

Mentoring

A guide and toolkit for mentoring
rural medical trainees



FIRST EDITION | HETI RESOURCE



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rural medical trainees

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Foreword

The Health Education and Training Institute was established in NSW to lead, facilitate and coordinate strategic investment and innovation in education and training in the NSW Health system. This education and training will assure workforce competency and the capacity to deliver safe and effective health care to the people of NSW now and in the future.

We are all aware of the challenges faced by rural health services in recruiting and retaining general practitioners who can work across primary care and also provide advanced skills and procedures at their local rural hospital.

In order to address this challenge, the NSW Government has established the NSW Rural Generalist Training Program (RGTP). This initiative creates a new pathway for junior doctors aiming to enter general practice in a rural setting. The RGTP works in partnership with a number of training providers and has a focus on combining community general practice training with training in anaesthetics or obstetrics. The emphasis of the program is on providing clinical experience and training which supports the development of skills and expertise that a rural generalist will need to meet the specific needs of providing clinical services in rural and remote areas.

NSW Health and Local Health Districts have identified special training posts for such training in rural hospitals and dedicated funding and support for the program.

The Health Education and Training Institute manages the recruitment, coordination and funding of this medical training network in NSW.

An important component of the RGTP has been to establish a mentoring program within it. Effective mentoring is seen as fundamental in supporting doctors not only during their training, but also as they make the transition to independent clinical practice within rural and remote communities.

This mentoring guide has been developed with funding made available through Health Workforce Australia. It provides valuable information, advice and resources for both the mentor and the mentee. Whilst its focus is on trainee doctors, much of the information will be relevant to other healthcare professions.

I am delighted to present *Mentoring: A guide and toolkit for mentoring rural medical trainees*. I trust that it will provide a useful resource to support high quality mentoring of medical trainees in rural and remote practice.

Heather Gray
Chief Executive

Acknowledgements

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Mentoring: A guide and toolkit for mentoring rural medical trainees was endorsed by the NSW Rural Generalist Training Program Statewide Council, June 2013.

Membership of the NSW Rural Generalist Training Program Statewide Council is provided on page 47.

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About this guide – Mentoring in the Rural Generalist Training Program

The NSW Rural Generalist Mentoring Program is designed to provide Rural Generalist (RG) trainees with professional support within the rural context as they make the transition toward independent clinical practice. It is intended to support trainees over the course of their training as well as during the initial post training/fellowship phase.

The Mentoring Program aims to match RG trainees and mentors in a productive and mutually professionally satisfying mentoring relationship in order to provide opportunities for reflection and discussion on a wide range of professional and personal issues relating to working in rural general practice. Often when a well-partnered mentor/mentee relationship is established, it can continue beyond the period of the trainee's training. Well-matched and effective mentor/mentee relationships often lead to lifelong friendships.

It is acknowledged that trainees will access many sources of education and support during the period of their training. The Mentoring Program is designed to complement the existing education and training structures currently provided through either the Regional Training Providers (RTPs) or the Local Health Districts (LHDs).

Whilst some trainees may come into the program having already self-selected a mentor, others will be matched with an appropriate senior clinician once they commence with the Rural Generalist Training Program. This publication has been designed to support both mentors and mentees in developing and maintaining effective mentoring partnerships.

Please refer to www.heti.nsw.gov.au for further details on the NSW Rural Generalist Mentoring Program.

Dr Richard Abbott
Statewide Director of Training
NSW Rural Generalist Training Program





Introduction

Mentoring has always been a part of medicine – sharing information, experience and wisdom is central to the medical ethos, particularly in the context of education, training and continued professional development. The practice of drawing on the knowledge and wisdom of others – fundamental to the apprenticeship model and beyond – is an essential part of mentoring.¹

The last two decades have seen a number of critical changes in medical training as well as in health service delivery. These include increased numbers of trainees and changes to modes of education delivery with a concomitant reduction in clinical contact hours. Over a similar period of time, health services have seen increased demand, higher complexity of patients, an aging consultant workforce and increasing fiscal pressures – these have all occurred within the context of a more tightly regulated environment.

Responding to these challenges has called for the examination of new approaches to training, developing and nurturing the current and future generations of medical practitioners.

Whilst mentoring is well established in the corporate and management sectors and regarded as an integral part of leadership and executive development, formal mentoring programs have only recently begun to emerge in medicine.

In this respect, “something old is new again”.² Modern mentoring provides doctors with opportunities to maximise their career planning, professional and personal development by tapping into the wisdom and experience of senior medical practitioners.

The central aim of mentoring is about releasing potential.³ In doing so, both mentor and mentee make an important contribution to medical practice and sustaining high quality patient care in the future.

PART 1 Mentoring

“The relationship is absolutely key, without the relationship, there isn’t mentoring.”¹¹

– Fleming and Golding, 2003

What is mentoring?

The term ‘mentor’ originates from the Greek legend, in which Odysseus placed his son Telemachus under the charge of his trusted friend Mentor, while he was absent from the household, fighting the Trojan War. A mentor is therefore a trusted friend or counselor.

Mentoring has had a long history in many industries and professions throughout the world. Whilst there is an extensive literature on mentoring, no single definition is agreed.

The corporate and business world has historically used the mentor-protégé or classic mentoring approach where a younger, less experienced person is taken under the wing of an older, more experienced person who then hones the younger person’s skills *“in their own image”*.⁴

Whilst arguably a similar paradigm has traditionally been used in medicine (under the auspices of the apprenticeship model), recent changes to medical education and training have led to changes in this approach.^{5,6,7}

In the UK, the Standing Committee on Postgraduate Medical and Dental Education adopted the following definition of mentoring:

“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. The mentor, who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee.”⁸

Similarly, Zachary⁹ in the Mentor’s Guide states that:

“Mentoring is a collaborative learning relationship between individuals who share mutual responsibility and accountability for helping the mentee work toward the fulfillment of clear and mutually defined learning goals. Mentoring is used to assist individuals at specific stages of development or transition and lasts for a sustained but defined period of time.”

Definition: Mentor (Mentor, ter) *noun*

1. Wise and trusted counsellor or teacher.
2. Mentor. Greek Mythology. Odysseus’s trusted counsellor, under whose disguise Athena became the guardian and teacher of Telemachus.



FURTHER READING

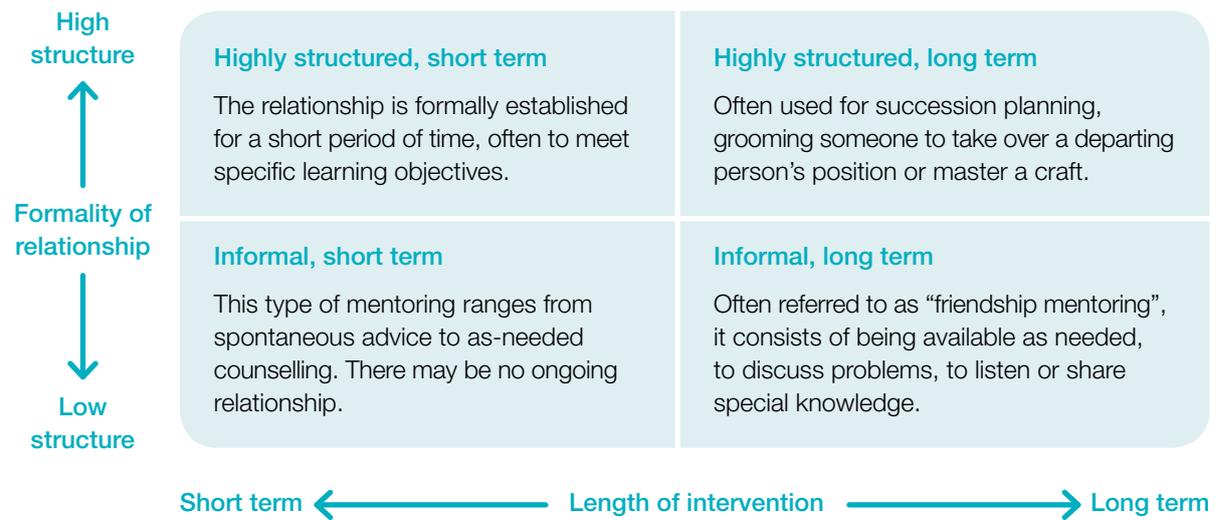
- Wilson P. *Make Mentoring Work*. Australia, Major Street Publishing, 2012
- Megginson D, Clutterbuck D, Ganey B, Stokes P, Garrett-Harris R. *Mentoring in Action* [2nd edition] Great Britain, Kogan Page Limited 2006

Models of mentoring

There are many different models of mentoring, ranging from very informal to highly structured approaches.

