

THE GOOD MENTORING TOOLKIT FOR HEALTHCARE

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About the authors

Helen Bayley is a facilitator with the Shropshire and Staffordshire Clinical Leadership Programme. Promoting effective mentoring relationships on the clinical leadership programme and leadership at the point of care programme are an integral part of her role. She also facilitates mentoring workshops for other professionals across organisations within Shropshire and Staffordshire. Helen is a nurse by background and had previously been a ward sister for seven years on an adult acute medical ward. It was while working in an intensive care unit that Helen experienced her first successful mentoring relationship and she has since been mentored by nurses, managers and physicians. Mentoring has been of vital support to her over the years, and she firmly believes that it is key to meeting the NHS modernisation agenda. Through both her positive and negative experiences of being a mentee and mentor, Helen is keen to help others to gain the support they need in meeting the demands on them within a clinical setting in today's stressful climate.

Ruth Chambers has been a GP for more than 20 years. Her previous experience has encompassed a wide range of research and educational activities, with a focus on stress and the health of doctors, the quality of healthcare, healthy working, teenagers' contraception and many other topics.

She is currently a part-time GP, Head of Stoke-on-Trent Teaching Primary Care Trust programme and the Professor of Primary Care Development at Staffordshire University. Ruth has established a mentoring scheme for doctors working in primary care in North Staffordshire to aid their retention and development. She has worked with the Kent, Surrey and Sussex Deanery to develop a job description of a mentor based on the NHS Knowledge and Skills Framework, which is described in this book.

Caroline Donovan is a nurse and health visitor by background. Her previous experience has been in health promotion, education and general management. More recently she has developed multidisciplinary leadership programmes across Shropshire and Staffordshire health and social care organisations. Her current role is as Head of Learning, Education and Training across the Primary Care Trusts in Shropshire.

Caroline has established and developed mentoring as an integral element of leadership programmes and believes that mentoring has enormous potential for the development of future leaders across the healthcare community. To date, more than 800 mentors and mentees have been supported in their leadership development within the NHS throughout Shropshire and Staffordshire.

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The Good Mentoring Toolkit for Healthcare shares similar resource materials to those included in *The Good Appraisal Toolkit for Primary Care*⁷ with respect to a mentor's competence in the core and specific Dimensions of the NHS Knowledge and Skills Framework.⁵

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Introduction

This toolkit can be used to help you establish good practice in mentoring, whether you are being mentored, an individual mentor, or responsible for setting up a mentoring scheme in your organisation – hospital or primary care trust, deanery, college, etc. It will guide you as to what to expect from mentoring and provide practical help in setting up the components of a mentoring scheme. Chapter 1 includes the many and varied definitions of mentoring. We employ general definitions of mentoring throughout this toolkit, rather than employing any terminology specific to one professional group. In brief, the benefits of mentoring for individuals are:

- increases the confidence of the mentee¹ by:
 - supporting them while they learn new skills, behaviours, etc.
 - challenging assumptions
 - offering alternative perspectives
 - facilitating the mentee in finding solutions to their problems
- encourages reflective practice by:
 - providing a sounding board
 - providing protected time and space to consider professional practice
 - increasing mentees' understanding of their working environment
- enhances self-development through:
 - action planning and learning
 - effective goal setting
 - increasing professional confidence and professional credibility.

Successive chapters will guide you in setting up mentoring to pursue these benefits for individuals taking part. In Chapter 2, we consider the gains from all perspectives – the mentee, the mentor, an employing organisation and the NHS in general – for informal mentoring relationships and formal mentoring schemes.

Chapters 3 and 4 present tools and techniques that a mentor might adopt to improve their knowledge and skills. These are based on the dimensions of the NHS Knowledge and Skills Framework, part of the Agenda for Change initiative,² which are relevant to a mentor's role and responsibilities. Chapter 5 provides a five-staged approach for mentors to consider using as a way of gathering evidence to demonstrate that they are competent. This model can be generalised to all other aspects of a mentor's work – whether they have a clinical, managerial or support post in the NHS.

Chapter 6 gives useful tips and practical tools to allow the mentee to take advantage of the mentoring relationship – and to capitalise on their strengths and opportunities, and address any weaknesses.

There are activities interspersed throughout the toolkit, which should help you to check out how competent you are or reinforce your personal and professional development or learning – from mentor, mentee or scheme perspectives. Mentors may recommend an activity to a mentee for their own development or they may work through it together.

