Mentoring

An overview
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INTRODUCTION
Mentoring can support, enable and form part of continuing professional
development (CPD) as an experienced mentor can encourage and guide an individual
to devise strategies to meet personal and professional growth. Mentoring has diverse
meanings depending on the context, experience and professional starting point of
individuals. If your professional practice involves you in developing a relationship
with others which aims to help them grow and develop or you are learning from
others, then mentoring should have relevance to you.

The purpose of this information paper is to introduce the concept of mentoring as
part of CPD, develop your understanding of it and identify how it can be
implemented within the physiotherapy profession as part of day-to-day practice. The
paper should be read in conjunction with other guidance papers, particularly those
on clinical supervision¹ and clinical education²

Mentoring can take place in both formal ways, through mentoring schemes and
systems, and informal ways. It is not the intention of the CSP to develop or introduce
such a scheme but to focus on existing practices and integrate mentoring into CPD.
Some trusts/organisations have introduced their own mentoring schemes.

Mentoring can be implemented in all sectors of the profession e.g. clinical practice,
education, management and research as well as with other professional groups and
at all levels of grade.

WHAT IS MENTORING?
Mentoring has its origins in advising and counselling³ and can be either formal or
informal. It is concerned with the encouragement of broad longer-term development
rather than short-term skills acquisition. This long-term relationship differentiates
mentoring from coaching which is usually a short-term process, often focused on
organisational issues. Whilst coaching and mentoring are often linked and seen as
synonymous, the literature emphasises the differences⁴ ⁵. ‘Mentoring is a useful
adjunct to coaching specifically in providing career guidance and longer term support
as opposed to the relatively short term and performance-related purpose of most coaching.

DEFINING THE DIFFERENCE
- Counselling is concerned with emotions (I feel) and focuses on how the past influences the present
- Mentoring is concerned with thinking (I believe) and focuses on how the present can generate strategies and solutions
- Coaching is concerned with behaviour (I do) and focuses on how to improve future performance

Mentoring is also not:

- Clinical supervision - a collaborative process between two or more practitioners of the same or different professions which encourages development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice
- Clinical/fieldwork education – the education and training of students on pre- and post-qualifying programmes
- Appraisal – a formal, management-led assessment of the quality completion of set professional objectives. Usually done on a 6 or 12 monthly basis with additional formal reviews as deemed appropriate
- Peer review – an evaluation of the clinical reasoning about a patient episode by a peer at a similar clinical level using patient case notes to guide the discussion. Practitioners should select their own peer or peers and the process is carried out informally. Peer review tends to have a narrower professional focus than clinical supervision.

However, elements of mentoring skills and techniques may be used during the above processes.

Mentoring has the potential to impact on personal, professional and organisational development. More modern definitions, particularly in relation to CPD, define mentoring as a process, aimed at transferring knowledge and skills and also providing psychological support and assisting in personal development. The process enables more experienced people (the mentor) to nurture and assist in the development of
less experienced people (the mentee) where the desired outcome is learning for both partners. Importantly, then, it is to be seen as a relationship of equals that is mutually beneficial. Mentoring can be described as “A protected relationship in which experimentation, exchange and learning can occur, and skills, knowledge and insight can be developed”.

**ROLES AND RESPONSIBILITIES**

A mentor is concerned with supporting a mentee, challenging ideas in discussion and shaping the way goals are achieved to plan for career development. The role is to facilitate, guide, advise and counsel.

Ideally, the mentor is not a formal supervisor or line manager in the workplace and there is much discussion in the literature about the appropriateness of the mentor being the line manager. The mentor may, but, not necessarily, work within the same organisation as the mentee and is motivated by the desire to influence future generations to promote best practice.

Mentors have usually followed a similar path to the mentee so can help to define and work through personal and professional issues. They have knowledge about the nature of learning and the helping relationship. The mentor role can be undertaken by individuals outside the mentee’s organisation, if appropriate, and outside of the physiotherapy profession. A mentor:

- is a wise and trusted counsellor
- is suitably experienced
- has usually travelled the mentee’s path
- acts as a confidential adviser and guide
- stimulates professional development

The primary responsibilities of a mentor are:

- rapport building
- suspending judgement
- use of diagnostic frameworks
- assisting with developmental goal setting
- promoting access to learning and achievement
- promoting anti-discriminatory practice
- agreeing the roles and resources required
- advising and supporting individual learners in managing their own learning
- providing feedback
- monitoring and showing sensitivity to feelings
QUALITIES OF A MENTOR

The importance of the personal qualities of the mentor is emphasised as the mentor supports, enables and empowers the mentee; this is fundamental to effective CPD and to the mentee becoming an independent learner. There is a focus on the behaviours, attitudes, values and feelings. Emotional literacy or emotional intelligence is concerned with thinking and feelings and is the ability to understand and deal with emotions and with their consequences\textsuperscript{11}. It inserts thinking between the feeling and the action, thus enabling understanding of both. The best choice of mentor will combine three types of thinking modes\textsuperscript{12}:

- consideration of opinions and experience from the past
- emotional responses and reactions in the present
- logical consideration of the future impact of decisions.

