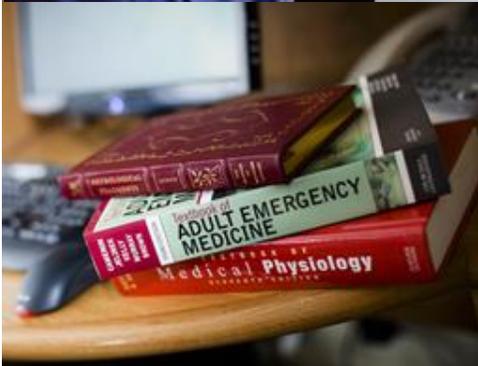




AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

A Guide to Best Practice Mentoring for Emergency Physicians



*Mentoring Handbook
for Emergency Departments*



This handbook was created by Australasian College for Emergency Medicine (ACEM), Quality Mentoring Initiative, for hospital emergency departments in Australia and New Zealand.

Due to the variability in size and structure of emergency departments, it is expected that the information presented is used as a guide only and customised to suit individual needs.

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References for quotations

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Doherty, C 2004, 'Introducing mentoring to doctors', *Development and Learning in Organizations*, vol. 18, no. 1, p 7.

Further information about the ACEM Quality Mentoring Initiative may be obtained from:

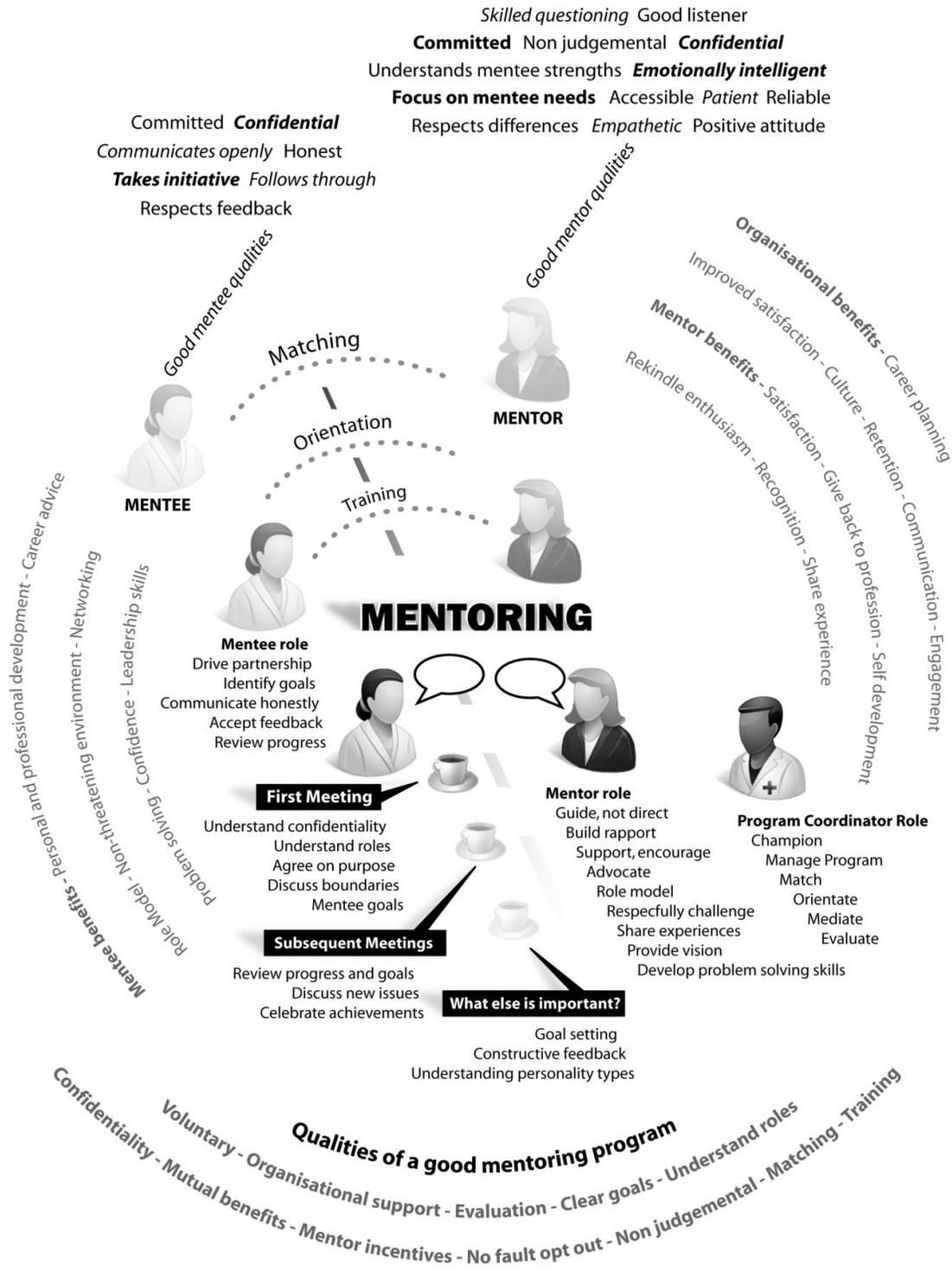
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A snapshot of quality mentoring



