

The Role of Mentoring in Professional Education

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7.1 Introduction: A Glimpse into the UK Health Service Story

[Au1] Consider these four vignettes:

The Northern Deanery Mentoring and Professional Development Programme provides a benchmark mentor development programme for the UK National Health Service (NHS). The programme, led by Nancy Redfern from the Northern Deanery, provides multidisciplinary training and development programmes for health care staff in the northeast of the UK as well as other areas around the country – particularly, Yorkshire, Oxford, Portsmouth and Northampton. Nancy believes that building a network of well-trained mentors is essential to creating a “critical mass” of people to contribute to cultural change within the NHS.

Participants appreciate being able to learn with colleagues from different areas of the NHS. For the most part, they attend because they want to make a positive difference to patient care. Others come to “test” the programme out with a view to establishing a scheme in their own Hospital Trusts.

The programme is voluntary and focuses on mentor skills development. It does not focus on specific organizational issues and consequently it is essentially about personal professional development. This approach holds appeal to NHS staff. (see pp. 52–55 in Garrett-Harris and Garvey 2005)

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Mentoring in the National Blood Service

The National Blood Service (NBS) is committed to providing support for colleagues that meets their individual development needs. Developing mentoring skills is seen as essential for individuals within the Training Department to assist them in accomplishing this aim. However, it is not limited to those in the Training Department to meet their evolving roles but is also available to others within the organization, who are dealing with the changing nature of the NBS. Mentor development supports NBS' key objectives, specifically:

- › Through learning and development opportunities motivating and supporting people to deliver their best
- › Making the NBS an organization people want to join, work for and stay with

Three main lessons learned to date are:

1. Create time to learn and develop mentors and mentees
2. Strive to make mentoring multidisciplinary and across all levels of staff rather than *being used in a hierarchical way for development*
3. Place importance on developing both mentors and mentees (see pp. 55–61 in Garrett-Harris and Garvey 2005,)

[Au2]

Oxford Radcliffe Hospitals Coach/Mentor Scheme

Between 1999 and 2004, Oxford Radcliffe Hospitals have been involved in coaching and mentoring. During this time, prospective coaches/mentors enrolled in a 9-month diploma in professional coaching and mentoring programme to gain both theoretical and practical competence in the areas of professional coaching/mentoring. The main lessons learned are summed up as follows:

- › Measure success
- › Develop a marketing plan for coach/mentoring
- › Promote the scheme
- › Be specific about the service offered
- › Develop a target market
- › Be clear that this is an experiential process not a classroom-based one
- › Allocate appropriate financial resources
- › Develop networks and events for continuous professional development (CPD) purposes
- › Share responsibility with all stakeholders
- › Work with an external provider to accelerate the learning needed
- › Hold on to the dream (see pp. 61–70 in Garrett-Harris and Garvey 2005,)

[Au3]

[Au4]

The Expert Patients Mentoring Programme

The UK has about 17.5 million people with at least one chronic condition. These conditions account for about 78% of health care spending and occupy 80% of general practitioner time. Therefore, chronic disease is a major issue in the UK and one which affects us all. Given these statistics, the health care, social and economic arguments for tackling this issue are overwhelming.

The NHS has run the Expert Patients Programme since 2002. The programme supports people with chronic illnesses by helping them to self-manage. The “expert patient” is someone with a chronic illness trained to help others with similar conditions.

In 2006, The NHS Expert Patients Mentoring Programme started in the East Midlands and the southeast of England. The idea was to draw on and develop the skills of trained expert patient facilitators to mentor health care staff from Primary Care Trusts to:

- › Release expert patients’ knowledge and skills for the benefit of staff
- › Offer mentoring and development opportunities to patients who had completed the Expert Patients Programme
- › Offer mentoring and development opportunities to health and social care staff working in patient self-management
- › Promote a wider understanding amongst Primary Care Trust staff of the Expert Patients Programme
- › Promote wider understanding and take-up of the emerging strategy for patient self-management
- › Support the patient engagement process by modelling staff and patients as equal partners in the planning and delivery of healthcare
- › Supporting multidisciplinary teams working in the NHS

Comments from participants were as follows:

“Find all the means you can to keep this programme going, as getting volunteer mentors is such an untapped resource, and as our early experiences of mentoring are so positive in promoting knowledge that helps improve people’s lives, this surely must have a place in the NHS’s future”.

