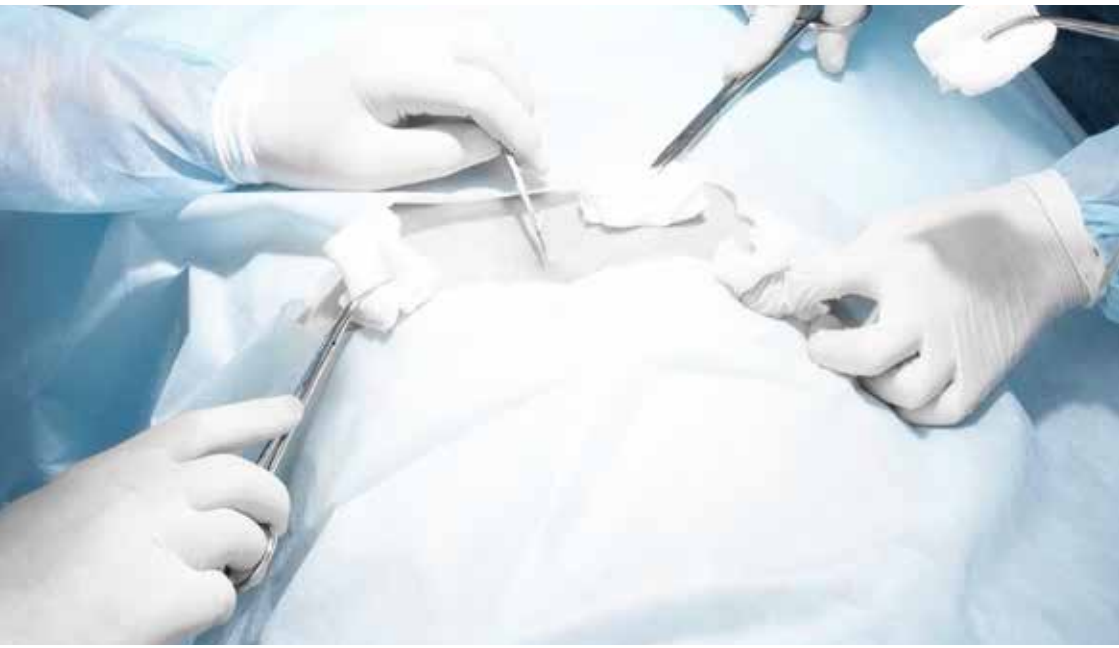
Mentoring

A GUIDE TO GOOD PRACTICE



Supports Good Surgical Practice

Domain 3: Communication, partnership and teamwork

Royal College of Surgeons
ADVANCING SURGICAL CARE

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A GUIDE TO GOOD PRACTICE

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A. INTRODUCTION

Mentoring provides personalised developmental support and is recommended by the College for all surgeons.

With the rapid pace of change in healthcare organisation in recent years, surgeons not only face the challenges of maintaining the technical and clinical skills required of their specialty, they also have to adapt quickly to new organisational cultures and management structures. The report of the Mid Staffordshire Public Inquiry[1] stressed the importance of team-working and patient-centred leadership in promoting cultural change for the benefit of patient care.

Mentoring provides a unique opportunity for developing the leadership skills and confidence required to respond to these challenges. The concept of mentoring is explicitly encouraged in *Good Surgical Practice*[2] as well as being inherent in much of the College's professionalism agenda. Mentoring schemes can support surgeons' development by helping them adopt new approaches to situations and reflect on their practice. They provide an opportunity to develop new ways of thinking and behaving in both the mentee and the mentor. Mentoring can improve work performance, reinforce professional values and enhance surgeons' ability to deal with difficult situations and sensitive communications with patients and teams,[3] all contributing to better patient care over the course of a career.

B. WHAT CAN I LEARN FROM THIS GUIDE?

The College advocates mentoring at all stages of surgeons' careers. *Good Surgical Practice* requires surgeons to take responsibility to act as a mentor to less experienced colleagues and to seek a mentor to improve their own skills.[2]

Many surgeons will act as both a mentor and mentee at different points during their career. Whether or not they categorise it as 'mentoring', most surgeons would recognise and value the experience of forming a supportive relationship with a colleague who supports them in particular career goals or situations. This kind of informal mentoring relationship has a long history in surgery but not everyone meets a suitable mentor by chance and – for those who do not form these relationships in the normal course of their working lives, or would appreciate a more structured approach – an externally established mentoring relationship with agreed boundaries can provide opportunities to develop and improve within a supportive professional relationship.