Key mentoring principles



Mentoring is a developmental partnership in which one person shares knowledge, skills and perspective to facilitate the personal and professional growth of another.

The key principles which guide high quality mentoring include:

■ Confidentiality

Mentoring partners agree that everything discussed remains confidential. This provides a safe and trusting environment which encourages open and honest discussion.

■ Commitment and accessibility

Both partners are committed to the relationship and obtain benefits from it. All agreements made are respected and tasks are followed through. Frequency and methods of contact suit both partners.

■ Mentee driven

The mentee drives the relationship and their needs and goals form the focus with the mentor providing guidance.

■ Facilitative mentor approach

Good mentors do more active listening than talking and empower the mentee to work out their own solutions. They understand and utilise the mentee's strengths and learning styles, provide options, constructive feedback and encourage a problem solving approach.

■ Shared understanding of purpose, expectations and realistic boundaries

Mentor and mentee understand and agree on the goals of the mentoring relationship, roles, responsibilities and boundaries which may include what will and won't be discussed, confidentiality, meeting frequency and methods of communication.

■ Empowering personal and professional development

The mentoring relationship may focus on both personal as well as professional needs.

■ Non-judgemental and respect for individual differences

The relationship is based on a non-judgemental approach where each is sensitive and respectful of any individual differences. The mentee respects the options and opinions given by the mentor and expects to be constructively challenged by new ideas.



Mentoring models

Different mentoring models exist, each with advantages and disadvantages. This handbook focusses on the most commonly used one to one model.

■ One to one mentoring

Each mentee is matched to a particular mentor. A mentor may have more than one mentee.

Traditional – mentor is senior and more experienced. This may result in dependency or difficulty in forming strong rapport if differences are large.

Peer – mentor and mentee are on a similar level in both position and experience. Bonds form more easily but may result in competition and reduced sharing of knowledge and experience as is more likely to occur with traditional mentoring.

■ Multiple mentors

With adequate availability of mentors, it may be possible for one mentee to have more than one mentor to take advantage of different skill sets. This approach may make it harder to form strong bonds and allow continuity of relationships.

■ Distance mentoring

This approach is used when face to face meetings are not possible and relies on written communication or distant contact using methods such as phone or Skype. A downside is that it may make it harder for people to develop strong rapport.

■ Group mentoring

Group discussions may be used when mentors are limited and can help identify issues shared by the group. A disadvantage of this method may be that mentees' individual needs are harder to address and people are unlikely to fully open up in a group environment.

■ Customised models

Small hospitals may face the issue of having a lack of mentors, so a customised model may be necessary. Mentors don't necessarily need to be located at the same hospital as their mentees, so a program may be coordinated on a network level where contact may predominantly be by distance, with occasional face to face meetings where possible.



