



HAVE A THINK ABOUT MENTORING

Have you experienced in your career a supervisor or colleague taking an interest in your development, providing helpful listening and sometimes sharing their own experience, and being a support to your professional development? Perhaps you have taken this role with another colleague or trainee? If so, you have been participating in a Mentor-Mentee relationship! If not, why not consider Mentoring or a Mentoring program?

What is Mentoring?

Rather than a single definition or prescribed set of actions, it is helpful to think about what mentoring may include, and what it does not include. Broadly, mentoring is about a reciprocal relationship, it is focussed on development and support of the Mentee, but is likely to have benefits for the Mentor also. Some frameworks for a successful Mentoring relationship:

1. Confidential and longitudinal relationship
2. Guidance and support for the Mentee via reflective approach (rather than 'being told what to do')
3. Professional and personal development (may be wide ranging)
4. More experienced colleague most common (but may have peer to peer mentoring)
5. Focus is the Mentee (but Mentor may also benefit with improved communication skills and reflection, management skills, satisfaction in fostering development of others and passing on wisdom and skills)
6. Flexible, not 'one size fits all' (e.g., may be formal or informal, Mentor may be allocated or chosen, timing of meetings may vary, Mentor may be rotation-based, career-based, life-based)
7. Timely – regular meetings.

What Mentoring Is Not

1. Counselling or therapy – a Mentor does not engage in a therapeutic relationship
2. Being a GP
3. Being a tutor
4. Providing assessment or documentation of competence or training
5. Management of employment issues
6. Being a Supervisor
7. 'Telling' the Mentee what to do or making decisions for the Mentee.

Potential Benefits of a Mentoring Relationship

There are many potential benefits – ICU is acknowledged as a challenging clinical environment, with often high acuity and high workload, and a resulting emotional burden and fatigue. There are a mix of trainees within the ICU environment – some trainees do not plan on a career in Intensive Care Medicine, but rather are completing rotations as part of another specialty training pathway. Pastoral care, professional, and personal development may help manage some of these potential issues. Potential benefits for the Mentee:

1. Increased self-confidence and self-esteem
2. Increased sense of value and satisfaction within the Intensive Care Unit, specialty, or profession

3. Increased engagement of Seniors with Juniors
4. Specific goal setting and achievement, skill development
5. Formalised role modelling
6. Address challenges in a safe environment – normalising culture of self-care and support
7. Awareness of career opportunities, and encouragement to pursue these, improved career planning
8. Encourage personal and critical reflection
9. Develop meaningful and lasting working relationships – career support and mutual respect.

A Tool for Discussions

There are several tools available to provide a framework for a mentor-mentee meeting. For a first meeting, establishing the relationship, reiterating confidentiality, discussing objectives for the mentoring relationship, as well as current and career objectives, and then planning timing/regularity of ongoing meetings would be appropriate. Ongoing meetings should involve a recap of previous discussions, some discussion of progress towards goals and any new issues, along with a Mentee-led discussion of options and likely actions to progress further or address issues. A tool for discussions that may be helpful (to keep in mind the reflective rather than instructive approach) is the 'WHOA to go' tool:

What's happening now?
How would you like it to be different?
Options?
Action?

Overall, the focus should be on active listening, open questions that promote the Mentee's self-reflection, and some sharing of the Mentor's experience and expertise.

A Further Note

Some Mentoring relationships do not work – there are numerous potential reasons for this. It is an important principle of the Mentoring relationship, that either the Mentee or Mentor may end the relationship at any time, without judgement or 'fault' being necessary.

Summary – Why Not Consider Mentoring?

Many potential Mentors are discouraged by thoughts of 'I'm not sure I know what to cover' or 'I'm not sure what the 'rules' of mentoring are?'. Hopefully, the frameworks above provide some guidance and perhaps foster an interest to seek more information. CICM is also now running Mentoring workshops as part of the 'Fellows Education Day Workshops' and these will provide some guidance as well as discussion.

Additional information and resources are listed below, and both the Emergency Medicine College and the Australian and New Zealand College of Anaesthetists (ANZCA) have resources available for members and non-members via their websites. ANZCA has additionally just launched an online course 'Fundamentals of Mentoring' for ANZCA Fellows, trainees, and CPD subscribers.

References

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