

Mentoring for self development



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'If we don't change direction soon, we'll end up where we're going.'

– Professor Irwin Corey

The stresses and strains of being a doctor in the NHS are increasing at an exponential rate with a concomitant emergence of help and support structures. Appraisal, counselling, coaching and mentoring are just some of the tools that our profession has hijacked to patch up our traditional 'don't hesitate to cope' culture.

The inference has been that such tools are used in situations associated with 'failure' of some sort and in that role they are undoubtedly successful. However, to assign them to that role alone is a mistake and none more so than mentoring, which also suffers from the problem that it means different things to different people.

Of course, the vast majority of doctors are not failing but many might feel unfulfilled or be at an apparent dead-end or crossroads in their career or personal lives. In this situation, utilising a mentor is one way to move forward. The power of mentoring is that it can be used to

develop opportunities as well as solve problems.

Defining mentoring

The word mentor derives from Greek legend where Odysseus placed his son Telemachus under the charge of his trusted friend Mentor, while he was off fighting in the Trojan War. Thus a mentor is a trusted friend or counsellor.

There are thousands of published papers on mentoring, but the variability in definition makes comparison rather difficult, as they are not all describing the same process. The business world predominantly takes the 'mentor-protégé'

or 'classic' mentoring approach where some junior (usually younger) person is taken under the wing of a senior who then hones their skills 'in their own image'. Professor David Clutterbuck calls this 'sponsorship mentoring'.¹ The relationship here will always be based on a more senior and powerful person being the mentor, whose role is to give advice and take charge of the protégé's career development. A very similar approach has traditionally (and perhaps successfully) been part of the apprenticeship model in medicine since the time of Hippocrates. Changes to medical training in the UK (and the USA) are making this a redundant model of mentoring in medicine. Not only is there insufficient time in current training to establish this type of paternalistic relationship, but it also tends to focus on a 'teacher-pupil' model where the flow of knowledge is one way. The authoritarian, didactic advice that has been the cornerstone of so much medical supervision or so-called 'mentoring' in the past is now outdated. Mentoring today embraces the following concepts and bears little resemblance to the past model.

- Self development.
- Empathic challenging of assumptions about self or job.
- Reflection.
- Exploring strengths and weaknesses.
- Being non-judgemental.
- Self directed learning.
- Alliance.
- Trust.
- Influencing.
- Appreciating different perspectives.
- Motivating.
- Offering wise counsel.
- Empowering.
- Encouraging and supportive.

- Nurturing self confidence.
- The mentor shines in the reflected light.

In fulfilling this complex task, the mentor may take on many other roles at different times in the mentoring relationship, which include teacher, counsellor, facilitator, coach, buddy, friend or even father figure. These changing roles may explain some of the confusion about definitions of mentoring but, when one reads the above list, it soon becomes apparent that what most of us have provided in the past is a one-way offering of advice, usually based on personal experience. This perhaps explains why the true benefits that good mentoring can provide are often underestimated or misunderstood.

A much-quoted definition of mentoring is: 'The process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development.'²

In other words, it is about helping someone to manage their problems and opportunities more effectively by developing their own unused resources

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and potential. This approach results in the mentee taking ownership of the goals and solutions. The mentor merely helps the mentee to look outside their box and provides a safe, confidential sounding board for bouncing ideas off. The skilful mentor is able to guide without offering solutions and to challenge assumptions.

Active listening without judging or advising is fundamental to good

mentoring. Surprisingly few doctors do that without proper training. Our experience in running mentoring training courses is that even GPs, who pride themselves in their listening skills, find that our medical training makes even the most empathic amongst us jump in with solutions. The danger with this sort of approach is that we assume our solution is the correct one for the mentee where in fact it might only be our own solution. In addition, we might be answering the wrong question! Mentoring allows the mentee to select the question and then guides them to find their own answer.

Mentoring seems to have come of age in UK medicine, with over 50 schemes currently being developed by organisations that include the Department of Health, British Medical Association, Royal Colleges, National Clinical Assessment Authority, Academy of Medical Sciences and the British Overseas Doctors Association. Its benefits to the staff and the NHS as a whole are neatly summarised in a study from the BMA, thus: 'When mentoring is part of an internal, non-hierarchical supportive network, which displays a commitment

to facilitating personal and professional development, it has the capacity to transform the professional culture.'³

Is there evidence it works?

Much of the evidence comes from the business world, but that makes it no less important or relevant. As long ago as 1979, a study from the *Harvard Business Review* showed that mentored executives earned more money at a

younger age, were better educated, were more likely to follow initial career goals, and had greater career satisfaction.⁴ Table 1 summarises some results from a small fraction of the available studies in peer reviewed journals and books from both the business and medical worlds⁵⁻¹⁸ that demonstrate why there is a growing support for mentoring.

Mary Connor and her team reported that 50% of the doctors whom they had trained as mentors said that these skills helped them to achieve their potential in medicine and 80% were positive that the same skills could be applied to their

Table 1 Some benefits of mentoring.

