Mentoring: A Boon to Health Professionals' Education

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Abstract

The most important mechanism for facilitating learning for healthcare professionals while on practice placements is mentoring. Mentoring refers to a personal developmental relationship that enables synergetic purposeful conversations to reflect on experiences, make informed decision and act upon ideas generated. In a Health care training, a more experienced individual acts as a guide, expert and role model for a new or less experienced person. A mentoring relationship can help to develop new skills and advance career. Mentoring is an ongoing, collaborative relationship between two individuals, one of whom is superior in experience academics and technical know-how to the other one. The senior partner helps the less-experienced individual mature and grow in his or her field, and benefits from the satisfaction of helping a younger colleague. Each individual is unique in nature and their working force may also vary depending upon their preferred work zones. There are four work zones among which people may move back and forth between the zones but most people stabilise in one place – at least for a period. Mentoring is one activity that can assist in moving a person out of a less productive zone into the zone where he/she feels in control of their work, and operates at a high level and with high levels of satisfaction. In Health teaching institution each individual has responsibility for assessing students and therefore it is essential that one considering becoming a mentor appreciates the expectations and the responsibilities involved in this role. Once they take on the role of mentor, they will need managerial and institutional support and relevant in-service training and higher educational opportunities to equip themselves with up-to-date knowledge.

The most important mechanism for facilitating learning for healthcare professionals while on practice is mentoring. Mentoring has been identified as a mechanism for supporting teaching practice, in the compulsory school and higher education contexts (Elliott, 2000; Feiman Nemser, 1996). This mechanism has become a very important component of health professional education though it is being used with different titles by different health and social care professions.

In the present scenario, what is important in health professionals' education is focus on professional values, strong leadership and accountability (Francis, 2013). It could be trailed by means of teaching, coaching, and mentoring. These are essential for one's personal and professional development. The function of teaching is to cause one to know something, to impart knowledge, to instruct by precept example or experience. A coach is a private tutor who instructs and trains in the fundamentals, skills and intricacies to improve performance but a mentor is a trusted counsellor guiding the professional development of an individual.

Mentoring is an important role that everyone has to assume, officially or casually, sooner or later in their professional life. Mentoring has been a part of Health care professionals' education. It is an effective educational tool and the single most important aspect of training (Willis et al, 2012; Sambunjak et al, 2006). It helps to develop competence in intellectual and technical aspect, thereby both mentors and mentees are developed in many ways (Burgess et al, 2018). The perceived benefits of mentoring are greater satisfaction in the profession, widening of career choices, improved professional development and increased networking (Richard & Byyny, 2012) Studies have shown that a mentor helps build rapport between staff and students, support students learning and prepare them for professional practice as future health professionals or supervisors (Elliott, 2000).

Mentoring for medical and Nursing students is an important career advancement tool. It has been shown to foster interest within a medical specialty for which a future shortage is projected (Stenfors-Hayes, 2011; Lo & Brown, 2000).

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Definition of Mentoring

Mentoring is traditionally defined as a process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger) individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development.

According to the Academy of Medical-Surgical Nurses, "Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship" (AMSN, 2012). It means that mentoring can guide in their professional, personal and interpersonal growth.

As per Parsloe (1992) mentoring is "to help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance and become the person they want to be".

Mentoring in Health Professionals' Education

The important aspect of health care training for learning is clinical experience where the students get chance to interact with the clients and their family members, thereby they show improvement in technical, psychomotor/interpersonal skills (Billings et al, 1998; Adams, 2002; Dunn et al, 2000). It provides students to integrate the theory learnt into practice which helps them develop a professional identity (Fishell & Johnson, 2011). To enhance the clinical experience, it is important to provide students with appropriate support, guidance and supervision in the clinical area, when they have any queries, which helps to provide facilitation for good learning atmosphere (Andrews & Andrews).

Mentoring relationships inside healthcare organisations and academic institutions can help those organisations retain professionals, reducing the cost of turnover (RWJF, 2013). Though many studies are available related to mentoring of nursing and medical students, it is significantly indicated that mentorship may be a useful addition to help prepare students for future clinical practice. Mentorship may improve consistency of experiences (Byyny, 2012).

Purposes of Mentoring

The main purposes of mentoring are as follows:

- It helps to define possible career paths and provide insights about the general processes that would lead to professional advancement,
- It provides direction by validating specific goals directed toward achieving the trainees long-term plans,
- It helps to pass on the knowledge and techniques needed to allow the mentee to extend the work started by the mentor.

