

## BACKGROUND

This document formed part of a report produced by Mark Hatter, Carol Jollie and Judy McKimm in July 1999 as part of the *Preparedness to Practice* Project which was managed by Judy McKimm, then Director of the Undergraduate Medicine Office, Imperial College School of Medicine. The project ran from 1998 – 2001 and aimed to research into a number of aspects relating to students making the transition between the final year of the undergraduate course and the PRHO year. The project was funded by the London Regional Office of the NHSE. The mentoring element of the project was carried out with a view to introducing a mentoring scheme which would enable final year undergraduates to make the transition to PRHOs. Following the literature review of mentoring and a pilot project, it was decided that the personal tutor system for undergraduates and the educational supervisor system for PRHOs provided sufficient support for students and PRHOs. This paper describes some of the theoretical perspectives and principles and practice of mentoring, describes some mentoring schemes in medicine and other health professions and lists some of the key references in mentoring for those who are interested in learning more about the topic. The document was first revised in 2003 and included as part of the support materials for the London Deanery project: *Web-based learning for clinical teachers*.

## SECTION 1 MENTORING: THEORY AND PRACTICE

### 1.1 WHAT IS MENTORING?

Mentoring is very complex. It varies from one situation to another. It is interpreted in different ways by different people. It is important that the purpose and intentions of mentoring in a particular context are explicit. Stakeholders, particularly mentor and mentee, should debate what mentoring is to be in their particular context in order that a mutual understanding and vision of mentoring can be shared as they embark on their relationship.

Mentoring is difficult to define. Many different definitions abound but two of particular merit have been selected here. Further definitions are included in Annex 1.

- Mentoring is 'off line help by one person to another in making significant transitions in knowledge, work or thinking'  
(Megginson and Clutterbuck, 1995, p13)
- A mentor is 'someone who helps another person to become what that person aspires to be'  
(Montreal CEGEP, 1988)

A mentor is therefore someone who helps another person through an important transition such as coping with a new situation like a new job or a major change in personal circumstances or in career development or personal growth. The person being helped is often called the 'learner' or the 'mentee'.

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

The terms 'Mentor' and 'Mentoring' are becoming more common, even though they mean different things to different people. Mentoring is just one way of helping someone else but it can be a very

Mentoring is a very old concept in a new guise. It can be traced back to Greek mythology when Odysseus entrusted his son Telemachus to the Goddess Athena, who disguised herself in human form as Mentor, an old friend of Odysseus. Her function, according to Homer, was to act as a wise counsellor and helper to the youth. Mentoring then became common practice in the time of the guilds and trade apprenticeships when young people, having acquired technical skills, often benefited from the patronage of more experienced and established professionals. Today, for instance in the world of classical music, established stars encourage and nurture talented younger musicians both technically and in managing their careers, and most successful people, in any walk of life, probably have had one or more people over the years who have exerted a particularly strong influence over their lives and careers (Channel 4, 1995).

## **1.2 WHY INTRODUCE MENTORING?**

Entering practice in any profession offers a major challenge to newly qualified practitioners. It is a formative period where the knowledge, skills and attitudes acquired during a programme of education are applied in practice. It is a transition period which can be stressful as well as challenging as new demands are made upon individuals who are seeking to consolidate their skills. It is therefore a period when a practitioner is in need of guidance and support in order to develop confidence and competence.

The concept of continuing support for a period after qualification through mentoring or other similar schemes is well established in many professions, such as teaching and social work and is being introduced by more and more organisations. Mentoring schemes can support:

- specifically identified groups
- development and work-based learning programmes
- individuals or organisations through change or transition
- improved effectiveness of organisations and individuals

Facilitated mentoring schemes may be introduced for a variety of reasons which may include the following (Jones & Jowett, 1997):

- to identify potential more effectively
- to induct new staff more quickly
- to improve the retention of staff
- to encourage and support high flyers
- to encourage and support ethnic minority and disadvantaged groups
- to encourage and support women to break through the glass ceiling
- to support self-development and work-based learning programmes such as NVQs, continuous professional development, graduate or company training programmes
- to encourage and support mentoring in community initiatives such as mentoring capable but disadvantaged school students
- to support organisational change
- to encourage personal development
- to help individuals cope with transitions such as moving into a new job or role.

Some of the benefits of mentoring to the mentor, mentee and organisation are highlighted below:

| Organisational   | Mentor  | Mentee/Learner   |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Widening of skills base and competencies in line with the organisation's strategic goals</li> <li>• Increased staff morale and job satisfaction</li> <li>• Reduction in the service/education gap</li> <li>• Alternative to external training, more cost effective personal development programme</li> <li>• Develops habits of trust and confidentiality</li> <li>• Gives senior management a more informed view of the organisation' talent</li> <li>• Use for succession planning</li> <li>• Helps achieve mission/vision</li> </ul> | <ul style="list-style-type: none"> <li>• Improves awareness of own learning gaps</li> <li>• Develops ability to give and take criticism</li> <li>• Develops up-to-date organisational and professional knowledge</li> <li>• Offers networking opportunities</li> <li>• Improves leadership, organisational and communication skills</li> <li>• Develops ability to challenge, stimulate and reflect</li> <li>• Raises profile within organisation</li> <li>• Increases job satisfaction</li> <li>• Offers opportunity to pass on knowledge, experience</li> <li>• Provides stimulation</li> </ul> | <ul style="list-style-type: none"> <li>• Develops learning, analytical and reflective skills</li> <li>• Develops organisational and professional knowledge</li> <li>• Develops political awareness</li> <li>• Develops own practice</li> <li>• Develops or reinforces self-confidence and willingness to take risks</li> <li>• Develops ability to accept criticism</li> <li>• Supports through transition</li> <li>• May accelerate professional development</li> <li>• Develops autonomy and independence</li> <li>• Increases maturity</li> <li>• Broadens horizons</li> <li>• Increases job satisfaction</li> <li>• Reduces reality shock</li> <li>• Offers opportunities for effective</li> </ul> |
| <ul style="list-style-type: none"> <li>• Develops a mature management population</li> <li>• Improved quality of service through increased competence and confidence of supported practitioners</li> <li>• Improves teamwork and co-operation</li> </ul>  | <ul style="list-style-type: none"> <li>• May offer career advancement opportunities</li> </ul>  | <ul style="list-style-type: none"> <li>role modelling</li> <li>• Encourages ongoing learning and developing and identifying learning opportunities in the working situation</li> <li>• Facilitates peer relationships</li> <li>• Develops increased reflective practitioner skills</li> <li>• Offers individualised one-to-one teaching and opportunities for experiential learning</li> <li>• Offers help with problem solving</li> </ul>   |

### 1.3 VALUES AND PRINCIPLES UNDERPINNING MENTORING

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

- Recognising that people are okay (Hay, 1995)
- Realising that people can change and want to grow (Hay, 1995)
- Understanding how people learn
- Recognising individual differences
- Empowering through personal and professional development
- Encouraging capability
- Developing competence
- Encouraging collaboration not competition
- Encouraging scholarship and a sense of enquiry
- Searching for new ideas, theories and knowledge
- Equal opportunities in the organisation
- Reflecting on past experiences as a key to understanding
- Looking forward (Reflexion) and developing the ability to transfer learning and apply it in new situations
- Realising that we can create our own meaning of mentoring (Hay, 1995 & Jowett, Shaw & Tarbitt, 1997)

### 1.4 MENTORING SKILLS, ROLES AND QUALITIES

| <u>Organisational skills</u>  | <u>Interpersonal skills</u>   |
|---|---|
| Planning<br>Contracting<br>Recording<br>Structuring Sessions<br>Time Management<br>Scheduling<br>Evaluating<br>Assessing<br>Report writing<br>Maintaining Boundaries<br>Action Planning<br>Prioritising<br>Facilitating | Negotiating and influencing<br>Listening<br>Giving constructive feedback<br>Intervention – prescriptive, informative, confrontational, cathartic, catalytic<br>supportive<br>Questioning<br>Motivating and encouraging<br>Self-awareness<br>Coaching/Teaching<br>Reflecting<br>Non-judgemental<br>Non prejudicial |

At some time over the duration of the relationship a mentor will probably fulfil all of the following roles:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• teacher/ educator</li> <li>• confidante</li> <li>• counsellor</li> <li>• motivator</li> <li>• facilitator</li> <li>• coach</li> <li>• friend</li> <li>• adviser</li> <li>• critic</li> <li>• guide</li> <li>• sounding board</li> <li>• devil’s advocate</li> <li>• learning consultant</li> <li>• process consultant</li> </ul> | <ul style="list-style-type: none"> <li>• translator and decoder eg of organisational culture and values</li> <li>• interpreter</li> <li>• time manager</li> <li>• planner</li> <li>• problem-solver</li> <li>• catalyst</li> <li>• diagnostician</li> <li>• energiser</li> <li>• expert</li> <li>• taskmaster</li> <li>• sponsor</li> <li>• protector</li> <li>• role model</li> <li>• target setter</li> </ul> |
|---|---|

The mentor’s activities could include giving technical assistance, clarifying roles and responsibilities; identifying and analysing learning experiences, opportunities and gaps; encouraging analysis and reflection; structuring learning and work and confronting through questioning, listening and giving feedback.