In recent years, there has been an increase in the number of formally established mentoring programs across many sectors of industry. Mentoring is now regarded in the corporate world as an integral part of leadership and executive development.²

Model: Forms mentoring may take

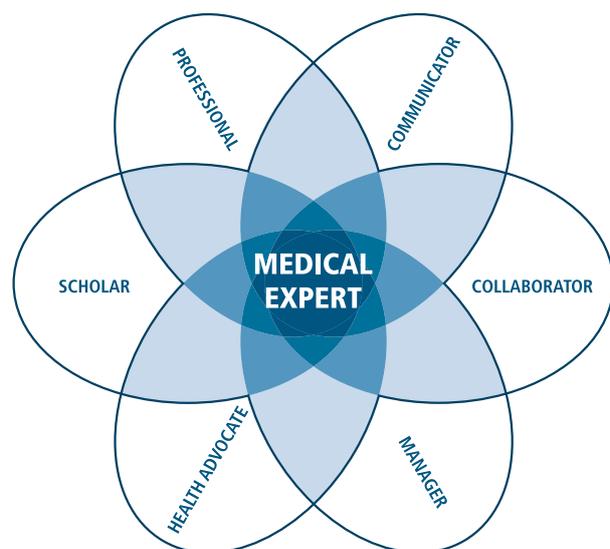


From Shea G and Gianotti S, Mentoring (4th edition). Available from Axzo Press (www.axzopress.com). Reproduced with permission.

Similarly, many academic institutions charged with the responsibility of education and the professional development of doctors, at all stages of the career trajectory, have moved to establish more formal mentoring programs.

Doctors graduating and working in medicine today must not only master the technical and clinical aspects of medicine but also develop a broad range of competencies that support safe patient care.

The CanMeds model, adopted by a number of undergraduate and postgraduate medical training institutions around the world, including in Australia, emphasises a number of domains that contribute to becoming an expert. Effective mentoring can support the development of all of these domains in an individual practitioner, in addition to paying attention to the doctor as a human being.



Why mentor?

Doctors choose to mentor for many different reasons. These include satisfaction in being able to contribute to the future generations of medical practitioners; a desire to help others; an opportunity to give something back; an opportunity to learn from more junior colleagues; and an opportunity to share wisdom, insights and experience.^{11,12}

Some medical practitioners view mentoring as an extension of their role as a doctor – improving the quality of patient care by supporting colleagues.¹³ The benefits for mentors are summarised in Box 1.

Box 1 – Potential benefits for mentors¹¹

- Increased job satisfaction
- Satisfaction of being a skilled helper
- Being able to contribute to junior colleagues
- Associated with feelings of empowerment and increased feeling of well-being
- Increased confidence in a leadership role
- Greater understanding of the perspectives of others
- Learn new perspectives and approaches
- Opportunities to improve medical workforce in rural practice
- Succession planning for the future
- Opportunities to meet with fellow mentors, increased collegiality and mutual support



What a mentor is not

- Clinical supervisor
- Treating doctor
- Counsellor / psychotherapist
- Emotional crutch
- Problem owner
- Someone who can do it all
- Someone who has all the answers
- Parent

Adapted from Megginson D et al 2004.



Why mentee?

As the primary beneficiary of the mentoring partnership, mentees report a number of benefits in engaging in the process. These include having someone more senior who can inspire, provoke reflection and provide feedback as well as having opportunities to gain insights from someone who has been there before.^{14,15}

“Doctors as mentees value primarily the dedicated time for reflection during which someone they trust listens ‘actively’, challenges their thinking but does not problem solve on their behalf. They work through their problems in a situation of assurance of absolute confidence but within the ethical framework accepted by all doctors.” – Mentoring for Doctors, UK Department of Health, 2004¹⁶

Box 2 – Potential benefits for mentees¹⁷

- Having someone who makes you feel they are listening carefully
- Being able to address problems and dilemmas in a risk free environment
- Dealing with real problems during mentoring development program
- Action orientation of mentor
- Seeing another's point of view/ability to challenge one-sided views
- Regained confidence and job satisfaction
- Improved working relationships
- Enhanced problem solving
- Increased sense of collegiality
- Making career choices

What makes mentoring work?

Key principles for effective mentoring

The following key principles for effective mentoring, based on a review of the literature, are drawn from a mentoring program in the London Deanery for doctors working in the NHS.¹⁷ Further information about many of these elements is provided in later sections of this guide.

Voluntary	Both parties must be willing to participate and able to withdraw gracefully if it is not working out
Confidentiality	Both parties must be able to trust that information will not be disclosed to anyone else, (except in exceptional circumstances such as concerns regarding patient or practitioner safety)
Choice	The mentee must have a choice of mentors
Preparation	The mentee, as the driver of the relationship, must commit to preparing for a mentoring session and being aware of their responsibilities
Training and support	Both the mentor and mentee are provided with training in their roles and support during the process
Contracting	Ground rules are established early, agreed by both parties and documented
Ethical partnership	The relationship is predicated on promoting the highest standard of medical practice and professionalism
No blame	Mentoring partnerships can be intense – interpersonal friction or a lack of rapport may interfere with its effectiveness; either the mentor or the mentee is able to withdraw from the partnership without blame or repercussions
Avoidance of dependence	The aim of the partnership is to foster self-reliance on the part of the mentee
Evaluation	Both parties commit to periodic evaluation and review of how things are going

Adapted with permission from: Viney R, Paice E. *The First Five Hundred – A Report on London Deanery’s Coaching and Mentoring Service 2008–2010* at www.mentoring.londondeanery.ac.uk.

What defines an effective mentoring association?

- A relationship that involves an honest mutual exchange
- Reciprocated respect
- Unambiguous, clearly agreed expectations
- A connection at a personal level
- Common values¹⁸





What do mentors and mentees talk about?

Whilst every mentor/mentee relationship is unique, effective partnerships generally cover the three classic components of mentoring: professional development, continuing education and personal support.¹⁹

The session topics should be directed by the mentee and may include:

- Career progression and planning
- Planning learning development
- Lifestyle – rural practice and work-life balance
- Decision making
- Developing resilience in times of adversity
- Current work problems
- Continuing professional development
- Time management issues
- Training opportunities – skills development, further learning needs
- Rehearsing arguments
- Impact of personal domestic issues on work/professional development
- Relationship with team
- Leadership issues/skills
- Relationship with manager
- Own performance issues
- Performance of colleagues
- Technical/professional knowledge
- Challenging work situations
- Ethical and professional challenges¹³

Difference between mentoring, coaching and supervision

The terminology regarding mentoring, coaching and supervision can be very confusing. Whilst there is extensive literature covering these areas, no single definitions are agreed; different meanings are applied to the same terms; and some terms are used interchangeably, even within and between the health professions.

Effective mentoring requires that participants are clear about role definition and boundaries. It is therefore worthwhile paying some attention to the distinction between these terms, particularly as it relates to mentoring and supervision.

Coaching

“Off line help by one person to another in making significant transitions in knowledge, work or thinking.”²⁰

Mentoring

“To help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance, and become the person they want to be.”²¹

Coaching and mentoring

“Learning relationships which help people to take charge of their own development, to release their potential and to achieve results which they value.”²²

Supervision

“The provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor’s care of patients.”²³

Coaching tends to be a more short-term process that is task orientated. Mentoring is usually longer term, with a more holistic approach.¹³ Supervision as defined for the purposes of this guide, always occurs in the context of the delivery of direct patient care.

It should be acknowledged however that there is a great deal of overlap in the underlying principles and the skills involved in coaching, mentoring and supervision and many doctors perform all of these roles as part of their professional practice.

