



What is happening in mentoring (in medicine) in the UK?

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IWL Doctors' Forum



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- Inquiry team! - Bill Fleming, Lesley Golding, Alison Steven, Helen Pask, Reinhard Wentz, Jacqueline Gay & Chloë Warrington

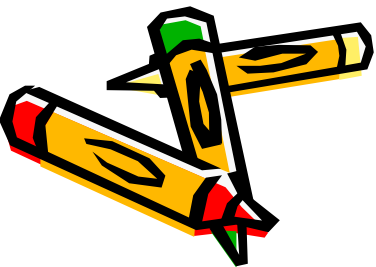
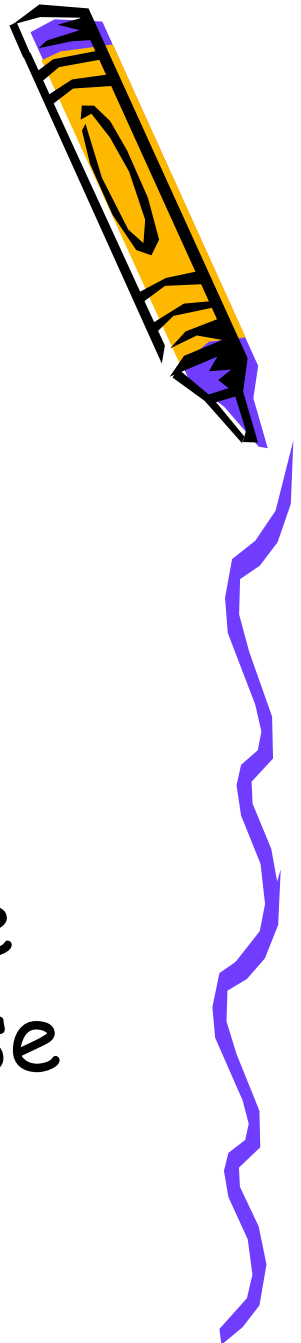


Publications

- The 3 background documents are freely available at

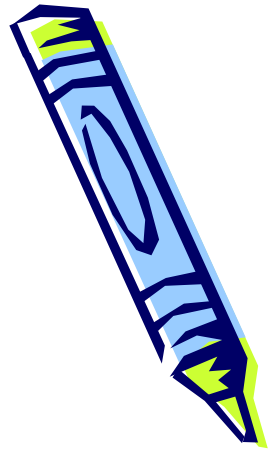
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- Guidance based on them will be issued by the DoH in due course



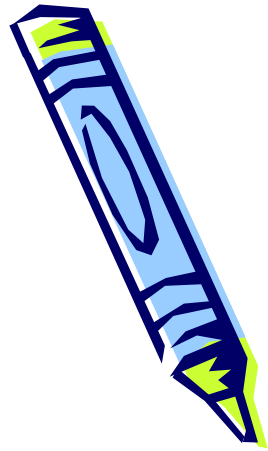
How we found out: 1

- SCOPME report in 1998
- Intercollegiate discussions in 2002
- Trawl for schemes in late 2002 → 50 schemes, established or planned
- Literature search & review in summer 2003 - UK and USA medicine only



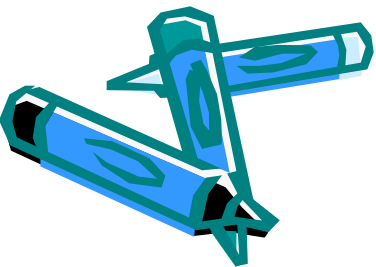
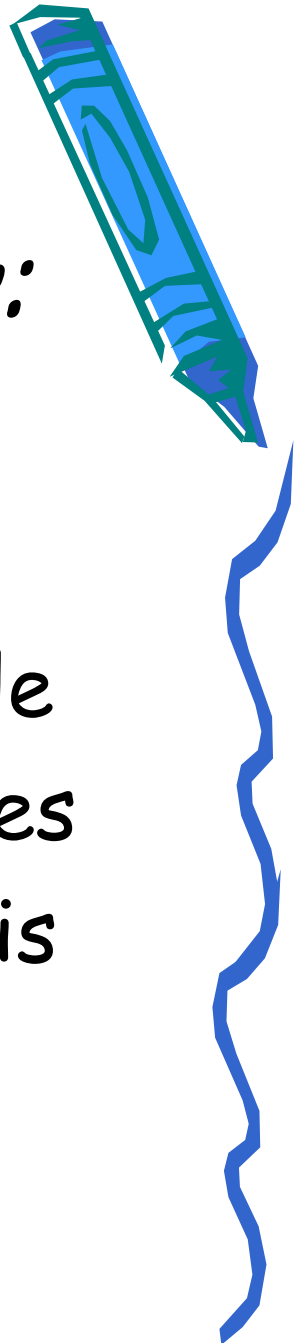
How we found out: 2

- Talked with opinion leaders
- Inquiry protocol - multi-site ethical approval
- One pilot and 4 sites: semi-structured interviews with mentors, tutors, organisers & 'management'
- 35+ interviews: recorded, transcribed & validated by interviewees



What we were looking for:

- Benefits of mentoring
- Individual experience
- Lessons that might be generalisable
- But preserve different perspectives
- Pointers to success (and how that is recognised)



What we found: Literature 1

- Sparse UK literature cf. USA
- US doctors write about their own mentors with pride
- US mentorship focuses on academic, faculty & specialty development
- Much less emphasis on mentorship processes (skills development etc)

What we found: Literature 2

- Drivers for mentorship in USA include:
 - lack of role models, particularly women / BEM
 - attrition of teaching time
 - increased emphasis on patient throughput and making \$s
 - specialties in difficulties
- Much US mentorship is 'informal' (not scheme based). Believed superior by some.
- Prominent cross gender cultural issues.
- Having a same gender & race mentor not thought necessary by most authors.