In the beginning the mentor will need to develop a safe and protected environment and be supporter, protector, guide but as the mentee develops confidence and becomes less dependent and more autonomous the mentor will need to develop a more analytical, reflective, critical, challenging role.

Mentors bring experience, perspective, objectivity and distance into the mentoring relationship. They can offer a long term view for the organisation and the individual. They are influential in terms of helping the learner/mentee reach their goals and aspirations. They care about the mentee and focus on the needs of the individual. They can provide empathy, candour, openness and honesty. They should also be willing to share their expertise, should not feel threatened by the mentee’s potential for equalling or surpassing them nor by the mentee detecting their weaknesses and shortcomings. Research undertaken by Leeds Metropolitan University and mentors on the Harrogate College Adapt programme (1995), identified the following characteristics required of a mentor and prioritised them in groupings as follows.

| <b>Characteristics of a Good Mentor</b>   | <b>Priority Rating</b> |
|---|------------------------|
| Wants to be a mentor                      | 10                     |
| Non – judgemental                         | 9                      |
| Empathetic                                | 8                      |
| Good listener Open/honest                 | 7                      |
| Gives feedback, Positive, Sense of humour | 6                      |

|   |   |
|---|---|
| Accessible, Trustworthy, Caring, Life Experience  | 4 |
| Good questioner, Achiever, Goal setter, Reliable, Well organised, Respects confidentiality, People person | 3 |
| Patient, Optimistic, Confident  | 2 |
| Been a mentor/mentee, Assertive<br>Professional training, Time management                                 | 1 |
| Interesting, Sales and Marketing skills<br>Counselling skills, Interviewing skills, Sensitivity           | 0 |

The following table identifies further characteristics of the good mentor and lists the characteristics of a mentee which will help them benefit from the mentoring experience:

| <b>Qualities of mentor:</b>   | <b>Characteristics of a Good Mentee/ Learner</b>  |
|---|---|
| <ul style="list-style-type: none"> <li>• good interpersonal skills</li> <li>• objectivity</li> <li>• role model</li> <li>• flexibility</li> <li>• peer respect</li> <li>• demonstrable competence</li> <li>• reflective practitioner</li> <li>• non-threatening attitude</li> <li>• facilitator of learning</li> <li>• allowing the development of initiative and independence</li> <li>• open mindedness</li> <li>• approachability</li> <li>• self confidence and self awareness</li> <li>• advocacy</li> <li>• sincerity</li> <li>• warmth</li> <li>• commitment</li> <li>• understanding</li> <li>• aptitude for the role</li> <li>• understanding of level of competence of newcomer</li> <li>• understanding of difficulties posed by transition to personal professional accountability</li> <li>• understanding of difficulties of integrating into new work setting</li> <li>• ability to help newcomer set learning objectives, to assist with transition process and to apply knowledge in practice</li> <li>• able to provide objective assessment of progress</li> </ul> | <ul style="list-style-type: none"> <li>• willing to learn and develop</li> <li>• willing to participate</li> <li>• intelligent and learn quickly</li> <li>• ambitious</li> <li>• keen to succeed</li> <li>• able to accept power and risk</li> <li>• loyal</li> <li>• committed</li> <li>• conscientious</li> <li>• able to develop alliances</li> <li>• flexible and adaptable</li> <li>• self-aware</li> <li>• well organised</li> <li>• able to accept a challenge</li> <li>• able to receive constructive feedback</li> </ul> |

## 1.5 THE MENTORING RELATIONSHIP

Mentoring is a protected relationship in which learning and experimentation occur through analysis, examination, re-examination and reflection on practice, situations, problems, mistakes and successes (of both the mentors and the mentees) to identify learning opportunities and gaps. Mentoring is about helping the learner/mentee to grow in self confidence and develop independence, autonomy and maturity.

The mentoring relationship is a special relationship where two people make a real connection with each other. In other words they form a bond. It is built on mutual trust and respect, openness and honesty where each party can be themselves. It is a powerful and emotional relationship. The mentoring relationship enables the mentee to learn and grow in a safe and protected environment. The quality of the relationship is crucial to a successful outcome; if bonding does not occur and one or both of the two parties are not comfortable within the relationship then neither learning nor mentoring will be sustained. A good relationship recognises the need for personal development and

In the early stages the mentee will be relatively dependent and the mentor will need to be supportive, helpful, friendly and encouraging to nurture the mentee to learn and grow. However the time will come when the relationship will change and subsequently the mentor's role will need to change. As the mentee becomes more confident and independent, and in order to sustain and deepen learning, the mentor will need to challenge, stimulate and encourage reflection. Too much challenge and stimulation at the beginning can overawe and alienate the mentee, too little later on can stilt learning and stimulation and cause the relationship to end without total fulfilment.

Mentoring is not a crutch and must not remain a dependent relationship or become an excuse just for a chat session. Mentoring is a two-way process with the mentor having as much to gain as the mentee. The crux is to encourage both partners to contribute freely and operate as equals (Hay, 1995). Age, wisdom and experience are irrelevant. Equality can be negotiated within the contract with both partners agreeing to contribute fully, make suggestions and give feedback to each other.

Initially the mentor may take the initiative to ensure that the relationship gets going. In the earlier stages the mentor will be concerned with motivating, supporting, enabling, empowering activities. As time goes on the mentee will develop independence and autonomy, as suggested above, and in the end may well surpass the mentor.

## 1.6 FACILITATING A SUCCESSFUL MENTORING SCHEME

In order to facilitate mentoring within an organisation, company or project and encourage successful outcomes, certain environmental conditions must prevail and an enabling framework must be established.

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

|   |
|---|
| <p>Why do we need a mentoring programme?</p> <ul style="list-style-type: none"> <li>• What are the aims for the programme?</li> <li>• What do we hope to achieve?</li> </ul>                          |
| <p>Is mentoring consonant with our organisational structures and values?</p> <ul style="list-style-type: none"> <li>• Is mentoring already happening?</li> <li>• Has it been tried before?</li> </ul> |
| <p>Who will be involved – mentors/ mentees?<br/>Who will 'run' the initiative?</p>  |
| <p>What problems do we anticipate?</p>  |
| <p>Who will our mentors be?</p> <ul style="list-style-type: none"> <li>• Do we need to produce a Mentor Profile?</li> <li>• How will we select them? Who is to be mentored?</li> </ul>                |
| <p>Who is to be mentored?</p> <ul style="list-style-type: none"> <li>• Why?</li> <li>• What is the aim for the group of mentees and for individuals?</li> <li>• How will they be selected?</li> </ul> |
| <p>How will mentors and mentees be matched and paired?</p>  |
| <p>What resources are required and available?</p>   |
| <p>What briefing and training will be required by:</p> <ul style="list-style-type: none"> <li>• mentors?</li> <li>• mentees?</li> <li>• other stakeholders?</li> </ul>                                |
| <p>How will mentors be</p> <ul style="list-style-type: none"> <li>• supported?</li> <li>• rewarded?</li> </ul>  |
| <p>When and how will the mentoring programme be monitored and evaluated? And by whom?</p>   |

