



# Mentor Training Program Handbook

Developed by the Postgraduate Medical Council of Victoria in collaboration with Austin Health.

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## Benefits of mentoring

### Possible positive outcomes of mentoring for the mentor and mentee:-

#### MENTOR

- ✓ Interpersonal skills / relationship
- ✓ Improved skills / development / job performance
- ✓ Satisfaction with role / career / recognition from peers
- ✓ Increased confidence / esteem / motivation
- ✓ Transmission of knowledge / values / sense of purpose
- ✓ Greater insight into self / others
- ✓ Networking
- ✓ Assistance / ideas / support
- ✓ Enjoyment / stimulation / challenge
- ✓ Empowering others / giving back
- ✓ Reflection / reappraisal of beliefs
- ✓ Opportunity to serve as role model

#### MENTEE

- ✓ Improved skills / knowledge / challenging assignments
- ✓ Support / empathy / friendship / encouragement
- ✓ Career affirmation / commitment / planning
- ✓ Increased confidence / esteem
- ✓ Enjoyment / satisfaction
- ✓ Induction / socialisation / reduced isolation
- ✓ Networking
- ✓ Discussion / sharing advice
- ✓ Promotion / career advancement
- ✓ Feedback / reinforcement
- ✓ Encourage independence / risk taking / new ideas
- ✓ Exposure / visibility / coaching
- ✓ Improved attitudes / motivation
- ✓ Better work family balance
- ✓ Protection / caretaker

*(Adapted from Ehrich, L.C & Hansford, B., 'Mentoring in the public sector', Practical Experiences in Professional Education, 2008, Volume 11, Number 1, p.15.)*

### Possible negative aspects of mentoring for the mentor and mentee:-

#### MENTOR

- Lack of time
- Lack of support from others / authorities
- Jealousy / negative attitudes of others
- Lack of training / understanding of goals or expectations

- Lack of proximity
- Conflicting mentor role: advice versus assessment
- Frustration with mentee performance / lack of commitment/trust
- Feel useless when relationship ends
- Unrealistic expectations of mentees / ungrateful

### **MENTEE**

- Lack of mentor knowledge / understanding / training
- Mismatch of mentor / mentee / poor relationships
- Lack of time
- Mentors who exploit / too much influence / out of touch
- Race and / or gender related problems
- Lack of mentor interest / support / commitment
- Clash between mentor and mentor's superiors
- Unnecessary relationship
- Mentors who do not develop mentee independence

*(Adapted from Ehrich, L.C & Hansford, B., 'Mentoring in the public sector', Practical Experiences in Professional Education, 2008, Volume 11, Number 1, p.16.)*

## **Possible positive and negative outcomes of mentoring for the organisation:-**

### **POSITIVE**

- √ Improved culture / dynamics / communication
- √ Improved skills of staff / leaders
- √ Lower absenteeism
- √ Retention of staff
- √ Increased productivity
- √ Improved PR / profile of the organisation
- √ Achieving organisational goals
- √ Identified doctors at risk
- √ Expanding organisation's knowledge base
- √ Reducing organisational stress
- √ Greater sense of belonging

### **NEGATIVE**

- Maintaining / attracting mentors
- Funding
- Time to coordinate
- Time taken away from workplace by both mentors and mentees

*(Adapted from Ehrich, L.C & Hansford, B., 'Mentoring in the public sector', Practical Experiences in Professional Education, 2008, Volume 11, Number 1, p.17.)*

## Roles and Responsibilities:

### 1. Mentors

Mentoring has been defined 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 mentors are senior medical staff. Their role is a voluntary one, and aims to take a special interest in the professional development of a more junior colleague and provide guidance and support. They should not be the mentee’s DCT/MCE, supervisor or manager.

