



Modern mentors

The Association of Surgeons in Training is to launch a mentoring pilot scheme to provide additional support for trainees

The concept of a 'mentor' has existed since appearing in Greek mythology, and appeared in the academic literature in the late 1970s, after which it has gained increasing popularity. Traditionally, in the health world, it has involved a more senior clinician taking someone more junior under their wing and helping them with professional development. For the most part, there has been no training for the role of mentor and the quality of mentoring has been variable. More formally, mentorship describes an active developmental relationship whereby a mentor facilitates maximisation of potential and the achievement of personal

and professional goals in a mentee.

Mentoring in surgery is supported by a position statement on the subject by the Royal College of Surgeons of England, and systematic reviews have addressed the utility of mentoring in attainment of technical surgical endpoints in surgery, as well as the opportunities and barriers to mentoring schemes in this context. Importantly, the scarcity of qualified mentors had been highlighted as a barrier in approximately half of articles in this area.

At the time of the introduction of MMC, when large numbers of doctors in training could not find jobs, it became clear that a new kind of support was needed for those

individuals who had invested many years of their life developing a career – only to be disappointed. There was academic support and support for those experiencing performance issues or personal ill-health. However, there was little or no support for trainees experiencing the normal, significant, challenges of life such as disappointment, challenging relationships and career decisions.

Other healthcare workforce changes have also served to amplify the need for such support, including the loss of the traditional surgical firm structure, the reduction in working hours and move to full-shift rotas precipitated by the European



past two decades, being adopted actively by organisations such as the BBC and Motorola.

The new model of mentoring, which can be applied to surgical training, does not depend on the notion of seniority, experience and expertise. It involves a trained mentor, working with a mentee to help them identify goals and then actions to move towards those goals. The agenda is set by the mentee and the mentor only provides information or advice by exception. The relationship is essentially one of equality and collaboration. The mentor is trained in high-level rapport, listening and questioning skills, to allow them to challenge the mentee's thinking and assumptions.

The coaching approach to mentoring has been identified as a powerful addition to existing leadership development initiatives among clinicians. It is an 'underutilized resource,' which has been recognised as extremely beneficial in developing not only leadership qualities, but also the interpersonal and emotional intelligence competencies required to lead within increasingly complex organisations.

This new approach to mentoring incorporating key approaches and skills from the business coaching world is now spreading into other areas of healthcare. It is becoming the preferred approach to supporting junior doctors in several hospitals and among GPs, paediatricians, anaesthetists and surgeons.

At ASiT we feel that mentorship has a valuable role to play in surgical training and enabling trainees to gain their maximum potential. We feel that whilst all surgical trainees have clinical and education supervisors, there is a niche for mentors in more pastoral issues. ASiT see that it could be desirable to have an identified individual, who is not in the trainee's department or, indeed, surgical speciality. Such distance would allow mentees to discuss personal and professional issues without fear of conflict of interest or personal biases associated with the mentor.

We are in the early stages of developing a mentorship scheme that is available to all ASiT members in the UK. In order to understand what trainees would want from such a scheme we developed a national survey, which has been running for the past two months.

The survey aims to discover what level of mentorship already exists amongst surgical trainees and then covers the key elements of what trainees want from a mentorship programme, including:

- Areas in which trainees want to be mentored
- Whether they want a formal or informal mentoring relationship
- Whether grade of mentor influences the mentee's choice of mentor
- The media through which they would like their mentoring to take place i.e. face to face, Skype, email, telephone, etc.
- Whether there are any mentor attributes that would affect a mentee's choice of mentor
- The ideal frequency of a mentorship relationship
- Training for mentors
- What mentors would want from the scheme.

We plan to use the results of the survey to develop a one-year pilot programme, which is due to launch at the ASiT conference in Manchester, Friday 5 - Sunday 7 April 2013. A key component of our pilot will be training mentors in the techniques of coaching, to enable them to get the most out of their mentees. This training will be done by a professional accredited coach. Mentors will be taken from across the

country and they will then act as local contacts for the mentorship scheme. Part of the training will include training mentors to be able to lead feedback sessions for groups of mentees. Advanced mentors will then be in a position to tutor new mentoring volunteers.

In this way, we hope to create a mentorship scheme that is robust, self-sustaining and truly available to all ASiT trainees across the UK.

The pilot will test various themes from the results of the survey and identify any difficulties that may require solutions prior to us launching the scheme at the ASiT conference in 2014. If you have any suggestions, please contact us. ●

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References are available on the website
www.surgeonsnews.com

Working Time Directive (EWTD), reducing formal contact time.

Since 2007, a few medical institutions have put in place a coaching and mentoring service, where clinicians are trained to be mentors to those affected. Examples include the London Deanery, the Peninsula Deanery, NHS North-West and South-East Scotland. The model is one of support rather than direction. The service was set up as confidential and free to the user, with the subject matter determined by the mentee. Although the service uses the word 'mentoring', this approach is based on the concept of coaching, which has developed in the world of business over the