Mentoring

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Mentoring is traditionally defined as 'the process whereby an experienced, highly regarded empathic person (the mentor) guides another individual (the mentee) in the development of their own ideas, learning and professional development'.[1] For doctors, this relationship may include asking each other for advice, information, support, encouragement and criticism.[2] Genitourinary (GU) physicians have identified a need for more support within their specialty. Together with the Royal College of Physicians (RCP), they have been the first national group of physicians to look at mentoring as one method of achieving this support. Research from American commerce and industry demonstrates that mentorship is related to career success and advancement.[3] The evidence from the UK shows that doctors with mentors benefit substantially.[2,4] It may be that doctors who do well are better at finding mentors for themselves. But despite the strong evidence for mentorship as a powerful tool in achieving personal and professional goals, it is still not widely offered to doctors by Trusts in the National Health Service.[4]

Mentors and mentees

Doctors are generally very competitive individuals who find it difficult to ask for help and who are typically self-reliant. For many, the notion of mentorship implies weakness or the need for remedial action. This is a hurdle that must be overcome.

The first of two key coping skills that can be applied to any situation is *problem solving* – where an individual acts upon their surroundings to try to change it and achieve a result. The second is *emotionally focussed coping* – where an individual acts upon their internal emotional self and uses distraction if a problem is insoluble. It depends on the dilemma as to which is chosen but these skills empower an individual with the ability to objectively appraise any task. Difficulty arises because doctors are naturally problem-solving people who attempt this option even when it is not the answer, or they begin to search for a third option which does not exist. The vital function of the mentor is to guide the mentee to decide which problems can be solved and to suggest how to best respond and move on.[5–7] Good doctors are not necessarily good mentors, and mutual respect between the mentor and mentee is essential. They need to be enthusiastic and approachable individuals who are content in their careers and use a non-directive approach to pass on this notion of resilience to others. Traditionally, mentors are seen to possess the relevant experience and insight because of their seniority, but this preconception has been eroded and, on occasions, the age differences between mentor and mentee can be marginal. This is particularly so in general practice schemes, where GPs of equal standing mentor each other in the same session (co-mentoring), and for doctors who venture into management roles within their Trusts. The latter are often offered non-Trust mentors, who are not necessarily senior physicians, but may have significant management experience.[8]

Mentor provision

Providing regional mentors in a formal structure is convenient for both parties. On appointment to a consultant post, the successful candidate could be given a choice of two or three mentors who work in the vicinity. Matching individuals with only one mentor is disadvantageous, particularly if there are gender or personality issues.

Despite the convenience of regional mentoring some candidates may prefer to participate in their own hospital schemes.

Mentor support

Mentoring requires time, which may cause difficulties if a mentee requires frequent support. This may be particularly difficult to accommodate with the new consultant contract and could result in sessions being conducted outside working hours, unless employing Trusts permit consultants to mentor or be mentored by colleagues.

Mentors must create boundaries to protect both parties and control the number of mentees under their care. Two or three mentees is considered the maximum any mentor should accept. Figure 1 shows the performance triangle, routinely used by the National Clinical Assessment Authority (NCAA). It

This article is based on the findings of a workshop on mentoring and supporting GU physicians.

has four domains: work context issues; health issues; clinical capability and behaviour. Issues in any of these areas can be encountered in the mentoring relationship and mentors need to feel confident that they can respond in all four. If, during the course of mentorship, the mentee reveals criminal or illegal information, or behaviour that poses a significant risk to the mentee or others, the mentor must be aware of how to proceed. Role preparation and training for mentors is therefore essential.[2] This could, in itself, create a separate network for mentors to discuss anonymously how they managed difficult consultations with colleagues.

Newly qualified consultants are most in need of guidance on 'managerial' issues, which are not best addressed by mentoring. Writing business plans, dealing with Trust commissioners, hospital politics, complaints procedures and negotiating compromises are examples where individuals feel they lacked the required skills, despite attendance at management courses.

Support is particularly necessary in tackling 'practical' issues such as dealing with obstructive peers, under-performing or bullying colleagues, and ethical dilemmas. In these situations, past experience is invaluable when offering help to another consultant. Clinical queries are often dealt with individually by asking colleagues rather than through mentoring. However, provision of support should be open to anyone regardless of their seniority.

Physicians need a sounding board, where the essential component is absolute trust in the other person. They need to have someone to speak to without fear of reproach. In this way mentoring could play a major role in supporting individual clinicians.

