of their own ideas, learning and personal and professional development' (Standing Committee on Postgraduate Medical and Dental Education, 1998)
- 'Off line help by one person to another in making significant transitions in knowledge, work or thinking' (Megginson and Clutterbuck, 1995)
- 'Someone who helps another person to become what that person aspires to be' (Applebaum et al, 1994).

Other research defines mentoring based on what it is not, for example Connor and Pokora (2007) contrast mentoring and coaching with patronage and therapy (*Table 1*). Mentoring is very complex. It varies from one situation to another, and is interpreted in different ways by different people, but it is important that the purpose and intentions of mentoring in each particular context are made explicit. Others define mentoring by comparing it with counselling, coaching, appraisal and clinical supervision (*Table 2*).

Coaching and mentoring focus on personal, professional and career development. Coaching tends to be shorter term and task orientated and mentoring is more usually longer but there is a great deal of overlap between coaching and mentoring skills. *Figure 1* shows the differences in terms of focus and issues.

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What are the benefits to individuals, organizations and patients?

The benefits of mentoring for mentees, mentors, patients and the host organization have been widely documented (*Table 3*). Benefits for individuals include improved motivation, job satisfaction and problem solving. Garvey and Garrett-Harris (2005) found that the main four benefits of mentoring to mentees were:

Table 1. Patronage and therapy: why is mentoring different?

Patronage	Mentoring and coaching	Therapy
Career advancement	Problems and opportunities	Personal problems and difficulties
Career-related	Work- or career-related	Issues may be deeply personal and/or unrelated to work
Patron unlikely to be trained	Coach/mentor uses skills and framework	Therapist is a qualified practitioner
Boundaries less important, may be intentional overlap	Coach/mentor agrees boundaries	Therapist operates strict boundaries
May be same profession/field	Coach/mentor may be internal or external	Therapist is outside organization
Patron opens doors	Emphasis is on learning and development	Therapist helps to resolve problems
Patron is senior	Coach/mentor may be senior, colleague, junior or development	Therapist is impartial and independent
Patron may not expect feedback on relationship	Feedback is part of the learning relationship	Amount and use of feedback depends on therapeutic approach

Table 2. Mentoring and other support mechanisms

Coaching	Coaching is a method of developing an individual's capabilities in order to facilitate the achievement of personal and organizational success
	It focuses on skills and performance, the agenda is set by or with the coach, typically a line manager role
Mentoring	Mentoring focuses on capability and potential, it works best if off-line. The agenda is entirely set by the learner. It typically assists with managing job transition, career choices and career development
	There are benefits to the individual, the organization and to patient care
Counselling	A qualified professional helps resolve personal issues which may or may not be work related. The problem may be around a relationship or health issue
	The professional is impartial and has firm boundaries
Appraisal	Appraisal should be a vibrant educational process. It is a means of preparing the ground for enhancing personal development and contributes to partnership between an individual and the employing organization (Conlon, 2003)
Clinical supervision	Supervision has been defined in many ways, but is essentially a conversation between professionals aimed at promoting learning, reflective practice and improving patient safety and the quality of patient care (Halpern and McKimm, 2009)

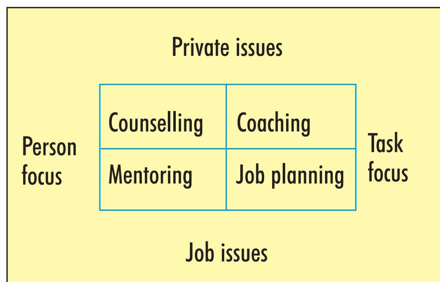

Figure 1. Mentoring, counselling, coaching and job planning: what are the differences?

1. Improved performance and productivity
2. Career opportunity and advancement
3. Improved knowledge and skills
4. Greater confidence and wellbeing.

Table 3. The benefits of mentoring

Motivation	Improved job satisfaction and motivation
	Improved commitment to employing organization
	Improved career progression
	Potential rejuvenation of longer serving staff
Performance	Enhanced achievement of targets
	Increased productivity
	Reduced complaints
Policy implementation	Improved staff retention
	Improved implementation of diversity policy
	Better management of 'talent'
	Aids development of empowerment policies
Knowledge and skills benefit	Faster learning
	Widens experience
	Developing new knowledge and skills
	Supporting innovation
Managing change	Support for culture change
	Support for reorganization and restructuring
	Support for people in new roles and new jobs
	Helps develop a positive attitude to change
Succession planning	Leadership skills
	Improved succession planning, confidence and wellbeing in change situations

Adapted from Garvey and Garrett-Harris (2005)

Benefits for organizations include improved team functioning, promotion of cultural diversity, quality enhancement and better management of conflict between colleagues and patients.

What are typical topics in medical mentoring?

