Review Resource Document 08 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

MENTORING AND PEER SUPPORT PROGRAMS

INTRODUCTION

Mentoring is an alliance of two people that creates a space for dialogue, resulting in reflection, action, and learning for both"

Mentor and Peer Support programs are widespread in many organisations, including several medical bodies.

The term mentor is defined as "a wise or trusted advisor or guide"; the word is derived from the Odyssey of Homer – Mentor was the friend to whom Odysseus/Ulysses entrusted his son while he was absent for the twenty years of the Trojan War and the long journey home.

THE ROLE OF THE MENTOR

Anaesthetists and trainees may need advice, guidance or support on a wide range of issues, eg personal and professional support, clinical problems, relationships with colleagues, critical incidents and career options.

The mentor can provide a listening ear, feedback, guidance, and advice (if solicited) in many areas, as well as acting as a role model, teacher, resource facilitator and coach.

The role of the mentor is not to make decisions for the mentee, but to promote reflection to facilitate his or her decisions – which remain the mentee's responsibility. Sometimes the mentee will just need to "vent", to get a concerning issue "off his or her chest".

Resolution of mentees' issues may be achieved with help from their mentors, but there are also other experienced sources available, as well as peers, family, friends, and other professionals.

In each situation, advice and resolution of issues are more readily facilitated when professional and personal relationships have already been established.

In the case of trainees, any mentor system developed must not be used for assessment or performance monitoring. Supervisors of training and directors should not act as mentors for trainees with whom they are currently involved. The expertise and experience of anaesthetists outside the department may be utilised.

SYSTEMS

Mentoring is a voluntary relationship, typically between an experienced person and a more junior colleague.

Peer support, or "buddy" systems, are typically between colleagues of more similar age and experience. In the former system, support is provided by one or more colleagues; in the latter, two peers provide each other with mutual support. Each system has its place, and they are not mutually exclusive.

Support programs may be developed within and/or outside the department for useful, timely and appropriate support. These systems are best organised at a local level in response to local needs.

Mentor System – usually the mentor is more senior and the mentee junior.
Peer Support – groups of peers, such as examination study groups or groups of anaesthetists.
Buddy System – as in the diving industry: "I'll watch your back and you'll watch mine". This relationship may include general support, discussion of reported adverse comments, and matters of a personal or professional nature.

PRINCIPLES

- Informal programs can work well, and should be encouraged in groups and departments.
- Any formal mentor system must not replace professional and other systems of support for mentees facing significant difficulties.
- A formal program should be voluntary and confidential. However compulsory systems will ensure that those who most need mentoring don't deselect themselves.
- It is preferable that mentees should select their own mentors. The system must ensure that popular mentors are not overloaded. Alternatively, mentor and mentee could be "matched" by an experienced supervisor.
- There must be confidentiality and trust within the mentoring relationship, in order to protect the mentee's privacy and promote trust between the parties.
- Provision must be made for the termination of unproductive or damaging relationships, and also for dealing with inappropriate advice.

PROCESS

To establish a formal Mentoring Program(s)

- Establish local need by investigating the advantages and disadvantages of a mentoring program, focussing on its role in supporting mentees, role modelling, and teaching professionalism. This issue could be presented at a departmental meeting, by circulating information or both.
- Encourage discussion about the need for mentors and mentees to address any stressful issues relating to work and life outside work.
- Appoint a coordinator – someone with an established interest in doctors' health and/or mentoring.
- The program may need to be advertised within the department. You might institute a choice of mentoring, peer support, or the buddy system, or a combination of all three.
- Identify those senior colleagues who are willing to act as support personnel for trainees or other colleagues.
- Both peers, mentors, and mentees, require input into the choice of the individual with whom they are to establish a relationship.
- Procedures must be in place to ensure that particular members of staff are not overburdened by the mentoring role, for example by limiting the number of mentees allowed for any one mentor.
- Training could be provided for participants; this could initially comprise a discussion with the coordinator about the role, with pitfalls highlighted.

- The department should provide regular encouragement and information for the program, eg with case presentations, to stimulate discussion and prevent stagnation.
- The initial meeting should be scheduled for about one hour; it will allow mentor and mentee to get to know each other, in particular the mentee's personal and professional circumstances. Discussion should occur about what each person wishes to obtain from the mentoring relationship. The confidentiality of the relationship must be established.
- Frequent and regular meetings between participants are vital to establish a relationship of trust, so that the 'difficult' subjects can be discussed openly. Ad hoc meetings may also be convened if there are urgent matters to discuss
- There should be a trial period of 3 months. Provision must be made for the termination of unproductive, inappropriate, unhelpful, or damaging relationships, and also for dealing with inappropriate advice.
- Evaluation and monitoring of the program(s) are necessary to justify continued support.
- Current programs can run well with the support of the departmental mentoring coordinator and committee. However you may need to enlist the support and involvement of senior and middle management, staff counsellors, education support units and quality management within the hospital to ensure adequate resources.
- Ongoing financial resources of the support program(s) must be considered. These include training for, and monitoring of, the scheme(s).

Further reading

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current version. The practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the Welfare of Anaesthetists Special Interest Group endeavours to ensure that Resource Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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