Principles of Mentoring

The key principles of being a mentor can be summarised as follows:

- Mentoring requires a trusting, confidential relationship based on mutual respect
- It involves a clearly bounded relationship that is close and uncoerced
- Mentoring involves a definite time commitment
- A mentoring relationship is planned for enhancing specific growth goals of a mentee; not for organisational requirements such as employee evaluation
- The purpose of mentoring must be mutually established by the mentor and mentee with clearly defined goals/ outcomes
- Mentors provide quality performance assessments, especially of a mentee's self-assessment
- Mentees must show progress by "raising the bar" for themselves as their insights and skills increase
- The mentoring relationship ends when the mentee is able to operate independently
- Mentors follow a servant leadership model by providing value to another without receiving extrinsic rewards.

Functions of Mentoring

- Teaching
- Personal/professional guidance
- Sponsoring
- Role modelling - all mentors are role models, though not all role models are mentors
- Socialisation - teaching the "Rules of the Game"
- Provide constructive critical feedback on performance
- Facilitate introductions to key people
- Write letters of recommendation
- Submit names for awards and committees
- Explore external funding options
- Help in grant and manuscript preparation
- Can advise on interpersonal issues/balancing home and career
- Acculturation.

Mentoring in Work place

Each individual is unique in nature and their

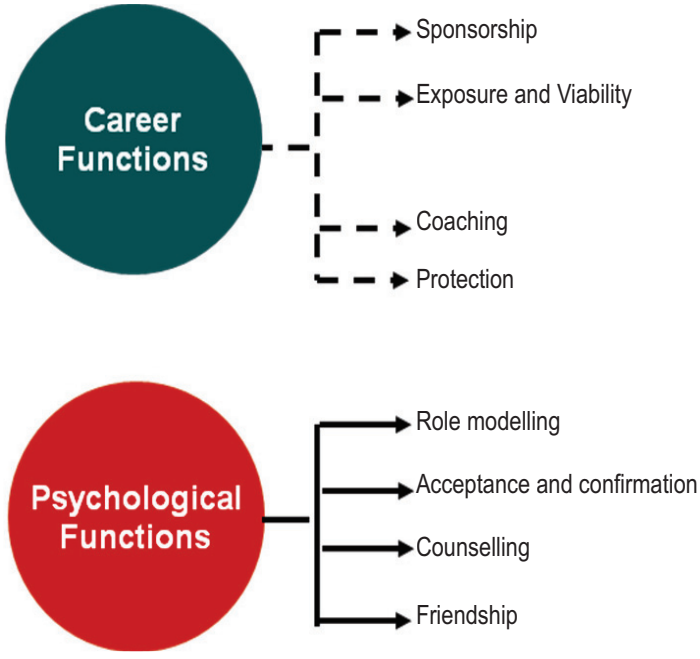

Fig 1: Functions of mentoring

working force may also vary depending upon their preferred work zones. There are four work zones available among which people may move back and forth between the zones but most people stabilise in one place – at least for a period. Mentoring is one activity that can assist in moving a person out of a less productive zone into the zone where he/she feels in control of their work and is operating at a high level with high levels of satisfaction.

Dead Zone

Individuals living in this zone are disengaged, not actively showing any interest to improve, little initiation only taken by them to improve their situation. They do not seek out the things that make them change. Typically they are people to whom things happen. They are resigned to things as they are and more importantly as they were.

Comfort Zone

In this zone individuals would like to be efficient and effective and want to be always successful as

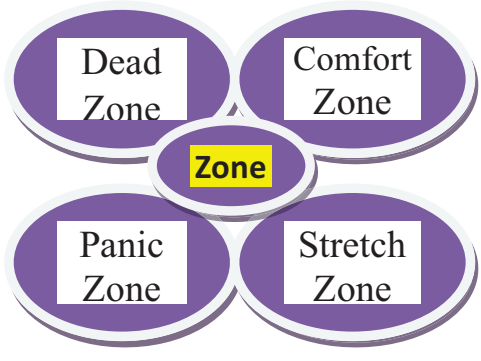

Fig 2 Different zones of mentoring

in the past. They perform and put their effort for flourishing with the same workforce of what he/she attempted to succeed. But they never think or foresee that the change will always take place everywhere and everything in their world continues to change. They dislike having change. They are not actually open or transparent but they may think that they are open.

Panic Zone

This is the zone of reactive adjustment. People here care very much or they wouldn't panic. But because they feel panicked, they can't learn well or perform well when they are in this zone. Burnout can happen here and quality may suffer. People are pushed into indecision and don't feel competent to handle what is before them. Panic creates exhaustion. People in this zone do not feel in control.

Stretch Zone

People in the stretch zone are actively involved in their work and are committed to developing themselves. They actively seek to do things differently. These people do not feel threatened by change. They are looking to change in a major way and see the change as an opportunity. Individuals learn best in the Stretch Zone. They are much confident in their action and believe that they can control their destiny by their actions and approach. They try to analyse their strength and weakness, are ready to be open to feed back to compensate the weak point. In the stretch zone, incremental, planned development offers the best opportunity for growth – a step at a time, continuously moving forward, stretching without breaking.