This document is intended to provide practical guidance to surgeons acting as or seeking a mentor. It explains the nature and benefits of mentoring and identifies the principles of establishing and maintaining effective mentoring relationships. It is intended to complement the College's guidance *The High Performing Surgical Team - A Guide To Best Practice*[4] and to be used as a tool to support the implementation of the standards set out in *Good Surgical Practice*[2] relating to mentoring.

C. WHAT IS MENTORING?

There are many definitions for mentoring and it is often confused with training roles or remedial support. For the purposes of this document, mentoring can be described as:

'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. The mentor who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee'[5]

It is important to note that mentoring is not counselling, patronage or giving advice. Rather, mentoring supports the mentee to review their own situation and arrive at their own conclusions about actions to take. The main purpose of mentoring is to consider the whole surgeon and to develop general skills and attributes, ultimately to improve patient care by enabling the surgeon to perform to the best of her/his ability. These may not be clinical skills; mentoring is more likely to address issues related to effective team-working, leadership and management. Many mentoring discussions are around work–life balance, future development areas, dealing with challenges and team dynamics.

Table 1 lists other one-to-one helping relationships that use similar skills but are not mentoring. The difference between mentoring and teaching / patronage / preceptorship is the methodology used. Mentoring aims to help an individual develop through insight and self-awareness as opposed to just being told or shown in a robotic fashion. Some surgeons may benefit from having both a supervisor and a mentor. For example, a new consultant can work with a senior colleague in the same department for preceptorship but can also have the opportunity to be attached to a mentor who isn't in the same department and may not be so senior.

There is most overlap between mentoring and coaching. A mentor guides the mentee to shape their own attitudes and behaviour. Coaching could be viewed as building particular skills and focusing on a narrowly defined task or goal. There may be greater direct intervention from the coach, whereas a mentor may signpost the mentee towards opportunities.

'The European Mentoring and Coaching Council recognises the myriad of conflicting attempts to distinguish between coaching and mentoring […] *Mentoring is the word used by the Department of Health and in GMC reports, reason enough to hold on to the term* […] *There is an argument that the word 'mentor' is a relationship-describer like 'friend' or 'partner', whereas 'coach' implies a set of skills and activities'*[6]

Mentoring must not be confused with remedial action used to support a doctor in difficulty and care should be taken to maintain distinctions between mentoring as a normal part of a surgeon's professional life and remedial or supervisory relationships (sometimes colloquially referred to as 'targeted mentoring').

Key principles of mentoring:

- The mentoring relationship must be freely entered into and not coerced
- Discussion between mentor and mentee must take place in confidence (except where patient safety or the duty of candour supersedes this)
- The mentor and mentee must agree the boundaries of the relationship, ideally clearly defining goals and outcomes
- A mentoring relationship requires a time commitment on both sides and this should be agreed both in terms of the expected duration of the relationship and the frequency of meetings within that time
- The mentee should expect to set the agenda of mentoring discussions, with the mentor responding to this, rather than imposing his/her own view.

Table 1: Other one-to-one supportive roles with definitions to contrast from mentoring

