SPECIAL REPORT

Mentoring—the trainee's perspective

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All the trainees within the NHS have probably been introduced to appraisals and assessments at some stage in their training. This culture of developmental appraisals and assessments is unfamiliar to many of these doctors and may be found threatening, embarrassing, and even intimidating. In the light of this uncertainty, the appraisal and assessment procedure is often viewed as a redundant and bureaucratic process initiated by big brother.¹ With the recent introduction of mentoring into the health service for medical trainees, some have suggested that it may help the appraisal and assessments process.

Differentiating between appraisals, assessments, and mentoring in medicine

Developmental appraisal was defined by the Standing Committee on Postgraduate Medical and Dental Education (SCOPME) report of 1996 as a process that is confidential (except in defined circumstances), primarily educational and developmental, and designed to help the individual to progress. Assessment was seen as an open and objective process, subject to appeal, and designed to inform decisions about career progress. It should measure knowledge and skills usually with a view to achieving the next step in a career.²

The SCOPME report of 1998 defined mentoring as a process whereby an experienced, highly regarded person (the mentor) guides another individual (the mentee) in the development and examination of their own ideas, learning, and personnel and professional development.³

The belief is that developmental appraisals should help identify educational needs as early as possible and assist the development of skills necessary for self appraisal and reflection needed through the training. It should provide a mechanism for giving feedback on the quality of the training provided, with the aim of making the training more effective and efficient. Assessment of trainees, on the other hand, should aim to identify their strengths and weaknesses, determine whether the trainee is safe to practice, and whether he/she has reached a level of attainment. It should also determine whether the trainee can progress to the next stage.³ Appraisals will therefore be most effective if the main purpose is to identify the educational and developmental needs of the trainee while assessments deal with the career regulation and cover areas of generic skills, clinical skills, and competence. Mentor-

ing on the other hand is designed to provide personal and professional support to an individual, to assist the individual at specific stages of development or transition, and it should last for a sustained but defined period of time.⁴ The SCOPME report of 1998 stated that the mentoring process should not relate to, nor form part of, organisational system of assessments or appraisals.³

What is mentoring?

The word "mentor" originally comes from Greek mythology. Before setting out on an epic voyage, Ulysses entrusted his son to the care and direction of his old and trusted friend Mentor.⁵ The concept of modern mentorship has its genesis in the United States. It has been regarded as a product of the feminist movement, the development of a new entrepreneurial spirit in the 1970s, and of the business schools of the American universities.⁶ In medicine, its application varies. It is used to support those who are newly qualified.

The UK medical and dental literature on mentoring is small and there are only a few examples of organisationally implemented or recognised mentoring schemes. One of the problems surrounding the issue of mentorship is that there appears to be no common agreement as to the role and function of the mentor.⁶ All, however, agree that the relationship between the mentor and the mentee is informal and voluntary.

Various authors define mentoring differently, however they all agree with the SCOPME report of 1998,⁶ that the process should be positive, facilitative, and developmental.

Though mentoring is clearly designed to make an important contribution to both the professional and personal development of the new "recruit", it is equally the case that an effective scheme will have an impact at other levels. An example would be that supporting the development of the mentor would have benefits for the hospital because of the development of an organisational framework that enhances the induction of new staff.

A good mentoring scheme should involve some if not all of the following activities:

- An initial agenda setting and "contracting meeting" in which discussions and agreements leading to the development of the relationship takes place.
- Work shadowing and observation where both parties observe the other in action.

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- Mentoring review discussions which will give the mentor an opportunity to facilitate a review of the mentee's recent experiences. Approach should be constructive and non-judgmental.

- An understanding that the relationship must end. This is inevitable and should provide an opportunity to review the whole experience.⁴

All these must develop naturally. Forced coupling can fuel discontent, resentment, and suspicion. Though mentoring may offer effective support to many doctors at various times in their professional lives, it is important that individuals are allowed to choose the type of support they need. It is also important that individuals have the right to select a particular mentor (one they feel comfortable with). Mentors themselves should have the right to decline to take on certain individuals.

Yorkshire accident and emergency mentoring scheme

Mentoring was introduced to the accident and emergency medicine trainees of this region in 1997. The regional coordinator sends out names of volunteer mentors (15 of them) to the prospective mentees who then choose a mentor that they are comfortable with and feel will respect their confidentiality. They remain together for the duration of the mentee's training. As capacity is always a problem, mentees are advised to nominate a second choice, as their first choice may not be accommodated. Mentors are encouraged to attend the regular semiformal trainee meetings giving them an opportunity to assess one another.