A critical distinction should be made between the roles of mentoring and supervision, particularly in the context of medical training.

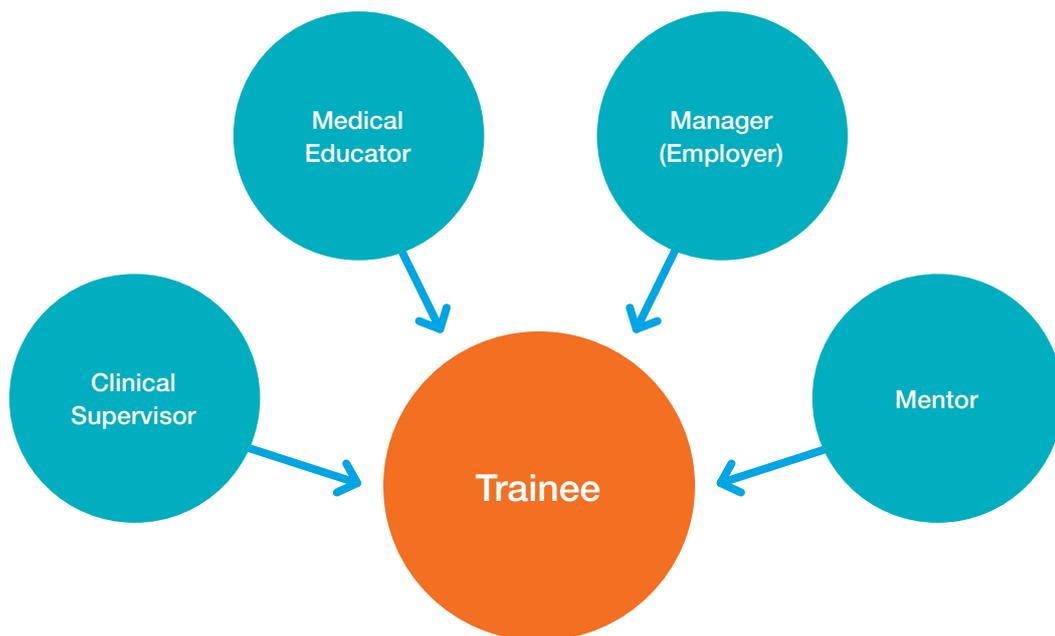
The reason for this is the obvious inherent conflict of interest that arises between the role of mentor and clinical supervisor. This is well recognised in the literature with many authors arguing that duplication of supervisory and mentoring roles can interfere with the successful function of either.

Notwithstanding this, many informal mentor relationships have emerged following formal supervision relationships. That is, following a particular term or rotation, a trainee maintains contact with the former supervisor for many years beyond the period of direct clinical supervision and uses that relationship to assist in professional development and career progression.

The important point is to be clear about what role is being performed at the time and to ensure that all participants understand this. Critical to this is understanding the confidential nature of a mentor/mentee relationship. (Confidentiality is covered in more detail in a later section.)

Comparison between Mentoring and Clinical Supervision		
	Mentoring	Clinical Supervision
Outcome	Professional and personal development (of mentee)	Safe patient care Training
Time	May be long term	Short term – usually duration of rotation/placement
Confidentiality	Yes – between mentor and mentee	No – extends to training program/practice/employer
Context	Outside immediate work setting	Within work practice or hospital setting
Voluntary	Yes – mentee and mentor choose to participate	No – requirement of training/safe patient care
Direction setting	Mentee chooses	Supervisor determines based on stage of training program, identified gaps and context of patient care

Figure 1: Different roles that support the trainee



FURTHER READING

- Health Education and Training Institute 2013, The Superguide: a handbook on supervising doctors. Sydney, 2013
Available at www.heti.nsw.gov.au/resources-library



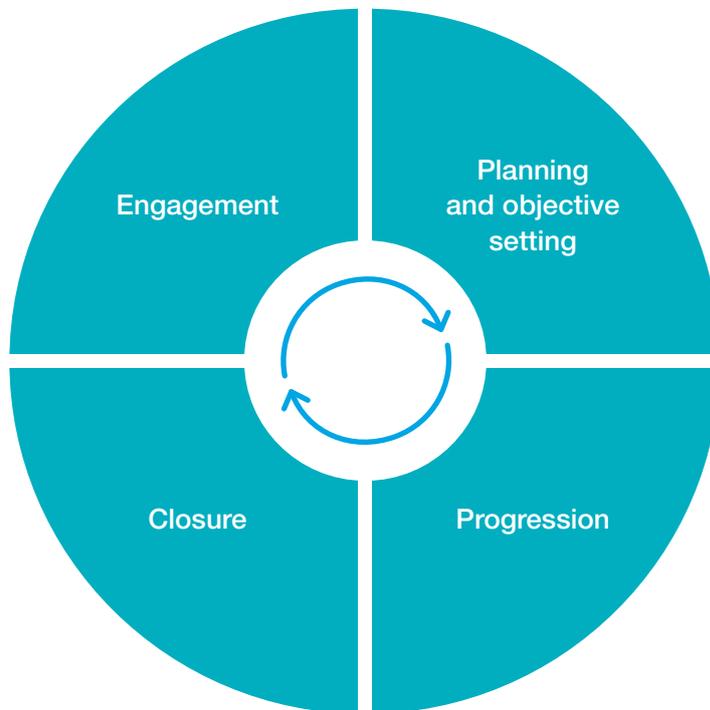
Components of an effective mentoring model

Stages of mentoring – overview

There are a number of stages in the process of mentoring, each with a defined set of tasks or functions. The following model depicts four stages of the relationship. The stages are not necessarily circumscribed or unidirectional. Indeed, as with all complex human relationships, progress may be dynamic and move in both directions.

The stages are presented here, not to be prescriptive or constraining, but rather to provide some structure around the stages that effective mentoring partnerships are likely to pass through.

Figure 2: Stages of the mentoring partnership

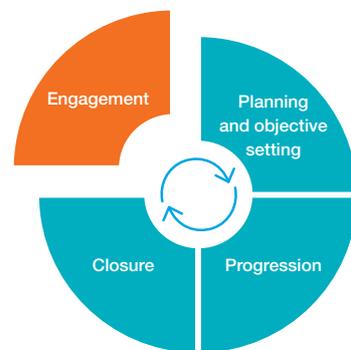


Stage one – engagement

Like any relationship between two people, the initial stage is about getting to know each other and establishing a shared understanding of the nature and purpose of the relationship. Building trust and rapport are the fundamental goals of this stage.

This is important regardless of whether or not the mentor relationship has been established as part of a formal match or more iteratively such as the mentor having been a previous supervisor.

Whilst generally the mentee will have arranged the meeting (see next section on practicalities) both parties have a significant amount of work to undertake during this stage, but with a shared purpose.



The first meeting

Detailed attention is given to the objectives of the first meeting. Effective mentoring relationships have clear objectives, a common understanding and shared rules of engagement. This supports the rapid building of rapport and trust.

Whilst it is likely that the mentor will direct much of the first meeting, the mentee should be encouraged to do this where at all possible.

Stage one – tasks

- **Get to know each other**
 - this is helped by sharing each other's curriculum vitae (best done beforehand) and moving toward a more personal knowledge of each other – professional, social, family, interests and hobbies outside of medicine.
- **Establish the rules of engagement** – boundaries, confidentiality, success criteria and measurement, accountability, practical issues (timing, frequency, mode, record, contact between sessions), what to do if issues arise
 - this might all be documented in a mentoring partnership agreement (refer to Toolkit for a template).
- **Discuss goals and objectives** – the conversation at this stage might focus on the big picture in preparation for narrowing down to specifics in later sessions.

It may take a couple of meetings to undertake these tasks and it is likely that the partnership will gradually evolve into the next stage.

By the third meeting, it would be expected that engagement has occurred and that there is a deepening level of trust developing between the mentor and mentee.

In some instances, depending on the two individuals, engagement does not occur. If this is the case, mismatch is likely and the partnership should respectfully be abandoned (see section on mismatch).