- participation by willing volunteers who wish to succeed and grow, initially in a pilot scheme
- those involved must own process
- top management support and commitment in action as well as words. The importance of the whole organisation being supportive must be stressed by them
- appropriate awareness raising and marketing of the scheme to the whole organisation and to potential participants
- the provision of a well prepared, flexible, involved and supportive learning environment
- promoting the scheme as valuable form of personal and professional development
- appointment of a co-ordinator to manage the programme
- linking the mentoring scheme with some other developmental effort
- building in short stages, say month by month, and flexibility
- encouraging contracting with a 'no fault' opt out clause
- making all participants aware of potential risks and problems
- effective orientation of mentors, mentees, line managers and any other stakeholders prior to commencement
- developmental diagnosis ie auditing of mentee's needs and requirements
- provision of training and support for both mentors and mentees which should include clear learning outcomes; monitoring and evaluation; rewards, eg CATS points; structured follow-up and the ownership of those involved (NBS, 1999)
- shared expectations between mentor and mentee
- good communications structures between all players
- careful and appropriate selection and matching and pairing of partners (see below for further details)
- monitoring and evaluation of the scheme linked to the defined objectives and anticipated outcomes of the scheme, involving feedback from all stakeholders. Feedback should be triangulated and based on periodic consultation of individuals and representative focus group
- ensuring confidentiality is integral to the systems and administration of the programme
- the provision of adequate space, financial and personnel resources and quality, focused time
- setting a time limit in advance for the mentoring relationships, after which the relationship may continue outside the programme
- devising a set of learning objectives
- establishing specific working arrangements to enhance benefits of support scheme, eg same work shifts

As highlighted above, mentoring is more likely to succeed if both partners are willing volunteers. It is also helpful if the mentee is able to select their own mentor although this is not always possible or practicable. Good practice suggests that the matching and pairing process within a facilitated mentoring scheme needs to be undertaken sensitively by encouraging a more natural and informal bonding and pairing process. Research undertaken for the Adapt Project, managed by Harrogate College suggested the following:

- hold an informal social early on in the programme
- provide profiles of both mentors and mentees, identifying their experience and skills and perceived needs and requirements
- give participants permission to network and develop informal relationships through exploratory visits and/or telephone conversations or email connections
- at an early stage, hold a meeting of mentors and mentees to jointly explore the purpose, meaning, benefits and process of mentoring in general terms and specifically in relation to the particular mentoring scheme. Include a presentation from previous (selected) mentor/mentee relationships.

It will also be necessary to consider geographical location of potential mentors and mentees and gender, ethnicity and age, cultural and job status differences. In some circumstances 'screening' of mentors, including police checks in a school situation, may be necessary.

## **1.7 THE MENTORING LIFE CYCLE**

The mentoring life cycle has been described (e.g. Hay, 1995) as comprising four definable stages which can be defined as follows:

- Stage 1 - Initiation, orientation or courtship stage
- Stage 2 - Getting established, adolescence, dependency, nurturing or honeymoon stage
- Stage 3 - Maturing, developing independence or autonomy stage
- Stage 4 - Ending, termination or divorce

### **Stage 1: Initiation, orientation or courtship stage**

According to Hay (1995) this first stage is about creating an alliance and consists of preparing for the relationship, forming a bond and agreeing a contract. Lewis (1996) uses different terminology suggesting that it is about establishing rapport and trust (forming the bond), terms of reference and setting objectives (contracting). Preparation involves considering what both the mentor and mentee need to do before they meet but following pairing. The checklist below (adapted from Hay, 1995), might enhance preparation and constitute the agenda for the first meeting.

#### **Mentoring Checklist**

- Why have I become a mentor/mentee?
- What do I offer/ what do I want?
- What significant issues might arise?
- What do I feel strongly about?
- Which are the areas where I prefer my mentor/mentee to 'match' me; over which I am neutral; which I would like us to be different?
- What about issues of trust and respect?
- What are my own psychological/ personal/ thinking/ working styles?
- How do they affect the way I interact with others?
- What mentoring skills do I want my mentor to have?
- How much time will we have?
- Where will we meet?
- What mutual contacts are we likely to have? How might that affect the mentoring?
- What is my attitude towards self-development?
- Who has been mentor to me. What did I gain?
- Who else is involved in this process (eg senior management, Human Resource Division, mentee's manager)?

The next phase involves bonding. At first, both mentor and mentee are likely to be nervous and unsure (Lewis, 1996). It is important to break the ice and establish rapport. Hay (1995) suggests that rapport will be established more quickly if individuals behave as if it has already been established and the following four dimensions match when rapport has been established:

- voice tone and tempo
- body posture
- pattern of breathing
- repetitive movements or gestures

Lewis (1996) also suggests that it is important to consider the:

- ethos or moral dimension of the relationship - key words being consistency, congruency, integrity, honesty, sincerity, credibility, genuineness and values.
- pathos or having a genuine interest in the other person as a person in his/her own right and recognising that the other person brings human emotions, hopes, fears, ambitions into the relationship. Key words here are empathy, warmth, positive regard, disclosure and rapport.
- logos or substantive content of the essential conversations - the goals, techniques and outcomes of the conversations.

Sharing responses to the above checklist, discussing why the mentor has agreed to mentor and what the mentee hopes to achieve are further ways of continuing the bonding process. Bonding could also be strengthened by discussing the questions outlined below, adapted from Hay (1995)

#### **Bonding Questions**

|                 |   |
|-----------------|---|
| Compatibility   | What opinions do we share?  |
| Control         | What do we have in common? How much does each of us like to control?<br>How will we share control - mentee over content, mentor over process? |
| Caring          | Do we have the ability to behave in a nurturing way to each other?<br>Is this a two-way process?  |
| Closeness       | Can we be spontaneous?<br>How shall we show our real emotions and let each know how we really feel?   |
| Confidentiality | How shall we ensure confidentiality?  |
| Competence      | How best can we work together in a logical manner to solve problems and make decisions?   |



|             |   |
|-------------|---|
|             | What are our previous experiences of co-operating like?<br>How flexible can we be?          |
| Challenge   | How will we challenge each other?   |
| Conformity  | Are we in danger of conforming for the sake of it?  |
| Conflict    | How will we handle conflicts and avoid spending valuable time in arguments?                 |
| Contracting | How can we use the contracting process to reinforce our genuine connection with each other? |

Contracting is a way of negotiating a learning agreement or framework for the relationship. It has many advantages and adds to the quality of the interactions. It occurs at two levels - the whole relationship and each mentoring session. Contracting ensures that both parties are clear about:

- the purpose of the mentoring scheme within which the mentoring relationship is to occur
- the respective roles of mentor and mentee
- the responsibilities of both parties
- what mentoring actually means in the particular context so that a shared vision can be agreed
- the nature of the relationship
- what is likely to happen
- the boundaries of the relationship
- how mentor and mentee will be expected to behave
- the ground rules with regard to confidentiality, and accessibility
- the working methods to be employed
- the mechanism to seek agreement to make changes
- the framework of future meetings

Contracting can be viewed as having four components (Hay, 1995):

- the procedural contract
- the professional contract
- the personal contract
- the psychological contract

It may take more than one meeting to cover all these issues which sets the style of subsequent meetings.

### **Stage 2: Getting established, adolescence, dependency, nursing or honeymoon stage**

During Stage 2 the mentee may be anxious and lacking in self confidence. They need friendly support, a safe and secure environment and help to identify and reflect on learning. According to Lewis (1996) this phase is characterised by:

- the development of an honest, trusting, sincere relationship based on open communication
- a focus on learning and growth
- getting to grips with business matters
- moving from plans to real outcomes.

Hay (1995) suggests that this stage involves helping the mentee to tell their story or narrative. In other words to review their situation, describe for themselves their current circumstances, how they got there and where they might consider going in the future. Our past research has shown us that the needs of the mentee are paramount in the learning and thus the mentoring relationship. The emphasis here is on description with the mentee undertaking an audit or personal stocktaking of their strengths and weaknesses, experiences, knowledge and skills, personal and professional circumstances including the organisational context within which they work and any other aspects which may affect self development.