Benefits of mentoring

A well designed mentoring program may offer a range of benefits, not just to mentees, but also to mentors and the organisation as a whole.

Benefits to mentor	Benefits to mentee
Satisfaction and pride in mentee’s success	Personal as well as professional development
A chance to give back to the profession	Being able to work through issues in a non-threatening environment
Opportunity to share one’s experience	Have a role model
Develop self-awareness and a greater understanding of other cultures	Develop professional behaviour and identity and a better understanding of the department
Recognition from peers	Improve problem solving skills
A new role to rekindle enthusiasm	Increase confidence and leadership skills
Develop skills in facilitative learning	Career advice and networking opportunities

Benefits to organisation

- Improved employee engagement and satisfaction
- Better workplace culture and communication
- Improved employee recruitment and retention
- Better opportunity for career planning
- Leadership development and building staff confidence
- Provides a support structure for doctors trying to cope with serious patient outcomes due to mistakes or errors

“Mentoring creates a culture, where learning and the sharing of knowledge becomes part of the daily fabric rather than a forced task”

(Chronus 2012, p.3)

Characteristics of effective mentoring



Evidence shows that a successful mentoring program must be well designed. A best practice mentoring model should aim to fulfil as many of the qualities listed as possible.

Successful mentoring programs usually have clearly defined goals which have been chosen to address areas needing improvement within the organisation.

A formal mentoring program should not replace any informal mentoring which is already taking place.

Qualities of a good mentoring program

- Organisation sets clear goals for their mentoring program
- Commitment towards values and principles from all involved
- Organisation supports and promotes program benefits at all levels
- Mutual benefits obtained by mentee, mentor and organisation including incentives to mentor
- Open communication and consultation occurs throughout implementation
- Is non-reporting, has a 'no fault' opt out process and built in flexibility as appropriate
- Involvement is voluntary and includes a matching process which involves both mentee and mentor
- Adequate training and support provided
- Mentoring partners have a clear understanding and agreement on the goals of the relationship, expectations, boundaries and level of confidentiality
- Timely meetings held which suit both partners
- Mentee driven relationship with clear communication in both directions
- Differences in ways of thinking, culture and any others are respected
- Regular evaluation undertaken for continuous improvement

Qualities of a good mentor

Ideally the people who become mentors need to display evidence of outstanding clinical practice, be good role models who have the respect of their colleagues and be held in high regard for their professional and personal attributes.

The attributes below are common in successful mentors.

Qualities of a good mentor

- Committed to being a mentor and focusses on mentee's needs, allowing them to drive the relationship
- Respects confidentiality such that the content of mentoring conversations remains private to the mentoring partners
- Non-judgemental, empathetic, non-threatening, open and approachable
- Patient, optimistic, confident, has a positive attitude and is able to motivate and encourage
- Respected within workplace, has a strong network and upholds high professional standards
- Accessible, trustworthy, reliable, responsive and follows through
- Active listener, skilled at questioning, good interpersonal skill, able to provide honest and constructive feedback
- Sensitive to cultural, gender, religious and other differences
- People oriented, interested in making time to support the development and growth of others
- Emotionally intelligent meaning they are sensitive to the needs and feelings of others and are able to share their own feelings and experiences
- Understands mentee's strengths and preferred learning styles
- Lifelong learners such that they are not only interested in developing others but also keen learners themselves and engage in ongoing self-development
- Empowers and guides mentee to find their own way rather than just putting forward solutions

“ *We will find time to do mentoring because it will keep us sane!* – Senior Consultant ”

(Doherty 2004, p.7)

Qualities of a good mentee

Just as a mentor requires a set of good qualities, so too does the mentee. A mentoring relationship requires both partners to contribute and interact in a meaningful and constructive way such that communication is open and clear. Generally the more qualities each partner has, the more likely they will experience a comfortable and productive relationship.

