

Mentoring Standards: Accompanying Definitions

The terms 'mentor' and 'mentoring' are used in a variety of contexts and may mean different things to different people. Mentoring is distinct from supervision, appraisal and other summative processes and the use of the term to describe almost any activity assisted by another person has been acknowledged to be unhelpful [1]. Therefore, we provide the following suggested definitions, together with 'real-life' examples.

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' [2]. 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. 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 [3]. Mentoring has been shown to be important to the personal and professional development of doctors [4].

Examples of mentoring:

- i. I was extremely fortunate during my transition from registrar to consultant to be informally guided by several mentors. They were able to offer me support, allowing me to develop my own ideas on where to go next. I felt listened to by my mentors and was able to trust that conversations were all had in confidence.*
- ii. I am a junior consultant currently mentoring an ST1 in paediatrics. She works at a different hospital to me. We meet 1-2 times per year throughout the length of her training and discuss any issues that she might be having and anything she wants support with.*
- iii. During my earlier training, I was helped and influenced by a senior consultant who acted as a mentor to me. He helped me explore issues pertaining to my future career to enable me to make an informed choice regarding subspecialty training. He nurtured my interest in the subject, guiding me to find ways of improving my knowledge and skills. He took time to get to know me and helped me develop more insight into the effects a career in that subspecialty would have, not only in my professional life but my personal life also.*

Coaching

Many definitions of coaching also exist, which overlap to a greater or lesser degree with mentoring. Whereas in mentoring there is an implication that the mentor will be more experienced than the mentee, this is not the case with a coach who may have no direct experience or knowledge of the coachee's area of work, but is likely to be trained in the skill of coaching. Coaching will often be more performance-directed than mentoring and may relate to performance in both professional and personal arenas.

'The coach works with the coachee to achieve speedy, increased and sustainable effectiveness in their lives and careers through focused learning. The coach's sole aim is to work with the client to achieve all of the client's potential, as defined by the client' [5].

Examples of coaching:

- i. I had coaching after failing at a consultant interview. It was carried out by another consultant from outside my own specialty who was trained in this area. We had a general chat about what I thought had gone wrong and what feedback I had received. I then made a list in the presence of the other consultant about what I needed to change and how to go about that. We met several times after that and discussed progress.*
- ii. I am an ST3 and have a coach currently, through my deanery, who is a consultant from another specialty. She challenges me to set goals, plan and action them, and review the results in specific areas of my professional development. The relationship is limited to 6 months and we set goals at the beginning about the areas we were looking to address and what outcomes I wanted to achieve.*

Peer Mentoring

Peer mentoring refers to a mentoring relationship between individuals 'equal in age, experience and rank' [6], though in modern medical practice peers are not necessarily equal in age. The equality and reciprocity between individuals allows mutual support and collaboration to be achieved, resulting in both individuals contributing equally to the relationship [7]. The process is distinct from peer review. Peer mentoring is effective in achieving self-reported changes in behaviour [8] and has also been successfully used to support newly-qualified consultants [9].

Examples of peer mentoring:

- i. During my ST1 year, I had a peer mentor who was an ST7, also in Paediatrics, who shared some of my career goals. She met with me regularly and we discussed my goals and how best to achieve them, with challenge of my plans and encouragement to develop my own path to meet difficulties along the way. My peer mentor ... aimed to empower me to make changes in my life.*
- ii. I have been in my current SAS doctor post for nearly 5 years. I am very fortunate to have a more experienced SAS doctor to provide informal*

mentoring. This has helped guide my career development, and given me the opportunity to discuss appropriate goals. It has also helped me recognise which areas of my work I would like to develop as a special interest. We meet informally about once a month.

Peer Support

'Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful' [10]. Relationships are more informal and are based on 'understanding another's situation empathically through the shared experiences'. Support can be provided in a range of ways eg one-to-one, in a group etc.

Examples of peer support:

- i. When I was working in a large children's hospital as a senior trainee, a senior trainee from a different discipline invited peers in both his own discipline and Paediatrics to form a weekly 'discussion group'. Issues raised included [a colleague] who was difficult to work with and seemed to have very different ideas on the management of cases to others. None of us felt confident to raise this with the individual. By having the opportunity to discuss it in the group, with a facilitator not directly involved in the problem, we were able to support each other through the difficulties. We realised that the problem affected us all equally, were able to consider what motives and feelings in the 'difficult colleague' might lead to the behaviour we observed, and formulated a strategy to deal with it.*
- ii. I currently participate as an ST3 in a 'Balint' group at work, where a multi-disciplinary team of colleagues meet to discuss a challenging patient/situation each fortnight and offer different perspectives/solutions to the issues. All issues discussed are confidential within the group and it is facilitated by a psychologist who helps us focus and tackle our most difficult problems, reflect on what our personalities, etc may be contributing to the problem, and how to create change.*

Note: Some quotes may have been adapted slightly for editorial purposes – the original sense has not been changed.

Reference List

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Acknowledgements

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