The core skills of listening, questioning, getting the mentee to talk and reflecting are essential. Empathy, self disclosure, mind mapping, SWOT analysis, reality checking, problem-solving, personal lifelines and the initiation of the learning portfolio are all particularly important issues during this stage.

The next step is to analyse this information and apply appropriate frameworks and theories (Hay, 1995) so that the mentee gains awareness and understanding, identifies what part s/he plays in events and recognises relevant trends and patterns of behaviour and ideas for development activities. It is important to remember that it is not possible to tackle everything at once so prioritisation is imperative.

Stage 3 involves the mentor facilitating deeper learning by encouraging the mentee to reflect, to see things differently, to identify potential changes s/he might wish to make, possible goals s/he might wish to adopt and a wider range of alternative options that are available to him/her. There will be a shift in the mentor's role. Increasingly the mentor will become devil's advocate, confronting, stimulating and challenging the mentee to take a different perspective, consider the merits of the various options, select the best option and devise a detailed plan of action whilst encouraging innovation and creativity. A structured approach to problem-solving and decision making is helpful. Force-field analysis and objective setting are important techniques to develop.

An individual's ability to develop and share understanding and deepen awareness is affected by their self-awareness and how much they decide to reveal or disclose about themselves. Everyone has knowledge about themselves which is also known to others. The 'Johari' window (see below) describes this as the 'Open' area (sometimes called the arena). Individuals also have information which they do not want to share with others because they are sensitive about it. This is the 'Hidden' area or facade. Others can see things in individuals which they cannot see themselves – their 'blind spot'. Finally there is an area which is unknown to the individual and others. Perhaps when a situation occurs, which an individual has not experienced before, a crises for instance, different behaviours are exhibited. An individual can reduce his/her 'blind spot' by seeking feedback from others and disclose more about him/herself to reduce their 'hidden' area. This increases the 'open' area and allows an individual to spend less time and energy in concealing his/her private convictions and be more aware of the undesirable aspects of his/her behaviour. (National Mentoring Consortium, 1995).

### The JOHARI Window

|                     | Known to self      | Not known to self |
|---------------------|--------------------|-------------------|
| Known to others     | OPEN<br>(Arena)    | BLIND SPOT        |
| Not known to others | HIDDEN<br>(Façade) | UNKNOWN           |

As a result of the mentoring and learning processes, the mentee then puts the plan into practice and the cycles start again. As the learning spirals to more and more sophisticated levels, the mentee attains a greater level of autonomy, becoming behaviourally more aware of what is happening and developing a deeper understanding of the learning, problem-solving and decision-making processes, thus encouraging the mentee to become more independent and autonomous.

It is difficult to define when this transition from dependence to independence and autonomy will occur in any relationship. It will occur earlier in some relationships than others. Thus the mentor needs to be aware of what is happening within the relationship and expectant of the occurrence of this fundamental change. It has arrived when the relationship and all of the associated tasks and skills have become an unconscious competence. Even experienced mentors find it difficult to make this transition from friendly supporter to devil's advocate and encourage deeper learning and reflection. If this change in the mentoring role does not occur the relationship may well peter out at this stage.

These sub stages are iterative and will be revisited throughout the duration of the relationship. A typical agenda during the middle phases will probably be as follows:

- pleasantries
- confirmation of agenda
- review of last meeting
- review of targets achieved/actions taken
- feedback and discussion
- action planning - targets to be achieved by next meeting and longer term
- summary of session
- agreement of details for next meeting - date, time, venue, potential agenda.

Appraisal or review and monitoring should become an on-going feature. Appraisal really occurs at two levels (Hay, 1995) reviewing whether the mentoring is leading to the required results for the mentee (ie appraising the content and outcomes) and the mentoring relationship (ie appraising the process). Appraisal should occur at the end of each session and at the end of the relationship. Good practice, however, suggests that in a longer term relationship it is a good idea to set aside a specific meeting every so often to appraise both content and process and consider the issues contained in a review questionnaire. Examples of review questions are given below:

|                                    |   |
|------------------------------------|---|
| Contact                            | <p>Have we got a good connection?<br/>         Are we in rapport with each other most of the time?<br/>         How solid is the bond between us?<br/>         Do we feel able to challenge each other when appropriate?<br/>         Is our relationship deep enough for self-disclosure and sharing of feelings?</p>  |
| Quality of the Contracting Process | <p>Do we have clear contracts for each session and for the overall mentoring relationship?<br/>         Have we considered the different level of the contract - procedural, professional and psychological?<br/>         Are we working within those contracts?<br/>         Do we have the right parties involved in our contracts?</p>   |
| Content                            | <p>Is the content of our discussions relevant to the contract?<br/>         Are we focusing on the content which relates to the needs of the mentee and not the mentor?<br/>         Are we satisfied that we understand each other's mind maps?<br/>         Is the mentee organising spot mentoring, training or other support activities when more information/help is required?</p>                                 |
| Contrast                           | <p>How are the similarities strengthening or weakening the mentoring?<br/>         How are the differences strengthening or weakening the mentoring?<br/>         How do we handle differences in beliefs and values?<br/>         Is there an effective balance between support and challenge from the mentor?</p>   |
| Personal                           | <p>How do we get on together?<br/>         How do our psychological styles affect the mentoring process?<br/>         How do our personal styles affect the mentoring process?<br/>         What is our time management like during the mentoring sessions?<br/>         How do the mentee's learning styles affect the process?<br/>         Are we both growing as a result of the relationship?</p>                  |
| Psychological                      | <p>Are there dynamics affecting us at an unspoken level?<br/>         Are we being completely open and honest with each other?<br/>         What happens when we disagree?<br/>         Are we avoiding getting into a dependency mode?<br/>         Is the mentor genuinely pleased when the mentee makes his/her own decision?<br/>         Are we able to handle this review comfortably and honestly?</p>           |
| Professional                       | <p>What did the mentor do that was helpful?<br/>         How did the mentee respond?<br/>         What did the mentor do that was not helpful?<br/>         How well is the mentor using skills of listening, questioning, reflecting, giving feedback etc?<br/>         What additional skills might the mentor develop for the future?<br/>         Are we using models and frameworks that we both understand?</p>   |
| Parallel                           | <p>Have we checked for possible parallel processes?<br/>         Are there any similarities in the way that we are interacting and the way in which the mentee interacts with others or the way the mentor interacts with others?</p>   |
| Process of Clarifying the Aim      | <p>Is the mentee being helped to develop a clear vision for future direction?<br/>         Are we using the information from the lifeline or SWOT analysis?<br/>         Does the mentor recognise the aims of the mentee rather than impose what s/he thinks is best?<br/>         Are we consistently working towards the goals of the mentee?</p>  |
| Alternatives                       | <p>Does the mentee have genuine new ways of viewing the situation?<br/>         Has the mentee been helped to identify alternative options?<br/>         Does the mentee have more strategies for achieving personal aspirations?<br/>         Are suggestions from the mentor presented tentatively so that the mentee is the decision-maker?</p>  |
| Action Planning                    | <p>Has the mentoring included discussion of future actions?<br/>         Has the mentee been helped to plan action they will be taking?<br/>         Are the actions carefully thought through?<br/>         Does the action plan take account of possible barriers?<br/>         Are the actions reviewed for appropriateness?<br/>         Does the action plan include ways to reinforce and celebrate successes</p> |
| Autonomy                           | <p>Has the mentoring enabled the mentee to become more autonomous?</p>  |

|  |
|--|
| <p>Is the mentee able to ask appropriately for what they want?<br/> Do we need to plan for the ending of the mentoring relationship yet?<br/> Have we celebrated achievements to date?</p> |
|--|

**End of session Review (Adapted from Hay, 1995)**

|   |
|---|
| <p>Is there a good contact between mentee and mentor?<br/> Is there a clear contract established?<br/> Is the content relevant to the mentee?<br/> How well are the contrasts between the two parties dealt with and used?<br/> How well do mentor and mentee get on at a personal level?<br/> Do both parties show professional skills as mentor and mentee respectively?<br/> Are there any parallel processes going on?<br/> Is a clear aim emerging for the mentee?<br/> Are new alternatives being generated for the mentee?<br/> Are ideas being turned into appropriate actions?<br/> Is the mentee increasing in autonomy and independence?</p> |
|---|

**Stage 4: Ending, termination or divorce stage**

At Stage 4 the mentoring relationship will either come to a premature end or terminate naturally. Good practice suggests that a relationship is set up for a finite duration and that signposts or indicators are identified to signify end points. Reasons for ending include:

- one or both partners have fulfilled their needs
- scheme/project/placement completes its term
- one or other partner moves away to another job or role
- inappropriate matching
- personality clash/lack of bonding
- the relationship is not fulfilling the needs particularly of the mentee
- partners do not fulfil their commitment to turn up for meetings

The ending of the relationship needs to be carefully planned so that the reliance and the habit of the relationship can be wound down gradually to try and avoid the relationship just ceasing (Lewis, 1996). Both partners will have to deal with feelings of rupture and loss and in fact the ending of what might have been a very emotional and deep relationship can be likened to bereavement or divorce and their associated feelings.