Medical mentoring is usually about maximizing potential. Some doctors are already very good but want to be the best. They need help to manage their talent and develop leadership skills, and a coaching style may be most appropriate for this group. Some doctors are in transition and want to achieve a better work–life balance or have major decisions to make. The third, much smaller, group comprises those doctors who are in difficulty and seek outside support to help them tackle and survive adversity. So the breadth of mentoring covers:

- Growing talent
- Developing leadership skills
- Managing change
- Career decisions
- Achieving work–life balance
- Developing resilience in times of adversity.

It is important that the mentor is well networked and knows how to access other sources of help for the mentee, such as careers information, counselling, psychotherapy or medical help.

What factors lead to a successful mentoring scheme?

In order to facilitate mentoring within organizations (such as NHS trusts, primary care trusts, postgraduate deaneries or Royal colleges) and encourage successful outcomes, certain environmental conditions must prevail and an enabling framework must be established.

Conway (1994) suggests that the business case for a facilitated mentoring scheme must be clearly articulated and senior management must firmly believe in the concept and demonstrate this commitment. The mechanics, structures and support for the key people must be in place and clear to all concerned. When making out the business case for a facilitated mentoring scheme the questions in *Table 4* need to be explored.

Facilitated mentoring schemes have more successful outcomes when the mentoring is entirely voluntary, confidentiality is ensured and the process is promoted as a valuable form of personal and professional development. Mentors themselves benefit from substantive training, with assessment and ongoing education, support and supervision. The schemes that thrive have commitment from the top, with adequate time, funds and space to ensure a quality service. Monitoring and evaluation of feedback from all stakeholders should be continuous. The mentoring itself should be time limited, have a contractual arrangement, a no-blame opt-out clause, and be focused with objectives. Successful schemes usually have a lead who is able to promote, manage and be flexible. Good communication and marketing to the entire organization and potential participants is also an important factor.

How to create a successful scheme

- Voluntary participation
- Visible participation and support by the senior members of the organization
- Trained mentors with ongoing support
- A clear matching policy, preferably with choice
- Clear ground rules and an ethical code of practice
- The agenda belongs to the mentee.

Types of mentoring in medicine

Mentoring is only one form of support. Individuals may be supported in other ways, e.g. by colleagues (peer support), line managers, counsellors, tutors or teachers and groups, e.g. action learning sets or work teams, friends or parents. Individuals may have a mix of support, for a number of reasons varying over time, including more than one mentor. The traditional form of mentoring is one-to-one mentoring but there are other models such as co-mentoring or peer mentoring and group mentoring. Mentoring can also be mentee-initiated and can happen informally when an individual seeks advice and support from another individual. Often people do not recognize that they have a mentor or have been mentoring. This kind of mentoring may occur within or outside an organization.

Principles underpinning good mentoring

A useful set of values and principles that underpin good mentoring are listed in *Figure 2*.

What are the characteristics of a good mentor?

Good mentors listen with empathy, share experiences, form mutual learning friendships, enable the development of insight through reflection, act as a sounding board and encourage mentees.

Good mentors sometimes use coaching and counselling behaviours, challenge assumptions, act as role models and open doors as sponsors. However, good mentors never discipline, condemn, appraise formally, assess formally or supervise.

What skills do the mentee and mentor need?

The mentee needs to want to grow and change and should not be referred to mentoring by a third party: to be successful the mentoring must be a voluntary process. The mentor, who should ideally be trained, should be assessed and supported in his/her role, with a clear ethical code of practice and equal opportunity training.

Megginson et al (2006) define the basic competencies that mentors and mentees need as:

- Communication skills to articulate problems and ideas
- Being able to listen and to challenge constructively
- The ability to be honest with oneself and the other partner and to reflect upon what is being said, both at the time and subsequently
- A capacity for empathy.

And Brigden (2000) suggests that mentees require that their mentor:

- Knows what he/she is talking about
- Is not intimidating, but is easy to approach
- Is interested in the mentee personally, and displays genuine concern
- Provides subtle guidance, but ensures the mentee makes decisions
- Actually questions the mentee
- Will debate and challenge the mentee
- Will give honest answers
- Does not blame, stays neutral
- Is enabling, caring, open and facilitative
- Gives constructive and positive feedback.

What makes mentoring work?

The success of mentoring is in the establishment of an effective relationship, based upon mutual respect, honesty and understanding. The mentor doesn't necessarily have to be someone more senior in the organization, but rather needs to have the motivation and training to support the mentee in his/her development. Other qualities of mentors that can enrich the mentoring relationship include a varied career and life experience, a wide professional network and commitment to their own professional development. The mentor needs to have 'something' (a quality, skill or experience) that mentees see as being helpful in their personal or professional life.

Some powerful mentoring questions

The powerful questions of mentoring are derived from motivational interviewing, solution-focused coaching and positive psychology. Here are just a small selection. They are best used after training as there are a number of traps that you can fall into without guidance. But you might try these out in certain situations and see the difference between advice giving and empowering the mentee.