#### It is expected that the mentor will:

- Assist the mentee in achieving their short and long term goals
- Promote the interests of the mentee rather than those of the mentor
- Treat the mentee with courtesy and respect
- Maintain mentee confidentiality
- Be sensitive to cultural, gender, religious and ethnic differences
- Be sensitive to behavioural or physical changes that may indicate mentee stress
- Make active efforts to arrange regular meetings with their mentee ( 3-4 scheduled meetings per year are recommended)
- Provide contact details to the mentee, and respond in a timely fashion to requests for both regular and crisis meetings
- Assist the mentee to find an appropriate alternate mentor, when their allocated mentor is on extended leave (e.g. long service leave)

#### A note regarding mentors and supervisors:

There are a few key differences between a mentor and a supervisor. Where a supervisor has management responsibilities, a mentor is an advisor. Mentors are NOT empowered to take action on behalf of their mentee.

**Supervisors:** \* Determine job responsibilities and work objectives  
\* Supervise job performance  
\* Performance appraisals and recommend training and development

**Mentors:** \* **Counsel** – help them take stock of where they are and where they want to be.  
\* **Consult** – facilitate decision making and assist with option exploration  
\* **Coach** – assist and motivate mentee to implement plans and achieve goals.

The role of the mentor is not one of performance management. Any concerns about unsatisfactory performance are the responsibility of the supervisor. It is not appropriate for the mentor to be tasked with the role of addressing poor performance. Information disclosed in a mentoring encounter should not be used as part of a performance appraisal process, and this should be clearly understood and agreed to by all parties involved.

If there were concerns over a trainee's performance, an appropriate course of action would be for the supervisor to approach the trainee and identify the issue. The supervisor could then suggest to the trainee that they discuss this issue with their mentor to explore ways of addressing the problem. Mentor encounters are ideally led by the mentee; it is not considered appropriate for mentors to identify problems or issues, as this is not the role of the mentor. It is appropriate for the supervisor to follow up with the trainee to ensure the issues are being discussed and addressed.

Whilst the mentee may raise with their mentor any subject they feel is relevant, the supervisor's role specifically includes topics such as exam preparation and College training requirements.

## **Key responsibilities for the mentor include the following:-**

### **Accessibility**

Agreement on a regular contact time and the adherence of both parties to this agreement provides the foundation for a mutually beneficial mentoring partnership. The time and methods by which this regular contact occurs are varied and will be dependent upon a range of factors including time constraints and geographical location. Intermittent contact between these times may also be beneficial if required.

It is likely that this contact may be brief when things are going well for the mentee and occasionally there may be a need for extended contact time. A regular contact time will create an opportunity to decide whether extra contact would be beneficial and whether or not this is urgent. If urgent, a mutually suitable time needs to be set aside as soon as is convenient.

### **Motivation**

It is important to motivate mentees towards the achievement of their goals and to be aware of resources that can be offered in support of this. From the outset, communication with the mentee about their goals needs to be established and recorded. As the mentoring relationship progresses, both mentor and mentee can review their progress towards goals and modify them as the mentee progresses and matures in their role as a well-integrated IMG.

### **Guidance/ support/ advising**

A mentor is often a person with seniority, experience and standing in the community whilst a mentee often has little experience or knowledge of the community, the medical profession, or the hospital community that they have entered. Within either of these communities, the ability to provide guidance, support, advice and counsel may sometimes be the most important factor in enhancing the skills of a mentee through their experience of a new and unfamiliar environment.

### **Role Modelling**

A mentor's own virtues, achievements, professionalism and lifestyle enable them to serve as an exemplar to which a mentee can seek to emulate.