Qualities of a good mentee

- Committed and follows through
- Respects confidentiality
- Communicates openly and honestly
- Respects mentor's constraints and shows appreciation
- Takes initiative, makes decisions and assumes responsibility for own career
- Able to facilitate the development of the mentoring relationship
- Able to receive constructive feedback, be challenged and consider different values and views
- Reassesses own performance

“ *No new consultant should have to go through what I did. I wish I had had someone to share my frustrations when I started – that's why I wanted to become a mentor* ”

(Doherty 2004, p.7)

Roles and expectations



A mentoring relationship is very much mentee centred, focussing on their professional and personal development. The mentor's role is to *enable* and *empower* the mentee to *take charge of their own development*.

To allow this to happen, a mentor needs strong interpersonal skills such as being able to listen effectively, show empathy, use a non-judgemental approach and be able to facilitate through skilled questioning.

■ Role of mentor



Relationship building – Build a strong rapport with the mentee in an environment of trust to allow for the sharing of experiences in a protective, confidential environment. Support and encourage mentee to build confidence. Be respectful of and sensitive to individual differences. Respond in a timely fashion to requests for both regular and crisis meetings.

Information sharing – Share knowledge of organisation, occupation, networks and experiences. Offer career advice. Refer to third party services for issues outside their expertise.

Facilitative – Actively listen and question to elicit facts. Assist in creating opportunities for the mentee to explore their ideas, interests, abilities and beliefs. Assist mentee in achieving short and long term goals by facilitating them to find their own way. Encourage mentee to take responsibility for their development and decision making. Promote mentee's interests and advocate for them.

Challenging – Constructively and respectfully challenge mentee's expectations and ideas in order for them to gain insight into their decisions and actions. Encourage mentee to listen, clarify understanding, review and consider different perspectives. Stimulate mentee's critical thinking and develop problem solving skills.

Modelling – Be a role model for the mentee by sharing life experiences and feelings in order to personalise and enrich the relationship and develop professional behaviour.

Visionary – Help them to envision their future and build their career by exploring options and offering opportunities.

■ Role of mentee

- Be responsible for their own development by scheduling regular meetings and choosing topics for discussion.
- Identify developmental goals, priorities and career interests.
- Respectfully listen to feedback with an open mind and expect to be challenged with alternative points of view.
- Communicate clearly and honestly, share concerns and achievements in both their personal and professional life.
- Use the mentor as a ‘sounding board’ to discuss personal and workplace issues and review own progress.
- Treat mentor with courtesy and respect.
- Maintain confidentiality.



■ Role of program coordinator

A mentoring program will normally have a coordinator to manage the program and should be someone other than the DEMENT if possible. Their roles may include to:

- Be a champion for the program
- Set up a new program or manage an existing one
- Raise program awareness
- Orientate new participants to the program
- Facilitate matching of mentor and mentee pairs
- Provide training opportunities
- Mediate between mentors and mentees if required
- Provide access to mentoring related resources
- Evaluate program on a regular basis.



“ *Mentoring helps new employees ‘to become productive faster and embrace company culture. It also demonstrated the organisation’s commitment to new employee’s career’* ”

(Chronus 2012, p.6)

Medical approach vs. mentoring approach

Being an effective mentor is a skill which requires training and practice and can take time to master because it requires a different approach to that which doctors are accustomed to using.



Mentoring is not clinical supervision, discipline, assessment, performance management or an expert training a novice.