Partners will have to ensure that agreed tasks are completed and consider if there is any unfinished business to be dealt with and if so, how this will be tackled. The relationship and process will need to be appraised as discussed above and it may well be that the partners decide that it is necessary to continue in the relationship and renegotiate for a further period. On the other hand if the relationship has fulfilled its needs then the pair will need to consider the future and where they go from this point. They may have become firm friends during the relationship and decide to continue on a friendship basis only or with the rider that they can revert to a mentoring situation if a cause arises. However they may decide to finalise and say goodbye.

The mentor, bearing in mind that the experience will have provided a development opportunity for him/her, may wish to reflect on the relationship. The mentor may undertake a skills and competence analysis particularly by gathering feedback from the mentee and others, exchange experiences with other mentors and analyse his/her learning log.

**1.9 THE LEARNING PROCESS**

Learning is at the heart of the mentoring process and it is important that both mentor and mentee understand the learning process. Learning can be perceived as a cyclical process according to Kolb (1994). He suggests that an individual gains experience through undertaking an activity. S/he then needs to reflect on the experience and then attempt to understand the experience through analysis and conceptualisation. The individual then makes choices based on analysing the implications of alternative options, decides on the next steps to take and undergoes another experience. Learning is thus cyclical and never ending. The process is constantly repeated.

Honey and Mumford (1992) identified that we are not equally skilled or comfortable at each of the four stages of the learning cycle (Lewis, 1996). In fact most of us have preferences in relation to these stages as we are better at some than others. Honey and Mumford classified 4 basic learning

- experiences and doing things
- the Reflector - who likes to take time and think things through from various angles before acting
- the Theorist - who assimilates, integrates, synthesises information into rational schemes, systems, theories, principles, logic or concepts for explanation
- the Pragmatist - who values new ideas, wants to see if they work in practice and enjoys problem-solving

The mentor's role is to encourage the mentee to complete the learning cycle and learn effectively, bearing in mind the mentee's preferences and possible evasion of one or some of the stages. The mentee's favoured style should be respected but 'the mentor can encourage new behaviours in the mentee' (Lewis, 1996, p107). Equally, the mentor will have their own preferences. The preferences of both the mentor and the mentee should be explored within the mentoring relationship.

### **Learning Logs or Learning Portfolios and the Log, Diary and Journal**

As an aid to identifying and analysing learning it is useful to keep an on-going and up-to-date learning log in which details of meetings, experiences, activities and incidents, whether at work, at home or in other organisations are recorded. Each learning event can be recorded separately and the knowledge, skills and understanding used or developed can be identified and future action targeted (PDP, 1998). The following information may be recorded:

- What happened?
- Why did it happen?
- What led up to the final outcome?
- How much planning was involved?
- Who was involved?
- What roles did they play?
- How did you feel, how did the group feel or react?
- What did you learn?
- How will you deal with similar situations in the future?
- What strategies can you develop for the future?
- What action are you going to take?

It is important that time is then spent thinking about or discussing successes and problems and reflecting on personal learning outcomes (PDP, 1998).

An alternative and rather more sophisticated tool to aid reflection is the log, diary and journal developed by Holly & McLoughlin (1989). It is a tool which can be used to make sense of problems, incidents and experiences, make decisions about future actions and thus set targets. The **Log** involves reconstructing the incident from memory and describing the basic facts. The **Diary** involves identifying the feelings that were present at the time - anger, annoyance, sadness, mirth etc. The **Journal** involves looking back (reflecting) on what it was all about and considering such questions (PDP, 1998) as:

- What did it all mean?
- What was important?
- Why it was important?
- What does it really mean?

It may be beneficial to learning to disclose the incident to a 'critical' friend, co-mentor or mentor to help make sense of it all. Over time emerging patterns in behaviour that need to be addressed may be identified (adapted from the PDP, 1998).

### **1.10 POTENTIAL PROBLEM AREAS**

The mentor, particularly an inexperienced mentor, will face many new dilemmas and challenges. Here are some of the dilemmas for which a mentor might prepare:

- mismatch of mentor/mentee
- mismatch of expectations
- reluctant mentor/mentee
- over zealous mentee
- relationship not valued in the organisation
- gender mismatch
- cultural mismatch
- race mismatch

- conflicting roles - manager/assessor/mentor
- impact on others
- obstructions from/conflicts of others, eg mentees line manager, colleagues, partners
- parameters/boundaries not agreed in advance

Mentoring is often time-consuming and complex to introduce and there is often an implementation gap between policy initiatives and the actuality of mentoring at face-to-face level. The SCOPME report (1998) identified potential obstacles or problems with mentoring initiatives themselves, namely:

- resource issues such as people's time (particularly relevant if considering using busy clinicians as mentors) and opportunity and training costs for the employer
- stress and crisis counselling may be needed
- the relationship may become dysfunctional

Other problems may include (NBS, 1999):

- personal incompatibility of mentor and mentee
- frustration of time constraints/workload
- impact of shift pattern and difficulty with access between mentor/mentee
- difficulty in sustaining sufficient numbers of mentors
- danger that mentorship becomes a paper exercise
- lack of co-operation from colleagues

It is very important to consider the relationship between the mentor and the mentee. The mentor should not be the mentee's line manager and a successful model is grandparent mentoring, although this can cause resentment by the line manager if not handled carefully. The mentor should not act as personal counsellor.

There may be 'mentor fatigue' arising from the 'usual suspects' being asked to act as mentors because of their specific personal and professional qualities. Guidelines may need to be developed as to the number of mentees a mentor supports. Systems have to be set in place to manage 'toxic mentors' (those who abuse the relationship for their own ends) and rejected mentors (those who are not chosen to be mentors).

### **1.11 TRADITIONAL MENTORING VERSUS DEVELOPMENTAL ALLIANCE**

Traditional mentoring has a large element of 'organisational self-interest involved' (Hay, 1995) with the mentor having a 'duty' to bear in mind the organisational requirements as well as the mentee's needs. Here the mentor is generally expected to act as role model and the mentee colludes in this because they are an employee of the organisation and they want to get on. There is a tendency towards 'cloning' in this kind of facilitated scheme. In what Hay (1995) refers to as a developmental alliance, the psychological distance between the three parties is equal with the organisation backing the mentor to help the mentee and accommodate their development needs as long as the work gets done. A misalliance can occur when the mentor becomes too close to the mentee and encourages the mentee to neglect the needs of the organisation.

It is perhaps more realistic, but more complex, to additionally consider the role of the mentee's manager in the mentoring arrangement and consequently develop a four-cornered contract (Hay, 1995).

One of the most recent and pertinent surveys of mentoring in medicine and dentistry was carried out by a working group co-ordinated by the Standing Committee on Postgraduate Medical and Dental Education (SCOPME) in January 1998. The executive summary is reproduced below.

### **Supporting doctors and dentists at work: an enquiry into mentoring**

#### Executive Summary

Mentoring as an informal relationship between two people has existed for many years. Recently more formal arrangements have been introduced for different purposes and this report reviews these developments both in medicine and dentistry and in other professions. It also considers mentoring in the context of the wider support that doctors and dentists need.