- Greater employee motivation⁵
- Greater career commitment⁶
- Employees feel more valued⁷
- Skills help achieve potential in medicine⁸
- Skills can be applied to everyday work⁸
- Personal satisfaction⁹
- Increased knowledge and skills in personal development¹⁰
- Increased creativity and innovation¹¹
- Fulfils the generative needs of middle age¹²
- Reduces stress levels in GPs¹³
- Lack of mentoring is most important cause of lack of success in academic medicine¹⁴
- Improves performance ratings and success rates in obtaining grants¹⁵
- Can improve the quality of candidates and also attract them into hard to fill posts, e.g. in paediatrics and psychiatry¹⁶
- Lack of mentoring causes failure to retain staff¹⁷
- 92% of businesses in the UK use mentoring¹⁸

everyday life.⁸ The evidence mounts and continues to weigh heavily in mentoring's favour.

What mentoring is not

It is not about making friends, although friendships do sometimes develop. It is not about dependence, control, counselling (although at times one may find this is what the mentee actually needs) or supervising. It certainly is not about power, gossip or cliques, giving solutions or assessment. Therefore one can see that many of the behaviours we undertake in our roles as educational and

clinical supervisors, appraisers, tutors or even just seniors are not really mentoring, although we may have perceived them to be.

How do you do it?

Undoubtedly, many of us have acted as 'mentors' at different times of our lives. However, as stated before, there is a tendency for doctors to direct mentees, which is not what mentoring should be about. To appreciate the full benefits of mentoring, the mentor one chooses should be trained in, or at least have a passing acquaintance with, one of the

various techniques of mentoring. The author has utilised the 'Skilled Helper' model of mentoring (the Egan method) for many years although many alternative models are loosely derived from it.¹⁹

At its simplest, it is a three-stage approach to helping mentees identify and solve their own problems/opportunities. The model is very flexible and has an inbuilt continual evaluation of the whole process, vital for minimising failure in the helping process. One of this model's strengths is that both the mentor and mentee are involved in this, something missing in many of the other 'helper' models. To utilise this model most effectively, it is best to undergo formal training, but the skills are transferable to many areas of one's life so it is time well spent. Its three stages can be simply stated as:

- 1 what's going on?
- 2 what solutions make sense for me?
- 3 how do I get what I need and want?

The mentor flexibly utilises the model to help the mentee identify valued outcomes and what to do to achieve those outcomes. The outcomes are specific, action plans are drawn up and the mentee's commitment is tested.

Other models that can be used include the 'GROW' model,²⁰ the four stage model of Pascarelli,²¹ and the 'DASIE' model²² – and the reader might like to explore these if the full 'Skilled Helper' model looks rather daunting. It is the author's experience that just reflecting on the reading with an open mind can markedly improve one's mentoring abilities.

Benefits to the mentor and mentee

The mentee will gain from someone else's experience in protected time for reflection. The supportive, safe, non-judgemental and confidential environment can result in new

Table 2 Myths about mentoring

Myth	Reality
Everyone needs a mentor	Enthusiasts may give this impression!
Expectations are the same for everyone	The skill of the mentor can help the mentee decide whether mentoring is what they actually need
It is only useful for problem solving	It is extremely useful for developing opportunities
People only need one mentor	It is not unusual to have more than one mentor at different times, for different situations
Mentors are senior, older and wiser	Although this is common, especially in medicine, it can be beneficial to use mentors outside of the profession. A well-trained mentor can be younger or of a different sex
Is just a cosy chat	No, it can be hard work for the mentor and, if done correctly, is a fulfilling challenge for both parties
Mentors are from the same specialty	Many mentees prefer mentors from a different department, hospital or even profession. Trained mentors sometimes prefer not to have detailed knowledge of a situation as this may make adhering to the process more problematical
Is only for career development	The principles are surprisingly generic and mentors report using them in everyday life, even when dealing with family matters!
Is for 'touchy feely' people	They may find the process easier to learn but often even the most cynical finds the training enlightening, motivating and useful in their everyday life
Mentors provide answers	This is not their role but, when they do, it is important that the mentee is made aware that the mentor has stepped out of role. If you know a fact for sure, then sometimes it is unnecessary to pursue a mentoring relationship. People sometimes only want straight advice
A useful session needs at least an hour	The session can be as short as a five-minute conversation in the corridor or as long as several hours. It depends on the context and the stage the mentoring relationship has reached. It can even be done over the phone or by email if necessary

approaches, networking opportunities and surprisingly rapid progress for the mentee. The action planning and brainstorming used in Egan's method can be liberating for the tired mind. The mentor learns new skills in support, reflection, appraisal and analysis, including knowing when the mentoring partnership is wrong.

Conclusion

Whether it is for tackling problems, developing opportunities, managing change, handling conflicts or simply listening better, mentoring can help you open doors that might otherwise remain locked. Give it a go!

'The truth is that our finest moments are most likely to occur when we are feeling deeply uncomfortable, unhappy, or unfulfilled.

'For it is only in such moments, propelled by our discomfort, that we are likely to step out of our ruts and start searching for different ways or truer answers.'

– Dr M Scott Peck

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