An evaluation of the implementation and impact of a mentoring programme for Anaesthetists in the North East

Dr Alison Steven

April 2015

northumbria
UNIVERSITY NEWCASTLE

PROMOTING PATIENT SAFETY,
EDUCATION AND RESEARCH

AAGBI
FOUNDATION
Association of Anaesthetists of Great Britain and Ireland

Acknowledgements

The project team

Dr A Steven. Reader in Health Professions Education

With expert advice from

Dr Nancy Redfern, Consultant Anaesthetist at Newcastle Upon Tyne NHS Foundation Trust.

Correspondence to:

Dr Alison Steven
Department of Healthcare
Coach Lane Campus West,
Northumbria University,
Newcastle upon Tyne,
NE7 7XA
United Kingdom

Tel 0191215 6483

Alison.steven@northumbria.ac.uk

Contents

List of tables

1.Background

Being a doctor is challenging and requires an ability to manage complex clinical dilemmas and work collaboratively with patients and in teams, while maintaining high individual professional standards. In addition, the NHS is undergoing a period of transition with ever increasing public and DH expectations, and increasing levels of individual accountability. The Francis 2 inquiry further highlighted the need for patient-centred care and the development of positive, supportive cultures in which concerns can be raised [1]. Mentoring schemes are seen as one way of helping doctors at all stages of their careers to achieve their full potential, to manage dilemmas, transitions and related expectations [2, 3,4].

Recent GMC guidance [2,3] clearly highlights the place of mentoring in supporting and developing medical practice and professionalism. GMC Leadership and management guidance[2] states all doctors, *'should be willing to take part in a mentoring scheme'* and emphasises preparation for the role thus,

> *If you have agreed to act as a mentor, you must make sure that you are competent to take on the role and that you can fulfil your responsibilities, including undertaking appropriate training and keeping your skills up to date'. (p24)*

More recently 'Good medical practice'[3] in outlining what is expected of all doctors registered with the General Medical Council (GMC) again reinforced the role of mentoring stating that in order to develop and maintain professional practice doctors,

> *'should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career' (p6).*

However doctors can be reluctant to seek out and use a mentor, partly due to the limited availability of trained mentors [5] and partly due to a perception that mentoring is for the 'needy'- those failing or underachieving. However this perception that mentoring is only for doctors with problems is being replaced by a growing recognition [2,3,8--10] and evidence [9-23] that involvement in mentoring can be beneficial in a wide range of situations.

Evidence from industry[23] suggests mentoring is an effective way of enhancing job satisfaction and performance and there is a similar growing evidence base of benefit from mentoring in medicine and health care [4,9-16,19-22.] These include improved employee well-being[24], positive effects on personal and career development and progression [19,20], career choice[16,19,] research and academic productivity[10,11,12,19] working relationships [9,] sense of collegiality [9,12,22]confidence and morale[9,12,16.] There also appear to be benefits from being a mentor, with trained mentors reporting that they use skills and frameworks in a variety of clinical and personal situations [9,22,25,] as well as in mentoring.

Interpretations and types of mentoring

Engagement in mentoring may be further complicated by the fuzziness of the term and the many models or types of mentoring which exist. Indeed the terms 'mentor' or 'mentoring' are used across many professions and occupations and have a range of meanings and definitions [25,26,27,28,29] . The origins of the term 'mentoring' lie in the apprenticeship model of work, where an experienced person passed on their knowledge and skills to an inexperienced and usually younger individual. There may be several types of mentoring which originate from this model:

The mentor as patron or sponsor is a traditional view where the mentor is an experienced and influential senior who 'coaches' and shapes the junior protégé in their own image, using their position and knowledge to open doors and offer opportunities [18,25,30] . The 'philosophy' underpinning this type of mentoring is that by virtue of their senior position and experience the mentor has greater skills and knowledge, which they use to advise and influence the mentee. The main strength of this type of mentoring is in its ability to facilitate access to a range of opportunities perhaps not otherwise accessible. However it is largely a paternalistic model in which the mentee has limited power or control and where the mentor shapes the career of the mentee. The mentee is less likely to learn how to be innovative, to challenge current thinking or to gain an understanding of how best to use their own strengths.

The mentor as advisor and/or problem solver- often a more experienced person who listens to the problem and either tells the mentee what he or she would do and how to proceed, or gives advice and actively guides them. To a greater or lesser degree directive or didactic in approach [8,25,30.] Such solution focused advice giving is common in medicine, perhaps because of the doctor's role as an expert, making a diagnosis and advising patients. The strength of this type of mentoring is that the mentee is 'given' solutions, some of which may be based on the mentor's greater experience or knowledge of an issue, organisation or situation. The main weakness is that the mentor offers a solution which is theirs - not the mentees, and that solution is based on the mentors diagnosis of the problem. So they may be offering a solution to the wrong question or the wrong solution for the mentee; one that does not fit with the mentee's abilities and strengths.

Again drawing on the notion of the experienced senior the term 'mentor' is also occasionally used to signify a practitioner who supervises and assesses students in a practice setting [32,33].