At the request of the Chief Medical Officer and by means of a working group, chaired by Dr Trevor Bayley and with the help of Dr Annabelle Baughan, SCOPME has gathered evidence from experts who have developed a range of mentoring initiatives. Other evidence came from a conference in Darlington, organised for the Northern and Yorkshire region and a SCOPME workshop held in Liverpool which dealt predominantly with the needs of hospital doctors. SCOPME has considered the evidence, drawn some conclusions and made eight recommendations.

### **Conclusions**

- There are many and varying concepts of mentoring as shown in the large literature on mentoring in the professions other than medicine and dentistry. A useful description of mentoring based on a synthesis of concepts might be:  
'the process whereby an experienced, highly regarded, empathic individual (the mentor), by listening and talking in confidence, guides another individual, often but not always working in the same organisation or field (the mentee), in the development and re-examination of the mentee's own ideas, learning, personal and professional development....'
- Based on the findings from other professions and the important initiatives under way in medicine, SCOPME concludes that mentoring can be a valuable part of a framework of support for doctors and dentists which is personal, professional and educational.
- It also concludes that mentoring should be entirely voluntary and not imposed and that confidentiality is essential. It is important that both mentors and mentees fully understand the purpose and limits of the mentoring relationship. Development programmes for potential mentors are needed.
- SCOPME firmly believes that local analysis of the support that doctors and dentists need should precede attempts to bring in formal arrangements for mentoring.
- There are likely to be different support needs at different stages of a career.
- There is a perceived need for extra support for newly appointed GP principals, consultants and non-consultant career grades and pre-registration house officers. Formal arrangements for mentoring may be particularly valuable at these times.
- There is much to be gained by informal peer support but the need for this has to be recognised and time and place made available. Any initiatives to bring in more formal systems of support, such as mentoring, should complement informal support and not seek to replace it.
- Local improvements in support could involve other health professionals.
- Some support time needs to be away from the workplace.

### **Recommendations**

- There should be local analysis of the need for support for doctors and dentists and local decisions made about the provision of such support.
- Where possible, local working conditions should be adjusted so that doctors and dentists can

follow, mentoring for doctors and dentists should be taken as:

- a voluntary relationship between two individuals, the mentor and the mentee.
- a positive, facilitative and developmental activity which is not related to, nor forms part of, organisational systems of assessment, appraisal or performance review
- an activity in which the mentor is usually an experienced, highly regarded, empathic individual, often, but not always, working in the same organisation or field as the mentee.
- an activity in which the mentor, by listening and talking with the mentee in private and in confidence, guides the mentee in the development of ideas, learning, and personal and professional development.
- The concept of mentoring, as one way of meeting support needs, with its potential benefits and risks, its aims and processes should be made widely known.
- Mentoring should be made widely available within medicine and dentistry but not imposed.
- Where opportunities for mentoring are formally made available:
  - mentoring should be developed locally through explanation and discussion and in conjunction with explicitly stated support from organisational leaders, both nationally and locally.
  - local implementation can usefully involve other health care professions, including human resource professionals both as mentors and as local experts about introducing mentoring
  - mentoring must be separate from the external monitoring and assessment of performance, promotion and remuneration
  - a proportion of mentoring is available away from the doctor or dentist's workplace.
- Development programmes for potential mentors should be encouraged and evaluated.
- Mentoring for newly appointed career grade doctors and dentists should be considered a priority.

The Committee intends to revisit the area of support needs in about two years' time to assess progress. For further information contact: [j.oxley@scopme.org.uk](mailto:j.oxley@scopme.org.uk). The full report is available on the Web at <http://www.scopme.org.uk/support.htm>

### **The Halifax and Huddersfield GP Mentoring Scheme**

David Ryland, CME Tutor, Postgraduate Centre, Halifax  
John Lord, CME Tutor, Postgraduate Centre, Huddersfield

#### **Introduction**

General Practitioners are experiencing difficult times. Morale is low, recruitment to Vocational Training schemes is falling whilst early retirements from the profession are rising. The changes in health care organisation over recent years have left many GPs feeling undervalued and overburdened with bureaucracy, patient demands and the transfer of workload from secondary care. New responsibilities and roles have been forced upon the profession, challenging traditional views about the nature of general practice. To take advantage of the opportunities in a 'Primary Care Led NHS' GPs will have to acquire new expertise, adopt new roles and manage change through their own professional development.

Professional development is broader in scope than traditional CME. It is centred on the needs of the individual in the context of their work and should help the GP to respond effectively to different organisational and social changes whilst simultaneously providing a high quality of patient care. Professional development enriches working life, and increases job satisfaction. Supporting GPs in their professional development is the main aim of the mentoring scheme.

The Halifax and Huddersfield scheme aims to:

- facilitate the personal and professional development of General Practitioners
- help General Practitioners identify and meet their educational needs
- encourage General Practitioners to reflect on their work
- provide support for General Practitioner colleagues

It is not an accreditation/re-certification or appraisal system. The mentoring process is confidential to mentor and mentee within the boundaries which they negotiate and agree. Neither is the scheme a counselling service although partnership problems, work-related stress, and work-home conflicts may be addressed in mentoring sessions. A regional confidential counselling service for general practitioners is being developed to which mentees can be referred if they wish.



a broad range of practices. They are all motivated to support and facilitate the development of local general practitioners. During 1997/8 they gave up 6 days of their time to participate in a mentor training programme and experienced for themselves the benefits of mentoring. The personal profiles of Mentors are available on the website. Mentoring will be PGEA accredited. In the pilot year of the scheme (1996-7) 4 mentoring sessions of ninety minutes duration were accredited.

Huddersfield and Halifax GPs who want to join the mentoring scheme are asked to complete a form on the Home Page or email [mentoring@directory.yorks.com](mailto:mentoring@directory.yorks.com). They are then sent further information about the mentors together with an application form.

## Mentoring in Nursing

In 1989 the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), the statutory regulatory body for these professions, established a project examining the standard, kind and content of post-registration preparation - the Post-Registration Education and Practice (PREP) Project. The project looked at practice following registration, specialist and advanced practice and how standards for practice could be maintained following initial registration.

A discussion document was circulated in January 1990 (UKCC, 1990a) and was accompanied by 20 roadshows around the UK. During the roadshow events and in responses received to the discussion document, strong views were expressed about the lack of support for newly registered practitioners. The transition period was seen as stressful for many practitioners. In acknowledgement of the frequently repeated message that those who were newly qualified needed the support of a more experienced colleague, a recommendation was made in the PREP consultation document published in October 1990 (UKCC, 1990b) that there should be a period of support for all newly registered practitioners to consolidate the competencies or learning outcomes achieved at registration. The consultation document further recommended that a preceptor should provide the support for each newly registered practitioner. The term preceptorship was used to differentiate support for newly qualified nurses from mentorship support offered in nurse training.

A cost benefit analysis, carried out by Price Waterhouse between May 1990 and July 1991, identified potential savings and cost benefits which could be made from introducing support for newly registered practitioners by assisting practitioners to become effective in their jobs at an earlier stage, by improving confidence which could reduce error, by improving knowledge, skills and attitudes, thus improving patient care and by improving retention. The costs associated with delivering such a scheme were time and administration, and these in turn would be determined by preceptor numbers and seniority of preceptors.

In July 1991 the UKCC's Council agreed to recommend that its recommendations on support for the newly registered practitioners should be adopted by employers and published its requirements for a period of preceptorship in advance of its other PREP proposals in January 1993. These were re-evaluated and revised in January 1995 (Wallace, 1999). In support of this policy NHS issued guidance requiring health authorities to implement a framework for support and preceptorship from April 1993 as a matter of good practice.