Role	Activity
Mentor	Helping to shape an individual's beliefs and values in a positive way to help their self-awareness and personal development. Mentoring helps people take charge of their own development, release their potential and achieve results that they value. Mentoring is sometimes a longer-term career relationship with an experienced colleague, but can be just as useful as a single conversation. The mentor does not have to be in the same profession as the mentee and indeed does not necessarily have to be senior. While mentoring should be encouraged, it is an activity that cannot be imposed. Mentors require training. Good mentors never advise; they help the individual find the way of managing a dilemma or opportunity that best suits them. Mentoring is the process of a mentor encouraging the mentee to ponder about areas of challenge in their lives, either professional or personal, and through this interaction and with the aid of a tool box of 'mentoring tricks' allow the mentee to come up with their own solutions to their concerns and then importantly make changes happen to allow personal progress. There are several mentoring techniques. The most widely known and accepted is the Egan method (see Section K). Whilst one can learn the basics of Egan mentoring very quickly, to use it effectively takes time, effort and consistency in its application. The essence of mentoring is to allow the mentee through guidance with the mentor to come up with their own solutions to their own issues. Mentoring does not include 'telling'. The solution should not come from the mentor directly. Once telling happens the mentoring process becomes invalid. Additionally, quality assurance of the mentoring process is necessary through reflective practice of the mentor and through discussion with other mentors.
Coach	Developing a trusting and respectful relationship to help another person improve awareness of themselves and their situation, clarify priorities and establish commitment to an agreed time-framed action plan. This can be analogous to a tennis coach, with a clear plan for improvement of behaviour and performance. Coaching has many similarities with mentoring. The term 'coaching' is most often used when the interaction between the coachee and coach is of short duration, narrowly focused and involves a degree of 'telling' or 'showing' by the coach. Life coaches focus on wider issues, which may add to overlap of terms with mentoring. A coach must always be trained.
Perceptor	This term was coined by the nursing profession. It means guiding a newly qualified or newly appointed colleague through the uncertainties of early clinical practice while they find their feet. This might involve activities such as joint operating lists, clinics and ward rounds. Preceptorship is therefore similar to supervision, but between a senior and junior consultant. This again is not mentoring or coaching.

Teacher	Giving information to help someone develop cognitive skills and capabilities. Teaching, as opposed to simple learning, usually implies a more interactive relationship involving facilitation, assessment and feedback.
Educational supervisor	Directing a trainee during a phase of their training. This encompasses support, direction, feedback, observation, collation of information, advice and discussion. Educational supervisors are responsible to the Training Programme Director for delivery of a programme of training.
Clinical supervisor	Helping with teaching, training and feedback in the clinical setting. Clinical supervisors have specific roles and should have received training.
Session supervisor (eg Assessor for ISCP)	Carrying out a range of assessments and providing feedback to the trainee and supervisor to support judgements made about a trainee's overall performance. Assessors may be other members of the surgical team.[7]
Appraiser	A trained individual carrying out doctors' annual appraisals in preparation for a recommendation to the GMC on doctor's fitness to practise. Appraisers help with the formulation of the doctor's Personal Development Plan (PDP) and checking of progress on the previous PDP. Appraisal is different for doctors in training grades as it will be closely linked with their training and supervision.
Counsellor	Helping an individual improve performance by resolving situations from the past. Counsellors are trained and qualified individuals. Counselling can be suggested to an individual but cannot be compulsory – the individual must agree.
Clinical supervisor for a doctor in difficulty or remedial trainer	Some form of one-to-one supportive help is frequently recommended when an individual is facing concerns over his or her performance or has been designated as a doctor in difficulty for clinical or other reasons. The kind of support required is more often supervisory, instructional or remedial and the goals set are often external to the doctor. This is sometimes referred to colloquially as 'targeted mentoring'. Often several different modalities of help and/or retraining are needed, depending on the balance of conduct, competency or capability issues and the level of insight. It would be helpful to view the role as a 'supervisor' rather than a 'mentor' because the doctor in difficulty is not leading or directing this process. Guidance is available from both the College[8] and NCAS[9] on designing and implementing such retraining programmes. Those offering this specific help or supervision need training and support.
Patron	Patronage may be used to describe taking a more junior surgeon (or trainee/student) under your care and giving advice. This can be a helping mechanism but is not mentoring as it is not focused on the individual driving action.

D. WHAT ARE THE BENEFITS OF MENTORING?

To the mentee and their future patients

Mentoring schemes have proven effective at supporting surgeons' personal and professional development. It can improve their confidence and their ability to deal with difficult situations and challenging communications with patients.[3]

Participation in a formal mentoring relationship provides a forum in which the mentee can reflect upon their practice and professional behaviours, supporting their self-development and working through any concerns or issues. The mentor is an informed outsider who understands the context but is not directly involved so can retain a degree of impartiality. This allows issues to be addressed by the mentee before they can be magnified into problems, and may result in more effective future behaviours. Such changes to individuals' behaviours and attitudes may lead to improved working environments and ultimately better patient care.