The **Mentor as educator** is a senior person who imparts their knowledge and wisdom to 'teach' the mentee and support their learning. Nurses use the term 'mentor' in this way, while in medicine this is usually described as educational supervision. However several examples exist in the medical literature of mentoring based on this 'educational' philosophy [12,19-21] which may include apprenticeship[16,18] and/or performance assessment [22]. One strength of this model is the access it gives to the skills and knowledge of the mentor, which to some extent may include tacit, craft knowledge[34] developed through years of experience. The mentor is able to impart some of that knowledge to the mentee who may also be able to learn through observation. A weakness of this model is that it is based on a senior /junior power relationship and dealing with dilemmas in this relationship tends to be done using an advisor model.

However other forms of mentoring have developed across business, industry and health care [23,25,30,35] which emphasise self-development via the use of models or frameworks to facilitate reflection leading to action planning and problem solving.

The Mentor as facilitator/ 'empowerer' approach is based upon the Egan skilled helper model. Here the mentor acts as a reflective sounding board and creates a safe environment where the mentee can discuss issues[12, 25 26]. This form of mentoring is based upon a framework such as the Egan skilled helper model [35] and does not require the mentor to be senior or more experienced. However it is crucial that the mentor is trained. Evidence from previous [9,17] and on-going research suggests that this type of mentoring is very effective and gives the mentee ownership of both the issue and the solution or action plan. It empowers them to take control of their own development, to release their potential and to achieve results that they value[25]. It could also be seen as helping prepare the mentee for independent practice. The mentor provides a 'map', or framework, which the mentor and mentee use to guide their discussions. The mentor facilitates the mentee in reviewing and understanding the situation (dilemma/opportunity); exploring possibilities; and deciding on how to handle the situation. The mentor's skills are in listening carefully to everything the mentee says, empathically challenging blind spots, helping the mentee to develop a wider perspective about the matter in question, to set goals, develop strategies to achieve these and to decide on a plan of action. This type of mentoring it is one way of helping someone become better at helping themselves and is carried out on a 'one to one' basis.

Type of mentoring used in this study

Given the potential for multiple interpretations it is very important that we are explicit at the outset that the mentor preparation, taster days and any other educational initiatives covered in this report used the **Mentor as facilitator/ 'empowerer' model** based on the Skilled helper framework [25,35].

Context and Timescales

The AAGBI is working to establish access to mentoring as one of its membership benefits with a broader view to beginning to create a culture where mentoring is a normal part of medical practice as envisaged by the GMC. As part of this process two 'taster days' and a 3 day mentor development course were run in the North East between autumn 2013 and summer 2014. The 2 taster days and the 3 day course are the ***primary focus*** of this funded evaluation which was initially planned to run from October 2013 to October 2014. In addition the AAGBI offered further 'taster' mentoring sessions to participants attending the Group of anaesthetists in training (GAT) meeting in the summers of 2013-2014.

However during the course of the project the possibility arose to collect additional data from a wider range of sources and given this would add value in the form of additional perspectives an extension to the project was granted by the AAGBI until 31st March 2015.

2.The 'initiatives'

The main 'initiatives' consisted of 2 separate taster days followed by a 3 day mentor development programme.

Taster days

In order to offer a 'taste' of what mentoring is about and how it can be used (following the Mentor as facilitator/ 'empowerer' model) 2 'taster' days were held at different locations in the winter of 2013. The content of the days included: an overview of the skilled helper model; a demonstration of mentoring by a skilled mentor and focused on a real issue; and a chance to practice some of the skills (see Appendix 1: Taster day schedule, page 59 for more detail).
The taster days were advertised to trainee and consultant grade anaesthetists via local networks and distribution lists held by the Specialty Programme Coordinator for the Northern School of Anaesthesia & Intensive Care Medicine. Evaluation/Feedback forms were used on the day to collect participants thoughts and experiences (see Appendix 2 page 60).

Three day mentor development programme (3 day course)

The taster days were followed by a 3 day mentor development programme which ran a day a month from January – March 2014. Each day of the 3 day programme covered a particular stage in the skilled helper model. The days included a mixture of theoretical 'teaching', demonstrations, practice in groups and feedback/discussion sessions. Participants were asked to bring two medium weight current dilemmas or opportunities that they were prepared to discuss during the skills practice. These were to be kept confidential within the groups. The practice elements were organised in groups of 3 participants, 1 acted as the mentor, 1 the mentee and the third observed and fed back, with participants rotating through the roles.

As in the taster days the demonstrations were given by experienced mentors and were as 'real' as possible in that they were tackling a real issue which had not been rehearsed.
The 'taught' elements covered the stages of the Egan skilled helper model and associated skills. Discussions were also held regarding ethical issues and dilemmas faced in mentoring relationships and safe and effective mentoring. The second and third days also included review of the stages covered previously and participants were asked to reflect on their learning and practice the skills in the time between the study days. Evaluation/Feedback forms were again used on the day to collect participants thoughts and experiences (see Appendix 3 page 61 and Appendix 4 page63)   Table 1 shows the numbers of attendees.

