

Mentoring for new consultants

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ABSTRACT There is increasing evidence of the benefits of having a mentor during the early years as a consultant. Mentoring encourages and provides support to an individual in their professional development. Although there are different forms of mentoring there is recognition that developing a formal mentoring scheme can provide a consistent approach and support within a framework. The Royal College of Physicians of Edinburgh has introduced a mentoring scheme for new consultants that provides a forum for supporting them in their ongoing professional wellbeing. There is potential that the process of mentoring can improve an individual's development, and motivate and encourage them to develop the skills needed to achieve their goals, thus having an impact on ultimately improving their ability to deliver an effective patient-centred service.

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INTRODUCTION

Historically 'mentoring' is not a new concept. In Greek mythology, Telemachus, the son of Odysseus, was guided by a man named Mentor¹ and, in the medical world, Sir William Osler was viewed as a mentor to the neurosurgeon Dr Harvey Cushing.² The term 'mentor' and the idea of having a guide to help an individual get through their first few years as a new consultant is inviting. The non-clinical components can be particularly daunting if there has been minimal exposure as a trainee. As the NHS continues to change, consultants need to be adaptable and resilient. With increasing standards to achieve and targets to meet while trying to provide evidence of good medical practice for revalidation, it is not surprising that there is increasing recognition that mentoring is an effective model to ease the transition from trainee to established consultant.³ Mentoring may help manage change⁴ and lessen stress.⁵

In the medical profession, mentoring has been available for all – from medical students^{6,7} to qualified doctors.^{3,6} It has also been introduced for specific specialties such as general practice,^{5,8} psychiatry⁹ and surgery.^{10,11} However, despite increasing recognition of the benefits of mentoring in medicine,^{12–14} and national recommendations,^{3,15} mentoring schemes are still not available consistently, with dependency on what local areas deliver.

WHAT IS MENTORING?

There are different definitions of mentoring in the literature. The Standing Committee on Postgraduate

Medical and Dental Education described mentoring as 'the process whereby an experienced, highly regarded empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development'.¹⁵ For new consultants who will be the mentee, the mentor will be an established consultant, usually with at least five years experience or who may have retired. The relationship is voluntary, confidential and professional. Mentoring should be viewed as a positive mechanism of support to all fledgling consultants and not only for consultants who feel they are not coping or are failing in their role.¹⁰

PURPOSE OF MENTORING

The aim of mentoring is to support and develop an individual in their professional development and personal wellbeing.⁸ It is a process of empowering an individual to discover their hidden potential and achieve their goals¹⁶ and encourage them to make their own decisions. At the core of mentoring is the understanding that the mentor should avoid the temptation to tell the mentee what to do or give advice.^{10,17} This can be quite hard for senior clinicians who are used to making decisions and taking control.^{17,18}

Mentoring should not be confused with other methods of support within medicine such as coaching and counselling, and is separate to assessment and appraisal.¹⁹

TYPES OF MENTORING

With the increasing evidence that mentoring can be beneficial, the question is how best to provide it.

Informal mentoring

Informal mentoring is part of the traditional support which has been happening under the radar for years in medicine, tending to occur between peers on an ad hoc basis and which Bligh defined as being largely invisible.²⁰ Informal mentoring may be more cost-effective as there are fewer resources needed, but is more difficult to evaluate and standardise¹⁷ and relies on being initiated by the mentee.^{17,21} However, potential mentees may be reluctant to seek out mentoring and with this method the chance of getting effective mentoring is unpredictable.¹⁰

Formal mentoring

A formal mentoring programme can provide a more structured and consistent approach, by clearly defining the roles and responsibilities of both the mentor and mentee.⁸ There can also be formalised support for the mentors, especially if there are experienced mentors leading the programme, so that mentors can get advice if needed.²² Driessen et al.²³ describe different formal mentoring formats including the mentor-is-appointed model where the mentee is allocated a mentor, and the mentor-on-demand model when there are trained mentors who are available for mentoring; so although the onus is on the mentee to choose, they are signposted to particular individuals.

To facilitate this, biographies of mentors can be provided and schemes can also specifically approach potential mentees. This is particularly useful for mentees who have struggled to find mentors on their own.¹⁶ Administrative help in coordination is also useful to facilitate the mentoring selection. However there are funding implications in sustaining mentoring schemes and providing administrative support, and for the amount of time that needs to be invested for a successful programme to remain embedded within an organisation.