“The mentees have said that they have learned so much, they understand more, and they have put some of the new skills into practice and they have worked”.

“You have given me a great insight into how a patient is able to take back control of their illness, without being dependant on the nursing/medical profession”.

“I think I have also become more empathetic to the frustrations that patients with long term conditions endure on a daily basis”. (Based on Garrett 2006)

[Au5]

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Mentoring in the UK health service is significant in size and varied in its applications. [Au6] The 2004 NHS Staff Survey across the UK health sector noted that at least 17% of staff had been involved in some form of mentoring in the previous year. With a workforce of 1.2 million people, this is substantial number. The contexts of the four vignettes relating to mentoring in the UK health service are decidedly similar as they relate to:

- › Change and transition
- › Multidisciplinary working
- › Enhancing performance
- › Patient involvement and self-management
- › Developing service quality
- › Knowledge and experience sharing
- › CPD of health care professionals

At Oxford Radcliffe Hospitals, a distinction is made between mentoring and coaching. Essentially both involve the same skills and processes but with subtly different purposes. Both mentoring and coaching have their roots in education. Both are associated with learning, development and performance enhancement. This distinction will be discussed further later in this chapter.

7.2

What Is Mentoring?

In the world of mentoring, a single definition is difficult to grasp. Generally this is because definitions attempt to position a concept within a tight framework. Whilst there is some merit to this approach in some contexts (e.g. cause and effect methods), mentoring deals primarily with social and human activities – activities which defy simplification through definition. It is therefore more appropriate to offer a description in the tradition of Geertzian philosophy (Geertz 1971).

7.3

Descriptions of Mentoring Through History

Mentoring has a long and illustrious history in education. The first mentor was reportedly the goddess Athena, who worked with Telemachus, the son of King Odysseus. Athena assumed the role of Mentor, as the trusted friend and adviser to Odysseus. This is believed to be the first account of this type of learning dyad. As a Mentor, Athena helped Telemachus to learn how to become a king.

In his seminal work *Les Aventures de Télémaque*, Fénelon (1651–1715), Archbishop of Cambrai (and later tutor to Louis XIV's heir), further developed the mentoring theme of Homer's *Odyssey*. Fénelon's work offers a case history of human development

depicting the ways that life's events may provide potential learning experiences (see Sheehy 1974 for further comment on this point). Fénelon shows us that the activity of observing others provides both positive and negative learning opportunities. He suggests that prearranged or chance happenings, if fully explored with the support and guidance of a mentor, may provide opportunities for the learner to acquire a high level understanding of "the ways of the world" very quickly. This concept relates to the American researcher Kathy Kram's (1983) idea that mentoring performs a "psychosocial" function.

At the time, Fénelon's work was viewed as a political manifesto presenting an ideal political system based on the concept of the paradox of a monarchy-led republic. There was a clear focus on the development and education of leaders – something with which mentoring is associated today. Fénelon implied that leadership could be developed through guided experience. Louis XIV viewed this as a challenge to the divine right of kings and consequently banished Fénelon to Cambrai and cancelled his pension.

[Au7] *Les Aventures de Télémaque* appeared again in France in Rousseau's educational treatise *Emile* (1762). Rousseau, considered by many as the founder of "experiential learning", was profoundly influenced by Fénelon's ideas on development. Rousseau focused on dialogue as an important element in learning and gave clear guidance on the ideal class size for effective education – one to one! In *Emile*, Telemachus becomes a model, perhaps even a metaphor for learning, growth and social development. The central character, Emile, is given a copy of *Les Aventures de Télémaque* as a guide to his own developmental journey.

