



***Rural & Regional
Medical Training
Hub***

U&Me Peer Mentor Program 'for Doctors by Doctors'

"Mentoring for doctors in its widest sense has been an action probably since medicine was a recognised profession. Sharing information, experiences and wisdom is part of medical ethos." (Steven, 2003, p8)

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BACKGROUND

The 'U&Me' Peer Mentor Program aims to establish and embed a Mentor Program within the health service with specifically trained Mentors. The program will help guide doctors who are new to the health service, or are transitioning to a new role, to navigate their way through what may feel like a maze of challenges. More experienced doctors will undertake training to enable them to appropriately support and share their experiences and strategies with less experienced doctors with the aim of providing them with the best possible supportive learning environment.

Mentoring within a medical context allows for the sharing of similar life experiences amongst members of the medical profession who understand the stressors of the job and recognise the importance and difficulties of maintaining a work-life balance.

While many medical mentoring programs use senior doctors to mentor junior doctors, there is evidence that having a mentor and mentee who are closer in terms of a personal and professional relationship (such as resident and intern, senior registrar and junior registrar) enables the mentor to more closely empathise with the challenges faced by the mentee (Shapiro and Galowitz, 2016).

DEFINITION OF MENTORING

Mentoring is more than 'giving advice' or passing on what the mentor's experience was in a particular area or situation. It's about motivating and empowering the mentee to identify their own issues and goals, and helping them to find ways of resolving or reaching them – not by doing it for them or expecting them to 'do it the way I did it', but by understanding and respecting different ways of working (University of Cambridge, 2010).

It is important to establish that there is a distinction between the role of the mentor and the role of clinical supervisor. Mentoring is a relationship entered into on a voluntary basis – not an imposed process for the purposes of clinical supervision, appraisal, performance management or other organisational requirements.

AIMS OF THE U&Me PEER MENTOR PROGRAM

The aims of the program include:

- to ensure that medical staff connect with support provided by mentors within a safe medical working environment;
- to provide an easier transition for those new to the health service or moving to a different role, for example from resident to registrar;

- to foster a one-on-one relationship encompassing individual attention and support;
- to promote further support structures for our medical staff;
- to help create an environment where the focus is on a reflective and experience sharing relationship;
- to engage, motivate and empower medical staff;
- to further develop the capabilities of both mentor and mentee;
- to develop a strong sense of belonging within the health service.

PROGRAM DESIGN

U&Me is designed to assist doctors with practical support which may include:

- understanding and navigating the health service and/or unit;
- understanding the resources available to assist;
- understanding the structure and activities of the health service and/or unit;
- understanding roster responsibilities (eg shift swaps, on call, weekend cover);
- processes for admission and discharge;
- navigating and understanding clinical IT;
- knowing where the best coffee is!;
- sharing strategies for how to balance work and life outside of work;
- being one of many supports and advocates;
- giving encouragement.

Mentors will be residents, registrars or consultants who have worked at the health service for at least 12 months, who are keen to participate in the U&Me Peer Mentor Program, who are prepared to undertake mentor training and who believe that they possess the qualities required of a mentor.

U&Me PEER MENTOR TRAINING

On selection, mentors will be required to participate in two training workshops over a 3 month period.

Workshop 1

The initial workshop will focus on the practicalities of commencing work in a new hospital/unit/role and will draw on the mentors own reflections to help in offering strategies to the mentee. For example, what did you find stressful, how did you go about alleviating the stressors, what did you find exciting and satisfying and how would you convey this to a mentee. The first workshop will also

provide opportunities to discuss the role of the mentor and mentee, the challenges that might be faced by both parties and strategies to overcome the challenges.

Workshop 2

The second workshop will focus on understanding and recognising a colleague in distress. In addition, the mentors will discuss how to respond to a colleague in distress and the avenues of support that are available. A key component of the workshop will be simulation where peer support is practiced as well as demonstrated.

DESIRABLE MENTOR QUALITIES

“Mentoring is very different to the doctor / patient interaction and consultation where impulse and training is to intervene with advice. Mentoring is more dependent on active listening and the sharing of ideas and experiences.”

The qualities possessed by the mentor that are an asset for a mentoring relationship to achieve its full potential include:

- active listening skills;
- the ability to allow the mentee to reflect and come up with their own solutions rather than giving advice;
- empathetic, friendly, mature and self assured;
- the ability to make responsible decisions and seek help where required;
- being able to participate in positive, safe and respectful relationships;
- the ability to understand and respond appropriately to the needs and concerns of others;
- being willing to share professional and life experiences;
- being accessible, available and willing to commit time and energy to the mentee;
- having knowledge of the health service; and
- knowing who to direct the mentee to when extra support is needed.

THE MENTOR/MENTEE RELATIONSHIP

Garmel (2004) suggests that the successful mentor-mentee relationship requires the active participation of both parties, is dynamic over time as both parties define and redefine their roles, and should be considered to be a process, not an end result.

In order to derive the most benefit from the relationship mentees will be encouraged to:

- commit to the mentor / mentee relationship;

- be active and present in the relationship;
- understand the limitations of the role;
- be willing to share experiences with the mentor;
- be open to feedback; and
- take ownership for professional growth.

TO MAXIMISE THE BENEFITS OF MENTORSHIP BOTH MENTOR AND MENTEE SHOULD:

- take responsibility for the relationship and the outcomes;
- reach a clear understanding early in the relationship on expectations;
- commit to the mentoring relationship;
- be accessible;
- listen and communicate effectively;
- maintain confidentiality of information, or as agreed, within defined ethical boundaries; and
- share professional expertise and experiences.

MATCHING OF MENTOR AND MENTEE

Medical staff new to the health service or transitioning to a new role will be informed about the U&Me Peer Mentor Program and encouraged to consider having a mentor. Medical staff who request a mentor will be assigned a mentor by the Medical Education Advisor (in collaboration with the mentor and mentee) who will take into consideration factors such as gender, personality style and level of seniority as compared to the mentee. Mentees will not be assigned to a mentor who is working on the same unit in their first term or who is responsible for assessment or performance management. This is to avoid the potential for overdependence and to establish the mentor/mentee relationship which is different from a supervisory relationship.

MENTORING THE MENTORS

Mentor will be provided with senior staff who are available to provide advice about the role and be available to discuss any difficulties in the mentor/mentee relationship. Mentors will also meet together at least once a year for continuing professional development and sharing of experiences as a mentor.

REFERENCES

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