

BRINGING VALUE LEADING BY COACHING AND MENTORING OTHERS

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In this article ...

Physician leaders have the opportunity and responsibility to nurture development of others, whether patients or colleagues. Mentoring can have significant benefits in a professional setting. Here's how to do it.

THE RESPONSIBILITIES OF A PHYSICIAN WERE

framed by Hippocrates (ca. 460-370 B.C.) and summarized in his now-famous Oath of Hippocrates.¹ Hippocrates noted that one of the key roles of a physician is to be a teacher — a coach or mentor. This idea is even more important today — physicians should be teachers and mentors not only to other physicians, but also to their patients. Essentially, the physician acts as the patient's health care coach.

Patient-centered care depends on the ability of a physician to provide enough information to his or her patient to make an informed decision about his or her care. In this capacity, physicians act like coaches to their patients. A physician leader, similarly, might be considered a mentor to his/her peers. Mentors were first described by Homer in *The Odyssey* as “wise and trusted” counselors.

Mentoring involves an intense relationship between the mentor (usually a senior member of a leadership team or a more experienced person in the same profession) and the mentee.^{2,3} In this relationship, the mentee seeks support, direction and/or feedback about his or her career and/or personal development.

In addition, mentoring can be an important tool an organization can use in the initiation and maintenance of an employee's socialization into the organization.² An important issue in this process is teaching the employee to adopt and understand the organization's goals and values.² If the employee internalizes these goals and values, then he or she generally will have a higher commitment to the organization. This concept is reflected in lower employee turnover rates.^{2,4}

The terms *teacher*, *coach* and *mentor* are often used interchangeably; however, there is a difference between the term *coaching* and the term *mentoring*.⁵ Five key differences:

- Coaching is task-oriented. Mentoring is relationship-oriented.
- Coaching is short-term. Mentoring is long-term.
- Coaching is performance-driven. Mentoring is development-driven.
- Coaching does not require a design process. Mentoring requires a design phase (mentoring model) for better results.
- The mentee's immediate manager is indirectly involved in mentoring. In coaching, the immediate manager is a critical partner.

WHAT PHYSICIAN LEADERS DO

A physician leader might assume the role of coach when he or she is trying to address specific performance competencies or embed desired performance goals and skills within specific physicians or in the medical staff. On the other hand, the physician leader might assume the role of mentor if he or she is seeking to train other physician leaders. In addition, from time to time, a physician leader might be approached by an individual physician asking to be a mentee for personal growth reasons.



Mentoring can be an important tool for health care organizations focused on developing and retaining team members. It involves an intense relationship between a senior leader and a junior member with potential and aspirations for professional growth.

As a mentor, a physician leader might be asked to provide psychological support, career support, ethical guidance, performance coaching and/or role modeling. A physician leader might also simply act as a sounding board for his or her physician staff. But a physician leader should also remember that he or she cannot carry the entire responsibilities of a mentor to the medical staff.

To assist physician leaders with mentoring goals, establishment of an institutional mentoring/coaching program should be considered, to make the process systematic with clearly defined goals.

Creating a mentoring program is extremely important, especially in fast-paced working environments. Developing future leaders with wide talents, such as the ability to innovate new services and products, develop visionary strategic skills and provide future leadership capabilities, is essential for organizations to sustain themselves into the future.⁶ In addition, mentoring programs have a significant impact on the financial bottom line by improving staff retention and reducing turnover.^{7,8}

Successful mentoring programs require a significant amount of planning, proper understanding, implementing, and evaluation.⁹ Additionally, there are many critical success factors to be considered, including a structured mentee/mentor application process that is broad and diverse, a well-defined mentee/mentor selection and matching criteria, and the use of formal learning sessions that help mentees establish the specific goals to be achieved.⁶

Physician leaders will not have the time to mentor their entire medical staff, but creating a formal program with clear guidelines ultimately is their responsibility. In addition, they should consider developing a list of senior physicians on their medical staff who have the capability of being good mentors. However, having the capabilities of being a good mentor does not mean that a given individual *will be* a good mentor. Good mentors must have some key skills and then be trained to use these skills in a structured mentoring relationship.

It is important that a mentor be respected and professional and can serve as an ideal role model for the mentee.¹⁰ Second, a good mentor should have hands-on experience in the field that will help guide the mentee toward improvement in his or her specialty.¹⁰ For example, if a physician wants to advance his/her goal of working administratively, then linking that individual with an experienced physician administrator is the best approach.

Third, a good mentor should be willing to spend the time with the mentee, usually in a face-to-face environment, and should always place the mentee's best interests first.¹⁰ Fourth, the mentee and the physician leader should be personally comfortable with the mentor.¹⁰ This is important for both sides, because mentoring programs can be subject to harassment issues if the mentor-mentee relationship is not established with firm ground rules.