The medical approach	The mentoring approach
<p>Doctor as expert, patient needing medical treatment. Doctor leads and patient follows instructions. Doctor asks questions to diagnose and problem solve.</p>	<p>Mentee leads by determining what they want from the mentoring relationship. Mentor assists mentee by asking questions to understand their needs, then using a facilitative approach to enable the mentee to find their own solutions.</p>
<p>Clinical supervision or an expert training a novice. Performance management or assessment. Supervisor determines deficiencies and advises on correct approach.</p>	<p>Personal and professional development. Mentor stimulates mentee’s critical thinking and develops their problem solving skills. Mentor respectfully challenges the mentee with different values and ideas to gain insight into unproductive strategies and behaviours and gives mentee options. Allows mentee to learn by trial using low risk strategies.</p>
<p>A culture of competition where high achievement is expected and feelings are not shared or discussed amongst colleagues for fear of being seen as weak or incompetent.</p>	<p>Collaborative and supportive culture where discussing feelings and experiences is accepted by both mentor and mentee in a confidential and non-judgemental environment.</p>
<p>Intellectual intelligence by being right. Senior doctor corrects and provides junior doctor with answers.</p>	<p>Emotional intelligence. Mentor learns mentee’s strengths and preferred learning styles and interacts with them appropriately. Mentor empowers mentee with their knowledge, experience and networks and guides them to find their own way.</p>

Source: Doherty, C 2004, ‘Introducing mentoring to doctors’, *Development and Learning in Organizations*, vol. 18, no. 1, p 7.

Confidentiality



Confidentiality forms a vital component of a successful mentoring program and therefore both mentor and mentee must treat it seriously. Confidentiality should be discussed at the first meeting and terms agreed upon. Mentoring meetings should therefore be non-reporting.

Confidentiality means that communications undertaken within a mentoring relationship should not be shared with anyone else, including DEMTs (Directors of Emergency Management Training) and emergency department directors without the permission of the mentor or mentee.

There are some exceptional circumstances where the mentor's legal obligations require them to break this confidentiality. The legal obligations in Australia apply to all medical practitioners and can be summarised as follows:

“Health practitioners must report another health practitioner or student if, in the course of treating them, they form the reasonable belief that the second practitioner or student has engaged in notifiable conduct.”

“This term is used in the context of mandatory notifications. The (Australian) National Law defines ‘notifiable conduct’. In relation to a registered health practitioner, it means the practitioner has:

- practised their profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of their profession
- placed the public at risk of substantial harm in their practice of the profession because they have an impairment, or
- placed the public at risk of harm because they practised their profession in a way that constitutes a significant departure from accepted professional standards.” (Australian Health Practitioner Regulation Agency, 2013)

Depending on specific state and country legislation, there may also be a requirement to break confidentiality if the mentor forms the opinion that because of a person's mental illness, involuntary treatment of that person is necessary for his or her health and safety. The same may apply for children in need of protection.

Sources:

Australian Health Practitioner Regulation Agency, *Fact Sheet: New reporting obligations*, viewed 15 April 2013, <<http://www.ahpra.gov.au/documents/default.aspx?record=WD10%2F57&dbid=AP&chksum=5ifvWKBSbJSgojZJ8LcDYQ%3D%3D>>

Howard, M 2011, Southern Health, *Emerging Physicians – Confidentiality*, Victoria, leaflet.

Mentors and DEMTs

A mentor's role should not include performance management, which is the role of the DEMENT. It is therefore *not* recommended that a mentee's DEMENT also be their mentor.

If possible, the program coordinator should ideally not have any performance management responsibilities for the same reasons.

A mentoring relationship should be confidential and non-reporting and any information disclosed during mentoring meetings should not be used as part of a performance appraisal process. This should be clearly understood and agreed to by all involved.

A DEMENT can however suggest to a trainee that they seek the assistance of their mentor to help them explore ways to improve performance. In this case, the mentor's role should be more to develop skills rather than to address individual issues. A mentee may raise any issues they feel relevant with their mentor, however the DEMENT's role normally includes exam preparation and ACEM training requirements.

A mentoring relationship is quite separate from that of a DEMENT, however it can also be complementary to it. For example, a trainee may use their DEMENT to clarify their training requirements and then use their mentor to assist them with issues such as work-life balance and setting study goals to benefit exam preparation.