To the mentor

The mentor is provided with an opportunity to reflect on her or his own attitudes and behaviours and reconsider these in light of others' experiences. The mentor is able to use and develop communication skills needed for effective team-working and leadership such as active listening and attentive thinking, seeking clarification and checking mutual understanding.[4] The mentor may also gain satisfaction from being helpful and developing someone else's skills.

To the department and organisation

Creating a culture in which mentoring is accepted as a normal way of working will encourage surgeons to view reflective practice, collaboration and team-working as normal. Individuals vary in their self-awareness and insight, and mentoring can prevent communication difficulties or similar issues from worsening into problems that have a negative impact on team-working and the smooth running of the organisation.

Mentoring can also widen the skills base and competencies of staff in line with the organisation's strategic goals. Succession planning is poor in many organisations and mentoring can empower staff to see themselves in future roles and to take the steps needed to be ready for future opportunities. It also helps increase morale and job satisfaction.

E. WHO IS MENTORING FOR?

Mentoring can be beneficial at any stage in a surgeon's career, and should not only be associated with crisis points in a surgeon's professional life. Surgeons should seek a mentor to improve their general skills and understanding of their performance and position within a particular context. For example, mentoring can be useful in assisting the mentee to understand organisational culture, manage challenging relationships or plan career development.

Mentoring is particularly encouraged at points of significant change, such as when taking on a new role. The GMC recognises the importance of mentoring for doctors in delivering safe, effective care immediately when taking on a new role.[10]

In particular, surgeons taking on a new role – such as newly appointed consultants – may benefit from being offered or finding a mentor. The first consultant appointment often represents the first time in a surgeon's career when she/he works outside the boundaries of a formal training programme and without formal supervision. As such, support from colleagues and peers should be expected; in addition, a formal mentoring relationship may allow the individual to feel more able to raise and discuss potentially sensitive issues.

Other points at which a mentoring relationship should be considered include return to practice after period of absence (eg maternity leave[11]), before, during or after a challenging period or when an individual is seeking to initiate change, e.g., in seeking career advancement.

Mentoring can be of particular benefit to people from a group that is under-represented in a particular field. Members of such groups may lack role models they can readily relate to. Providing mentoring opportunities to these individuals can help them feel more at ease in their role, identify goals they might not have considered and start with actions to reach these goals.

A number of publications and organisations have recommended mentoring for particular groups. Baroness Deech's report on women in medicine listed access to mentoring as its first recommendation.[12] In 2013, the Association of Surgeons in Training ran

a mentoring pilot of trainees, showing that setting good expectations leads to better success. The Charter[13] for SAS (Staff Grade, Associate Specialist and Specialty Doctors) further recommends a mentor, separate from the clinical supervisor. Doctors who are not in formal training programmes and peri-retirement surgeons may also benefit from the mentoring process.

With the reduction in surgical placements in foundation training and some attrition of trainees after obtaining a training post, a surgical mentor may be particularly beneficial for medical students, foundation doctors with aspirations towards surgery and core surgical trainees. This may help with their continued surgical thinking and development and their ability to put different phases into perspective alongside their long-term and short-term goals.

F. RUNNING A MENTORING SCHEME OR SETTING UP A MENTOR / MENTEE PAIRING

Several factors can affect the success of a mentoring relationship, including both the mentor and mentee's training, agreeing boundaries and expectations (including time commitment) and matching of trainee to trainer.

Training

Some good mentoring courses exist in many formats, some of which lead to the provision of a cohort of mentors sharing best practice. In addition to traditional taught courses, there are also online courses and courses specifically for doctors. Likewise, it is important that the mentee understands what is required of them and a number of courses and resources address this.

Agreement of boundaries and expectations

There are many local mentoring schemes in operation, and some formal schemes provide a framework in which conversations establishing boundaries and the format of the relationship can be easily held. Mentoring can be interpreted in different ways, so a new pairing cannot assume any unspoken norms. It is better to be explicit in the ground rules and expectations.