Finally, in Chapter 7, we supply all the documentation you will require as mentors or mentees to draw up your contract or use to define your roles or set up the mentoring scheme in your organisation or workplace.

e-learning option

There is great scope for using existing training materials in more innovative ways, such as via e-learning or electronic distribution. Evidence suggests that levels of computer literacy do not need to be high to use e-learning materials, and that healthcare professionals actually prefer to learn at home, believing it is a method that helps to address their work–life balance issues.³

The Shropshire and Staffordshire Clinical Leadership Team are currently building on their existing mentoring work to allow a huge expansion in the mentoring aspect of their programme. Their ‘mentoring toolkit’ has been converted into an electronic form with an interactive workbook that will be accessible via the website www.telfordpct.com. E-learning will be offered alongside the existing programme in order to:

- further develop the evidence base
- help manage problems of releasing clinical staff
- provide a cost-effective way of continuing to train and develop staff after completion of the programme
- allow access from home or work
- enable material to be repeated to ensconce learning
- fit with programme participants’ work–life balance.

All electronic work is being prepared in conjunction with David Dawes at the European Nursing Leadership Foundation.³

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- 3 The European Nursing Leadership Foundation, 308 Ducie House, Ducie Street, Manchester www.nursingleadership.org.uk

What is mentoring?



An organisation which offers structured mentorship is an organisation with more fulfilled, committed, resourceful and motivated employees, who will stay within that organisation.

Cunningham¹

Mentoring in healthcare settings

Mentoring has existed for thousands of years in a variety of cultures. The word 'mentor' originates from Greek mythology and the story of Odysseus, who, when setting off on his journey to Troy, entrusted his friend Mentor with the care and education of his son Telemachus. Legend has it that Odysseus instructed Mentor to 'Tell him all that you know', unwittingly setting the standard for aspiring mentors.

Mentoring is a transformational process that seeks to help individuals develop and use knowledge to improve themselves on an ongoing basis. It is a professional dialogue that encourages reflection and development, signposting mentees to other sources of help as required.

A review of mentoring in relation to general medical practice described mentoring as 'a way of helping another understand more fully, and learn comprehensively from, their day to day experience'.² An enquiry into mentoring commissioned by the Department of Health defined mentoring as a '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.³ This definition was derived from work relating to medical, dental and other healthcare professions and general management.

Another definition of mentoring by Carmin, derived in an organisational context rather than applying specifically to a health setting, considered mentoring to be a 'complex, interactive process occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or psychosocial development, and socialisation functions into the relationship. This one-to-one relationship is itself developmental and proceeds through a series of stages which help to determine both the conditions affecting, and the outcomes of, the process. To the extent that the parameters of mutuality and compatibility exist in the relationship, the potential outcomes of respect, professionalism, collegiality and role fulfilment will result. Further, the mentoring process occurs in a dynamic relationship within a given milieu.'⁴

Box 1.1: What is mentoring? Other general definitions

'Helping another person become what that person aspires to'⁵

'Mentoring is a powerful form of management learning, in which an experienced individual passes on know-how to someone less experienced'⁶

'The mentor represents knowledge, reflection, insight, understanding, good advice, determination and planning, qualities that cannot be mastered alone'⁷

'Off-line help by one person to another in making significant transitions, in knowledge, working or thinking'¹

The definitions of mentoring from the health setting^{2,3,5} that we have included so far are similar to those describing the process in organisations as a whole.^{4,6,7} But in nursing and midwifery the term 'mentor' can be used specifically to denote the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in the practice setting – as given in Box 1.2.^{8,9,10} We will be using the general definitions of mentoring and mentor throughout this toolkit, rather than employing any terminology specific to one professional group.

Box 1.2: Role of mentor from student nurse's perspective^{8,9,10}

- (i) Supporter: give nurse advice, sort out problems or worries, be there as ally or friend
- (ii) Guide and teacher: explain things, organise and arrange visits, be role model, feedback on performance to nurse
- (iii) Supervisor: share problems, talk about mistakes and uncertainties, enable nurse to work out own solutions, allow gradual independence
- (iv) Assessor: good understanding of assessment process and outcomes, implement assessment procedures

What's in it for you?

With increasing pressures on everyone's working day in the NHS, it is vital to find new ways of coping and thriving at work. Mentoring supports professionals' growth in knowledge, skills, attributes and practice.

If you have a mentor, your mentoring relationship will provide you with the confidential opportunity to share your feelings, express your views, test out ideas and raise questions. It will allow you to take a step back and look at yourself, as a manager, as a leader, as a health professional or team player and most importantly at you as a person.