Stage one tasks

- ✓ Get to know each other
- ✓ Establish rules of engagement
- ✓ Complete mentoring agreement
- ✓ Discuss practical issues
- ✓ Discuss goals and objectives



TOOLKIT RESOURCE

- Mentoring partnership agreement template

Stage two – planning and objective setting

To some degree this phase will commence from the first meeting but will usually continue over the first couple of contacts.

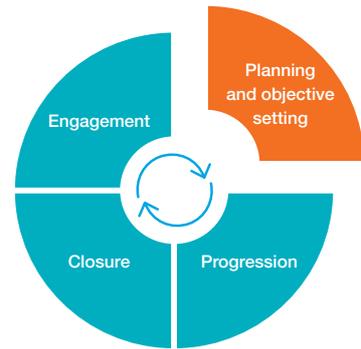
The primary focus of this stage is to discuss and agree on clear goals and objectives for the mentoring partnership.

This stage requires proactive preparation and participation by the mentee who needs to think ahead to how the partnership might be used to enhance

his/her professional development, career planning and personal growth.

During this stage, both mentor and mentee should work together to create and agree on a mentoring action plan. (Refer to Toolkit for a template.)

The action plan not only articulates the specific goals and objectives of the partnership, as well as key actions, it may also be used to monitor progress along the way. Whilst the mentor may assist with some aspects of this, it should generally be the mentee doing the work between sessions.



Stage two tasks

- ✓ Set clear goals and objectives
- ✓ Think about all domains – professional and personal development
- ✓ Create and agree mentoring action plan



TOOLKIT RESOURCE

- Mentoring action plan template



Stage three – progression (emergence and development)

This is arguably the phase where the main benefits of the mentoring relationship are realised and undoubtedly where the real work of the partnership gets done.

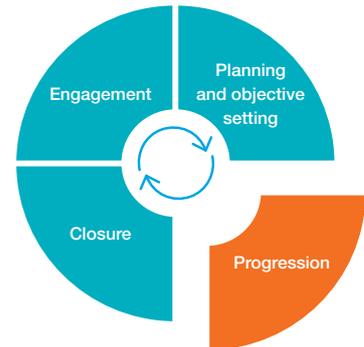
It is also the stage that requires high levels of rapport and trust between the two participants to be truly effective.

In effective mentoring partnerships, this is the stage where sharing of experiences and insights occurs, in addition to opportunities for reflection and challenge.

Although the focus is always on the needs of the mentee, two directional learning generally denotes an effective mentoring relationship has been developed.

Stage three tasks

- **Review goals and objectives** – use the template as a springboard not as a constraint.
- **Mentor to listen, reflect and challenge** – see section 2 *For Mentors* for more information.
- **Share successes and failures** – many mentees report that having the opportunity to hear mistakes, failures and ultimately recovery strategies is one of the most valuable parts of being mentored. (Maintaining confidentiality is of course critical to this, particularly in the context of rural communities.)
- **Review progress of the mentoring partnership** – review communication styles, achievements, challenge blocks, be prepared to change direction if required.



Stage three tasks

- ✓ Review goals and objectives
- ✓ Review progress
- ✓ Share successes and failures
- ✓ Mentor to challenge, encourage reflection and keep focus on mentee needs



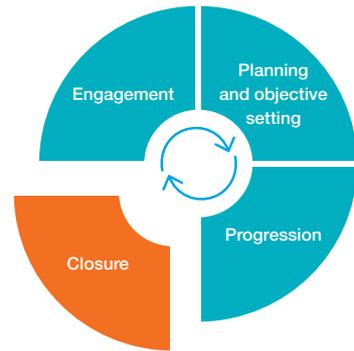
Stage four – closure

The final phase acknowledges that the mentoring relationship has fulfilled its purpose and provides a means for a respectful and professional separation.

In many cases, mentors and mentees may continue to have more informal contact with each other, however the intense focus on goals and objectives for that particular trainee’s stage of training and the mentor’s specific contribution to it, is largely complete.

Effective closure heralds and acknowledges a change in expectations and actual functioning of the relationship going forward.

Paying attention to the structure and formality of stage 4 is helpful in avoiding issues developing – particularly with respect to lack of clarity around changed roles, the relationship and expectations of each individual.



Stage four tasks

- **Acknowledge** that the partnership has done its best work and be prepared to move on (even if agreeing to stay in more informal contact).
- **Evaluate** and measure what has been achieved during the mentoring relationship.
- **Celebrate** accomplishments (use the mentoring action plan to identify what was achieved and the role of mentor in this achievement).
- **Acknowledge** what might not have been achieved.
- **Express gratitude** for what was shared and learnt.
- **End the relationship** (agree what the relationship will look like going forward).



TOOLKIT RESOURCE

- IGROW model
- SMART goals



Practical issues

Successful mentor programs predominantly rely on the mentee to drive the relationship.

Frequency of meetings

Generally the mentor and mentee should aim to meet at least every one to two months. Longer-term mentor/mentee relationships may involve less frequent meetings. What is most important is that the purpose of the meeting is understood and agreed by both participants and both have a sense that progress is being made (see previous section on stages of mentoring).

Timing

Generally for formal meetings (whether by face to face, Skype™ or phone) at least one hour should be set aside.

Initiation of meetings

The mentee, as the primary beneficiary, should be the one who undertakes to organise the meetings. Schedule as many meetings as you think will be necessary during the twelve month period.

Tips for successful mentoring using Skype™

1. **Treat with the same level of professionalism (and hence formality) as you would expect in a face-to-face interaction** – be prepared, on time and in appropriate attire. Be wary of copying newsreaders by informally dressing your lower half – you might get caught out if you unexpectedly get up to fetch something mid Skype™ session.
2. **Check settings in advance** – obviously having a broadband connection is preferable. Dropped calls are understandable but can be disruptive.
3. **Plan for technical problems** – have a fundamental knowledge of the system so that you can quickly troubleshoot basic issues if they arise.
4. **Pay attention to the background** – try to keep setting neutral – a blank wall is preferable. Your mentoring partner probably doesn't want a view of your messy lounge room or kitchen if you are Skyping from home. Remember to check lighting levels and adjust as required.
5. **Minimise physical interruptions** – If Skyping from your office make sure that others are aware that you are in a meeting and shouldn't be disturbed. Likewise if at home, ensure that others (including children and pets) are not going to disturb you. Try to minimise any external background noise.
6. **Minimise electronic distractions** – keep other programs on your computer closed. You don't want to be continually distracted by emails or Facebook™ messages popping up on your screen.
7. **Pay attention to body language** – position yourself correctly to give the best view for your mentoring partner. Try to look at the camera as much as possible rather than at the screen – this helps 'maintain eye contact' with the other person. If the view of yourself on your computer is distracting you, cover it up.
8. **Remember your agreement about confidentiality** – ensure that you are in a confidential space and no one else can overhear the conversation.



Methods of meeting

Whilst most authors argue that face-to-face meetings are the preferred method of engagement, pragmatics may dictate that other methods of engagement may be required.

Clearly the early meetings, particularly during stage one of the mentoring relationship are best undertaken face to face. However as the relationship is established, participants get to know each other and trust is developed, other means of communication may be acceptable. Refer to box on previous page for tips on using Skype™ for remote mentoring sessions.

Formality

Whilst the level of formality is ultimately up to the participants, a more formal structure particularly around rules of engagement leads to more effective outcomes/greater satisfaction of participants and less issues.

For this reason, the mentee should undertake some preparation. This involves setting the agenda, thinking about formal objectives and so on. Refer to the toolkit at the back of this guide for templates of a mentoring agreement and action plan.

Where to meet

Many mentors and mentees choose to meet in rooms (usually those of the mentor) giving consideration to the confidential nature of conversations without concerns about being overheard or interrupted.

On some occasions, the mentor and mentee may choose to undertake a less formal activity such as meeting over a coffee or sharing a meal – this may provide another dimension to the mentoring relationship.

Mentoring agreement

Many mentor partnerships establish a mentoring agreement – a written document signed by both parties that articulates expectations, rules of engagement and provides a sense of purpose and direction for future meetings. The Toolkit section contains a mentoring partnership agreement template.

The important thing is that this is simply a tool to support and guide activities and should not be viewed as the purpose of the meetings. It is the *process* of mentoring that is most important here.