A successful mentor will have a range of qualities and will develop skills and attributes to enrich the mentoring process. He/she will have the ability to consider different perspectives, will stretch discussions beyond the immediate problem and will help clarify the ideas of the mentee. The following list of qualities is not exhaustive:

- Commitment of energy and time
- Open
- Proactive
- Respectful and deserving of respect
- Accessible
- Supportive
- Non-judgemental
- Trustworthy
- Interested
- Fair and consistent
- Innovative and creative
- Informative
- Ability to give & receive constructive feedback
- Communication skills
- Goal setting skills
- Action planning skills
- Questioning skills
- Negotiating skills
- Motivating skills
- Enabling & empowering skills
- Advising skills
The real power of mentoring is the development of insights. An effective mentor allows the mentee to make connections between knowledge and personal experience in order to develop insights. Insights are more difficult to define than the development of skills and knowledge as they tend to be more personal. Examples are insight into the values and behaviours of others, understanding of how to work with others. It is believed that the confidential and trusting relationship of mentoring allows open discussion, disclosure and reflection which lead to insights which begin with the mentee, emerge for the mentee, and are facilitated by the mentor.

**BENEFITS OF MENTORING**

The benefits of mentoring apply to both the mentor and mentee as the relationship is a two-way process. There are also benefits to the organisation in terms of improved performance, motivation and communication, job satisfaction and retention of staff. The significance of mentoring for organisations is that it could provide the link between off the job formal training and the embedding of new skills and knowledge through practice.

The benefits to the mentor are:
- improved self-esteem
- empowerment
- stimulation and reward
- satisfaction from helping the mentee grow
- development of new skills such as listening, problem-solving, analysis and interpersonal skills
- can be a reciprocal relationship

The benefits to the mentee are increased:
- professional support
- job satisfaction
- confidence
- access to resources
- networking
- motivation and morale
- self-esteem
MENTORING IN PRACTICE
The development of a mentoring relationship, or a mentoring system in an organisation, requires consideration of the purpose, the contract and the lifecycle of the relationship. The potential exists for a more in-depth relationship based on developmental processes such as action learning and learning contracts.

Informal mentoring should simply allow the relationship to evolve rather than specifying criteria to match the mentor and mentee which may be necessary for formal mentoring systems. The former should consider the style of the mentor and the mentee and their expectations and similarities in terms of, for example, overall values, beliefs and life-goals. There is discussion in the literature about the importance of behaviour and learning styles rather than personality when matching and these will influence the dynamics of the relationship. Mumford concluded that matching based on similar learning styles was more likely to work although he recognised that differences could provide strength in the relationship but needed tolerance.

There is little research on differences and similarities between mentors and mentees and its impact on learning. What is appropriate depends on the needs of the individual. If there is too much similarity, there is a danger of leading to collusion or comfort or a lack of structure in meetings. Thus, mentoring may lead to greater motivation but not necessarily increased performance or development. There is the potential for contrasting styles to lead to learning but also the danger of too much contrast leading to irreconcilable differences. Whilst a mentor may be seen as a role model, the aim is not to clone. If there is perceived similarity, any uncertainty may be reduced. When matching mentors and mentees, similarities in fundamental values and an understanding of learning style preferences are important.

The mentoring relationship often develops within an organisation as the mentee identifies role models during the early stages of their career. However, the mentor may be identified through professional networks, particularly as individuals progress through their career and may be working in professionally isolated settings. Mentors may be identified through, for example, the clinical or occupational interest groups (CIOGs) or from networks developed outside physiotherapy. The relationship can be nurtured through email, telephone contact as well as face-to-face meetings.

There are four stages in the mentoring life cycle as shown in Figure 1:

- establishing rapport
- direction setting
- progress making
moving on.

Within each stage, there are tasks that both the mentor and mentee need to undertake, and different skills that the mentor may need to develop and adopt (see appendix 1). By working through these stages, the dynamics of the relationship change and progress. The duration of the relationship can vary from two to three years and should be no more than eight to ten years.