Matching the mentor and mentee

Formal schemes will match mentors and mentees in terms of specialty, location, areas of interest, skills or other factors and have the benefit of a pool of mentors from which to draw.

Many surgeons also identify mentors outside a formal scheme, having met them through the course of their working lives. Although such relationships are less formal, the same level of care should be taken to ensure that both the mentor and mentee have agreed the scope and boundaries of the relationship. This protects both parties and ensures a common understanding of the relationship.

G. PRACTICALITIES OF MENTORING

Mentoring takes many forms, ranging from very informal between peers, to highly formalised arrangements with agreed parameters and terms of reference.

The mentor is often senior to the mentee, except in cases where peers form informal co-mentoring relationships. Other mentoring models include 'near-peer' mentoring, in which the mentee is mentored by a colleague one step above them in the professional hierarchy.

The mentoring relationship itself can be conducted via many channels including virtually via phone, Skype or email, and in person. It may be easier for the first meeting to be face-to-face (in person or via Skype). It may be easier to have a mentor away from the local area.

Mentoring interactions may be very brief if the aims are clearly defined but more often than not mentoring is prolonged and requires several sessions in order for the mentee to progress.

H. HOW TO BE A GOOD MENTOR

Mentors' styles will vary according to their personality and the context. There is no single best type of mentor.

Some attributes, behaviours and skills are common to all mentors[6,14] including:

- Taking interest in others and in developing others
- Being approachable
- Being open minded, non-judgemental and objective
- Having integrity
- Being confident
- Practising active listening and observation to enable the mentor to respond to the mentee's comments effectively and to the agenda set by the mentee
- Constructively questioning and challenging to help the mentee develop their thinking without imposing the mentor's view
- Being able to deal positively with challenge and being questioned
- Being able to reflect on their own practice as a mentor, encourage reflection in the mentee and provide helpful feedback.

In addition, Carl Rogers[15] identifies the following qualities of a helper:

- Respect: suspending judgement and evaluation
- Empathy: understanding 'with' not 'about'
- Genuineness: being yourself

A mentor is in a position of trust and must treat the mentoring relationship seriously. The mentor must ensure that she/he is competent to fulfil the role. This is likely to include undertaking appropriate training and ensuring that this knowledge is kept up to date.[10]

It is the responsibility of the mentor to:

- Agree and maintain boundaries with the mentee, including the aim and purpose of the mentoring relationship. Ideally, this should be formalised within a mentoring contract.

- Be reliable in the relationship; acknowledge and protect the time required, avoid cancelling or postponing mentoring sessions.
- Respond to the mentee's agenda (rather than imposing her or his view) and act as a sounding board to the mentee; help the mentee reach their own conclusions.
- Treat the mentoring relationship in confidence (except where patient safety or the duty of candour supersedes this).

It will normally be easier for an individual to fulfil these responsibilities and display these behaviours if they are not responsible for supervising or appraising the mentee. For this reason, it is not recommended that individuals select their appraiser or supervisor as their mentor. Keeping the mentoring relationship separate from that of appraiser or supervisor will also help prevent awkwardness if there is a need to discuss sensitive issues relating to supervision or appraisal.

Some key tips:

- Allow the mentee to set the agenda, while maintaining the ability to question or challenge as equals.
- Allow the mentee to come up with their own solutions to their concerns; solutions should not come from the mentor directly.
- Focus on what the mentee wants and whether there are actual or perceived blocks to this.
- Encourage the mentee to make changes happen to allow personal progress.
- Encourage the mentee to verbalise an issue in order to support self-understanding.
- Encourage the mentee to verbalise their action or intention to help them feel committed to it.
- Use reflective practice and discuss with other mentors to improve your mentoring abilities.
- The following un-blocking questions may be helpful:
  - 'How might you be stopping yourself from making this change?'
  - 'What has worked for you in the past?'
  - 'What can you learn from that success before?'
  - 'What is the first thing you are going to do now?

Table 2 provides a toolkit of skills and behaviours for mentors.