Features of Preceptorship scheme for nurses, midwives and health visitors:

- individuals are accountable for their practice from the point of registration and the period of support is not considered, in any way, as an extension of the programme of education or training
- the average length of support is normally 4 months, although this depends on the previous experience, qualifications and personal and professional abilities of the individual concerned. The length of time is agreed between the individual and their preceptor and may be extended. A recent study has indicated that 4 months may at present be an underestimate of the average requirement (Runciman, 1998).
- support is provided both to newly registered practitioners entering practice for the first time, those entering a different field of practice by means of a second registerable qualification and those returning to practice after a break of 5 years or more.
- preceptors are normally first level nurses, midwives or health visitors who have had at least 12 months (or equivalent) experience within a clinical field; they may be full or part-time employees and must be willing to take on the role and share their knowledge and skills with those entering that field of professional practice. On occasion a preceptor may be from another profession.
- preceptors are seen as a guide and counsellor for the newly registered practitioner. The exact nature of the role and relationship between practitioner and preceptor is worked out to suit the two individuals concerned and will depend on the nature and context of the care to be given, the geographical situation and the experience and confidence of both parties.
- preceptors are given up to 2 days specific preparation for their role, in order that the preceptor:
  - has sufficient knowledge of the newly-registered practitioner's education programme in order to be able to identify current learning needs and to set and agree learning objectives
  - is able to help the individual to apply knowledge to practice
  - has an understanding of how people integrate into a new practice setting in order to assist with this process
  - appreciates the problems likely to be experienced by the practitioner in the transition from

Other subjects which have been found useful to include in the preparation programme are:

- knowledge of practical skills acquisition
- organisational and management skills acquisition
- adult learning theory and strategies
- evaluation and assessment techniques
- counselling and communication skills

The National Board for Nursing, Midwifery and Health Visiting for Scotland has recently published a guide to good practice in preceptorship (NBS, 1999). The guide identifies four models of support: specifically prepared preceptorship programmes; orientation or induction programmes; telephone support; and staff development programmes.

The NBS guide includes examples of statements made by newly registered practitioners which demonstrate the value of support schemes (Gray, 1998):

“I was very proud on my first day, being employed and being in my white dress, I felt I had really earned it after 3 years ... It was the worst day of my life because everywhere I went somebody wanted to know ‘what am I having this for?’ and I was thinking please don’t ask me questions today.” (Louise)

“For the first 3 months I was going home in tears everyday because it was so busy and I felt so unsupported ... I felt at the time that things were going too fast for me and I didn’t know what to do. I thought, right I don’t want to be a nurse.” (Fiona)

In an article about an 18-month support programme for newly qualified nurses offered by the Birmingham Heartlands and Solihull Trust (Field, 1999), Angela Field shows how regular contact with senior nurses and training in clinical activities can improve recruitment and retention. The 18-month programme was developed after identifying key themes during interviews with third-year nurses. Three factors emerged from the interviews:

- the need for comprehensive support systems
- the need for structured development opportunities
- the opportunity to rotate around a variety of clinical areas.

The programme works by introducing the Trust’s professional development link nurse, supported by the professional development support nurse, to all local students during their final 10 months in training. They then remain in touch with the students and briefing meetings are held to ensure that all queries are addressed and that the components of the induction programme are explained before employment with the Trust commences. Throughout the induction both the link nurse and the support nurse provide support on a group and one-to-one basis. The nurses attend clinical supervision on a monthly basis in peer groups. They are also assigned a preceptor in their clinical area who fulfils the role identified by the UKCC. On average, each nurse sees the support nurse twice a month and an open-door policy means staff can also drop in to see the link nurse or support nurse, for example, after a particularly bad shift. Nurses are also offered self-development opportunities which include clinical supervision and training in the first 6 months, study days in the second 6 months and a first-line management course in the final six months of the programme.

The development programme began in March 1998 and has since expanded with 85 nurses in the scheme when Angela Field’s article was published in June 1999. Evaluation questionnaires show high levels of satisfaction and recruitment and retention rates have improved. Clinical managers have also commented on how quickly nurses on the programme are able to settle to their first posts.

### **Mentoring in Higher Education: Nottingham University**

This mentoring scheme covers all grades of staff within Nottingham University. Guidance about the scheme includes guidance notes for mentors and mentees and guidance on mentors for probationary academic staff; staff in the Registrar’s Department; clerical, secretary and junior administrative staff; and technical staff.

The scheme is designed for all new staff who from the beginning of the 1997/8 Session are entitled to a mentor if they wish to have one. Different mentor arrangements have been organised depending on individual departmental/ School circumstances. The formal scheme is therefore intended to be relatively flexible, presenting options and indicating “the norm” rather than prescribing universal rules. The scheme sees mentoring as “a process in which a person (mentor) is responsible for

relationship (rather than the activity). In some circumstances mentoring is used as a way of preparing established colleagues for new roles or posts.

The Mentor is seen as a trusted friend, counsellor, guide, advocate, role model, information provider and door opener. As a minimum, mentors are expected to assist with induction and introducing the new person to the University and departmental processes and procedures. In addition the mentor may have an role in providing guidance and support in relation to job requirements and performance. The precise role varies according to the experience and needs of the people involved and the importance of discussing and agreeing on the nature relationship at an early stage is emphasised.

The Nottingham University scheme identifies two models of mentoring although it emphasises the fact that mentor relationships change over time, that some combination of the models is possible and that participants need to be conscious of the different models and the approaches that they imply. Misunderstanding and confusion may arise if the mentor partners have different models of the relationship in mind or fail to appreciate how it is changing.

- one model is based on peer development, in which the partners are of relatively equal status and in which learning and development is collaborative and two way. This model supports the view that a peer who has recently gone through the same period of induction as the new person is the most appropriate person to take on the mentor role. This suggests that normally the mentor should be a member of staff who has at least two years experience within the current department/School but not more than five. In this approach, age, seniority and subject area are secondary considerations.
- the other, more traditional approach, is based on a developmental model in which the more senior person is largely passing on his/her wisdom and experience to the new person. This approach argues that more experienced members of staff are better able to advise and guide the new person. In this approach length of service and seniority may be more decisive factors.

Whichever approach is adopted, it is regarded as vitally important that the mentor is committed to the role. It is also a prerequisite of the scheme that new members of staff should have the option of changing their mentor where it becomes clear that the relationship is not working.

Rules for confidentiality are also agreed at the outset in order that the new members of staff feels professionally "safe" with the mentor. The mentor is not normally the mentee's appraiser or head of department or equivalent (in order to separate the mentor role from 'line management' and judgements required about probation, promotion etc.). Where for practical reasons this is impossible to achieve, it is emphasised that great care should be taken to ensure that the two roles are kept separate.

In most mentoring schemes, it is anticipated that there will come a point when the mentoring relationship will and should end. It can be suggested that the mentor partners review the agreed focus and ground rules at least annually.

Preparation and Training of mentors is organised by the University Training & Staff Development Unit and detailed briefing notes and courses are provided on the scheme and its operation. Mentors are encouraged to agree with their mentees the frequency and length of meetings, venues, rules about contact (only at work?), agendas for meetings and whether or not to hold an annual receive and emphasise the importance of both giving and receiving feedback.

*Taken from article by Richard Blackwell, Head of Staff Training and Development, Nottingham University*

## **Mentoring in Management**

Increasingly organisations need to be able to continuously reinvent themselves so as to stay aligned with and responsive to their customers and other stakeholders. Creating the necessary changes can involve a wide range of programmes and initiatives such as culture change, process re-engineering, benchmarking, total quality management, values alignment, and so forth. What all these have in common is that, to be successful, they have to be accompanied by behavioural change by the organisation's stakeholders and, in particular, by the organisation's senior executives. Executive mentoring is an intervention designed to support such senior executives and other key staff in making the necessary behaviour changes.

goals by using external mentors. The context is therefore different from counselling, where the individual's personal needs are central, and from much internal mentoring, where the primary goal is the passing on of values, knowledge, styles and skills. Internal mentoring is well suited to developing people within the existing culture and according to existing norms. External mentoring of the kind described here is more suited to supporting the change to a new culture, helping the organisation deliver its business vision, and developing levels of performance and behaviour beyond existing norms.