Confidentiality

The respect of confidentiality is critical to the success of the mentoring relationship. This is of course a two-way agreement. Mentees highly value having the opportunity to express doubts, fears and vulnerabilities in an environment that will not be perceived as having a negative impact on their career prospects or training program.

They also highly value hearing a trusted senior colleague tell of their 'battle scars' and challenges. This can have a very powerful impact on mentor and mentee alike but it will only occur in an environment built upon significant trust.

The establishment of trust is a critical touchpoint of the mentoring relationship. Both mentor and mentee can contribute to its development. This is covered in more detail in later sections of this guide.

It is important that the rules of confidentiality are established early. Mentors need to be explicit regarding their contact with supervisors and training program officials.

Likewise trainees need to give an undertaking that they will not divulge information obtained in sessions to others. This can be clearly articulated as part of a mentoring partnership agreement.

Only in very rare circumstances would there be justification for breaching confidentiality, generally where there is a significant concern regarding either patient or doctor safety. Refer to the section on dealing with difficult issues for more information.

A mentoring relationship built on trust would predicate that if the mentor formed the belief that they needed to tell someone else about something that a mentee had told them (for example a significant patient safety concern) that they would do this with the knowledge of the mentee.

Measuring progress

Critical to successful mentoring partnerships is measuring progress along the way. Periodic checking-in on how the relationship is progressing, issues arising and what is being achieved is important to ensure that both parties remain engaged.

A mutual checklist to measure progress could include:

- ✓ Purpose
- ✓ Communication
- ✓ Trust
- ✓ Process
- ✓ Progress
- ✓ Feedback

During the final stage it is important to reflect on the value of the investment that each made to the relationship. This is also important for the formation of future mentoring relationships in each individual's career pathway.

A mentor who has had a good experience, felt appreciated and been able to utilise their experience and skill set, and perhaps emerged from the relationship having learnt something is contributing to their *own* professional development and is far more likely to want to engage in mentoring in the future.

In the case of mentees, not only may they see the value of a future mentor if they have had a positive experience, they may be more likely to sign up to mentor in the future.



TOOLKIT RESOURCE

- Confidence assessment tools

Specific challenges

Mentor/mentee mismatch

Given the nature of human relationships, even when there is a careful matching of participants, some mentoring partnerships just do not get off the ground and in some cases, this can be as high as 10%. Given its prevalence, this needs to be acknowledged at the outset and contingency plans put in place.

Fundamental to successful mentoring partnerships is a common or shared value system. In some instances it is not until participants get to know each other a little better that it becomes evident that there is non-alignment of values and aspirations.

Whilst sometimes it can take a little while to get to know each other (generally by the second or third meeting), participants should be confident about whether trust is going to develop to such an extent to facilitate a meaningful experience.

If at any stage either participant feels that it is just not working, it is best to be frank and acknowledge this up front. This becomes much easier to do if this was one of the discussion points in the first meeting (see page 17 on the first meeting). A graceful and respectful exit can thereby be negotiated. If this does not seem possible, contact with the program administrator at an early stage is recommended to assist in separation and re-matching.

The key here is the engagement of professional behaviours. Sometimes it might be the case that the partnership just does not gel. It is best in these circumstances to terminate the relationship, rather than trying to persist. In terminating the relationship, it is important for both parties to engage in a no blame philosophy.

Managing closure (stage four)

Problems with mentoring may arise if the partnership is not responsive to changes. Like all human relationships, they are subject to changes in emphasis, commitment and direction over time.

In the context of medical training, it might be that a particular mentor has contributed as much as they can to a mentee at that particular stage of the mentee's training program. Rather than allow the relationship to dissolve with time, it is preferable to be clear about reaching the final stage of an effective mentoring partnership. This is covered in detail in the previous section.

Dealing with difficult issues

Effective mentoring partnerships are built on high levels of trust and alignment of values. Difficulties may arise when either of these are not present or are eroded with time.

Addressing this situation, requires clear respectful communication and intent to promptly resolve any issues that arise. See later sections for mentors and mentees for more information specific to each perspective.



FURTHER READING

- Straus S, Johnson M, Marquez C, Feldman M. Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two Academic Health Centers *Academic Medicine* 2013; 88: 82–89

PART 2 For mentors

“An outstanding mentor is wise and resilient, exercises sound judgement, and encourages independence when his or her mentee is ready.”²⁴

– Peddy, 2001

Attributes of successful mentors

The MENTOR/National Mentoring Partnership²⁵ identifies the following key attributes of effective mentors:

- ✓ Personal commitment to be involved with another person for an extended period of time
- ✓ Respect for individuals and their abilities and their right to make their own choices in life
- ✓ Ability to listen and to accept different points of view
- ✓ Ability to empathise with another person’s challenges
- ✓ Ability to see solutions and opportunities as well as barriers
- ✓ Flexibility and openness

To these attributes could be added:

- Enthusiasm
- A caring nature
- An ability to encourage reflection and constructive action
- A non-judgmental approach
- A commitment to keep the relationship confidential
- Knowledge of general practice education, administration and politics
- Self-awareness
- Counselling skills²⁶

There are also some behaviours that should be avoided or minimised if mentoring partnerships are to be effective. A summary of these is provided in the box on the right.

“An effective mentor values mentoring as an important part of his or her professional role and is dedicated to developing an important relationship with the mentee.”²⁷



2

FOR MENTORS

Counterproductive mentor behaviours²⁸

- Criticising
- Dominating conversation
- Dominating direction of session
- Giving too much advice
- Creating dependency
- Rescuing your mentee
- Acting in own interests as primary focus

Mentor competencies

- **Self-awareness** – understanding of self, emotional intelligence and capacity to self-reflect.
- **Behavioural awareness** – understanding others, at individual and organisational level.
- **Business or professional savvy** – *with a clear understanding of how health services and the medical profession operates**.
- **Sense of proportion/good humour** – a sense of humour is invaluable in developing rapport and guards against developing pessimistic or cynical attitudes. Experienced practitioners will bring a broader scope of knowledge and perspective to the mentoring relationship.
- **Communication competence** – this is dealt with in more detail in the next section.
- **Conceptual modelling** – effective mentors have a number of conceptual models that they are able to draw upon to assist the mentee in understanding the issues they face.
- **Commitment to their own continued learning** – effective mentors become role models for self-directed learning.
- **Strong interest in developing others.**
- **Building and maintaining a rapport/relationship management.**
- **Goal clarity** – effective mentors are able to help the mentee sort out what s/he wants to achieve and why.

2

FOR MENTORS



Reproduced with permission of the author © David Clutterbuck 2003.²⁹ 10 mentor competencies (Clutterbuck, 2003).

* Italics denotes adaptation.

How to foster a positive mentoring relationship²⁹

Maintain confidentiality

It is imperative in a mentoring relationship that all conversations remain confidential. In very rare circumstances, there may be a legislative requirement to report an incident or behaviour. Clear communication should occur between mentor and mentee prior to the reporting so that there are no surprises on behalf of either party.

Determine expectations

What are the expectations that your mentee is hoping to achieve from this relationship? Work together to clarify if the expectations are reasonable and achievable for both parties.

Be accommodating

Allow time by quarantining a set time for your mentee. This lets the mentee know that the relationship is important to you.

Be receptive to your mentee's needs

To be receptive, you need to practice active listening. Your mentee may share their concerns regarding the future. Often someone with less experience is not able to see the possibilities that someone with more experience can see. Ask questions to enable the mentee to explore the full range of options that might be available to them.

Know when to ask for help

As the mentor, you are not expected to have all the answers. A wise mentor will acknowledge this and give the mentee permission to explore advice from others.

Maintain momentum

Both the mentee and mentor should enjoy an intellectually stimulating relationship. It is the role of the mentor to keep the discussion and activities related to mentoring focused and relevant.

Be patient

We all grow at different rates and develop different perceptions of the world in our own time. Be patient and cautious with judgments. What might be perceived as a lack of focus could in fact be considered as time for reflection by your mentee.

Know when to move on

Not every mentor/mentee partnership will work and early recognition and resolution of this will allow both parties to move on.

Foster genuine collegiality

A healthy mentoring relationship is not competitive, but collegial. Both parties will enjoy each other's successes.