GU physicians

The work of physicians within GU medicine differs in a variety of ways from that of colleagues in other medical specialties. It is mainly outpatient-based and often located in separate buildings.

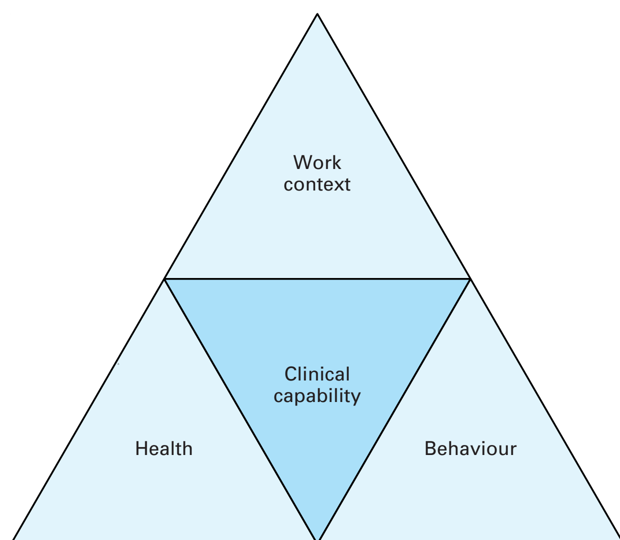

Fig 1. The performance triangle. Reproduced with kind permission from the National Clinical Assessment Authority.

Key Points

Mentoring can achieve substantial professional and personal benefits for individuals and their employers

Newly qualified consultants should be encouraged to participate in mentoring schemes, either within their specialty or their Trusts

Many difficulties encountered by new consultants are managerial. They can be addressed through the development of practical workshops and increased use of specialty websites

Incorporating mentorship from the beginning of specialist training would promote a positive attitude to these schemes and may ensure that doctors consider it the norm for the future[10]

GU physicians have identified a specific need for additional support for its doctors and are the first to develop a formal mentoring scheme within their specialty

Other clinics are off-site and a significant number are managed by a single consultant. The result is that many of these clinicians feel both geographically and professionally isolated and do not always have access to informal support networks afforded to other doctors.

In May 2003, all new GU consultants who had attained their post in the past five years and final year specialist registrars whose CCST date was before December 2003 were included in a questionnaire study. Thirty individuals were identified, of whom 20 (67%) responded. Since taking up their appointment, most had sought some form of informal assistance. Sixteen of the 20 (80%) showed interest in a mentoring scheme, particularly if formalised. Nine (56%) felt that a GU colleague was best placed to offer this service and the majority preferred to choose from a list of interested consultants rather than having a mentor assigned.[9]

Having identified a need for extra support within the specialty, GU physicians collaborated with the RCP and prepared a workshop to examine whether mentoring could address this gap. The aim of a future mentoring scheme is to help newly qualified consultants avoid difficulties, which could then be of benefit to the individual, the employer and the specialty.

Distributing anonymised nomination cards with a British Association for Sexual Health and HIV (BASHH) newsletter could be utilised to select mentors. Individuals would identify fellow consultants whom they had found helpful in particular situations. They could then be approached by BASHH, regarding the acceptability of mentoring colleagues.

Support available for GU physicians

The most formal support structures for GU physicians are the RCP and Specialist Advisory Committee. Most GU clinicians also belong to BASHH, the British HIV Association (BHIVA) and have access to various clinical and Trust networks.

Attending conferences and educational forums also provide them with valuable links. Peer initiatives include groups like the Millennium Club for London consultants appointed within the last five years. These are ideal for developing social networks and possibly discussing group problems in an informal manner, though less effective in managing individual concerns.

Managerial support

A task-setting workshop open to GU consultants and fourth year GU specialist registrars could resolve many managerial issues that cause difficulties for newly appointed consultants. Incorporation of a practical element would ensure that more doctors receive relevant experience, aside from their management course. Perhaps overseas appointees and single-handed consultants would find this particularly beneficial. Further assistance could be afforded by the BASHH website with problem scenario forums and examples of model business plans. Together, this would provide useful information and Internet links for clinicians.

Summary action plan for GU medicine

- The proceedings will be discussed at the Joint RCP/GU Medicine Committee and at the BASHH Board, with the aim of initiating a mentoring scheme within a year.
- The initial priority is to identify potential regional mentors and provide them with formal training.
- Interactive managerial assistance will soon be implemented on the BASHH website.
- An educational management workshop will be developed and incorporated into final year training, and initially be open to other interested GU clinicians.

Delegates

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