You will be asking yourself soul-searching questions: Where are you at in your career? Where do you want to be? How can you get there? Who can help you to get there? If you are happy where you are, you will be considering:

- What makes you feel fulfilled at work?
- What aspects of your practice would you like to capitalise on?
- What aspects of your work or practice would you like to develop?
- How can you maintain job satisfaction over time?

How can you expect to lead others efficiently if you are unable to accept your own strengths and weaknesses? How can you expect to lead others efficiently if you are feeling burnt out yourself? How can you expect to lead others efficiently if you do not allow yourself time out to look at how you do things and why you do them that way?

If you are a mentor, you will benefit from gaining more insights into how you work and act, as you challenge the thinking and perceptions of your mentee(s). You will gain considerable self-satisfaction too from helping others, which will probably boost your own job satisfaction and make you more aware of your work environment.

How does mentoring fit with the NHS agenda?

The NHS Plan (2000) requires a fundamental change in thinking, practice and the delivery of healthcare over the next decade.¹¹ The Plan's ambitious agenda is challenging. We know that managers and health and social care professionals can meet these challenges to improve services by learning from each other and basing their decisions on evidence from research literature and evaluation when possible.

The NHS Plan supports continuing professional development (CPD) to deliver patient-focused healthcare. In addition, the Department of Health's *Working Together – Learning Together* document¹² emphasises that lifelong learning and development are key to delivering the government's vision of patient/client-focused care within the NHS.

Another Department of Health document, *Managing for Excellence in the NHS*,¹³ indicates that we need to build on good relationships in the NHS and with our partner organisations to create a more participative and open culture where everyone can contribute. This culture needs to be creative, challenging and supportive to the workforce. It needs to embrace modern ways of working through teams and networks rather than through hierarchies and formal systems. It needs to recognise the complexity of the healthcare environment and the work that we do.

In addition, we must lead change as well as manage it. We need leadership in setting out the vision and working with and through people to achieve it. The NHS is made up of many different staff groups and supported by many different organisations. There are strong professional organisations and affiliations. There are important partnerships with social services, education, other parts of local government and

the public sector, patient groups and voluntary organisations, and, increasingly, with the private sector. Mentoring is key to all of this.

All of these groups and organisations need to be involved and enabled to contribute to the transformation of the NHS. Together they can build a momentum for change – a coalition for improvement.¹³

Fostering a mentoring relationship develops, supports and equips staff with the skills they need to:

- support changes and improvements in patient care
- take advantage of wider care opportunities
- realise their potential.

The report in Box 1.3 gives the perspectives of senior executives in one health authority on the importance of the NHS investing in mentoring for its workforce.¹⁴

Box 1.3: Report of perceptions about mentoring in one health authority¹⁴

There can be a perception that mentoring is not for senior people, but for people lower down the organisation – but it can help everyone. There is a need to make it legitimate – something that represents a worthwhile investment in people, for more senior people to feel comfortable in having and using mentors.

Where the culture is not supportive, mentoring is threatening and not productive if the mentors work in the same organisation as the mentees. If mentoring is to benefit the performance of the organisation through the wellbeing and high quality of performance of its staff, then the blockages need to be identified and removed or ameliorated.

Senior executives suggested:

- awareness raising of benefits of mentoring: role models, case studies, links to workshops on changing roles, conferences
- make mentoring legitimate – ‘coming out of the closet’, taking away the perception that mentoring is a remedial activity
- encourage mentoring to be seen as an investment in people
- identify and communicate who is willing to do what – so that there is less secrecy
- make mentoring one aspect of management development
- mentoring should not be compulsory.

How does mentoring benefit individuals?^{15,16}

You may not agree with all our suggestions listed below, depending on your experience and perspective of mentoring. These have been collated from the various reports of mentoring cited earlier in this chapter. Mentoring is a developmental process for the mentee who should gain from:

- improved performance that can be evaluated back in the workplace and lead to more defined objectives at the next mentoring session
- new insights and perspectives from another individual's or professional's point of view
- increased confidence and self-knowledge

- better interpersonal skills
- an increase in personal influencing skills
- knowledge and skills, including technical skills
- having their perceptions and beliefs challenged
- enjoying the challenges of change
- an open and flexible attitude to learning
- overcoming setbacks and obstacles
- developing values and an ethical perspective
- increasing listening, analytical and problem-solving skills
- conscious reflection that enhances learning
- career development
- learning opportunities
- dispassionate feedback from another person
- advice and skills in relation to handling people
- personal growth
- specific help with new tasks
- some degree of sponsorship and recommendation from mentor
- 'political' knowledge and access to informal network of mentor.