[Au8] Further early writings on mentoring can be found in the work of Louis Antonine de Caraccioli (1723–1803). As Engstrom (2005) noted, de Caraccioli wrote *Veritable le Mentor ou l'Education de la Noblesse* in 1759 and it was translated into English in 1760 to become *The True Mentor, or, an Essay on the Education of Young People in Fashion*. This work describes mentoring mainly from the perspective of the mentor. De Caraccioli acknowledges the influence of Fénelon's work on his own. In *The True Mentor* (1760) de Caraccioli writes, "...we stand in need of academics to form the heart at the same time that they enrich the mind" (p. vii). This is a direct invitation to what we now understand as holistic learning found in current discourses in mentoring and could be regarded as the precursor to the idea of emotional intelligence.

At about the same time, according to the *Oxford English Dictionary*, in 1750 Lord Chesterfield used the term "mentor" in a letter to his son to describe a developmental process – "the friendly care and assistance of your mentor". Later, Lord Byron (1788–1824) used the term "mentor" in his poems *The Curse of Minerva* and *Childe Harold's Pilgrimage* "Stern Mentor urg'd from high to yonder tide" and in *The Island* Byron refers to the sea as "the only mentor of his youth". Given the classical educational background of these writers (Ancient Greek literature was a part of their curriculum), it is likely that they derived the concept from Homer. It is also interesting to note the dual description of "mentor" as either "friendly and caring" or "stern".

Two volumes of the publication *The Female Mentor* emerge in the English language in 1793, with a third volume in 1796. These works are recordings of conversations about topics of interest among a group of women referred to as "*the society*". The author, Honoria, identifies and describes the characteristics of the female mentor, not as the substance of the

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book, but rather as a commentary and series of asides made throughout the volumes. The introduction to volume 1 provides the purpose of the books:

If the following conversations should afford you some amusement, and if you should think them calculated to lead the youthful and unbiased mind in the ways of virtue, I shall feel highly gratified (Vol. 1, p. i).

The mentor, Amanda, was aware of Fénélon and his approach to education and life and appeared to have served as a role model for *the society*.

The philosophical underpinnings of the discussions in the books are broad and draw on, for example, the philosophy of ancient Egypt, Christianity, Greek civilization and ideas on nature. There are also a number of discussions about famous women as positive role models, for example “Anne Bolen, Queen Consort of Henry Eighth” and “On Learned Ladies”. Indeed, there are many examples throughout history that document famous mentoring relationships:

- › Moses and Joshua
- › Lord Cecil and Queen Elizabeth I
- › Annie Sullivan and Helen Keller
- › Mentor (Athena) and Telemachus

Today, many have come to recognize and appreciate the function and purpose of successful mentoring relationships as vital to an organization’s growth and sustainability. Modern-day descriptions of mentoring contain links to the historical roots:

In mentoring, the relationship between mentor and mentee is all-important. There is a high degree of trust and mutual regard. The mentor helps the mentee become what that person aspires to be. The mentee is helped to realise his or her potential. The mentor learns and develops also, through being a mentor and developing mentoring skills. (see p. 18 in Alred et al. 2007)

In *Transformational Mentoring: Creating Developmental Alliances for Changing Organizational Cultures* Julie Hay (1999) describes mentoring essentially as:

- › Showing people the ropes – and helping them climb them
- › Passing on knowledge and/or skills, formally or informally
- › Looking after people
- › Acting as a sounding board
- › Helping people put learning into practice
- › Being a role model
- › Being a guide
- › Being a champion
- › Talking to people about their careers
- › Coaching
- › A guide not a guru

A simple definition which seems to capture the essence of these descriptions is “Off-line help by one person to another in making significant transitions in knowledge, work or thinking” (see p. 4 in Megginson et al. 2005).

[Au9]

Pulling these threads together, mentoring can best be described as learning relationships between two people that requires a range of human qualities such as trust, commitment and emotional engagement to be effective. Mentoring also involves a range of skills, including listening, questioning, challenge and support. Relationships have a time scale. In some contexts they may become lifelong, while others may last for a predetermined time.