A survey was carried out in May 1999 to assess the impact, if any, that the mentoring had on their training and determine if there was any enthusiasm for the mentoring scheme.

All 28 specialist registrar trainees in emergency medicine were sent a questionnaire of nine questions (see appendix) either by post or in person. All were guaranteed anonymity. Twenty five replied (89%), of which 19 were male and six were female; four were from an ethnic minority. This good response was matched by very good completion of the questionnaires.

All 25 respondents had mentors and were familiar with the concept of mentoring. Seven-

teen selected their mentors while eight were allocated mentors. Reasons were not given in the reply sheets. All of the respondents met at least two to three times a year with their mentors. Seventeen of these met more than four times a year with their mentors.

When asked if they found appraisals and assessments intimidating, five said yes and 18 said no. Four of the five who replied yes were from an ethnic minority and one was a white female. The most common reason advanced was, "Assessments were confrontational like examinations and too formal".

When asked if mentoring helped their preparation for appraisals and assessment, 18 said yes, five said no. Two did not answer as they were in year 1 and had not yet had an assessment. Those who replied no to the question were in years 4 and 5. They felt that the mentoring scheme had no impact on their training.

Ethnic minority and female trainees were most enthusiastic and felt that mentoring was very helpful in preparing them for appraisals and assessments.

These findings mirror the reported conclusions of the investigations into the outcomes of the doctors development and mentoring network in the Northern and Yorkshire region of the NHS, carried out by Dr Mary Connor. It showed that mentoring could be of particular value to marginalised groups such as ethnic minorities and women in medicine.⁷

Conclusion

In truth, no clear understanding exists in modern medicine or industry of what constitutes mentoring and how it can tangibly benefit a particular workforce. There is no clear definition in the literature on how employing organisations may benefit; however, there is evidence that mentoring may specifically aid learning. The South Thames project in 1996/97 concluded that all data from the project indicated that mentors could make significant contribution to the professional development of general practitioners and increase their sense of well-being provided that certain criteria are met.³ As all doctors now have formal appraisals and assessments, and as part of the purpose of this system is to pick up problems, it may be that those who perform less well at their jobs do not

Appendix

List of questions used for the survey:

- (1) Are you familiar with the concept of mentoring? Yes/no
- (2) Do you have a designated mentor? Yes/no
- (3) Did you choose your mentor? Yes/no. If no, why not?
- (4) How often do you meet with your mentor in a year?
- (5) Do you feel there is a difference between mentoring, appraisals, and/or assessment? Yes/no. If yes, what do you feel is the difference?
- (6) Do you find appraisals and/or assessments intimidating? Yes/no. If yes, please explain?
- (7) Do you think mentoring has made assessments and appraisals easier for you? Yes/no. Please give reasons for your answer.
- (8) Do you think the role of mentors should be limited to consultants? Yes/no
- (9) Do you think specialist registrars have a part to play as mentors given the chance? Yes/no. If yes, why?

like a system that brings this to their attention.⁸ In this respect mentoring, if well executed, will compliment the system.

Mentoring is an important and under-researched area of medical training. The survey carried out represents a quantitative method of research and has many limitations. Qualitative methods such as interviews with mentees, observation of the mentoring process, and focus groups could be used to explore this issue further. Nevertheless, this survey showed enthusiasm for the scheme particularly among the ethnic minorities and female trainees.

It remains the only informal means of identifying deficiencies in training and effecting changes with minimal stress for the trainee. A good scheme with adequately trained mentors should recognise the need to separate mentoring from appraisals and assessments. It should help mentees recognise their abilities and limitations.

Finally, good mentoring will lead to excellent appraisals and subsequently excellent assessments. Therefore, a lot of responsibility lies on the shoulders of the mentor.

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British Association of Plastic Surgeons Advanced Courses in Plastic Surgery

19–20 July 2000, Bristol

The 12th meeting of the sixth series will be held on burns/reconstruction of special features. The course is aimed at consultants and trainees in plastic surgery but members of the British Association for Accident and Emergency Medicine are invited to attend.

For further details and an application form contact: British Association of Plastic Surgeons, Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PN (tel: +44 (0)171 831 5161/2, fax: +44 (0)171 831 4041, e-mail: secretariat@baps.co.uk).