*(Source: ACRRM, Guidelines for developing continuing professional development (CPD) and mentoring for rural and remote women doctors, December 2005).*

## **Critical skills required by mentors:-**

**M** – Manages the relationship

**E** – Encourages

**N** – Nurtures

**T** – Teaches

**O** – Offers Mutual Respect

**R** – Responds to the Mentee's needs

*(Clutterbuck, David. (1985) Everyone Needs a Mentor. Institute of Personnel Management, Bugbrooke, UK.)*

### **An effective mentor has been described as one who:-**

**M** – Manages the relationship

- Has high level self-management skills
- Is assertive
- Has good knowledge of the organization
- Models effective leadership and management skills
- Has excellent interpersonal skills

**E** – Encourages

- Motivates others
- Is a good role model
- Is able to provide clear and objective feedback

**N** – Nurtures

- Is able to promote personal growth
- Has ability to maintain work-life balance
- Acknowledges need to maintain health
- Respects higher goals, values and spiritual needs

**T** – Teaches

- Is able to undertake needs assessment
- Is able to facilitate learning
- Provides resources

**O** – Offers mutual respect

- Accepts differences in values, interests etc.

**R** – Responds to the Mentee's needs

- Does not seek to impose advice on the basis of one's own needs

## 2. Mentees

All IMG doctors at HMO and Registrar levels are strongly encouraged to participate in the mentor program.

As mature professionals, mentees are expected to take responsibility for directing their own learning as well as personal and professional development. It is expected that they will take an active role in developing the relationship with their mentor.

### **It is expected that the mentee will:**

- Treat the mentor with courtesy and respect
- Maintain mentor confidentiality
- Make active efforts to arrange regular meetings with their mentor (3-4 scheduled meetings per year are recommended)
- Provide contact details to the mentor, and respond in a timely fashion to requests for meetings
- Initiate discussions during mentoring sessions

When initiating discussions with their mentor, they may consider the following topics, which have been identified by PMCV through recent research as appropriate for discussion in these meetings:

- Career satisfaction
- Career development
- Work/ life balance
- Personal/ family issues
- Professionalism
- Staff interactions
- Communication issues
- Clinical issues

### **Mentees typically want:-**

- advice on career paths/options
- to learn how to develop maximum potential
- assistance in forward thinking
- to set career goal and strategies for achieving them
- to expand networks and broaden horizons
- to learn new skills
- a person who has been successful to use as a role model
- to raise their profile
- to get the big picture view
- to develop better life perspective – balance work and home
- awareness of promotional opportunities
- help with job applications
- access to a variety of resources

### **Good mentees are:-**

- Motivated
- Proactive
- Open minded
- Self-directing
- Introspective
- Self-disciplined
- Enthusiastic
- Communicative
- Appreciative

*(SUN Mentoring, University of Sydney, Mentoring Skills Workshop Workbook).*

[SLIDES 12-13]

## SAMPLE JOB DESCRIPTION & CORE COMPETENCIES FOR MENTORS

### 1. General details

**Job Title:** Mentor of junior doctors

**Time Commitment:** Minimum of 4 mentoring sessions lasting a minimum of 1 hour per mentee, within twelve month period

**Mentees commitment:** Maximum number of active mentees is four (normally); minimum is one

**Contract status:** e.g. four sessions per mentee over 12 month timescale

**Tenure:** Accreditation after 12 months and then every 3 years

**Accountable to:** Mentoring Program Director and mentoring Team

**Responsible to:** DMS via accreditation process

**Professional training and support:** Mentor Training Course, Mentor Support Groups

### 2. Main purpose

To act as a mentor to one or more junior doctors in accordance with our definition of mentoring: a 'process whereby the mentor guides the mentee in the development and re-examination of their own ideas, learning, and personal and professional development.' (SCOPME, UK)

### 3. Declaration

The mentor must make a declaration at selection and re-selection (and if a pertinent situation occurs whilst in post) that he/she is not currently under investigation for any criminal offence, which might bring the mentoring process into disrepute.