BENEFITS OF MENTORING

There are specific benefits to the mentee but also to the mentor and to the wider organisation. If mentors and mentees feel more valued and secure within their jobs then this could lead to better care provision and indirectly contribute to the quality of the healthcare delivered (Table 1).

CHARACTERISTICS OF AN EFFECTIVE MENTOR: COULD YOU BE A MENTOR?

For a good mentoring relationship to work, it is apparent that a mentor needs to be committed, have a genuine interest in the development of others¹⁰ and be willing to invest the time to do it²⁴ (Table 2).

TABLE 1 Benefits of mentoring

Mentee	Mentor	Organisation
Increased job satisfaction ^{3,10}	Ability to transfer skills to use with patients, relatives and colleagues ^{3,13}	Increased staff retention ¹³
Greater self-confidence in their own ability ^{29,36}	Sharing of experience and learning ¹⁷	Improved service provision ^{4,30}
Improved objectivity with problem solving ¹⁸	Personal satisfaction from helping others ³	Valued workforce ¹⁷
Improved ability to implement change ^{8,14}	Increased professional development ⁸	Improved motivation and performance of staff ⁴
Improved work-life balance ^{5,8}		
Increased self-effectiveness ¹⁶		

TABLE 2 Characteristics of a good mentor^{4,17,24}

Approachable	Role model
Genuinely interested in others	Sounding board
Effective listener	Enthusiastic
Willing to be challenged and be challenged	Non-judgmental
Passion for developing others	Facilitator
Constructive	Encouraging

SKILLS FOR MENTORING

When considering what the mentorship relationship encompasses it is no surprise that mentors need to build on their existing communication skills. The core skills include: active listening,³ questioning, promoting critical reflection, and delivering constructive feedback. Active listening is the skill of completely listening to an individual without distraction²⁵ and, combined with asking appropriate questions, encourages reflection and learning from experience.^{17,26}

Having the ability to balance between being supportive while also being able to know when to gently challenge is useful.^{13,22,27} Providing constructive feedback in a non-threatening way is also crucial to help mentees identify for themselves what they need to do to achieve their goals.¹⁷ To consolidate these skills, mentoring training is recommended^{19,23} and can provide a consistent approach.

WHAT IS EXPECTED FROM THE MENTEE?

Mentoring should be mentee-centred and be focused on the mentee's agenda.⁵ But there is an expectation that

mentees be engaged in the process. Although the mentor will manage the overriding relationship the mentee should drive it with what their goals are and what objectives they would like to focus on.

The mentoring meeting

Initially it is useful for the meeting to be face-to-face in a neutral environment and this also helps build rapport. A mentoring contract is helpful to clarify roles. Ground rules are recommended at the first meeting with the mentor setting the boundaries with regard to expectations²⁷ and duration and frequency of meetings. In the first year it is helpful if there are regular set times with meetings occurring every 2–3 months. After the first year, meetings may take place less frequently as and when the mentee needs the mentor and may be supported with email or telephone advice.¹⁷ The overall relationship is finite with a typical timeframe being two years. Utilising a framework to structure the meeting can be helpful.

The process of mentoring

A useful framework to structure each mentoring conversation is the 3-stage model, adapted from the 'skilled helper model'²⁵ and those stages are: exploration, new understanding, and action planning (Figure 1).²⁸

Exploration Initially the mentor takes the lead by using open questions and active listening is predominantly used so the mentee is encouraged to talk about what is concerning them. There is an element of fact finding as the mentor finds out what they need to focus on⁵ and clarify what the mentee's goals are.

New understanding At this stage the mentor has confirmed which issues are important to the mentee. The mentee is encouraged to reflect and priorities are established. Constructive feedback may also be given and this should facilitate the mentee into starting to see things in different ways and decide what to do next.

Action planning Once a mentee has identified what they need to do, specific objectives can be set to achieve their goals with the mentor's encouragement.

DEVELOPING A FRAMEWORK

With less opportunity for informal mentoring there has been a move towards more formal schemes.³ This widens the choice and opportunities for mentees to find a mentor. Implementing a formal framework does require senior support and a designated lead.¹⁹ This method allows a system of matching using a third party. It ensures there are enough mentors available and mitigates the need for the mentee having to actively find someone suitable. Through promotion, the scheme may also be able to reach out to individuals who may not have considered that they