“ *Mentoring ‘reduces the time required for knowledge transfer by providing direct access to a range of experts and peers who can share the required knowledge and skills in an environment that promotes rapid learning’* ”

(Chronus 2012, p.3)

Stages of mentoring



Mentoring programs vary depending on the needs and constraints of each workplace, but generally include four stages:

Stage 1: Preparing for Mentoring

- Mentoring works best if it is voluntary with each partner involved in a matching process.
- Training and resources are offered and a program coordinator is available for assistance.

Stage 2: Building the relationship

- The first meeting is important as partners learn about each other and come to a mutual understand on the purpose of the relationship and expectations.
- Agreement is reached on mentee's initial goals, confidentiality, roles and responsibilities, boundaries, future meetings, methods of contact between meetings and any tasks to be carried out before the next meeting.

Stage 3: Developing the mentee

- Mentoring pairs meet regularly to review goals and address new issues.
- Mentor builds mentee's confidence and independence to make decisions and take responsibility for their own future.
- Initially the mentee will probably need significant support and direction from the mentor but as the mentee becomes more confident and independent they are expected to play more of a role in leading the direction of the relationship.
- Partners celebrate milestones as they are achieved.

Stage 4: Transitioning the relationship

As a relationship matures, it may change to more of a friendship or collegiate relationship, or cease altogether if both agree that it has served its purpose. Issues within relationships can benefit from program coordinator mediation and a 'no fault' opt-out process which enables relationships to end or for a change of mentors.



Meetings

■ Before first meeting

Each partner considers what they hope to get out of the mentoring relationship and any limitations they have, such as time constraints.

The mentee thinks about specific goals they want to achieve as a result of mentoring which will be formalised at the meeting.

■ At first meeting

The first meeting is important because it enables mentoring partners to:

- Get to know each other and begin developing rapport
- Emphasise the value of confidentiality, honesty and boundaries, such as what will and won't be discussed and arrangements for contact between meetings.
- Discuss any conflict of role issues
- Ensure mutual understanding and agreement on roles and expectations
- Identify mentee's short and long term goals
- Plan future meetings

■ Subsequent meetings

- Should have a clear structure and purpose driven by the mentee
- Mentee's goals are reviewed and progress discussed
- Mentee brings up new issues for discussion
- Mentoring partners agree on support needs and set targets for future actions

Meeting topics may include personal as well as professional issues such as career planning, communication skills, conflict resolution and stress management.

What else is important?



■ Personality types

Everyone has a unique personality which affects how they communicate and learn. Several models exist which broadly categorise personality types to help people understand their strengths and preferred ways of doing things. Having this awareness may help a mentor to better relate to others.

For example, a mentor may be naturally an analytical and logical thinker and doesn't often focus on emotions. If they interact with a mentee who naturally places a higher priority on their emotions to influence their decision making, they may find communicating difficult and possibly even uncomfortable.

The mentor may ask the mentee to "Describe step by step how this situation happened and what you did to try to correct it." The mentee may be uncomfortable with their mentor's approach if they expected to be asked how they felt about the situation first because it is more natural for them to answer questions from that perspective.

Some personality type tools include *StrengthsFinder* and *Myers-Briggs Type Indicator*.

■ Goal setting



Setting clear goals is an important task within each mentoring relationship as meetings may lack clear direction without them. The SMART goal model guides the creation of usable goals which fit the following guidelines:

S	<i>Specific</i>	Shouldn't be too broad
M	<i>Measurable</i>	Should be measurable to determine when the goal has been achieved
A	<i>Achievable</i>	Needs to be realistic and achievable
R	<i>Relevant</i>	A goal should be relevant to overall personal or professional goals
T	<i>Time-framed</i>	An expected timeframe should be decided on to achieve the goal

■ Feedback

Constructive feedback is a vital component of any developmental process and is an important skill for mentors to master.



Effective feedback occurs when a mentor has been able to clearly communicate to the mentee so they understand what they are doing well, what they can improve upon and how. Such communication is most effective when it is done in a way that is neither threatening nor judgemental.