At the individual level, the benefits of being mentored vary widely depending on the particular needs, aspirations and situation of the mentee and may include:

- the confidence not just to run with the change programme but to lead it and to champion the new culture
- improved people management skills through using mentoring skills and techniques
- improved listening, challenging, and empathising skills
- the confidence to set and achieve stretching performance goals
- having someone to talk openly to
- being more ordered and reflective rather than rushing into things
- having a wider perspective on the impact of their management style
- being less ruled by feelings and more able to cope with difficult situations
- having the courage to be more radical and to sell their ideas more strongly
- opening up additional ways of thinking
- being more mindful of the need to mentor staff, understand their needs, and deal with the underlying problems, not just the symptoms.

At the organisational level, an executive mentoring programme can:

- support and accelerate personal and organisational change
- make change work by sustaining commitment to corporate vision in a critical mass of senior managers
- help manage the downside risk of change management and maintain performance during periods of rapid change
- improve business performance by creating personal stretch goals in line with corporate objectives
- removes obstacles to successful change management by predicting and managing personal and organisational regression
- increase organisational awareness through providing a flow of valid operational data for senior managers
- promote balance and provide a stable base during periods of major organisational and career change.

One of the frameworks used for executive mentoring consists of four elements:

- Individuating: developing autonomy, responsibility, and the ability to choose freely unconstrained by personal history. When working in this phase, the mentor's stance is nurturing and supportive and aims to help the mentee develop a strong positive self image. The basic question which the mentee seeks to answer in this phase is "Who am I?".
- Envisioning: connecting with a sense of purpose, identifying and choosing values, creating a compelling and stretching vision which is aligned to and supports the corporate vision, and committing to realising it. A key skill at this stage is the ability to create and hold a tension between the current reality and the vision. Without the ability to hold this tension, the vision merges with the current reality and merely reinforces the status quo. The mentor's role is to inspire the mentee and to help them answer the question "Where am I going?"
- Implementing: identifying the goals which will lead towards the vision, deciding on the strategies and actions to achieve these goals, and then taking action. The mentor's role here is to coach and to help the mentee answer the question "How will I achieve my vision?". This may include helping the mentee improve specific management skills in areas such as communication, team leading and time management.
- Integrating: getting feedback from the environment about what is being achieved and the extent to which the vision is being realised. When the mentee is able to see clearly what they are creating and to take responsibility for both their successes and failures, then there is the opportunity to learn from experience and gain insight into the changes necessary to deliver and expand their achievement of their vision. The role of the mentor is to challenge the mentee to see clearly the impact of what they are doing and to help them answer the question "Am I creating my vision?".

ability to exercise will. The development of these two skills provides the underlying context for the mentoring process and the degree to which the mentee enhances these two skills is one of the best indicators of the extent to which the mentoring process has created lasting changes in the mentee's effectiveness. Experience has shown that executives can readily understand this framework, that it provides a meaningful way to think of their own change process, and that it reflects their experience of the mentoring process.

*Taken from article on Executive Mentoring by Dr Mike Turner  
Antrobus House, 3 Manby Road, Malvern, Worcs, WR14 3BD  
Tel: 01684 893380. E-mail: 100411.776@compuserve.com © Dr M H M Turner*

### **Mentoring in Physiotherapy**

The Chartered Society of Physiotherapy issues guidelines for the support of physiotherapists during the first 2 years of postgraduate training. This covers all areas of orientation, induction, evaluation of practice, education and training.

At the Western General Hospital in Edinburgh teams of physiotherapists work under the direction of a Senior Physiotherapist (Clinical Team Leader) who will have had, on average, at least 6 years postgraduate experience. It is an important part of their job descriptions that they have responsibility for identifying, and where possible meeting, the development needs of all members of their team. In-house physiotherapy training is available for senior staff to enable them to acquire the necessary skills such as appraisal, supervision, effective team working and leadership.

*Taken from article by Fiona McDonald, Superintendent Physiotherapist for the Western General Hospital NHS Trust, Edinburgh and quoted in NBS (1999) Preceptorship in Action*

### **Mentoring in Occupational Therapy**

Within occupational therapy, the support model frequently used is supervision. Supervision in occupational therapy is relevant for all grades of staff and should be available for the newly qualified occupational therapist. The College of Occupational Therapists (1997) has a standard statement on supervision which states '... effective supervision contributes to both job satisfaction and to the provision of a high quality service. Supervision is also considered an important part of support.'

There are many methods of supervision. Within Edinburgh Healthcare NHS Trust the occupational therapists have implemented a Trust Standard for Supervision which is reviewed on an annual basis and which requires:

- all occupational therapists to receive a minimum of one hour per month individual supervision from a more senior occupational therapist
- supervision to be carried out in a quiet environment
- discussions to be treated confidentially
- all staff to have access to training in supervision

College of Occupational Therapists (1997) *Statement on Supervision in Occupational Therapy*

Taken from article by Elaine Hunter, Trust Advisor in Occupational Therapy for Edinburgh Healthcare NHS Trust and quoted in NBS (1999) Preceptorship in Action

## **SECTION 4 REFERENCES**

Allen, I. (1995) *Doctors and their Careers*

Association for the Study of Medical Education (1998) *Delivering the New Doctor* ed Elisabeth Paice,  
F. H. C. S. M. E.

- Clutterbuck, D. (1988) *Everybody needs a mentor*, Institute of Personnel Management
- Clutterbuck, D. (1995) *Consenting Adults - Making the Most of Mentoring*, Channel Four Television
- Conway, C. (1994) *Mentoring Managers in Organisations - A Study of Mentoring and its Application to Organisations with Case Studies*, Ashridge Research Group
- Field, A. (1999) 'Starter's Orders'. *Health Service Journal*, 17 June 1999
- General Medical Council (1993) *Tomorrow's Doctors*, London:GMC
- General Medical Council (1997) *The New Doctor*, London:GMC
- General Medical Council (1997) *Student Health and Conduct*, London:GMC
- Gray, M.A. (1998) *Longitudinal investigation into the first year experience of being a staff nurse: the transition from diplomate to staff nurse*, Napier University, Faculty of Health Studies, August 1998 in NBS (1999) *Preceptorship in Action: A Guide*, Edinburgh: NBS
- Hay, J. (1995) *Transformational Mentoring*, McGraw-Hill Book Company
- Holly, M.L.H and McLoughlin, C.S. (1989) *Professional Development and Journal Writing* in Holly, M.L.H and McLoughlin, C.S. (Eds) (1989) *Perspectives on Teacher Professional Development*, Falmer
- Jones, C and Jowett, V. (1997) *Managing Facilities*, Butterworth-Heinemann
- Jowett, V. (1995) *Working For A Degree -Mentoring Project, Final Project Report -Volume I*, Leeds Metropolitan University
- Jowett, J.V., Shaw E.D. and Tarbitt, V. *A guide to mentoring*, Leeds Metropolitan University, 1997
- Kolb, D. A. (1994) *Experiential Learning: Experience as a Source of Learning and Development*, Prentice Hall
- Lewis, G. (1996) *The Mentoring Manager*, Institute of Management Foundation, Pitman Publishing
- Meggison D. and Clutterbuck, D. (1995) *Mentoring in action: A practical guide for managers*
- National Board for Nursing, Midwifery and Health Visiting for Scotland (1999) *Preceptorship in Action: A Guide*, Edinburgh: NBS
- National Mentoring Consortium (1995) *Counselling Skills for Mentoring*
- Runciman, P., Dewar, B. and Goulbourne, A. (1998) *Project 2000 in Scotland - Employers' needs and the skills of newly qualified Project 2000 staff nurses*, Queen Margaret University College, Edinburgh.
- Standing Committee on Postgraduate Medical and Dental Education (SCOPME) (September 1998) *Supporting doctors and dentists at work: an enquiry into mentoring*
- Truer, F et al (1997) *Personal Development Planning Pack*, School of Professional Education and Development, Leeds Metropolitan University
- Thames Postgraduate Medical & Dental Education (1997) *Summary of Discussions at Nurse Mentor Meetings held on 6 March 1997, 22 May 1997 and 6 November 1997*, North Thames Department of Postgraduate Medical and Dental Education
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1990) *Discussion Paper on PREPP*, London:UKCC
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1990b) *The Report of the Post-registration Education and Practice Project* (Consultation document), London:UKCC
- University of Dundee (1998) *DFHO Report for Dundee Graduates*, Dundee: University of Dundee