12 Habits of a Toxic 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 still have 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 they understand how trivial their concerns are compared to the weighty issues you have to deal with
6	Remind the mentee how fortunate s/he 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 it should be treated as such
11	Take them to task when they don’t follow your advice
12	Never, never admit that this could be a learning experience for you too

Reproduced with permission of the author. © David Clutterbuck 2003, 2004.³⁰

Key responsibilities of a mentor³¹

As a mentor you should:

- Meet with the mentee as agreed
- Establish and build rapport throughout the relationship
- Agree and keep to the mentoring action plan
- Manage time commitments
- Assess the needs of the mentee and agree on priorities (driven by mentee)
- Support the mentee to improve breadth of knowledge and skills
- Share broader perspective of the profession, culture and work environment
- Facilitate the mentee to articulate their aspirations and realise their potential
- Provide contacts/networks for the mentee to follow up
- Recognise and celebrate achievements
- Confront and reflect on positive and less positive behaviours/actions
- Encourage the mentee to think beyond the obvious
- Prompt the mentee to keep their supervisor involved as much as possible
- Encourage and motivate the mentee
- Ensure confidentiality as agreed with the mentee
- Initiate reviews of progress at regular intervals
- Identify when the work of the relationship is done (closure)
- Manage feelings/emotions when closing formal relationship
- Keep in touch beyond relationship and take a continuing interest
- Be open and honest at all times
- Not discuss the mentee with their supervisor unless agreed by mentee
- Advise the mentee when other support is available or required (for example: counselling, medical advice)

“The wise man is not the man who gives the right answers; he is the one who asks the right questions.” – Claude Levi-Strauss, 1908–2009



2

FOR MENTORS

Communication strategies

Experienced clinicians will already be well drilled in effective communication skills and using them in clinical practice, teaching, supervising and a range of other professional activities.

Whilst the communication skills required of effective mentors are essentially the same as those required for these other areas of medical practice, there are some important differences in emphasis. In the first instance, it is critical to recognise the difference in the roles of clinician, clinical supervisor and mentor and how this might impact on the communication style used in a given interaction.

Clinicians are generally expert at diagnosis, problem solving and advising patients and it may be difficult for the doctor mentor to remember that s/he is not mentoring a patient⁹ and that their communication style needs to be adjusted to reflect this.

Mentoring emphasises the use of the communication skills of empathy, active listening and constructive feedback in facilitating effective discussions.

2

FOR MENTORS

Empathy

Empathy involves an understanding and feeling for the mental states and emotions of another person and how the person's context influences his or her thinking or feeling.

Demonstrating empathy is critical to building both rapport and respect in the mentoring relationship. The following communication skills demonstrate empathy:

- ✓ Active listening (see below)
- ✓ Open body language
- ✓ Eye contact
- ✓ Listen for facts and feelings
- ✓ Reflective statements

Active listening

Active listening is listening with genuine interest and focus, not only on what is being said, but the way in which it is being said. It calls for attention to both the verbal and the non-verbal cues and clarification of meaning and understanding.

Constructive feedback

Providing constructive feedback is another essential communication skill for mentoring. Constructive feedback is information specific and issue focused, delivered in a non-judgmental manner. Paying attention to the content, manner, timing and frequency are important elements in providing constructive feedback.

Suggested agenda for the first meeting – mentor's perspective

- ✓ Introductions (getting to know each other)
- ✓ Practical issues
- ✓ Establish boundaries (including confidentiality agreement)
- ✓ Roles and responsibilities (including expectations of each other)
- ✓ Mentoring agreement (refer to template for example)
- ✓ Determine mentee goals (broad brush)
- ✓ Action plan/timetable
- ✓ Next meeting (time and place)



Asking questions

Undoubtedly one of the skills of a great mentor is the ability to ask the right question in the right way at the right time. This prompts the mentee in taking responsibility for coming up with solutions, explore options, challenge assumptions and gain important professional and personal insight.

Some useful questions to consider for the first meeting:

- What are your expectations of this process?
- What are your expectations of me as mentor?
- What are your expectations of yourself?
- What are your concerns?
- What would you like to achieve?
- How would you like me to assist you?

Sharing your experiences, insights and perspectives

One of the interactions that mentees value most are the opportunities taken where the mentor shares their experiences, not just the successes but notably the failures.

Such discussions require good rapport and high levels of trust but they offer mentees opportunities to further develop resilience and perspective from someone who has “been there before”.

At this stage of the relationship mutual learning can be experienced. The key to this is honesty and having the mentee’s interests as the principle reason for sharing particular experiences and perspectives.



FURTHER READING

- Zachary L. *The Mentor’s Guide*. Jossey Bass, San Francisco, 2012

Dealing with difficult issues

Serious issues

Mentoring relationships between doctors should first and foremost be predicated on promoting the highest standard of medical practice and professionalism. The mentoring relationship, and the confidentiality agreement reached between the mentoring partners, does not obviously override a medical practitioner's legal and ethical responsibilities. This should be clearly understood by both parties at the outset.

From time to time, issues may arise in the mentoring relationship that requires tactful and careful handling by the mentor.

For example, in some rare situations, a mentor may judge that a serious departure from professional behaviour or clinical care has occurred, which warrant referral or notification to a third party. Should such a situation arise, the mentor should generally discuss this with the mentee beforehand, including offering an explanation of why this is required.

Significant departures from appropriate patient care, professional misconduct or practitioner safety concerns are unlikely to spontaneously resolve in the absence of appropriate intervention and may lead to worse outcomes for both patients and/or practitioners in the long term if ignored.

Encouraging self-referral, if appropriate to the particular situation, is generally the preferred approach, although the mentor will still need to follow up to ensure that referral or notification has occurred.

By appropriate notification, referral and sensitive discussion, in these difficult (rare) circumstances, the mentor will be acting in the mentee's best interests.

All mentors should cover the possibility of these rare circumstances where a breach of confidentiality may be warranted at an early point in the relationship, so that both mentoring partners are clear about their responsibilities long before the potential need arises.



Less serious issues

More commonly, there may be instances where the mentor forms a belief that the mentee requires some feedback about less serious, but still important, issues.

These may be problematic behaviours or attitudes – ones that the mentor judges are not serving the mentee well in terms of professional and personal development. The key here is always acting in the mentee's best interests.

The following framework may assist in keeping an appropriate focus:

- ✓ Put the mentee at the core of the process
- ✓ Honour the mentee's right to self-determination
- ✓ Problem solve and offer resources

Mentors that have paid attention to the creation of a 'safe' space at the commencement of the relationship – one which is predicated on trust, respect and good rapport – will find that difficult issues, although still difficult, are more effectively dealt with.

Experienced clinicians will remind themselves that their finely tuned patient communication skills transfer to this setting – they are using the same skill set albeit in a different context.

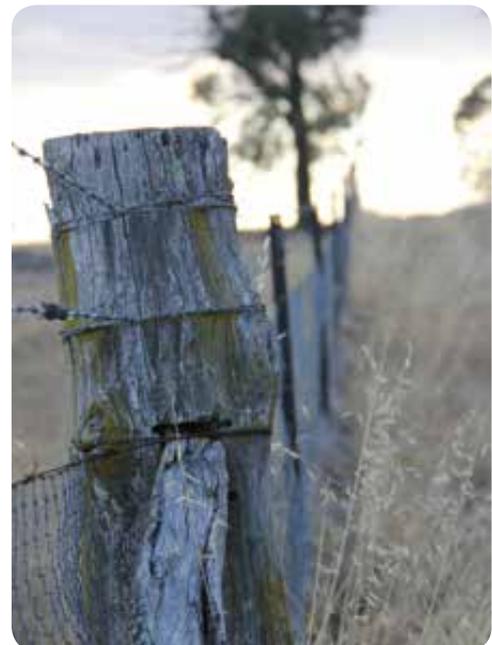
In preparing for a difficult conversation, the mentor might consider the following questions:

- What would I most like to communicate?
- How do I want the other person to feel after the conversation?
- What strategy (direct or indirect) seems likely to keep them from feeling defensive?
- How emotionally charged is this likely to be?
- Should I ask permission before broaching?³²



FURTHER READING

- HETI, *Trainee in difficulty* 2nd edition, 2012 available at www.heti.nsw.gov.au accessed January 2013
- Bickel J, Rosenthal R. Difficult Issues in Mentoring: Recommendations on Making the "Undiscussable" Discussable. *Academic Medicine* 2011; 86: 1229–1234



PART 3 For mentees

“If we have a desire to see trainees thrive and excel, ...then we should strongly consider adjuncts such as mentoring which focus on the development and personal growth of the trainee.”⁶

– Macafee, 2008

Being an effective mentee

As the primary beneficiary of the relationship, it is in your interests to protect and promote the mentoring partnership from commencement through to closure and beyond. The mentoring partnership requires attention and effort to cultivate and it is expected that the mentee will be primarily responsible for this.