Table 2: Toolkit of skills and behaviours to practise as a mentor (*Adapted from Liz Spencer's work*)[16]

Listening skills	Listening is the most important ability and behaviour. It takes patience, tolerance and practice, especially in order to develop real empathetic listening techniques. Listening is more important than talking. Offering complete objectivity, undivided attention and support promotes intuitive questioning that allows the mentee to explore what is going on. Furthermore, the mentee articulating their concerns and suggestions can be powerful in helping them stick to their intended actions.
Resisting the urge to give advice	Advising tends to be based on the beliefs, values and opinions of the advisor. Your role and the purpose of this conversation is to help the other person find their own solutions, not to have them follow an advisor's recommendations or suggestions. This is a fundamental principle.
Communication skills	Listening is not enough. You need to interpret and reflect back in ways that remove barriers, pre-conceptions, bias, and negativity. Communicating well enables trust and meaningful understanding on both sides. There is a big difference between feeling and meaning, as well as content, and you should be able to communicate both. Avoid judging, and develop the art of probing and summarising.[17]
Rapport-building	Your ability to build rapport with people is vital. You should focus on the mentee and have an intrinsic desire to help them. By displaying empathy and support, rapport develops rapidly and naturally.
Motivating and inspiring	Your aim is to motivate and inspire people. When someone receives attention and personal investment from another towards their well-being and development, this is in itself very motivational and inspirational.
Curiosity, flexibility and courage	People's needs are different. Remembering that every person is different and has different needs is an essential part of being helpful. The mentee leads the conversation, which means that the mentor has to be flexible and react to the mentee's goals. Curiosity and interest in understanding issues in people's lives helps with the interpretative phase.

I. HOW TO BE A GOOD MENTEE

Although the mentee may not think of her/himself as an expert, it is the mentee's responsibility to identify the purpose of the mentoring relationship and to drive the agenda. The mentee should not expect to be a passive recipient of guidance or the mentor's wisdom; they must be active in identifying their needs and working to address these with the mentor.

It is the responsibility of the mentee to:

- Agree and maintain boundaries with the mentor, including the aim and purpose of the mentoring relationship. Ideally, this should be formalised within a mentoring contract.
- Define the mentoring agenda: identify what she/he wants from the mentoring discussions and communicate this clearly with the mentor.
- Be reliable in the relationship; acknowledge and protect the time required, avoid cancelling or postponing mentoring sessions.
- Be self-motivated; complete any actions agreed with the mentor within agreed timeframes.
- Be open to challenge; respond with an open mind, willingness to work to change attitudes and behaviours if needed.

Changing behaviour can be difficult. An individual may be able to identify how they might change, but talking this through is an effective way to develop realistic plans with the motivation to stick to them.[18]

J. STARTING MENTORING

It is important to define the mentoring relationship early on so that both parties are clear about what to expect and how they are expected to behave. Drawing up mentoring contract can be useful and need not be onerous. The contract provides a record of agreed boundaries that can be referred back to later in the relationship if needed (appendix C provides a sample contract that can be adapted for individual use).

Topics to consider and clarify include:

- The mentor and mentee must agree the boundaries of the relationship, ideally clearly defining goals and outcomes.
- The mentor and mentee should agree the time commitment:
  - the expected duration of the relationship
  - the frequency of meetings and
  - when and how meetings will occur.
- There should be agreement that discussions must take place in confidence (except where patient safety or the duty of candour supersedes this).
- Clarify whether the mentor would provide clinical advice.
- Clarify whether the mentor is willing to act as a referee.
- Clarify whether the mentor would intervene on behalf of the mentee (usually the answer to this would be 'no' as mentors facilitate the mentee to explore and address concerns on their own).

These questions should be addressed jointly, and the definition of the relationship should be an ongoing process, with the potential for review as needed. There should be an expectation that either party can end the mentoring relationship with no blame on either side if it ceases to be productive or practical to maintain it.

Stages of each mentoring relationship

When establishing the relationship, consider how long it will last and what you want to achieve in that time. It can be useful to view the mentoring sessions and the mentoring relationship in three stages:[19]

1	Exploration	Exploring issues which are identified by the mentee.
2	New understanding	Gaining greater understanding of these issues, exploring challenges and strengths, establishing priorities.
3	Action planning	Encouraging creative approaches and facilitating an action plan.

These are likely to be followed by review and evaluation and, if appropriate, ending the relationship.