### 4. Core competencies

Mentors are expected to take an active part in their own development and that of their peers in participating in mentoring scheme activities.

a) **Communication skills:** consistently practise effective communication skills; recognise and take account of the Mentee's favoured interpersonal style in order to optimise communication; establish rapport; use active listening; summarise; negotiate and give constructive feedback. Recognise and sensitively manage areas of resistance/conflict within the discussion process and be able to challenge the belief constructively.

b) **Personal and people development:** develop own/mentees' knowledge and practice across professional/organisational boundaries. Understand the health care context relevant to the mentee in order to make realistic allowances for problems and issues. These issues may include the mentee's attitudes, beliefs, learning style, motivation etc. that might obstruct the application of best practice. Talk and respond knowledgeably about the competing demands within the mentor's everyday work. This would also entail understanding national, state and local healthcare priorities and how these are relevant to the mentee's circumstances.

c) **Health/safety and risk management:** promote mentees' health, safety and security; utilise network for referral e.g. occupational health, stress, financial or relationship difficulties, both within and outside medical profession.

d) **Contribute to the development of mentoring services:** encourage reflective practice to enable the mentee to learn from his/her own experience; assess whether learning and/or personal growth has occurred since the previous meeting and whether it has addressed the mentee's needs. Encourage reflection upon the continuing quality improvement of the mentoring service as a whole.

e) **Promote people's equality, diversity and rights:** understand the principles of equal opportunity and demonstrate best practice. Be aware of *own* values, beliefs and attitudes; seek to use these in a constructive manner principally, but not exclusively, in the interests of the mentee.

**Maintain confidentiality unless required by duty or statute to do otherwise.**

f) **Promotion of self-care and peer support:** encourage mentees to promote their own current /future health and wellbeing. Be sensitive to mentee's health concerns that may impair performance and/or judgement.

g) **Participate in a support system for the mentoring process:** develop/sustain partnership working between mentees and health service.

Attempt to understand and resolve disputes. Have good influencing skills – seeking information, testing understanding, labelling behaviour and commentating on feelings. Foster good working relationships with other parts of the health service.

h) **Protected time:** identify/negotiate protected time to devote to mentoring process and take active part in peer support.

5. Demonstration of evidence of mentor competencies. Evidence can be:

- A description or a case study that demonstrates a comprehensive understanding of the concepts of meaningful education
- Objective data such as relevant feedback from learners about an individual or event for which the individual was responsible
- An audit
- A report from an appraisal or peer review
- Insight into barriers

(Source: R. Chambers, A. Tavabie, S. See, S Hughes. 'Template for a competency based job description for mentors of GPs', *Education for Primary Care*, May 2004, Volume 15, Number 2, pp. 220 -230.)

## TEMPLATE FOR A MENTOR PREFERENCE FORM

### Mentor preference form

<b>Name of IMG:</b>	
<b>Email address:</b>	
<b>Phone number:</b>	
<b>Suburb/town in which I live:</b>	
<b>Preferred mentor:</b>	<b>1.</b>
	<b>2.</b>
	<b>3.</b>
<b>Prefer not to be matched with:</b> <i>(only complete if relevant)</i>	

#### **Notes on choosing a mentor**

One of the major difficulties that mentees have identified in arranging regular meetings with their mentor is the fact that they are based at different campuses to each other. If you think you are more likely to choose rotations at one particular campus, or if you live near one of the campuses, then it may be a good idea to nominate mentors who work there.

Not all senior medical staff have chosen to be part of the mentor program, and many already have two or three mentees, so it may not be possible for you to be allocated one of your choosing. Please do not be disappointed if you are allocated someone who was not on your list. It is important to remember that many successful mentoring relationships have been formed between two people who were allocated to each other rather than self-selected.

Adapted from material by Dr Madeleine Howard, Southern Health, 'Emerging Physicians Mentoring Program', Feb 2011

## **Establishing a Mentoring Agreement:**

A Mentoring Agreement helps to structure the relationship and promotes commitment by both parties.

Many people in mentoring partnerships find it useful to create a formal mentoring agreement at the start of the relationship to help clarify the purpose and goals of the relationship. Some partnerships create a written document outlining how the relationship will work, what goals are to be achieved and within what timeframe, how the relationship can be ended, frequency of meetings etc. Of course, many relationships exist without such formal documentation, however it is recommended that, at the very least, some discussion of these aspects is covered in the initial mentoring meetings. (See following pages for a sample Mentoring Agreement form, and template for a Mentor Position Description).

