

Mentoring in medical practice

Gibbs T, MBChB (Liverpool), FRCGP, D.A (Educational Leadership), M.Med.Sci, ILTM, F.F.Hom
Professor of Medical Education and Family Medicine, College of Medicine and Medical Sciences,
Arabian Gulf University, Kingdom of Bahrain

Brigden D, MEd, M I Biol, ILTM
Visiting Professor of Professional Development,
Faculty of Health Sciences, University of Cape Town & Adviser for Postgraduate Medical
and Dental Education, Mersey Deanery, University of Liverpool, Liverpool, UK

Hellenberg D, MBChB(UCT), MFamMed, MFGP(SA)
Professor of Family Medicine, University of Cape Town, Faculty of Health Sciences, University of Cape Town

Correspondence: Professor Derek Hellenberg, Professor of Family Medicine, University of Cape Town,
Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory 7925, Cape Town,
Telephone: 021 406 6712, Facsimile: 021 406 6244, e-mail: dhellenb@cormack.uct.ac.za

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Summary

Previous articles in this series have defined words and concepts that guide our thinking in the areas of teaching and learning, set in the greater world of education; but what happens in the quiet and often lonely world of individual practice?

As we reflect upon our pasts, many of us recognise that we have at some point in time engaged with a significant figure who has had a long term and positive influence on our personal development; someone who has the unusual and valuable qualities that mean that whatever else is happening to them personally, they maintain a genuine interest in at least one other person's development. All too frequently, this becomes an isolated event; a lost activity from which there is limited gain. This article explores how, as busy practitioners, we may think of using the principles implied in this experience and build upon them to facilitate a powerful and cost effective method that encourages personal development.

*"To know someone with whom you feel there is understanding in spite of distances or thoughts expressed.....
that can make this life a garden" - Johann Wolfgang von Goethe (1749-1832)*

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So what is Mentoring?

Originating from Mentor, the adviser to the young Telemachus in Homer's Odyssey, the noun mentor literally describes an experienced person in an organisation or institution who trains and counsels new employees or students.¹

Carter² was succinct in his definition of mentoring, when he described a mentor as: - "...an influential person who significantly helps you reach your major life goals"

Mentoring is a protected relationship in which learning and experimentation can occur, potential skills can be developed, and results can be measured in terms of competencies and attainments, rather than territory covered.

It is a relationship rather than an activity, which clearly distinguishes mentoring from most other forms of learning and development.

Coaching on the other hand, is often more specific and of convergent purpose. A coach is a tutor who teaches or trains in a particular way. A coach is more likely to train you in the management of myocardial

infarction, whereas a mentor will be available to guide you through a more holistic and personal approach to the management of myocardial infarction, and its impact upon you as a practitioner, now and in the future. Mentoring relies heavily upon self-directed, student-centred learning; coaching is much more didactic, and teacher-centred. The mentoring relationship may last a lifetime, and should be available for all, whatever their level of achievement. Coaching lasts for as long as the learning need is necessary.

In their discourse on mentoring, Hesketh and Laidlaw³ captured the true meaning of mentoring: - "...it is a relationship that encourages the holistic development of a person...often an exemplary role model, a supporting confidante, a developer of talent and an opener of doors."

Mentoring in medicine is not a new concept. Arthur Elstein⁴, a well-known and respected figure in medical education described it early in his own career and believed it to be a major factor in improving physicians'

performance; well above any other continuing professional development activity. Instances in publications describe it as the most effective method for developing physicians' leadership competencies⁵, a powerful tool to shape and develop professionalism, ethics, values and the art of medicine⁶, a vital method in developing growth and maturation of academic staff⁷ and an essential part of a mechanism which improves career satisfaction⁸. Even the use of mentoring in distance learning by using video-conferencing facilities (telementoring) has been shown to be as effective as on-site, face to face mentoring⁹.

Mentoring in everyday practice.

With such a positive press and examples of mentoring being used in many areas of medicine, how can we take the concept forward into our everyday lives within practice? The advantage of mentoring over other forms of developmental activity is that when it works well, it focuses on our real learning needs on a specific and personal level. A deep irony is that

often, the more organised and structured we make it the less likely it is to really work. Mentoring (like management) is a function, not just a title. We earn the label by our deeds, and not just what we call ourselves. Many of us have come across this significant figure in our lives that has had a long term and positive influence on our development, someone who has the unusual and valuable qualities that we immediately recognise, but fail to capture. What is it then that we recognise that makes this individual so influential?

We believe that there are ten core competencies or qualities that make up this mentoring figure:

1. They appear to command respect for what they talk about; they are good at their own job.
2. They are not intimidating, and are easy to approach.
3. They are interested in me (the mentee) personally, showing genuine concern for my future.
4. They provide subtle guidance, but ensure that I make my own decisions.
5. They question in a non-threatening but purposeful manner.
6. They are willing to debate, argue, and discuss in a constructive way.
7. They will provide honest answers to the best of their ability, or guide if they do not have the answer.
8. They do not afford blame, staying neutral, but compassionate
9. They are empowering, enabling, caring, open and facilitative.
10. They provide critically constructive and positive feedback

This selection alone makes it clear that the excellent mentor is indeed an exceptional and valuable person. There are a number of direct applications to everyday practice that have been developed and proving significant and from which we can take example; in nursing^{10,11}, occupational therapy¹², general medicine⁵, psychiatry¹³ and orthopaedic surgery¹⁴. Examples from Family Medicine concentrate more on teaching and learning, rather than personal development^{15,16}. It is in this field of personal development that we believe mentoring in Family Practice should concentrate.

Any practitioner who recognises

that they are under-performing, or one who is seen as "poorly performing" by external assessors will need help and guidance from suitably trained mentors who will assist them in identifying their personal development needs. These mentors will need to have many of the qualities identified above and also be appropriately trained in the skills needed to help and guide colleagues back into acceptable clinical practice.

Already a number of initiatives can be found throughout the United Kingdom. Training in mentorship skills has been incorporated into certain basic vocational and on-going training schemes for Family Practitioners¹⁷. Primary Care Trusts are operating schemes where practitioners are volunteering to be part of a supportive network for local practitioners and poorly performing colleagues. These are the very individuals who will become the mentors of colleagues in the future¹⁸. The General Medical Council (UK) now suggests the use of mentors for physicians "under-observation" in its potential re-accreditation process¹⁹. These are all examples of mentor development in response to specific need.

But what of the every-day practitioner, carrying out his normal duties, often in the unrecognised and very personal, lonely life of family medicine? Would not a system that allows all to have a mentor or be a mentor, relieve or avoid some of the major pitfalls that bedevil practice? Could we not develop a buddy-system that is more than a "drinking partner" or "golf-buddy"?

Within the NHS (UK), Appraisal for Consultants is now part of every day life and this will ultimately be linked to a Performance Review Process. As a result there may be consultants who need a mentor, a friend, colleague, respected person who can be there to offer support, help and advice as they progress through a Performance Review Process. No such system exists at present in Family Medicine.

For those people who have been through mentorship training there is an acknowledgement that this is a skill that requires very specific training and practice, so that the mentor can fulfill the role appropriately and in terms of the mentor/mentee relationship provide

all the help and guidance needed. Is it possible that these skills can be for all, or incorporated into any new vocational training programme?

Like any process, mentoring, in the 'right hands' can be a powerful and cost effective method of encouraging development. It is crucial that the right people are recruited and developed in order to maximise the returns the mentoring process can deliver. As South Africa develops its Family Medicine structure, develops its systems of vocational training and eventually an accreditation/re-accreditation process, we believe that the development of a mentoring system could, and possibly should, become a core component.

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