What we found: Literature 3

- In UK, varied descriptions about what mentoring is and does, how long it lasts, who is involved & how.
- Common words: trust & confidential, experienced, senior/junior, peers, learning, development, support & challenge

What we found: Interviews 1

REMINDER - we haven't done a national survey

- Mentoring is not a standard 'product'
- Variations between schemes - notably co-mentoring and mono-mentoring

What we found: Interviews 1a

REMINDER - we haven't done a national survey

- Variations in emphasis in schemes that rely on 'mono-mentoring'
 - 1 to 1 relationship based or
 - Skills based → a wider approach to working relationships without the necessity of a 1 to 1
 - Target groups or not e.g. new consultants, GP non-principals or all comers

What we found: Interviews 2

- The central concepts are very similar
to help people to help themselves,
to find their own solutions to
indeterminate problems - a
developmental rather than remedial
principle.
- 'developmental' means a change in perspective and understanding that enables doctors to move on.
- But in practice, mentoring is used both to help self-development and deal with difficulties of varying severity.

What we found: Interviews 3

Process variations

- Duration: limited \leftrightarrow unlimited
- Introduction: none \leftrightarrow demonstrate
- Matching: free choice \leftrightarrow allocation
- Mentor preparation: single \leftrightarrow extended programme
- Relationship style: informal \leftrightarrow very formal

What we found: Interviews 4

Benefits

- General benefits to individuals, doctors
- Help with specific problems
- Benefit to organisations

What we found: Interviews 5

General benefit to individuals

- A positive response to the experience of mentoring both as mentor and mentee
- The value of the time for reflection set aside from the hurly burly of professional life
- The value of having someone to go to who would make you feel you were being well listened to
- The value of being able to address problems and dilemmas in a risk free environment

What we found: Interviews 6

General benefit to individuals

- The value of dealing with real problems during mentoring development programmes
- The value of the action orientation of mentoring - finding ways of addressing real problems
- The value of seeing another's point of view and the ability to challenge one-sided views.

What we found: Interviews 7

Specific (but not universal) benefits

- Regained confidence → increased job satisfaction
- Dealing with relationships & team working
- Problem solving
- Leadership
- Professional development & education
- Collegiality
- Use in appraisal

What we found: Interviews 8

Organisational benefits?

- Thought to be difficult & imprecise
- May depend on involvement: variable
- Reduction of negative events: ✓
- Retention and reduced absence: x
- Investment in new consultants: ✓
- Disappointed by 'low' uptake
- Visibility of investment costs variable

What we found: 9

For some doctors
(mentees) the benefits
of mentoring are life
and career-enhancing
and career saving

What we found: 10

Some doctors (mentors) find value in adopting the 'approach' as a different way of thinking and acting in professional and personal life - even if these doctors are never involved in a formally arranged mentoring relationship and scheme.

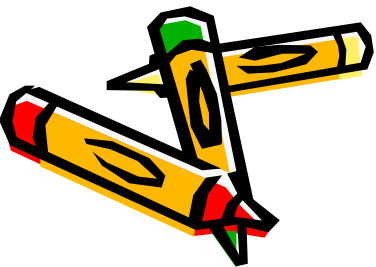
Questions and issues: 1

- Is the term 'mentoring' used too casually?
- Are we really 'confused' or just describing something that is varied, contextual and complex?
- Do some approaches to mentoring suit some contexts and some doctors better than others?



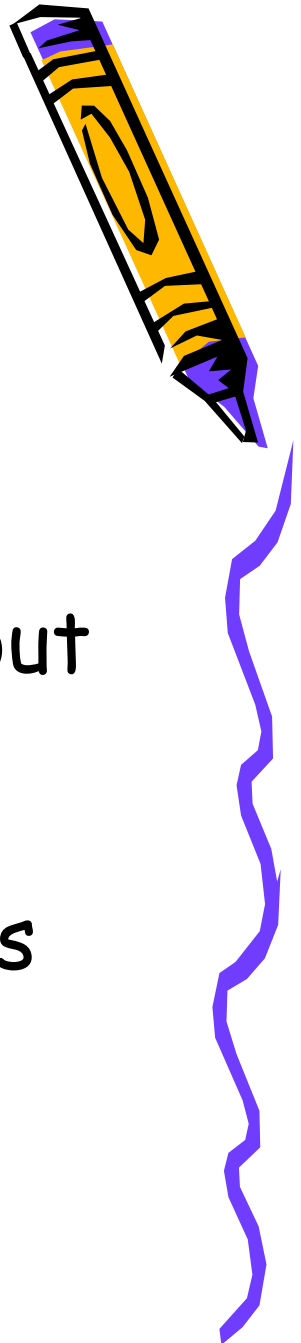
Questions and issues: 2 - general

- Why the responses to mentoring turn out to be so different seems to be a very complex personal, professional and organisational issue.
- Mentoring in practice has a strong local flavour - is this because it is supply led? Is this appropriate?



Questions and issues: 3 - general

- Does it matter that most doctors have little choice of scheme or opportunity to sample?
- What do we think about /know about those who don't take it up?
- Doing-well and not-doing-well doctors? Are the same approaches valid??



Questions and issues: 3 - process



- Are the chosen target groups the right ones? (negative effects?)
- Why don't we prepare mentees?
- How formal should mentor's role be?
- How are mentors and mentees best matched?
- How do we justify the costs /effort?



Questions and issues: 4 - the future



- As mentees become mentors, what changes will we see?
- To date mentoring development has resulted largely from the initiative of enthusiastic individuals and small groups. But what happens now?



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Thank you!