Before you start your partnership, it helps to think about your values and goals with a specific focus on what you would like to achieve from the partnership. The toolkit at the back of the guide has some templates to assist you with this.

Attributes and skills

The attributes and skills required to be an effective mentee include:

- Effective communication skills
- The ability to set agendas
- Follow through
- The willingness to accept criticism and reassess performance
- Enthusiasm
- Motivation
- Appreciation of the mentor’s assistance³³

3

FOR MENTEES



There are also some behaviours to be avoided as a mentee and these are outlined in the box below.

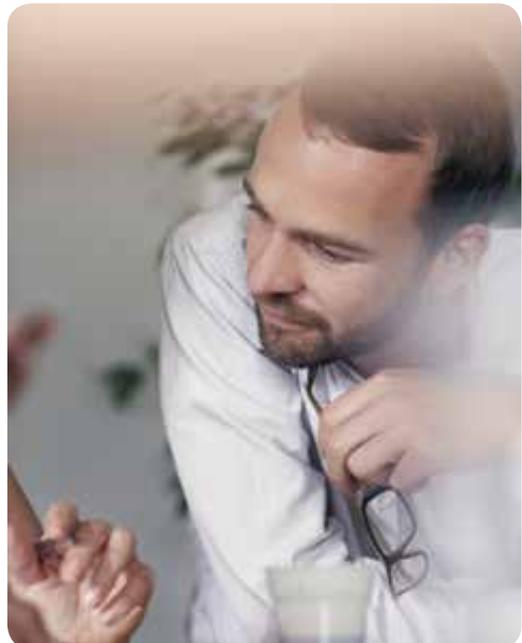
12 Habits of a Toxic Mentee ³⁴	
1	Bring to the first formal meeting a long shopping list of things you want the mentor to do for you
2	Expect the mentor to be available for you, whenever you want them (heroes never need sleep!)
3	Regard the mentor as your prime source of gossip to pass on
4	Expect the mentor to always have the answer – that’s why they are more senior
5	Expect the mentor to decide when to meet and what to talk about
6	Boast about the relationship to your colleagues at every opportunity
7	Never challenge what the mentor says – s/he is paid to know best
8	Blame the mentor whenever the advice doesn’t work out – s/he should have known better
9	Treat mentoring sessions as mobile – the easiest item in the diary to move at the last minute
10	Enjoy the opportunity to have a good moan or whinge, whenever you meet – especially if no-one else will listen to you
11	Make it clear to the mentor that you want to be just like them – adopt their style of speaking, dress and posture
12	Never commit to doing anything as a result of the mentoring session. If, by accident, you do, simply forget to follow the commitment up – why spoil the fun of discussion with outcomes?

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FURTHER READING

- Zerzan JT, Hess R, Schur E, Russell S, Phillips M, Rigotti N. Making the Most of Mentors: A Guide for Mentees. *Academic Medicine* 2009; 84:140–144



Key responsibilities of a mentee

Mentees are primarily responsible for initiating and maintaining the mentoring partnership. Mentees should familiarise themselves with the sections on key principles (see page 12) and practical issues (see page 21) prior to the commencement of the mentoring partnership.

As a mentee, your key responsibilities are to:

- Understand that you are the primary driver of the relationship and take responsibility for being proactive. Organise the practical arrangements (such as regular meeting times and location), draw up the mentoring agreement and action plan and commitment to doing the work between sessions (for example, following upon agreed goals and action items).
- Be organised. Prior to your first session with your mentor, spend some time to reflect upon your career, goals and aspirations. You don't need to have it all mapped out in detail but at least have some sense of where you want to head. Think about how your mentor might assist you in achieving your goals.
- Be prepared to engage in reflective practice.³⁵ A person's experience, through a reflective process, enables the re-evaluation of that experience that promotes better preparedness, should that experience or event occur again. A confidence tool designed to enable the self-assessment of confidence in performing certain tasks or skills³⁶ is provided in the toolkit section of this guide.
- Send a copy of your curriculum vitae to your mentor. Politely ask your mentor for a copy of their curriculum vitae.
- Send an agenda with some dot points of what you would like to discuss during the first meeting (see suggested agenda). Send this a few days prior to your first session.
- Work with your mentor to establish the boundaries of the relationship, including how you will manage confidentiality.
- Be prepared to share, be honest and frank. This will obviously develop as trust builds in the relationship, but you will get more out of the relationship if you are honest with your mentor about your strengths and areas for development and learning.
- Be prepared to receive feedback. Take the view that all feedback (even if you do not agree with all of it) is useful in providing you the opportunity to examine a different perspective or reflect on another approach.
- Cultivate self-awareness and insight. Your mentor will likely assist with this as the relationship progresses, but in the first instance be open to being challenged.
- Take responsibility for the mentoring relationship, respect it and use it well. In particular, respect the mentor's time and avoid late cancellations.
- Acknowledge when the mentoring relationship has done its best work and be prepared to move on.
- Provide honest feedback to your mentor, particularly when they ask for it.
- Be enthusiastic, motivated and appreciative.

Suggested agenda for the first meeting – mentee's perspective

- ✓ Introductions (find out about your mentor, identify common areas of interest)
- ✓ Practical issues
- ✓ Establish boundaries (including confidentiality agreement)
- ✓ Roles and responsibilities (including expectations of each other)
- ✓ Mentoring agreement (refer to template for example)
- ✓ Share your goals and aspirations (broad brush)
- ✓ Action plan/timetable
- ✓ Next meeting



“One career, many mentors”²

It is very likely that you will have a number of mentors during your lifetime. A person who is truly a great mentor can take many forms and will be best assessed from the career aspirations and needs that you have at a point in time.

Some mentor partnerships may last for relatively short periods of time whilst others may last for decades. You may cultivate a number of mentors at various points in your career, including peers and you may have more than one at a time.

Approaching each mentoring partnership with respect, an open mind, a willingness to learn and ultimately, gratitude, will stand you in good stead throughout your career.



FURTHER READING

- Clutterbuck D. Establishing and maintaining mentoring relationships: an overview of mentor and mentee competencies. *SA Journal of Human Resource Management*. 2005; 3: 2–9



TOOLKIT RESOURCE

- Confidence assessment tool

PART 4 Toolkit

Mentoring partnership agreement template

Mentoring partnership agreement

We are voluntarily entering into a mutually beneficial relationship. It is intended that this relationship will be a rewarding experience during which our time together will be spent in professional and personal development activities.

We have agreed to the following practical arrangements:

Duration of mentoring partnership:	
Frequency of meetings:	
Usual modality of meetings:	
Location of meetings:	
Length of meetings:	
Contact arrangements outside of arranged meetings:	Mentor: Mentee:

Confidentiality

During our time together, we agree that there will be issues discussed that may be sensitive. We agree to maintain confidentiality on matters arising during our mentoring relationship.

Agreement

We have discussed the basic principles underlying our mentoring partnership – that is, that it is a professional development opportunity. We agree to a no blame conclusion at the end of this relationship.

Additions (as required following discussion at initial meeting).