Table 4. Establishing a mentoring scheme

Why do we need a mentoring programme?	What are the aims for the programme?
	What do we hope to achieve?
Is mentoring consonant with our organizational structures and values?	Is mentoring already happening?
	Has it been tried before?
Who will be involved – mentors/mentees?	
Who will 'run' the initiative?	
What problems do we anticipate?	
Who will our mentors be?	Do we need to produce a mentor profile?
	How will we select them?
Who is to be mentored?	Why?
	What is the aim for the group of mentees and for individuals?
	How will they be selected?
How will mentors and mentees be matched and paired?	
What resources are required and available?	
What briefing and training will be required by:	mentors?
	mentees?
	other stakeholders?
How will mentors be	supported?
	rewarded?
When and how will the mentoring programme be monitored and evaluated? And by whom?	

Figure 2. Values and principles underpinning mentoring.

The mentoring process is underpinned by the following values and principles:

Recognizing that people are okay (Hay, 1995)

Realizing that people can change and want to grow (Hay, 1995)

Understanding how people learn

Recognizing individual differences

Empowering through personal and professional development

Encouraging capability

Developing competence

Encouraging collaboration not competition

Encouraging scholarship and a sense of enquiry

Searching for new ideas, theories and knowledge

Equal opportunities in the organization

Reflecting on past experiences as a key to understanding

Looking forward (reflexion) and developing the ability to transfer learning and apply it in new situations

Realizing that we can create our own meaning of mentoring (Hay, 1995)

Goal setting

What do you want?
Or
What should we discuss in this meeting so that the conversation will be useful?

Orientation and motivation

What will that get you?
Or
How will you know that you have achieved it, what will you notice?

Using previous experiences

Have you ever achieved something like this before? How did you do it on that occasion?
Or
Have you ever achieved something like this before? And how will you do it on this occasion?

Action

What would be the first step that you could take to achieve your aims?
Or
What step will you take? And by when?
Notice that in the second version of the question the future is visualized by the word 'will', so that the mentee sees the current issue being resolved. His/her visualization of this is a first step towards change.

Traps for medical mentors

Doctors are expert at diagnosis, problem solving and advising patients. It is difficult sometimes for the doctor mentor to remember that he/she is not mentoring a patient and that the mentee is whole, capable and resourceful. Doctors may find it difficult not to give advice and even solve the problem for the mentee. Instead the mentor should help the mentee to weigh up situations, through a process of reflection, questions, challenge and feedback allowing the mentee to come to a decision him-/herself. It is crucial to remember that in any mentoring relationship it is the mentee who drives the agenda, not the mentor. Therefore doctor-mentors must refrain from offering advice which may be hard to do, especially as mentees will often ask for advice if they have not had the opportunity to experience the powerful questions of a trained mentor. *Table 5* lists what Clutterbuck (1991) (in a 'tongue in cheek' way) describes as the 12 habits of an ineffective mentor.

Conclusions

Mentoring is a rare opportunity to achieve increased effectiveness and change. The mentor's role is to be supportive in an active way which means that the mentor is not just a sympathetic listener, but will prompt and question the mentee through a structured process. However, mentoring has a role not only for the individual doctor but can also transform professional culture when it forms part of an internal, non-hierarchical supportive network that is committed to facilitating personal and professional development. In the words of Mahatma Ghandi: 'real education consists of drawing the best out of yourself.' BJHM

Table 5. What not to do: twelve habits of an ineffective mentor

1. Start from the point of view that you – from your vast experience and broader perspective – know better than the mentee what's in his or her best interest
2. Be determined to share your wisdom with them – whether they want it or not; remind them frequently how much they have still to learn
3. Decide what you and the mentee will talk about and when; change dates and themes frequently to prevent complacency sneaking in
4. Do most of the talking; check frequently that they are paying attention
5. Make sure that they understand how trivial their concerns are compared to the weighty issues you have to issue with
6. Remind the mentee how fortunate he/she is to have your undivided attention
7. Neither show, nor admit any personal weaknesses. Expect to be their role model in all aspects of career development and personal values
8. Never ask them what they should expect of you – how would they know anyway?
9. Demonstrate how important and well connected you are by sharing confidential information they don't need (or want) to know
10. Discourage any signs of levity or humour – this is a serious business and should be treated as such
11. Take them to task when they don't follow your advice
12. Never, ever admit that this could be a learning experience for both of you

From Clutterbuck (1991)

Conflict of interest: Dr R Viney leads a mentoring service for the London Deanery and Professor J McKimm was commissioned by the London Deanery to develop the suite of e-learning modules from which this article is partly derived.

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KEY POINTS

- Mentoring is about releasing potential and must follow the mentee's agenda.
- Standards and qualifications in mentoring are being developed.
- Ethical guidelines should be in place.
- Confidentiality is paramount.
- Evaluation should be a continual, ongoing process.