

FPMANZCA Mentoring Programme

1. Introduction

The learning environment throughout the medical education continuum is conducive to the development of appropriate attitudes, behaviours and values, as well as knowledge and skills.

(1) The term mentor is defined as "a wise or trusted advisor or guide". Pain Medicine trainees have identified a need for mentoring during their training period. Mentoring is a voluntary relationship, typically between an experienced person and a more junior colleague. These systems are best organised at a local level in response to local needs. It enables the current and next generations of Pain Physicians to meet and share ideas, thoughts and experiences.

A mentor is a person who takes a special interest in the professional development of a junior colleague and provides guidance and support. Mentees may need advice, guidance or support on a wide range of issues regarding, personal and professional support, clinical problems, relationships with colleagues, critical incidents, career options, and occupational stress and its management. These issues may be more readily resolved with help from experienced sources, including colleagues, family friends and other professionals. In each situation, advice and resolution of issues are more readily facilitated when the professional and personal relationship has already been established.

Mentoring or coaching accelerates learning from experience, and helps achieve positive, lasting change to reach personal and professional goals. It provides a regular opportunity for reflection, enabling the Trainee to develop strategies to be more effective in their role, and find both personal and professional fulfillment. Optimal mentoring environments are a function of mentor–protégé relationships. These are rooted in six interactional foundations, namely: emotional safety, support, protégé-centeredness, informality, responsiveness, and respect. These foundations enable protégés to engage in four developmental behaviours: exercising independence, reflecting, extrapolating, and synthesising. (1) It is anticipated that an effective mentoring relationship will provide ongoing benefit into the years following the training period as new clinical and personal challenges are encountered.

2. Process

The program should be voluntary and confidential. Safeguards of confidentiality are of vital importance in maintaining the integrity of the mentoring process.(2) Good mentoring is a facilitative, developmental and positive process that requires good interpersonal skills, adequate time, an open mind and a willingness to support the relationship. Either party may terminate the mentoring partnership at any time.

Mentors should encourage critical reflection on issues to enable Mentees to find solutions to their own problems. Mentors should empower and encourage the Mentee, be a role model, build a professional network, and should assist in the Mentee's personal development. Supervisors of Training and Directors of Units ideally should not act as mentors for trainees. Mentors are not expected to take on the role of a SOT. The expertise and experience of Senior colleagues or other Pain Physicians outside the Department/Unit may be used.

Mentees should select their mentors. A Mentee should set agendas, follow through, accept criticism, and be able to assess performance and the benefits derived from the mentoring relationship. (3)

3. Results

The Faculty of Pain Medicine strongly encourages mentorship. Having a mentor, a confidential ear and sounding board that is independent from their assessment may encourage trainees in more open discussion and provide better support than is currently available. (4) However, strong evidence for this is currently lacking; (2) there is need for further research in this area.

References

1. Davis OC, Nakamura J. A proposed model for an optimal mentoring environment for medical residents. Acad Med 2010;85(6):1060-6.
2. Taherian K, Shekarchian M. Mentoring for doctors. Do its benefits outweigh its disadvantages? Med Teach 2008;30(4):e95-9.
3. Frei E, Stamm M, Buddeberg-Fischer B. Mentoring programs for medical students - a review of the PubMed literature 2000-2008. BMC Med Educ 2010;10:32.
4. Macafee DA. Is there a role for mentoring in Surgical Specialty training? Med Teach 2008;30(2):e55-9.

This Resource Document has been prepared in good faith and is intended for information only.