*{See following page for a Mentoring Agreement template}*

## TEMPLATE FOR MENTORING AGREEMENT

### Mentoring Agreement

**Mentor:**

**Mentee:**

**Purpose and desired outcomes of the mentoring relationship:**

**Activities to be conducted:**

**Expectations:**

**Communication methods and frequency:**

**Actions to take if problems arise:**

**I agree to enter this mentoring relationship as defined above and will maintain confidentiality.**

**Mentee:**

**Mentor:**

**Date:** \_\_\_\_\_

*[SLIDE 14]*

## Being a mentor

### Monitoring the Mentoring Relationship

In the interests of maintaining an effective mentoring program, the Mentor Program Coordinator needs to keep written records of mentor/mentee interaction and progress. This simple record-keeping allows the Program Coordinator to pick up any problems that may be emerging, as well as ensuring that regular contact is occurring.

The two templates that follow are a guide for monitoring activities and reporting on progress towards achieving goals. (N.B. These examples are designed to be completed monthly, but in the mentoring setting, it may be sufficient for mentors and mentees to complete Logs and/or Reports at the end of each Term).

## MENTORING ACTIVITY LOG

Month of \_\_\_\_\_

Mentor name \_\_\_\_\_

Mentee name	Date of feedback	Hours with mentee	Frequency of meetings	Frequency of phone calls	Activity codes*	Quality code**	Comments

**Codes:**

\*Activity code - Please indicate the type of activity that the mentor / mentee engage in:

- REC / SOC = recreational / social
- ACA = academic (helping with research/clinical work, reviewing logbook/journal, reading, etc.)
- CAR / COL = Career / College (writing CV, applying to college, job shadowing, etc.)
- OTH = Other (please explain)

\*\*Quality of Relationship Code: Please indicate how the mentor perceives the relationship:

E = Excellent G= Good F= Fair P= Poor N= Non Existent

## Mentor's Term Report

		Date _____
Mentor's Name _____	Phone number _____	
Mentee's Name _____		

What is your pair's goal and assessment data?

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What is the progress on achieving this goal?

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How often did you meet with your mentee last term?

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Date	Time Involved	Activity

Total hours \_\_\_\_\_

**Briefly describe the relationship between you and your mentee:**

**What have the successes been for this term?**

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**What are some of the challenges?**

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**Additional Comments.**

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Mentor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form by the end of the term.**

***Thank you for your time.***

Courtesy of The Mentoring Partnership of New York.

**[SLIDE 14]**

## **PRACTICAL MENTORING SUGGESTIONS**

### **Before the first meeting**

You may consider asking your mentee to:

- Take some time to consider their short and long term goals prior to the meeting
  - Sending them a copy of the “SMART goal setting template” may be helpful
- Bring a copy of their CV to the meeting
  - Pros and cons to this
  - If you do this, you should send them one in exchange

### **At the first meeting**

- Get acquainted (backgrounds, interests)
  - CV can be a launching point for discussion
  - Alternatively, avoiding a CV may result in a less formal exchange of information to build rapport
- Discuss best modes and times for communication
- Define expectations of mentee/ mentor
  - Roles and Responsibilities document can assist
- Identify short and long term goals of mentee
- Identify 3 areas to work on together
- Emphasise the value you place on confidentiality (See handout)

Adapted from material by Dr Madeleine Howard, *Emerging Physicians Mentoring Program*, Southern health, 2011

**[SLIDES 15-16]**

## **Setting Goals:**

When people have clear goals, their efforts are more likely to produce the desired results. While goal setting is most likely to centre on the mentee's professional and personal needs, remember to consider your own needs as a mentor – you can expect to gain from the relationship too!

Setting specific goals focuses the mentor and mentee on the desired outcomes, which emphasizes shared objectives rather than personal differences. It directs attention to professional endeavours, reveals affinities/values and clarifies expectations of what will be achieved in the relationship. Working together on shared goals allows both parties to engage in a common effort; become familiar/comfortable with each other, and demonstrate trust-building behaviours.