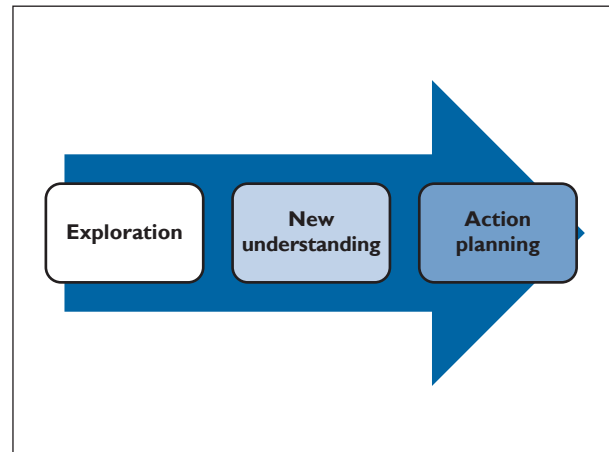


FIGURE 1 The 3-stage mentoring process. Adapted from Alred G, Garvey B. *Mentoring Pocketbook*. 3rd ed. Alresford, Hants: Management Pocketbooks; 2010.

would benefit from mentoring. Qualitative and quantitative evaluation is also important.²⁹

CHALLENGES TO MENTORING

Despite the benefits of mentoring, it is important to be aware of the potential difficulties that could occur. Unrealistic expectations on either side can affect the relationship and this can be avoided by ensuring that the objectives of mentoring are clearly outlined and explained to both mentors and mentees³⁰ who need to understand what is expected of them and have well defined roles and responsibilities. There should also be clear boundaries to the relationship which will help alleviate the risk of poor mentoring.³¹ Identifying mentors who have the key skills is imperative to avoid the potential of 'toxic mentoring'.³²

Although personal concerns do impact on professional development a mentee should not become dependent on the mentor and it is vital that the mentor does not become a 'therapist' but should be aware of when to signpost the mentee elsewhere.²² There should also be transparency within the programme so that, if a match is not working, the 'contract' can end and the mentee can ask for a different mentor.

There is always concern that time constraints can affect a mentoring relationship³³ and this does need to be addressed within schemes to ensure mentors are committed, and reinforces the importance of putting careful consideration into the planning process. Ideally there should be time made within job plans to allow for mentoring.

SUPPORTING MENTORS

It is important that mentors do not feel isolated and that they feel supported to avoid any feeling of vulnerability

or anxiety.⁸ A structured process as outlined can help the mentor navigate and provide the route to take at each mentoring meeting. Peer feedback sessions with other mentors can encourage mentors to reflect on their performance, share experiences and provide peer support.¹³

WHAT IS HAPPENING NATIONALLY?

There are numerous mentoring initiatives across the UK. Many trusts will have their own mentoring scheme that newly appointed consultants can opt into. In addition, there are specialty based schemes such as the National Diabetes Consultant Mentoring Program, administered by the Association of British Clinical Diabetologists.³⁴ At a college level, the Royal College of Physicians and Surgeons of Glasgow has a well-established scheme.³⁵

At the Royal College of Physicians of Edinburgh, a call for mentors occurred in November 2014. Potential mentors undergo a half day of structured training as an opportunity to consolidate and practice the skills needed for the role. Three training sessions have been held with more planned and a call for mentees occurred at the beginning of 2015.

Different schemes will have differing time implications. This should be made explicit at the start. The key is that it should be driven by the needs of the mentee. Trust based schemes will, by their nature, be an integral part of an individual's job plan, and incorporated into supporting professional activities (SPA) time. For schemes at a more national level, time in job plans is less defined. For the RCPE scheme, we would envisage this would be incorporated into time spent on college activities, and as such time in job plans will be allocated according to trust policy.

CONCLUSION

Building on the increasing evidence of the benefits of mentoring is ensuring that consultants have access to mentoring and choose the most appropriate scheme for them. The benefits to the mentor and their organisations should also not be ignored. From a mentor's perspective, mentoring can be extremely rewarding but can also transform the culture of the organisation where mentoring is taking place. More research into the advantages to mentors would be insightful and encourage more potential mentors to come forward, particularly as the skills used as a mentor can be transferred to their normal working day with regard to relationships with colleagues and patients.¹³

There is always the concern that with continuing difficulties in trying to balance clinical commitments with the declining time for supporting professional activities that mentoring is viewed as a luxury and not a necessity. However, developing doctors who are more empowered and satisfied in their job is a reason to ensure mentoring gets its recognition. Mentoring can help new consultants to face the challenges of providing healthcare in a changing environment with more confidence and resilience. Mentoring provides the tools needed to equip mentees to lay the foundations they need to build their future. This can benefit the organisation they work in and ultimately improve their patient care while also encouraging them to become the next generation of mentors.

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