Mentoring Cycle

A Mentoring relationship has a natural cycle which starts with clarity around expectations – i.e. what does the mentee expect out of the mentoring partnership, what does he/she expect from the mentor and vice versa.

Phase 1: It is an initiation phase where establishing rapport and building trust is key to the development of a successful mentoring relationship. The mentor and the student get to know each other. They work and observe each other closely, having access to and providing support to each other, and influencing the development of the relationship. Pressure of time and other commitments could prevent the development of this supportive relationship.

Phase 2: It is a working phase. This is a very active phase and the intensity of the relationship moves to that of common understanding and solid partnership. Ultimately mentoring is a developmental relationship and the mentee will have goals in terms of current work or future career plans. Student gets benefits from the relationship and learns the skills

of the clinical placement. As the mentor and the student spend much of their time together, a sense of closeness and trust ensues. During this phase, the student gradually becomes independent and starts taking responsibility, and needs help less frequently. As the student becomes increasingly self-reliant and confident, the relationship moves towards the termination phase.

Phase 3: is a termination phase which the mentor-student relationship ends either positively or negatively. When the relationship ends positively, a supportive friendly relationship develops. However, when it ends negatively, the mentor and student are left with a sense of emotional tension and general dissatisfaction. Mentoring relationships change over time as the work and/or career circumstances of either the mentor or the mentee change and evolve over time. Inevitably a time will come when either the mentor or the mentee will want to move on. Closing off the relationship is important for both the mentor and mentee and an opportunity to review what progress and what benefits both have got from the relationship

Roles of Mentors in Health Professionals' Education

Transmission of Knowledge and Skills

A key role of a mentor is the provision of clinical and professional support, facilitating learning opportunities, role modeling and providing career advice. These sometimes take the form of providing academic survival skills, facilitating efficient information retrieval, helping with writing skills and introductions to professional networks.

Feedback and Evaluation

Mentors provide key insights and feedback on various aspects of the mentee's development. Provision of feedback must be clear, constructive and confidential given its impact upon a mentee's self-confidence and their overall mentoring experience.

Psychosocial Support

Mentors offer support and encouragement particularly during stressful times.

Role Modelling

Role modelling allowed mentors to shape ideas, values, attitudes and professional identities, inculcate workplace ethos and organisational culture, instill confidence and empower nurses.

Ethics

Mentors are critical to equipping mentees with the skills and tools to address ethical dilemmas

Research and Academia

Mentoring encourages scientific inquiry and thus plays a part in supporting mentees in each stage of the research and publication process

Barriers to mentoring

Barriers can occur at three levels. There are the personal barriers, relational barriers, structural barriers. Personal level is related to either mentor or mentee. Relational barriers include mentee vulnerability; lack of fit between mentor and mentee; racial, ethnic, or gender differences; mentors who take advantage of a mentee or bossy mentoring; and competition between mentee and mentor. Structural problems are time constraints, lack of continuity, lack of mentor incentives, conflicts of interest and lack of available mentors.

Discussion

Mentoring plays a vital role in the development of competence skills in their profession and personal growth and to ensure well-being of students. McGuire Reger (2003) offers more general conclusions about research to date, stating, "Mentoring influences an academic's level of professional activity and productivity". Students generally felt more comfortable to approach their mentors for personal and pastoral support and they spent more time and were able to develop relationships with their mentors. These are clearly distinct roles; an educational or clinical supervisor focuses on education planning and goal setting against required training elements (which will involve assessment of performance), whereas a mentor encourages personal development and offers psychological support in a longitudinal relationship (Kalet et al, 2007; Mellon & Murdoch-Eaton, 2015). Zachary (2000) emphasises the need for a mentoring programme to be based on a foundation of learning. Other authors proclaim a place for alternative approaches to the traditional model of mentoring. In response to the literature, a proposed model is 'Co-Mentoring', an emergent model based on a reciprocal framework that aims to establish an equality of access to mentoring for both the new and experienced faculty.

Challenges

While fulfilling such demanding responsibilities, mentors have to face various challenges such as limitation of time, dual responsibility of patient care and student teaching, High work load, mentors own personality, students level of learning, number of student allocated to the mentor, the number of students allotted to the mentor, collaboration between the students and mentors.

Conclusion

Mentorship is an integral part of the experienced role either formally when mentoring the professional students on clinical placement, or informally when helping less experienced persons to develop

their practice. They experienced individual have increasing responsibility for assessing students and therefore it is essential that each one who are considering becoming mentors appreciate the expectations, responsibilities and accountability involved in this role. Once they take on the role of mentor, they will need managerial and institutional support and relevant in-service training and higher educational opportunities to equip themselves with up-to-date knowledge.

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