In order to protect the interests of all parties, it is recommended that the Program Co-Ordinator retains copies of all IMG Mentoring documentation, including the Mentor Agreement, IMG Mentor Preference Form and the Goal Setting Form. In the event that there is any dispute or situation where the Co-Ordinator is called upon to intervene, there will be a documented record of the mentoring partnership and its activities.

## **Goal setting:**

- Do not set too many goals to actively focus on at once
- A maximum of 3 is appropriate
- Assist the mentee in developing strategies to achieve them
- Document the agreed goals and strategies so you both have a record (the "SMART goal setting template" can assist this)
- Meet again in the timeframe agreed for achieving the goal

*{See following page for the "SMART goal setting template"}*

## SMART GOAL SETTING TEMPLATE

*(To be completed by the mentee)*

**Mentee name:** \_\_\_\_\_

**Mentor name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Goals should be....

- Specific
- Meaningful
- Appropriate
- Realistic
- Time - bound

**Describe your specific goal/s**

**Goal 1**

**Goal 2**

**Goal 3**

**List the steps you will take to achieve these goals**

**Goal 1**

**Goal 2**

**Goal 3**

**Document the timeframe in which you will evaluate your progress with your mentor**

**Goal 1**

**Goal 2**

**Goal 3**

(Adapted from material by Dr Madeleine Howard, 'Emerging Physicians Mentoring Program', Southern Health, Feb 2011)

**[SLIDE 17]**

## **Confidentiality**

It is important that mentees can trust their mentors to keep the details of all meetings and discussions confidential. The mentors should take this responsibility seriously, and not share specific details of discussions with anyone else. In particular, mentors should not reveal any information from mentor/ mentee discussions to DCTs or Department Directors/Supervisors without the permission of the mentee.

### **Medical Board of Australia: e-link to evidence-based best practice resources:**

<http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>

There are some exceptional circumstances, where the mentor's legal obligations require them to break this confidentiality. These legal obligations apply to all medical practitioners and are set out by the Medical Board of Australia (MBA) on their website.

The policies and codes of most relevance in this context include:

- the **MBA Code of Conduct**, found under "Good Medical Practice" on the above website
- the guidelines around '**Notifiable Conduct**', found under "Medical – Guidelines for Mandatory Notifications" on the above website

In addition to this, the mentor may consider breaking confidentiality if the mentor forms the opinion that because of a person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public (Mental Health Act 1986) This is may become relevant in relation to discussions about a particular case in which the mentee was involved.

To support and assist them in their role, a mentor may wish to discuss issues that have arisen during the mentoring process with colleagues or with you as Coordinator. These discussions should be of a general nature and should not disclose the identity of any specific mentee. To assist in confidentiality in this matter, the mentor/ mentee match list will not be circulated publicly, but will only be known to the Coordinator of the Mentor Program.

Adapted from material by Dr Madeleine Howard, 'Emerging Physicians Mentoring Program', Southern Health, Feb 2011

[SLIDES 18 – 23]

## COMMUNICATION SKILLS

### Active Listening:

Active listening involves choosing to concentrate attention and expend energy on communication. It demonstrates your interest in the speaker and encourages them to communicate with you.

Reflective listening involves reflecting back to the speaker. It can mean more than paraphrasing and repeating the speaker's message. It can allow you to explore and examine incongruence between verbal and non-verbal messages.

### Developing listening skills

*Listening skills are important for many management activities – interviewing, coaching, appraising, and investigating. Listening skills include the skill of addressing another person's lack of talking skills. These notes may help you self-assess your own ability to listen effectively and decide whether you (or people working with you) need face-to-face skills training.*

In general, could you say that you:

- Avoid prejudice – don't pigeon-hole people and then fail to hear what they say?
- Show interest – with posture and other signals?
- Listen for feelings – see the messages that are not put into words?
- Avoid interruption – resist the temptation to be hands on and show off?
- Signal encouragement – show that what is being said is useful and you want to hear more?
- Clarify and summarise – so that there is a shared understanding of where the discussion has got to?