Poor feedback may result in the mentee feeling offended, inferior or simply not understanding what the mentor was trying to say. Feedback in which the mentor simply corrects the mentee and tells them what to do goes against mentoring principles and will likely result in little opportunity for the mentee to develop problem solving skills.

Developing the ability to give effective feedback is just one of the skills which can be acquired from mentoring training and serves to demonstrate the importance of getting suitable training before taking on the role of mentor.

“ *A number of organisations have used mentoring as the starting point for changing from a culture that was hostile towards learning, to one that is very supportive of learning behaviours* ”

(Clutterbuck 2011, p.3)

Barriers to successful mentoring



An effective mentoring relationship relies heavily upon a strong rapport developing to enable the mentee to feel comfortable to honestly discuss any issues they need to. Developing such a level of rapport can take time.

Generally the more items from *Characteristics of an effective mentoring program* which a program satisfies, the fewer problems it should experience.

The first meeting is important in establishing clear roles, responsibilities and expectations. A lack of understanding or agreement on any of these may result in future problems.

Program coordinator mediation and a ‘no fault’ opt out process can benefit issue resolution.

Some common barriers which may hinder successful mentoring are listed below.

Barrier	Discussion
Lack of understanding of expectations, boundaries or breach of confidentiality	Both partners should have access to written roles, responsibilities and confidentiality. These should be discussed and agreed upon during the first meeting as well as any other issues important to the partners such as meeting frequency and methods of contact between meetings. These may be reviewed at future meetings.
Conflicting roles of mentor	Mentor role should be separate from assessor, supervisor and management roles. Therefore, a mentee’s DEMENT should not also be their mentor.
Lack of commitment or follow through or relationship stagnates	Participation in mentoring should be voluntary. If time is an issue, partners may review terms of relationship, such as frequency of meetings, methods of contact etc. If relationship stagnates, mentee can review goals to see if they still have a need for mentoring. Often a successful mentoring relationship will transition into one of a collegiate relationship or friendship.
Mentor is unable to deal with certain issues such as a personal crisis	It is expected that mentors refer mentees to third party services if situations arise which they feel are outside their expertise. The coordinator should make available a list of third party services such as counselling.

Mentee becomes over dependent on mentor

Normally a mentee will require more guidance at the start when the mentor's role is to develop the mentee's confidence and independence. As the partnership progresses, the mentee is expected to take more of a lead in driving the relationship.

If over dependence persists, partners may review the terms of their agreement regarding contact frequency and methods of contact between meetings, so boundaries are clear.

Dependence is more likely to develop if differences between mentor and mentee are large.

Mentee feels as though their mentor controls the relationship

The mentee gains most from mentoring if they lead the relationship in terms of setting their own goals and choosing topics for discussion. The mentor is expected to use a facilitative approach to guide the mentee, as it is easy to fall back into a supervisor or teacher role which is not appropriate for mentoring. Mentor training is therefore important to enable acquisition of appropriate skills including facilitation, questioning and feedback.

Mentee is not confident in discussing personal issues

A good rapport between partners has likely not yet developed. Consider giving the relationship more time, meeting outside the organisation in a more comfortable environment or changing to another mentor.

Organisation uses mentoring to address under-performing trainees

This is not an appropriate use of mentoring. As discussed in *Mentoring and DEMTs*, performance issues fall under the role of the DEMT. Mentoring should be available to all and should focus on development of higher level personal and professional developing such as problem solving skills rather than specific clinical skills. Also see *Mentoring approach vs. medical approach* for further examples.

Relationship generally becomes dysfunctional

There could be many causes for a dysfunctional relationship, but most will likely result from a lack of understanding and agreement on the terms of the relationship or personality clashes.

A matching process involving the mentee is important as well as having a coordinator who is available to mediate if any issues can't be resolved within the relationship. A final 'no-fault' opt out policy enables either party to end a mentoring relationship or change to a new partner.