These three stages can also be useful to consider when addressing specific issues within a mentoring relationship. You may go through these stages multiple times within a period of mentoring as new issues arise or are addressed.

K. MODELS OF MENTORING

There are several models of mentoring that can be followed. A brief summary of two of these and further information is provided below. Further information is widely available and should be sought prior to using them.

The Egan model[17]

Egan's model of mentoring is about helping people manage their own problems more effectively. It is about empowerment of the mentee who, crucially, chooses the outcomes of mentoring and hence values them.

The Egan model aims to help the mentee and mentor address three main questions:

1. 'What is going on?'
2. 'What do I want instead?'
3. 'How might I get to what I want?'

Because the focus is on the mentee's empowerment, it is important that the mentor listens, challenges and respects the mentee. Not everyone needs to address all three questions, and at times people may move back to previously answered ones.

The GROW model

This is another model encouraging a step-by-step identification of goals and realistic assessment of how to achieve them.

Goal	Clarify and agree a realistic and motivating outcome
Reality	Work through the reality of what is happening now and where blocks might be
Options	Stimulate ideas and choices about new ways of doing things
What next	What is the first step? And then?

The mentor may use these steps to guide the discussion with the mentee.

L. POTENTIAL PITFALLS AND POSSIBLE SOLUTIONS

As with any relationship, a mentoring relationship may face a number of challenges as the mentor and mentee get to know each other. If problems arise it is better to acknowledge and address them as soon as possible to prevent them from growing and undermining the benefits of mentoring.

In these circumstances, it can be useful to be part of a formal local scheme as this provides the option of seeking input from a third party or, if necessary, seeking an alternative mentor.

In the case of informal mentoring relationships, there is more potential for problems. This means that it is particularly important that boundaries are explicitly established early in the mentoring relationship and, ideally, that a mentoring contract is agreed.

When addressing problems or challenges to the mentoring relationship, the main principles to consider are:

- Problems should be acknowledged and addressed in a positive manner.
- There should be an assumption that there will be no blame and no ill-feeling. The experience should be viewed as opportunity to learn.
- The goal of addressing issues is to improve the relationship to the benefit of both parties.
- Refer back to the contract and discussions about boundaries.
- Agree an approach to address the issue and make this explicit.

Some problems that frequently arise and ways to approach them are outlined below.

The mentee is dependent on the mentor

The mentee is reluctant to end the relationship in the agreed time frame or appears unwilling to take decisions or actions without the explicit guidance of the mentor. Possible actions:

- Revisit the contract and discussions about boundaries and consider revising the end date if needed. Ensure the (new) end date is clearly acknowledged by the mentee.
- Revisit and possibly revise goals and action plans. Make a clear plan of how to achieve goals within the agreed timeframe.
- Discuss the agreed roles and responsibilities of the mentor and of the mentee.

The mentor is instructing / directing

The mentor tries to solve problems or provide answers rather than help the mentee do this. Possible actions:

- Revisit the contract and discussions about the role / responsibilities of each party. Note the role of the mentor as a facilitator and the mentee's duty to drive the relationship and self-motivate.
- Plan meetings and set out goals for the mentee to achieve in each meeting, stressing their own role.

Lack of rapport between the mentor and mentee

The mentor and mentee either lack trust in each other, or simply don't get on. Possible actions:

- Initiate an introductory conversation, even if this is not at the start of the relationship. Take time to talk and understand each other's experiences and areas of expertise.
- Observe and confirm the confidentiality of the relationship.

Overfamiliarity

The mentor and mentee have too much rapport; boundaries are blurred and the relationship slips towards friendship or other personal relationship. Possible actions:

- Explicitly acknowledge this.
- Revisit the contract and discussions about boundaries.
- Consider revising the nature of the relationship. If this is not possible, consider ending the relationship.

If in any of these situations you are unable to resolve the problem and feel you need to end the mentoring relationship, agree to do so with no blame attached to either party. Aim to learn from the experience to inform future mentoring situations.

APPENDIX A: MENTORING MEETING CHECKLIST (MENTEE)

The following questions should be considered before and after each meeting to help you stay on track with achieving the goals your have set for yourself and the mentoring relationship.