7.4 Why Is Mentoring Powerful?

Mentoring is a powerful approach to CPD and learning because it relates so well to many different theories of learning. For example, many forms of mentoring relate well to the “person-centred” view of learning put forward by Carl Rogers in his core conditions of learning:

- › Learning is a social activity
- › Individual authority, responsibility, control
- › Security and empathy
- › Extensive open information exchange
- › Climate of trust based on mutual respect and genuineness
- › Unconditional positive regard for other people
- › An ability to communicate all these to others (after Rogers 1969, p. 281)

[Au10]

Similarly, it can be argued that mentoring is central to Levinson’s (1978) work on adult development. In this work, Levinson presents the concept of age-related transitions in adults and notes that the average age transition is typically about 7 years – a number that can be reduced to 3 with the inclusion of a mentor. Levinson’s work became the foundation of the modern mentoring movement in the USA, as a psychosocial function aimed at accelerated development. Indeed, according to Daloz (1986), mentoring relates well to the developmental theories of no less than nine researchers: Dewey (1916); Jung (1958); Perry (1968); Kohlbergh (1969); Freire (1970); Knowles (1970); Gilligan (1977), Levinson (1978) and Kegan (1982).

As a human dialogic learning process, mentoring also relates well to Erikson’s (1950) generativity concept and as such it is an essential process for human progress – we learn by, with and through other people. Mentoring is therefore a fundamentally human development process, it is centuries old, and it links to major theoretical frameworks on learning. It makes sense therefore to ensure that mentoring forms an essential part of CPD in any profession.

7.5 CPD and Mentoring

According to Megginson and Whitaker:

Continuous Professional Development is a process by which individuals take control of their own learning and development, by engaging in an on-going process

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of reflection and action. This process is empowering and exciting and can stimulate people to achieve their aspirations and move towards their dreams (2003, p. 5).

As we consider this description in relation to the four vignettes offered at the beginning of the chapter, it can be observed that reflection, autonomy and empowerment are central features in any mentoring programme. Indeed, Levinson's (1978) work on male development points out that mentoring is in fact about the mentee's dream.

Curuso (1996) takes Levinson's idea further, noting that

...traditional mentoring and most structured programs assume top down mentor to protégé and frequently give no or inadequate consideration to the protégé's dream. Quite often the protégé's dream is replaced by either a mentor objective or an organizational goal.

Here, Curuso suggests that the starting place for mentoring is necessarily with the mentee's aspirations and while organizational issues are important (for the organization at least), they are rarely the main motivation for the individual. When we think about our vignettes, we see this reflected in the level of voluntarism inherent in the programmes we described. So, although mentoring serves an organizational need and purpose for CPD, the main drivers of mentoring and CPD lie with the individuals' needs and requirements within the organizational setting. This seems an important philosophy for both CPD activities and mentoring. As Kessels (2002) reminds us, "you cannot be smart against your will", so autonomy and self-direction remain important ingredients. Since learning is a social activity, an organizational context can make it more or less possible for people to learn and develop (Rogers 1969; Habermas 1974; Vygotsky 1978; Bruner 1990; Lave and Wenger 1991). Therefore, organizational structures and practices play an important role in creating and developing learning environments conducive to forming positive mentoring relationships.

Curuso (1996) argues for a theory of mentoring, in which the qualities of learning (as conceptualized, for instance, in Lave and Wenger's 1991 theory of situated learning) and the potential benefits of mentoring move away from the traditional one-to-one mentoring relationship, to characterize relational activities in the organization as a whole. In practice, this means that mentoring can be afforded by a "variety of individuals and/or institutions who provide help to a protégé" (Curuso 1996). It then becomes appropriate to talk about a "mentoring organization". A mentoring organization can be characterized by:

- › The compatibility of individual and organizational aspirations
- › High employee commitment
- › A focus on collaboration and team development
- › A complex web of practices and relationships that are supportive and developmental of the individual and the organization

Above all, it is important to understand that people who have a developed an enthusiastic sense of themselves as learners inhabit a "mentoring organization". This concept resonates well with Higgins and Kram's (2001) notion of "multiple mentoring relationships" where any one individual may have a range of developers. Therefore, the links between CPD, mentoring and organizational development are natural and powerful, and this is perhaps why so many UK NHS organizations engage with it.