Finally, a good mentor should be able to provide constructive criticism to the mentee without causing strife in the relationship.¹⁰ For constructive criticism to be used successfully, a high level of trust must be established between the mentor and the mentee.

A BIDIRECTIONAL RELATIONSHIP

Mentorship can involve both formal and informal relationships.¹¹ A formal mentorship usually begins with a mentor assigned to a mentee within a prospectively designed mentoring program. In this arrangement, the mentor serves as a role model, counselor and advocate for the mentee.¹¹ An informal mentorship develops when a mentee seeks the advice of one or more respected individuals, both in and out of the medical field.

Generally, there are specific characteristics of being a good mentor¹² that organizations should consider when developing mentorships. Good mentors are professional in all respects, and highly regarded by peers. In addition, good mentors are compassionate, supportive, engaged and willing to spend significant time and effort toward the mentees' success. Yet, good mentors can and should be good critics and evaluators. Being leaders in their field, good mentors should be able to positively challenge the mentee to achieve higher levels of performance.

A successful mentor-mentee relationship, whether formal or informal, is bidirectional. This means that both the mentor and the mentee take responsibility for the relationship.¹¹ The bidirectional effort requires time, patience, dedication and an element of sacrifice from both individuals.

Physician leaders should encourage the mentoring of junior physicians because it is important for their ongoing development. In addition, an effective, well-designed mentoring program is the foundation of a successful and sustainable organizational learning culture.¹³ Many organizations use mentoring as part of their onboarding, skill enhancement, professional identity development and leadership and management development processes. Organizational mentorship programs also improve customer service through modeling desired behaviors, enriching the recruiting processes by incentivizing applicants, and enhancing knowledge management and the knowledge transfer processes.⁹

Mentoring involves adult learners, so any mentoring program must be constructed with adult learners' needs and desires in mind.¹³ So, how do you begin to create a mentoring program for your hospital or health system? The process should begin with creating a developmental plan for the mentees.

Physician leaders cannot create such programs on their own. They need the help of subject-matter experts in their organizations, including members of the human resources department, risk managers, educators and other relevant leaders.¹³ Successful mentoring programs also should include a listing of the skills, knowledge and actions that the mentor and the mentee need to consider as part of the mentoring experience, the length of time that the mentoring process will encompass, and the teaching methods that the mentor will use.¹³ The mentor and the mentee should also have mutual expectations regarding the process.

KNOW WHAT'S COMING

Prospectively establishing goals, responsibilities, timelines and evaluation processes is critical for a mentoring program's

success. As part of the planning process, one should create appropriate boundaries that guide the participants. Critical elements¹³ to consider:

- Create a plan that fosters compatible relationships. Both parties need to feel comfortable with the relationship.
- Create ground rules that maintain a clear distinction between mentor and mentee. The mentee needs to feel that he/she can communicate freely with his/her mentor without reprisal.
- Encourage gradual autonomy and self-reliance.
- Provide training and support for the mentors. Good intentions do not ensure good mentoring.
- Take steps to prevent mentor burnout. Proper mentoring takes effort and time, and can impose a burden on busy physicians.

So how does an organization establish a mentoring program? The literature is filled with suggestions. A well-constructed development plan was created by the U.S. Office of Personnel Management in 2008.⁹ Important steps toward developing a successful mentoring program:

- 1. Conduct a needs assessment as the first step.** This could be done by an HR or training/development department. This might use techniques such as interviews, focus groups and surveys to gather information.
- 2. Develop an action plan for constructing the program.** This should include specific goals of the program, success factors and desired outcomes. This should specify target audiences, duration, potential educational materials, marketing efforts, a mentor recruitment plan and the budget.
- 3. Secure senior-level administrative support and commitment.** Identify a senior administrator willing to be a champion for the program. Even though a physician leader is a senior leader, it's best when another leader serves as the program champion; participants might be considered biased.
- 4. Secure a program manager who is dedicated to the program.** This person should have the authority to manage it daily. Outline the role and responsibilities of the program manager, which should include developing the budget and marketing plan, establishing the necessary database, and managing daily activities.
- 5. Create a steering committee to oversee the program.** This committee should be tied directly to the organization's leadership. One of its first acts should be to develop a program charter that spells out its purpose, its members and their roles, the tasks to be completed, the outcomes desired and how the mentoring program will be evaluated going forward.

Once these action items are completed, the program manager should take on implementation. This should include

developing a recruitment and marketing strategy, matching mentors and mentees, developing an orientation program, creating an instruction guide for both the mentors and mentees, and conducting a pilot program to make sure that the fundamental framework of the mentoring program is sound. Also, a mentoring contract should be established, spelling out roles and responsibilities, action plans, termination rules and dates, lists of topics that may be discussed during mentoring sessions, and a confidentiality agreement. Lastly, a solid evaluation process should be established.



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