Before the meeting:

- What do I want to talk about / achieve in this meeting?
- What are the key issues to cover?
- Is there any background information that will help the mentor understand my situation?

After the meeting:

- Reflect on what was discussed in the meeting:
  - What new perspectives do I have about my situation?
  - Do I need to amend my action plan or goals?
- What do I need to do next and is there any support I need to do this?
- When are we meeting again and do I need to prepare anything for this?

APPENDIX B: ESTABLISHING A MENTORING RELATIONSHIP

Consider these questions before and during your first mentoring meeting and use the answers to inform the mentoring contract.

- What is the mentee's aim for this mentoring relationship?
- What are the characteristics the mentee needs from a mentor? Does the proposed mentor have these?
- Are both mentor and mentee in agreement to maintain confidentiality of their discussions throughout the relationship?
- What are the boundaries of this relationship? Will the mentor:
  - act as a referee?
  - intervene on behalf of the mentee?
  - provide clinical advice?
- Meetings:
  - How frequently will we meet?
  - What form will these meetings take?
  - How will we manage cancelling/ postponing meetings?
- How long do we anticipate this relationship will last?

APPENDIX C: SAMPLE MENTORING CONTRACT

Use the template on the adjacent page to draw up your mentoring contract. Both the mentor and mentee should complete the contract together. You can re-visit and revise this contract at a later date; the mentor and mentee should do this together to ensure they are both working to the same goals and values. There may be other topics that you wish to include.

Mentor:

Mentee:

Frequency of meetings:

Duration of meetings:

End date/ Duration of mentoring:

Cancelling meetings:

Communication between meetings :

Purposes of relationship, including mentee goals:

Content and boundaries:

- *Confidentiality*
- *Will clinical advice be given? Yes/ No*
- *Will mentor act as referee? Yes / No / Not yet certain*

Agreement and contact details			
Mentor name:		*Mentee name:*	
Job role:		*Job role:*	
email address:		*email address:*	
Telephone:		*Telephone:*	
Other telephone:		*Other telephone:*	
Other contact:		*Other contact:*	
Signature:		*Signature:*	
Date:		*Date:*	

APPENDIX D: CASE STUDIES

Career development and problem resolution

Person B has been both a mentor and mentee. She has been mentored informally by colleagues throughout her career, mostly during training. The following relates to her experience as a mentor.

The mentoring relationship started as a training exercise for a formal mentoring scheme and continued by mutual consent. Person B's mentee was a peer at a similar career grade to Person B. Contact with the mentee was via pre-arranged telephone calls for a period of weeks.

The mentee had a specific problem he wanted to address that related to how he would handle his relationship with a colleague whose behaviour and demeanour had changed and deteriorated. The mentee was concerned about the colleague both personally and professionally and wanted to address these concerns before the possibility of clinical error was realised. Person B and the mentee explicitly discussed their roles in the relationship and agreed boundaries within a formal mentoring contract. A main part of Person B's role as mentor was to listen to the mentee and help him focus on one aspect of the situation at a time. She supported the mentee in reflecting on the situation and then considering his ideal outcome and ways he might be able to move towards it.

The mentee found it useful to be able to clarify his thinking and develop clear strategies for action.

Person B found it challenging to keep an open mind, let the mentee talk and reach his own solutions but found it gratifying to witness the mentee's relief at having reached a solution and discovering that help is available.

New consultant

Person A was provided with a mentor when he was a newly appointed consultant, as is routine in his trust. His mentor was from the same organisation but from a different specialty. Discussion was confidential and around professional, non-clinical topics. Meetings took place off site, and outside work time. In this trust, it is not compulsory to maintain a mentoring relationship and the relationship was not formally monitored, but it was clear that the option existed.

Person A found the services of his mentor more useful than he had expected.

Though he had settled well into the new role and did not perceive himself to have any problems, discussions with his mentor revealed topics which, though not critical, were better resolved following discussion. He felt that the scheme was useful from a professional point of view, as difficult issues could be discussed with an informed, non-partisan third party, but also personally, as information could be gained about the department and culture of the trust, and social networks identified. These personal gains helped professional performance and he was able to settle into the role more quickly.

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