7.6 Connections with Practice

Medical work is not just about scientific facts. It requires practitioners to apply scientific knowledge in the context of individual lives and complex human systems. It crosses many domains of knowledge, including the social and interpersonal. Doctors are exposed constantly to risks, including stress, alienation, over-involvement, automatic behaviour and burnout. Other professions have rightly recognised that they need organized support as professional oxygen in order to sustain reflective practice in the face of such risks. The medical profession has until now been in the paradoxical position of needing as much of this oxygen as any other group of clinicians (if not more) but generally getting less (see p. 24 in Launer 2006).

In this statement, Launer, a passionate supporter of mentoring in the UK health service, advocates for mentoring support for physicians. Although he emphasizes the psychological support mentoring offers, research suggests that mentoring has a great deal to offer many working in the health sector. For example, mentoring promotes the growth and development of nurses, some of whom will become the future leaders in their profession. In their 2001 study, Smith et al. (2001) identify the benefits for mentored nurses as:

- › Enhanced thinking, risk taking and self-esteem
- › Job enrichment and professional development
- › Improved wisdom, commitment, growth, power, political awareness and job performance

Similarly, in a UK Department of Health (2004) study *Mentoring for Doctors* the benefits cited for physicians participating as *mentees* are described as:

- › Improved reflection skills
- › Support for dealing with specific problems
- › Developing strategies for dealing with and resolving
 - › Major crises in professional life
 - › Major change in ways of thinking and acting
 - › Significant changes in direction
- › Confidence building in decision making
- › Improved self-worth and job satisfaction

And as *mentors*:

- › Increased motivation and job satisfaction
- › Satisfaction for playing a role in developing talent
- › Improved relationships with patients, colleagues and family members
- › Improved problem solving abilities

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Indeed, some mentoring physicians suggested that the concepts, principles and skills of mentoring provide them with a generic approach to practice which pervades all that they do.

7.7 Making the Transition

If mentoring has appeal as a personalized and effective approach to CPD, much can be learned from Kram's (1985) framework for developing mentoring. It is adapted here as follows:

1. Defining the purpose and the scope of mentoring
2. Diagnosing the elements that will support mentoring and those that will hinder it
3. Implementation
4. Evaluation

7.7.1 Defining the Purpose and Scope

It is important for each organization to decide what mentoring is for and who it is for. In doing this, it becomes possible to the focus of specific groups and target recruitment to the scheme.

[Au11]

7.7.2 Diagnosis

Before developing mentoring, it is also important to have good knowledge of the organizational context and its cultural issues. This is particularly true in attitudes towards learning and development.

Much has been written (Megginson et al. 2005) about the importance of voluntarism in mentoring. An organizational culture may be developed in order to make it possible for people to volunteer to become mentors and mentees. Developing capacity within the organization requires attention to and support for the capacity and abilities of the mentors themselves. As Alred et al. (1996) noted, individuals may be concerned about their ability to serve as a mentor. Concerns generally relate to issues such as:

- › Do I have the experience and the qualities required?
- › What am I supposed to do?
- › What is involved?
- › How will my manager or colleagues view this?
- › How does mentoring fit with organizational policies?

Organizations must therefore understand the skills, attitudes and behaviours required to achieve successful mentoring practices, and whether there is a need for training or professional development to ensure that those skills are acquired. An organizational “assessment” can help them identify their level of readiness. First, they need to consider the level of experience that staff could bring to a mentoring relationship. A staff with a wide range of experience can more easily sustain the demands of a mentoring programme and allow for meaningful mentor/mentee pairing or grouping. It is also important for organizational leaders and administrators to recognize that in times of change, there is often a greater need for mentor support.

Similarly, mentors also need to have an awareness of their work environment, its opportunities, challenges and values. This is necessary because it relates to Kram’s (1983) concept of mentoring performing a “psychosocial” function. In essence, a potential mentor who is aware of the politics of an organization can help others to adapt and learn. However, while political awareness is important, it is also important that a mentor is committed to the organization’s vision of its future and wishes to contribute to its progress and development. This means that in addition to having a genuine desire to serve in the role, a potential mentor needs a “thinking” approach to work and is prepared to see concerns of colleagues as opportunities for discussion and development. Mentoring can assist people to develop resilience and the capability to prepare for the unexpected and make appropriate judgments in the heat of action.