Mentee	Mentor
Date	Date

Mentoring action plan template

GOAL:				
ACTIONS I NEED TO TAKE	NEXT STEP (SPECIFIC)	HOW MIGHT MY MENTOR HELP	EXPECTED OUTCOME	TIMEFRAME
GOAL:				
ACTIONS I NEED TO TAKE	NEXT STEP (SPECIFIC)	HOW MIGHT MY MENTOR HELP	EXPECTED OUTCOME	TIMEFRAME

Confidence spider

The Confidence Spider – Confidence Assessment Tool

Introduction

Spider diagrams are named from their shape. They are a validated tool which have been used to measure a researcher's levels of confidence at performing certain tasks relating to research. Spider diagrams are used to track the progress of requirements (in this case the abstract idea of confidence) and organise them visually. Spider diagrams allow abstract ideas to become more visual. Although these tools are primarily a thinking tool they can also be used for self assessment. This type of self assessment is useful as a formative assessment, as it enables critical thinking and discussion to occur around a point of concern. An assessment task becomes formative when the evidence from the assessment is used to facilitate participant learning.

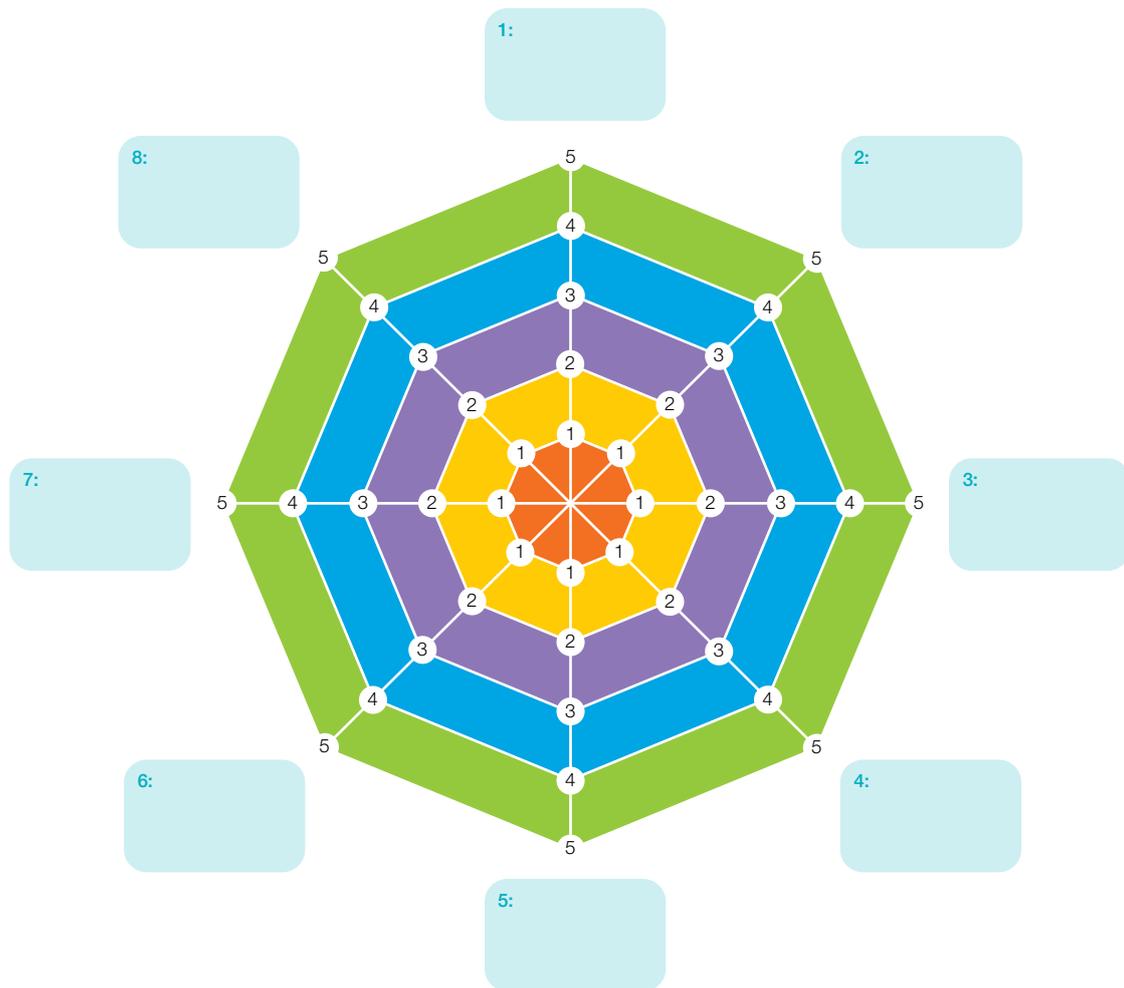
How to use

1. Identify an area of practice. This could be something you do every day or occasionally (e.g. a patient presents with shortness of breath).
2. Break down the area of practice into its sub components (e.g. history, physical assessment, X-ray interpretation, diagnosis, treatment and evaluation of that treatment). The purpose of breaking down tasks into their sub components is to examine which part of the task requires further work to enable you to feel confident at performing the particular task. Say your patient had a large pleural effusion that required draining via the insertion of an intercostal catheter. Using the same principles you could redo a spider chart including 8 domains of catheter management (e.g. insertion, securing, pain relief, monitoring, troubleshooting – blocked, suction/no suction, when to remove, how to remove).
3. Label each of the boxes in your spider with the sub components of the process and give each component a score of your level of confidence (be honest – only you need to see this). Document your findings in the summary table. Use the table to track your progress against a certain task or procedure.
4. Based on your score, consider the critical action that is required for you to become more confident in this area and how you will know when that occurs. Document this in the table provided. Copy as many spiders and tables as you need.
5. Talk to your mentor regularly about how you are progressing – over time, your scores will rise.

Confidence spider continued

The Confidence Spider

Task or Procedure: _____



Levels of confidence	Critical actions required
1	Need for further basic instruction or training
2	Confident to achieve outcome with one-to-one support
3	Confident to achieve outcome with minimal supervision
4	Confident to achieve outcome independently
5	Confident to achieve outcome independently and provide advice or assistance to other clinicians

Confidence spider continued

Task or Procedure:

1	2	3	4	5	6	7	8
Date of self assessment							

Task or Procedure:

1	2	3	4	5	6	7	8
Date of self assessment							

Task or Procedure:

1	2	3	4	5	6	7	8
Date of self assessment							

IGROW model

Mentoring using the IGROW model*

I ISSUES

Spend some time identifying issues that the mentee would like to work on.

Questions to facilitate this:

- What issues would you like to focus on?
- What areas would you like to improve?
- What areas do you feel confident/less confident in?

G GOALS

Work together to develop some specific goals.

Use the mentoring session to explore these.

Think SMART – specific, measurable, achievable, realistic and timely.

The mentee should use the action plan to document these.

R REALITY

Work together to explore the reality of those goals with attention to timeframes, context and other priorities.

Mentor to support the mentee by letting them (the mentee) work out possible approaches/solutions.

O OPTIONS

Mentor to facilitate mentee exploring all possible options or approaches to specific goal.

W WRAP

Mentor to explore with mentee specific action steps required for that goal and commitment to achieving this.

Mentee to document specific steps in action plan.

* Adapted from Whitmore J, 2002

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- 1 Oxley J, Fleming B, Golding L, Pask H, Steven A. Mentoring for doctors: enhancing the benefit. A working paper produced on behalf of the Doctor's Forum. 2003. Available at www.academicmedicine.ac.uk/uploads/Mentor1pdf [accessed January 2013]
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NSW Rural Generalist Training Program Statewide Council Membership

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Dr Ian Cameron	Chief Executive Officer, NSW Rural Doctors Network
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Dr Tim Francis	Medical Educator, North Coast GP Training
Dr Steve Howie	Royal Australian College of General Practitioners
Dr Linda Macpherson	Medical Advisor, Workforce Planning and Development, NSW Ministry of Health
Ms Jodi Spencer	Manager Medical Administration, Western NSW Local Health District
Dr David Woods	Prevocational Trainee 2013



Mentoring

A guide and toolkit for mentoring rural medical trainees

This guide is designed to support both GP mentors and mentees working in rural communities.

It provides information about:

- Practical strategies to facilitate mentoring
- Attributes of successful mentors and mentees
- Getting the best out of a mentoring partnership

It contains practical advice and suggestions based on published evidence that supports effective mentoring in the workplace and the learning needs and professional development of medical trainees working in rural communities.