



Be a good mentor

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Mentoring is very much an education buzz word, but it is not a modern day invention. Greek mythology tells the story of Mentor, an alias of Athena the goddess of wisdom, who was charged by Ulysses to raise his son Telemachus. In doing this Mentor gave his name to the traditional relationship of an older, wiser master taking a younger protégé under their wing (Hay, 1999).

Since these early days mentoring has evolved to become a more equal and collaborative process that is meant to benefit both parties.

What is mentoring?

There are many definitions of mentoring. The Collins English Dictionary defines a mentor as “someone who guides and supports the training and career of another”. This broad definition could encompass many roles within medical education today including educational supervisor, clinical supervisors and GP trainer. Whilst informally this may be true, as all of the above are also assessors this can greatly compromise any formal mentoring role they may have.

Julie Hay describes mentoring as a “relationship between equals” (Hay 1999, pg 40) formed as part of a developmental alliance which allows one or both parties to develop through increased self-awareness. The phrase developmental alliance alludes to a long-term relationship rather than one focused on short-term problem solving (Hay, 1999).

What mentors do:

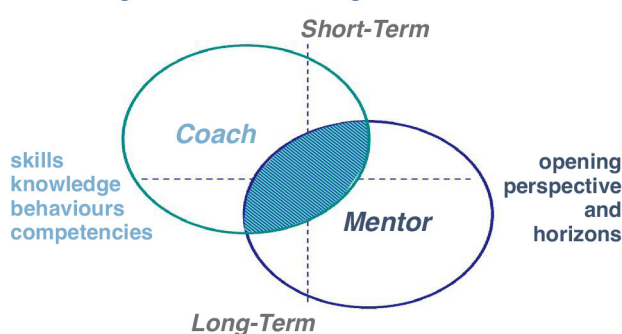
The key mentors’ role is that it is flexible to the needs of the mentee who, unlike many other educational interactions, drives the relationship. The mentors’ role can be summarised in the following acronym (Clutterbuck 2004 pg 53-54) :-

- M**anage the relationship
- E**ncourage – recognise the ability of the mentee
- N**urture – create an open, candid environment
- T**eaches – creating a stimulating environment that challenges the mentee
- O**ffers mutual respect
- R**esponds to mentees’ needs

Mentoring may also overlap with other roles such as coaching but differs in that it is a longer-term, less narrowly defined interaction (Clutterbuck, 2004). Unlike coaching or counselling its main focus is not just supporting the development of professional skills but is an active, ongoing relationship that helps a mentee maximise their career potential (Frei et al, 2010).

Figure 1.

Coaching versus Mentoring



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Mentoring skills

Many of the skills required to be a good mentor are not different from those required to be a good doctor or educational supervisor, it is the context that is different. These include empathy, active listening skills, open questioning, honesty and being non-judgemental (Frei et al, 2010). It is also important that if you commit to being a mentor you are available to your mentees on a regular basis. The key qualities you require as a mentor are self-awareness, a positive attitude and a desire for self-development (Hay, 1999).

Whilst being a good mentor would seem a natural thing for most clinicians, it is also very easy to be a bad or ineffective mentor by adopting some of the “doctor centred” practices that we have tried to root out of consultations. Mentoring is not just giving very directive advice to a junior colleague, (Clutterbuck, 2004) states that a good mentor speaks for less than 20% of the time of a mentoring meeting.

The “Toxic Mentor” as defined by David Clutterbuck (2004) is one who possesses characteristics that make them more mentor centred rather than mentee centred :-

- ▶ Always rushes around “helping” others rather than addressing their own needs.
- ▶ Transfers their own problem into their mentees’ situation.
- ▶ Has an alternative agenda.
- ▶ Takes offence when mentee does not follow their guidance.
- ▶ Is not switched on to their own learning.

Mentoring relationship

There is no gold standard for the duration of a mentoring relationship or the frequency of meetings, but what is clear is that it is an ongoing relationship rather than a one-off interaction to solve a specific problem. Like all good relationships it requires time, commitment, communication and confidentiality. In a very formal mentoring programme you might want to outline at the outset the level of time commitment expected by both parties, this is especially necessary for work force planning. As a rule of thumb it is felt that meeting a mentor less than once a quarter is not conducive to maintaining a relationship and more than once per month should raise alarm bells about the sufficiency of the other levels of supervision around that mentee (Clutterbuck, 2004).

When breaking the mentoring relationship down into defined phases, different authors will use different terms for each phase. Simply put there is a beginning, a middle and an end to the relationship.

The Beginning

This can be defined into two key aims – rapport building and setting direction (Clutterbuck, 2004). It is during this period that the mentor and mentee gauge their compatibility to work together and also where the mentee sets out their objectives and goals. It is during this period that the mentor needs to use their skills to help the mentee develop practical and realistic goals as well as considering their own learning goals (Clutterbuck, 2004).

The Middle

This is the real meat of the relationship. In a more traditional mentor-protégé model this part of the relationship may be quite prescriptive and directive on the part of the mentor with both technical and psychological support for their mentee (Kram, 1983). In the more modern developmental mentoring that we have been considering, the mentor acts more as sounding-board challenging, probing and helping the mentee analyse their decisions and choices as they strive to achieve their goals (Clutterbuck, 2004).

The End

Although sometimes called the “divorce” in American literature, this need not be a negative phase in a mentoring relationship. As the aim of a developmental mentoring alliance should be to foster self-reliance, a parting of ways should not be complicated by a dependence of the mentee on the mentor. A natural conclusion to the relationship may slowly evolve as the mentee has advanced sufficiently towards their goals that the need for the mentor is less (Kram, 1983). There may also be a more sudden end to the relationship should the mentee change careers or organisations and either logistically or because of a change in their needs require a different mentor.

The Skilled Helper

Taking all the skills required to be an effective mentor and using them consistently requires careful thought and planning. One way of addressing this and avoiding the pitfalls of the “toxic mentor” is to use a skills model as an outline to your mentoring meetings.

Gerald Egan’s book “The Skilled Helper” (Egan, 2010) has been widely used in mentoring and indeed counselling. The core message from the book is a simple model to help an individual solve a problem or work through an issue. The idea is not dissimilar to using a consultation model as a framework to hang your communication and clinical skills on when exploring an issue with a patient. Figure 2 outlines the steps of the “Skilled Helper” model.

Figure 2. Adapted from Egan, (2010)

Stage 1: What’s Going On?

The mentee outlines the current issue/situation

Stage 2: What Do I Need or Want?

The mentee works through with the mentors help what they want to achieve/what their goals are

Stage 3: How Do I Get What I Need or Want?

The mentor helps the mentee work through their options and come up with an action plan

In a normal setting we might often handle “Stage 1” and “Stage 3” well when trying to help someone work through a problem. However, we often, inadvertently, forget “Stage 2”. This is the crucial stage where the individual works through what they really want and you help them do so by creating an open and non-judgemental environment. Sometimes in a keenness to help we offer a solution to a problem without finding out what the person really wants. This would be like offering a patient treatment without first addressing their ideas, concerns and expectations. We are not advocating a scripted conversation, merely having a structure to ensure conversation flows and more importantly that the mentee explores issues thoroughly.

Being a mentor is not about being perfect, the joy of the relationship is that it is a collaborative learning process with one of the aims being to foster good interpersonal skills in all participants.

Clutterbuck, 2004

Further Information

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