Mentors therefore need an appreciation of the skills and abilities that may be required to navigate challenging situations and a willingness to develop these skills and abilities in others through modelling and dialogue. It is also necessary to understand where resistance to mentoring exists within an organization, what form this might take and a way of working with this resistance.

7.7.3 Implementation

As with the introduction of most programmes, when implementing a mentoring programme, institutions may face some potential challenges. These challenges include, for example:

- › Elitism
- › Excluding the socially different
- › Replicating management behaviour rather than changing it
- › Maintaining the “status quo” based on “accumulation of advantage”
- › Replicating and sustaining exploitative hierarchical systems
- › Manipulation and social engineering
- › A power and control relationship
- › Mentee dependency

Some research suggests that these challenges are more likely to manifest themselves under certain conditions and in certain types of organization. For example, in “fast-track, career-oriented schemes” some of these negative effects are more likely.

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Within the context of the health sector, other issues may affect the implementation of a mentoring programme. These relate to the conflicting roles of coaching and supervision. Outwardly, coaching is a very similar activity to mentoring. Research (Willis 2005) suggests that both coaching and mentoring activity share the same skills and processes. Differences may be found in the contexts in which the activity takes place and the intent of the coach or mentor. Mentoring is fundamentally a voluntary activity. It works best in a cross-functional, off-line context where the intent is the holistic development of an individual. As such, the process of mentoring develops the capacity of both the mentor and the mentee.

Coaching, as derived from Oxford and Cambridge universities in the UK in the mid-nineteenth century, was initially associated with improving academic attainment. Around the same time, coaching activity migrated to sport, particularly rowing and cricket. Coaching today, in some contexts, can be a paid activity, but in organizations it is often done within the line structure. The power and authority which comes with the line relationship creates a strong short-term, performance orientation where specific knowledge and skills are developed. Coaching can be very effective; however, both mentoring and coaching work best in developmental, learner-centred environments with willing participation and with the learner establishing the agenda. The introduction of power differentials always has the potential to distort the relationship.

Supervision, in the health context, often relates to governance. However, the various health professionals view supervision differently. For example, those engaged in therapeutic work understand supervision as working with an experienced colleague with a view to developing and improving practice. Supervision in this context can also have a quality assurance agenda. In the more general health context, it may be tempting to conflate mentoring with supervision, but this has the potential to create confusion about roles and function and ultimately lead to the ineffective application of both. By keeping supervision separate from mentoring, one maximizes the advantages of both. In broad terms, mentoring works best in a developmental climate, free from the problems introduced by a need for evaluation or judgement.

Other variable conditions that offer potential for difficulties may be found in the social context (culture, climate, type of business, values, etc.). Garvey and Alred (2001, p. 552) quoting Antal (1996), for instance, note that “unfortunately, many companies foster highly competitive behaviour and stress bottom-line results in a way that discourages supportive behaviour between members of the organisation”. Arguably, there is the potential for the same kinds of behaviour in a heavily target driven organization like the UK NHS. Within some environments mentoring may be viewed either as an activity for “high-flyers” (those on their way to leadership positions) or alternatively as a “remedial” activity. Neither characterization is helpful or constructive. Mentoring is effective when viewed as a normal developmental activity for all who engage in it.

One of the most common challenges raised when attempting to implement an initiative such as a mentoring programme is the concern that it will require extra time. This need not be the case. It would be hard to think of a functioning organization where colleagues did not talk to each other as part of their normal daily interaction. Mentoring interactions generate a purposeful kind of dialogue which focuses on the learner and the learning. It is not limited to giving advice or instruction, but rather it involves listening,

supporting, questioning and challenging. Mentoring works best when the relationship between the two parties is paramount and issues of power and authority are minimized. The “chemistry” in mentoring between people creates a positive learning environment. A challenge of implementation is to recognize mentoring as a legitimate work activity, and one that enhances the culture of the organization to become a rich learning environment for everyone.

Finally, feedback is an important part of mentoring. However, it is also important to remember, as Einstein pointed out, that not everything that can be counted counts and not everything that counts can be counted. Feedback needs to start at the beginning of a mentoring arrangement and continue as a regular component of the process over time. It is also important to consider the combinations of all the abovementioned issues in any [Au12] research or evaluation as well to consider Rogers’s (1961) core conditions raised earlier in this chapter.

