

Mentoring for Paediatricians – What to Expect as a Mentee

This document is intended to act as a guide for paediatricians who are interested in receiving mentoring, or are currently participating in mentoring activity. This document aims to outline what paediatric mentees can expect when participating in a mentoring programme.

Definition of mentoring

'Mentoring is the process by which 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' [1]. The mentor achieves this by listening and talking in confidence with the mentee.

Mentoring relates primarily to the identification and nurturing of potential for the whole person. It can be a long-term relationship, where goals may change. The goals are always based around the needs of the mentee, who also sets the agenda

Mentoring relates primarily to the identification and nurturing of potential for the whole person. It can be a long-term relationship, where goals may change. The goals are always based around the needs of the mentee, who also sets the agenda. Feedback does not come from the mentor; the mentor instead helps the mentee to develop insight and understanding through intrinsic observation - that is, becoming more aware of their own experiences.

What mentoring is and isn't

Mentoring **is** the development of a relationship where the mentor and mentee work together to create an environment for informal learning conversations that support and empower the mentee to achieve a desired goal.

Mentoring **is not** teaching, training or tutoring. Mentors do not 'teach' their mentees or 'fix' them. Mentors **do** empower their mentees to develop solutions to their problems, rather than 'telling' them how to solve them. Through powerful questioning and reframing of the situation, mentors encourage mentees to re-examine the scenario and explore potential possibilities.

Mentoring **is not** a passive undertaking. Effective mentoring can only take place with open and honest communication between the mentor and mentee. The mentee must have desire to communicate openly in order for the mentor to encourage learning, reflection and development opportunities. Mentee's should bring a desire for change to the mentoring relationship, in doing so Mentors will help guide the mentee to develop an action plan for change.

Mentoring **is not** counselling. Effective mentoring may explore both professional and personal matters, as well as explore values, beliefs and behaviours, however a Mentor is not a Counsellor. If a Mentor feels that the issues being discussed are beyond their scope as a Mentor, they will raise this with the Mentee.

Mentoring **is not** forever. An effective mentoring relationship will encourage the mentee to gradually become independent of mentor guidance. Mentoring relationship will not usually

last longer than 1 year. Effective mentorship aims to develop Mentee confidence in establishing, committing to and achieving goals. The development of these lifelong skills ideally removes the desire for mentor guidance.

How the relationship will work/contracting

Mentoring relationships in paediatrics can often be hierarchical, taking the form of senior to junior mentoring relationships. The value of experience on behalf of the (senior) mentor is a valuable part of the mentoring relationship. That said, powerful and effective mentoring relationships will place just as much (and perhaps more!) importance on the (junior) mentee's experience.

Mentoring relationships centre around the mentee's agenda and needs. The mentor acts as a sounding board for mentee ideas, rather than forcing their ideas onto the mentee. As such, flat structured mentoring relationships such as peer-to-peer relationships can be very effective.

In the initial set up of the mentoring relationship, the mentor and mentee will discuss a mentoring contract or agreement that will make clear the focus, expectations and parameters of the relationship. If at any time either party feels that the relationship is not working they are free to request that the mentoring relationship come to an end.

During mentoring sessions

Mentees will be expected to prepare for mentoring sessions and think in advance about what they want to get out of their mentoring session.

This preparation can take the form of written notes, verbal feedback on actions, a progress update since the last session or simply having a goal in mind.

During the session, the mentor may take brief anonymised notes to support goal setting and action planning. Note taking procedure should be mutually agreed at the contracting phase of the relationship. Any notes taken should be stored securely, and the mentee should have access to them if requested.

The mentor will help the mentee to set goals and develop an action plan by which to achieve them. The mentee will therefore be expected to follow up on commitment to actions and tasks.

Commitment

In participating in a mentoring scheme, mentees and mentors are committing to making time for mentoring sessions to take place, as well as session preparation time. It is therefore expected that both parties do their best to commit to attending the planned sessions as scheduled, and when this is not possible, to cancel in line with the mentoring contract or agreement.

Commitment is also expected in terms of input into the planned sessions (as well as to agreed actions outside of the sessions) - effective mentoring occurs when both parties are engaged and invested in the process.

The limits of the relationship

As mentioned above, mentoring is not teaching, counselling, or supervision. Should a mentee ask for or expect such support, the mentor will signpost the mentee to more suitable support.

At the initial contracting stage, the mentee and mentor should also agree frequency and duration of meetings. Mentees and mentors should keep to the agreed contracted terms.

Confidentiality

Effective mentoring relationships within the workplace are centred around trust and honesty. As such, the content of any discussions had as part of a mentoring conversation/mentoring relationship, as part of a mentoring programme, remain completely confidential. If information is shared that a mentor feels strongly should be raised with a third party, they must first inform the mentee before breaking confidentiality.

The mentee should be aware that their confidence is not privileged under law and can be subpoenaed via the mentor. If the mentor is uncomfortable holding a mentee's confidence, the mentor may consult another mentor in an effort to jointly determine how best to handle the situation. In rare cases if the confidential information is of an 'outrageous', 'illegal' or 'dangerous' nature the mentor is obligated to consult another mentor and/or seek legal advice in order to determine whether to notify the authorities with or without the mentee's consent.

Reference list

1. Standing Committee on Postgraduate Medical and Dental Education (1998) 'Supporting doctors and dentists at work: an enquiry into mentoring', London.