### Questioning

The purpose of questions is to draw out information and to gain clarity. It is important that your mentee doesn't feel interrogated or that they are being judged. If they feel that they have to justify themselves, they may block communication which could prevent them considering alternatives.

### 10 tips to better questioning

1. Rephrase questions to avoid beginning with a 'why'
2. Ask one question at a time
3. Wait for the answer
4. Ask questions that prompt deep thinking
5. Seek to promote insight

6. Ask about, and listen for feelings as well as facts
7. Respond to non-verbal communication with feedback
8. Use non-verbal communication to keep questions from sounding interrogative
9. Move from the general to specific
10. Challenge assumptions and generalisations

## **Providing advice**

Be cautious when giving advice. Sometimes advice given prematurely will prevent the real issue being discovered and resolved.

Advice that sounds like a recommendation may detract from the mentee taking responsibility for their own decisions and actions. Remember, what worked for you might not work for them.

If you tell your mentee what you think they should do, there is little opportunity for learning to take place – “Give a person a fish and you feed them for a day – teach them how to fish and they feed themselves for a lifetime”.

Consider who bears the responsibility if you advise a course of action that brings unintended negative consequences.

Use anecdotes, examples and metaphors – they are powerful tools to impart wisdom.

(Source: SUN Mentoring, University of Sydney, *Mentoring Skills Workshop Workbook*, pp.11 – 14)

**[SLIDE 24]**  
**Giving Feedback:**

**The need to provide meaningful feedback**

Positive feedback is vitally important. It builds confidence and credibility, reinforces good work, and inspires outstanding performance. Good mentors praise their mentees when they perform well. This simple act shows that the mentor is paying attention to the IMG's development and offers reassurance that the trainee is meeting performance expectations.

*a) Reinforcing high performance through positive feedback and recognition.* Although it is easy to "catch people doing well" and tell them so, doctors are remarkably stingy with positive feedback. They think of feedback as criticism offered to stop or correct a problem. But positive feedback is vitally important. It builds confidence and credibility, reinforces good work, and inspires outstanding performance. Good mentors praise their mentees when they perform well. This simple act shows that the mentor is paying attention to the doctor's development and offers reassurance that the IMG is meeting performance expectations. For an IMG who may not be clear about what is expected, or who feels isolated or insecure, a few words of recognition and encouragement can mean the vast difference between high motivation to succeed and abject discouragement that no one notices or cares.

*b) Correcting or improving inadequate performance through constructive feedback.* Sometimes minority doctors do have performance problems. Those doctors need to know right away what the problem is and how it can be corrected. It does no one any good to withhold this information. Indeed, when beneficial advice is withheld, behaviours that could be improved are perpetuated until it is too late; the doctor becomes stigmatized as a problem performer, with the negative consequences discussed earlier. Effective mentors do not delay: they address performance problems promptly, fairly, and constructively.

Constructive feedback must be candid and meaningful. "Tough love" can have a powerful impact when coming from a trusted mentor. And it must not simply criticize or point out flaws. Effective feedback explains why the work performance or behaviour is considered deficient, the impact of the problem, and concrete suggestions for improvement.

A note on mentor feedback: The chief responsibility for giving feedback to trainee doctors lies with the supervisor, since mentors are not directly involved with performance assessment or appraisal. However, because IMGs may sometimes fail to understand aspects of workplace feedback that is given by a supervisor, it does fall to the mentor to "give feedback on the feedback", without buying in to the specifics of whether a particular criticism is warranted.

(Adapted from MCCA paper 'Reaching for the Stars: How Mentors Inspire High Performance in Minority Associates', in the *Mentoring Across Differences* series, May/June, 2006, pp.3-4.)

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## NOTES