Figure 1 The mentoring cycle

Planning the mentorship is a two way process and should take account of the frequency and length of meetings held in a suitable location to both the mentor and mentee. This should be away from the workplace and in a quiet and confidential setting. A contract should be agreed which outlines the rules, rights and responsibilities. Agreement should also be reached on what will be recorded, how and by which party, as well as the measurement of success (see Appendix 2 checklist). Key learning from the process could kept in a portfolio.

The principles and practice of mentoring can be adopted and applied to other systems, such as clinical supervision, peer review and clinical education. Introducing formal mentoring systems into departments and organisations requires specific criteria to be established and implemented and managers and staff are encouraged to work together to develop these.
SUMMARY
Mentoring can be a valuable support mechanism, focusing on growth and development in the broadest context and can form part of CPD. The relationship aims to empower the mentee to enable them to become independent learners, with both partners learning during and from the process. The mentor develops a range of transferable skills which can be used for other CPD activities.

The mentoring relationship is based on openness, trust, confidentiality and shared beliefs and values. The objectives should be discussed at the start of the relationship, and when the relationship is coming to an end, this should be discussed in the spirit of openness. Mentoring benefits the mentee, the mentor and organisations in terms of improved performance, enhanced understanding and skills and motivation.

The CSP supports the use of mentoring for both qualified and assistant staff within all types of occupational settings and roles. This paper has focused on the concept of mentoring and its practice on an informal basis. This can be extended to formal mentoring systems within departments which could be investigated, implemented and evaluated.

Should organisations wish to seek further training or guidance on developing formal mentoring skills or systems, there are a range of course providers which would be able to offer support, including higher education institutions which offer formal accredited programmes in mentoring and coaching practice. A full list of HEI programmes is available from the CSP postqualifying programmes database in the CPD Unit on tel 020 7306 6608. Mentoring programmes currently on the database include:

- Lancaster University  www.lancaster.ac.uk
  PG Certificate in Mentoring

- Leeds University  www.leeds.ac.uk
  PG Certificate in Mentoring

- Manchester Metropolitan University  www.mmu.ac.uk
  Mentoring module within Professional Development programme

- Oxford Brookes University  www.brookes.ac.uk
  MA in Coaching and Mentoring Practice

- Roehampton University  www.roehampton.ac.uk
THE CHARTERED SOCIETY OF PHYSIOTHERAPY

PG Certificate in Mentoring

Sheffield Hallam University  www.shu.ac.uk
MSc/PG Diploma/PG Certificate in Mentoring and Coaching

University of Wolverhampton  www.wolverhampton.ac.uk
MA in Coaching and Mentoring

York St John College  www.yorksj.ac.uk (contact Simon Rouse)
Mentoring Strategies in Health and Social Care module

Other course providers or useful links can be accessed from:

Oxford School of Coaching and Mentoring  www.oscm.co.uk/oscm_qualifications.htm
Offers a range of diplomas and certificates focusing on the practice of coaching and mentoring accredited by Oxford Brookes University or the OSCM. Accredited programmes may also be run as non-qualification, in-house programmes also.

The Coaching and Mentoring Network  www.coachingnetwork.org.uk
Is a community portal and resource centre offering information and services, providing a service both for people who provide coaching or mentoring services and for those seeking them. Information on the site includes a free information service including training and accreditation programmes for coaches and mentors, a mentor/coach matching service and coach and mentor banks.

*Please note that this list of course providers is not exhaustive. Also, inclusion in this information paper does not indicate quality approval of the course or course provider by the CSP. Individual applicants must assess for themselves whether the course will meet their requirements in terms of content and quality.
### Four stages in the life-cycle of a mentoring relationship