One review of the benefits of mentoring for doctors logged many examples of changes made as a result of mentoring, as described in Box 1.4.

Box 1.4: Outcomes of mentoring for individual doctors reported in a review¹⁷

- 1 Helped with serious problems encountered in their professional lives
- 2 Regaining personal and professional confidence that had been undermined by a feeling of loss of control over their professional lives and an accompanying sense that their competence was at risk. The experience of mentoring had given individuals confidence to, for example:
 - take control
 - take action on matters that had previously been 'pending'
 - manage complex job responsibilities
 - deal with difficult relationships
 - be themselves
 - remain in the profession
 - leave the profession
 - extend their professional roles and activities
- 3 Other achievements ranged over:
 - increased job satisfaction
 - being skilled helper
 - improved working relationships with colleagues
 - helped to identify the core of the problem
 - understood underlying issues
 - developed new ways to approach and manage problems
 - come to understand problems in different and sometimes surprising ways
 - associated with an increased feeling of wellbeing
 - increased confidence in leadership role
 - greater understanding of the perspectives of others
 - identified educational needs
 - made career choices
 - clarified a sense of professional identity and purpose

What distinguishes a mentor from other supportive roles?

Table 1.1 distinguishes some of the most commonly used roles that professionals may adopt as part of providing personal and professional development and support to staff. There is often confusion over what differentiates the terms and descriptions from each other.

Table 1.1: Differentiating the term mentor from other roles

Role	Characteristics of role and responsibilities						
	One to one	Group	Long-term	Short-term	Management-led	Personal development	Professional development
Coach	X			X		X	X
Mentor	X		X			X	X
Preceptor	X			X			X
Assessor	X			X	X		X
Clinical supervisor	X	X	X			X	X
Appraiser	X			X	X		X

You might be a mentor, coach, supervisor, assessor or appraiser to several people, or more than one of these to the same person. There are many overlaps between all these terms but the differences in the role of each are distinct. The terms are all part of common parlance and those in authority may believe that people have the skills for a particular role by virtue of their position, not understanding the specific roles and responsibilities of being a good supervisor, trainer, mentor or careers counsellor, etc. Sometimes one individual is expected to be a mentor, educational supervisor, line manager and careers counsellor to the same person and conflicts of interest can arise. For example, it is difficult for everyone involved if someone acting as the careers counsellor has authority over the member of staff and the ability to change their work circumstances in a negative way, as the individual is unlikely to trust in the independence of the careers counsellor, and the careers counsellor may act on their acquired insider knowledge on a future occasion.

Some of the other roles can be described as follows.

A careers counsellor acts to help people:

- understand their emotions, abilities, interests and special aptitudes
- make and carry out appropriate life choices and plans, and achieve satisfactory adjustments in life
- acquire information about educational and career opportunities within a changing society.

A coach¹⁸ motivates, encourages and helps an individual to improve their skills, knowledge and attitudes in their personal and professional lives so that the person:

- is challenged to perform at their best

- deepens their learning
- enhances their quality of life
- focuses on specific objectives within a defined time period.

A **preceptor**¹⁹ is an experienced individual who provides clinical and professional support to facilitate student learning:

- usually short term
- to enable individuals to develop knowledge and competence after someone has recently qualified, or when someone needs to learn a specific skill
- by supervising, teaching, role modelling and evaluating students – orientating the student to the role at work and monitoring progress.

Preceptorship is usually more intensive than clinical supervision.

A **clinical supervisor** is an experienced person who supports an individual or group in either the short or long term and:

- aims to develop knowledge and competence, encourage self-assessment, and analytical and reflective skills
- enhances consumer protection and safety of care in complex clinical situations.

An **appraiser** (as the term is used in the NHS²⁰) conducts a professional conversation with another person and gives them constructive feedback about their performance in relation to personal and organisational goals, on behalf of an employing organisation. They may provide assistance in progression to those goals.

An **assessor**²⁰ conducts an assessment on another individual to identify the presence or absence of quality standards. This may involve a judgemental or value-free ascertainment of the extent to which standards have been attained by the individual.

As a mentor, your relationship with your mentee should be one of mutual trust and respect in a supportive yet challenging relationship. You should not be put in the position of undertaking assessments or appraisals of a mentee, as this may undermine your relationship and create a conflict of interest. This will preclude you from being non-judgemental as a mentor, which is a cornerstone of mentoring.

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