7.8 Expanded Understanding of the Mentoring Role

7.8.1 Conditions for Success in Mentoring

In addition, a survey of the literature produces a number of suggestions that may guide institutions as they aim to create the conditions that will lead to the implementation of a successful mentoring programme.

Voluntarism – Mentoring is essentially a voluntary activity. The degree of voluntarism will depend on the situation and the circumstances. In some cases, putting people together and asking them to contract for a specific number of meetings (i.e. three) before they review the relationship can be helpful. It can also assist the process if both parties agree on a “no fault divorce clause” so that they can end the relationship by mutual agreement and with clarity. Institutions in which members of the senior administration get involved and serve as positive role models in the programme often meet with great success and “buy in”.

Training – All the vignettes presented previously in this chapter focus on skills development for mentors, but it is also important that there is some orientation towards mentoring for mentees. This may involve skills training for both parties together in the same programme. For example, while mentors need to develop skills in offering constructive feedback, mentees may require some orientation in how to receive constructive feedback. Both groups often need some parameters delineated for them to identify how to engage in a conversation that allows them to focus on the issues in a way that ensures the dialogue is about the professional, and not the personal.

Ongoing support – Mentors often need support. This may take the form of a mentor support group or one-to-one mentoring supervision – a mentor to the mentor. There is also benefit in mentors from different sectors coming together to share practice and experiences. The purpose of bringing mentors together is to discuss mentoring process issues, debrief mentors and develop skills and to improve understanding.

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Matching – It is important to have a clear matching process to which the participants subscribe. In some organizations, it works well to assign mentors within the pool of volunteers. In others, it may be best to create opportunities for potential matches to meet and get to know each other, their experiences and their interests.

Establishing reviewable ground rules – It is important to clarify the boundaries of the relationship at the start. Garvey's (1994a, b) "dimensions framework" is helpful here. While mentors and mentees need to develop a capacity for empathy, it is equally important that the relationship does not deteriorate into "therapy sessions".

Ongoing review – Recent research from the USA (Nielson and Eisenbach 2003) has concluded that the most important factor in successful outcomes to mentoring is regular feedback and review within the relationship about the relationship. Establishing ground rules at the start can facilitate this process.

Whose agenda? – Mentoring is for the mentee. Attempts to impose the agenda on the mentee can often result in problems related to the mentee feeling manipulated. The benefits of mentoring to all stakeholders result from broadly following the mentee's agenda. The mentor can facilitate this process by working with the mentee to develop new goals to work towards at the end of each feedback cycle.

Evaluation and monitoring – Ongoing evaluation of an institution's mentoring programme from the start of the scheme is important. There is little point in evaluating the scheme after, say, 2 years to unearth problems which could have been resolved at the time.

Self-awareness and the ability to give and receive feedback – A mentor needs to be self-aware in order to help someone else, but it is also important that both mentee and mentor are able to give and receive feedback. Feedback can be a vital element in successful and accelerated CPD.

7.9

Conclusions

Mentoring has the potential to be a powerful process within a CPD framework. It is, in essence, two colleagues talking with a purpose. If developed with the above in mind, it offers benefits for the mentor, the mentee and the host organization. With mentoring it is important to start with those who show interest, but what is clear is that mentoring offers individualized learning and development within a supportive environment.

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Author Queries

- [Au1]: Please provide correct heading
- [Au2]: As cited, this reference only refers to item 3 of this list. Is that correct?
- [Au3]: As cited, this reference only refers to the last item of this list. Is that correct?
- [Au4]: Please check if “Expert Patients Mentoring Programme” here and elsewhere is correct rather than Expert Patients Programme”.
- [Au5]: As cited, this reference only refers to the comments. Is that correct?
- [Au6]: Please advise if everywhere you mention “UK health service” if “UK NHS” is meant, i.e. not including private health services.
- [Au7]: Kindly note that Emile (1762) is not found in the reference list. Please add to the list or delete from the text.
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