<table>
<thead>
<tr>
<th>Stage</th>
<th>Tasks Mentor and mentee need to ...</th>
<th>Dynamics Relationship can be characterised by ...</th>
<th>Skills Requirements The mentor may need to ...</th>
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<tbody>
<tr>
<td>1. Establishing Rapport</td>
<td>• work out together how they can get on and respect each other &lt;br&gt; • exchange views on what the relationship is and is not &lt;br&gt; • agree a formal contract &lt;br&gt; • agree a way of working together &lt;br&gt; • set up a way of calling meetings – frequency, duration, location etc. &lt;br&gt; • set up other contacts</td>
<td>• impatience to get going &lt;br&gt; • tentativeness and unwillingness to commit &lt;br&gt; • politeness &lt;br&gt; • testing out and challenging</td>
<td>• suspend judgement &lt;br&gt; • be open to hints and unarticulated wishes or concerns &lt;br&gt; • be clear about what needs establishing and open about what can be left out &lt;br&gt; • establish a formal contract &lt;br&gt; • agree a way of working together &lt;br&gt; • set up details of future meetings &lt;br&gt; • achieve rapport</td>
</tr>
<tr>
<td>2. Direction Setting</td>
<td>• learn about the mentee’s style of learning &lt;br&gt; • think through the implications of their style for how they will work together &lt;br&gt; • diagnose needs &lt;br&gt; • determine learner’s goals and initial needs &lt;br&gt; • set objective measures &lt;br&gt; • identify priority areas of work &lt;br&gt; • keep open space &lt;br&gt; • clarify focus of their work &lt;br&gt; • begin work</td>
<td>• over inclination to shut down on possibilities &lt;br&gt; • unwillingness to set goals &lt;br&gt; • reluctance to open up possibilities for diagnosis</td>
<td>• use and interpret diagnostic frameworks and tools &lt;br&gt; • encourage thinking through of implications of diagnoses &lt;br&gt; • set up opportunities for diagnosis to be informed by third parties &lt;br&gt; • adopt developmental approach to goal setting for the mentee &lt;br&gt; • help the selection of the initial area for work &lt;br&gt; • give feedback / set objectives / plan &lt;br&gt; • have clarity about next step</td>
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<tr>
<td>3. Progress Making</td>
<td>• create a forum for progressing mentee’s concerns &lt;br&gt; • use each other’s expertise as agreed &lt;br&gt; • establish a means for reviewing progress and adapting the process in the light of this review &lt;br&gt; • identify new issues and ways of working that are required to address these &lt;br&gt; • be ready for the evolution of the relationship</td>
<td>• a period of sustained productive activity &lt;br&gt; • dealing with a change in the relationship or the learner’s circumstances &lt;br&gt; • reviewing and adapting the relationship &lt;br&gt; • preparing for moving on</td>
<td>• cajole &lt;br&gt; • monitor progress of the learner &lt;br&gt; • review and renegotiate the relationship &lt;br&gt; • recognise achievements / objectives attained &lt;br&gt; • look at ways of timing and managing the evolution of the relationship</td>
</tr>
<tr>
<td>4. Moving On</td>
<td>• allow relationship to end or evolve &lt;br&gt; • move to maintenance &lt;br&gt; • review what can be taken and used in other contexts</td>
<td>• dealing with rupture and loss &lt;br&gt; • major renegotiations and continuation &lt;br&gt; • evaluation and generalisation</td>
<td>• address own and other feelings and loss &lt;br&gt; • develop next phase and / or orchestrate a good ending &lt;br&gt; • consider learning in general &lt;br&gt; • establish friendship</td>
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### Appendix 2 – Seven stage checklist for structuring mentoring sessions

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>CONNECT</strong></td>
<td>Making contact and establishing rapport with the mentee in a positive way</td>
<td>There are 4 main ways to establish rapport easily – feelings, thinking, reactions and do nothing. Personal disclosure creates trust and equality and leads to productive dialogue and problem solving.</td>
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<tr>
<td><strong>CONTRACT</strong></td>
<td>Establishing the focus in terms of learning outcomes and process of the session provides containment</td>
<td>This is the formal term to describe the agreements and boundaries for the relationship and the sessions. These need to be realistic and manageable. Issues such as confidentiality, trust, support, responsibilities and record keeping, as well as practicalities, need to be agreed.</td>
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<tr>
<td><strong>COLLABORATE</strong></td>
<td>Working together using listening and questioning</td>
<td>The mentor should include the mentee by advising, guiding and eliciting information rather than telling or colluding. Both should appreciate the other’s approach to learning in order to be positive and creative.</td>
</tr>
<tr>
<td><strong>CONSIDER</strong></td>
<td>Identifying interventions, activities, resources and connections to support the mentee</td>
<td>It is important that the mentor keeps to the boundaries and communicates a combination of structure and nurture to engender learning and build self-esteem.</td>
</tr>
<tr>
<td><strong>CELEBRATE</strong></td>
<td>Achievements and development towards the learning outcomes, and how the relationship is developing</td>
<td>The mentor encourages a circle of motivation, achievement, recognition and confidence through verbal and non-verbal cues. Exploring how to celebrate specific achievements helps to address the psychological elements of the contract.</td>
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<tr>
<td><strong>CREATE</strong></td>
<td>A new action plan for short and long-term objectives</td>
<td>Identifying goals provides a sense of purpose and direction and should undertaken early in the relationship. Creating an action plan increases the success rate and identifies learning outcomes.</td>
</tr>
<tr>
<td><strong>CONFIRM</strong></td>
<td>Agree the next meeting, resources, expectations and direction</td>
<td>Evaluate the session together honestly and explore different ways of working. Keep a record of what has happened and plans for the next meeting.</td>
</tr>
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</table>
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