Table 1 Attendees at Taster days and the Mentor development programme

Initiative	Numbers attending
Taster day 1 (7th November 2013)	22
Taster day 2 (12 December 2013)	18
Total	40
3 Day Mentor development programme (January – March 2014)	21 (2 did not attend a taster day)
Total population	42

Post programme initiatives

In addition to the taster days and 3 day course mentoring taster sessions were run at the Group of anaesthetists in training (GAT) meeting in the summer of 2014 and the previous year. These sessions were open to anyone who wished to engage in a mentoring session with a trained mentor (following the facilitator/ 'empowerer' approach outlined above). Several of the mentors at the 2014 sessions had attended the 3 day mentor development course and/or taster days thus the sessions also acted as a mechanism for the mentors to hone and develop their skills and gain further experience and it was decided where possible to also collect data from these sessions.

3. The Evaluation

Aims

The study aimed to explore and evaluate,

1. The impact of learning about mentoring through attending the taster days and/or mentor development programme (where people learn the skills and frameworks needed for mentoring)

2. The impact of engaging in mentoring activities (i.e. involvement in schemes and/ or networks in which people can find themselves a mentor, or co-mentor, or use mentoring more informally).

Objectives

1. To ascertain which factors act as barriers and facilitators to:

    a. the mentor development programme or taster days

    b. involvement in mentoring schemes or other activities

2. To gauge the extent to which the skills learned on the mentoring programme or taster days are embedded into practice during the period of the study

3. To assess the perceived 'worth' or 'impact' for those involved including:

    a. identifying benefits and advantages

    b. identifying aspects perceived as problematic

Methodology

Given the complex, very individual and context-bound nature of mentoring the evaluative approach used drew on the principles of Realistic Evaluation[37]. The developers of realistic evaluation suggest that 'outcomes are explained by the action of particular mechanisms in particular contexts' [37] (p59).They argue that causal powers reside not in objects or individuals but in the social relations and organisational structures that they form. Realistic evaluation therefore attempts to explore context (C), mechanism (M), outcome (O) relationships i.e. what works, for whom, and in which circumstances. Therefore the relationship between causal mechanisms (taster days or course, mentoring practice, experience etc.) and their effects/outcomes (Drs feelings re mentoring, their use

of the skills, engagement in mentoring activities, impact for mentees) is not fixed but contingent on the context (practice setting, organisational culture, nature of the work, access to education and training, group make up, facilitation, education delivery methods, incentives etc). A mixed method approach employing tried and tested methods was used to maximize the potential gain from each particular method and where possible providing triangulation.

Design

The study incorporated 3 data collection points over a 15 month period as follows:

1. **December 2013/January 2014 (close to the initiative): First questionnaire**
   This was immediately after the taster days and when 1 day of the mentor development programme had taken place. This timing was designed to facilitate gathering of : opinions regarding attendance at the taster days and programme: 'baseline' mentoring activity data and: initial perceptions of usefulness of mentoring. In addition the questionnaire asked if participants were willing to be interviewed at a later date, thus acting as a sampling frame.

2. **May - July 2014. (In the short term): One to one semi structured interviews**
   After completion of the 3 day mentor development programme and allowed for rich in-depth data to be collected regarding opinions, experiences and activities that developed after attending the initiative.

3. **January - February 2015 (In the medium term) : Second questionnaire**
   The questionnaire was adapted and distributed approx. 12 months after the first. This aimed to ascertain if activities had continued and to what extent activities and skills seemed to be 'embedding' in the medium term. The questionnaire gathered information about activity and impact including: opinions regarding skills learnt attendance at the taster days and programme: information regarding mentoring activities and use of skills since attendance; and opinions of usefulness of mentoring skills.

Additional data from post programme initiatives. The opportunity arose to collect additional data from mentoring taster sessions run at the GAT meeting in the summer of 2014 and to access evaluation sheets from sessions run the previous year. Some of the mentors at these taster sessions had been involved in the taster days and mentor development programme and therefore it was decided that data from these would add another perspective.

Month/Year	10 2013	11	12	1 2014	2	3	4	5	6	7	8	9	10	11	12	1 2015	2	3
Initiative		TD	TD	1	2	3												
Data collection					Q1			1:1 Ints								Q2		
Additional data									GAT			AC						

Key	
Taster Day	
Mentor development programme (3 days)	
Questionnaire 1	
Questionnaire 2	
Post programme initiatives- focus for additional data collection	

Data protection and Ethics

The project study proposal and all associated documentation were reviewed and granted approval by the Faculty of health and life sciences (former School of Health, Community and Education studies) Ethics committee at Northumbria University.

With regard to NHS ETHICS the NRES algorithm (requirements for REC review version dated August 2011) states that 'REC review is not normally required for research involving NHS or social care staff recruited as research participants by virtue of their professional role' therefore NHS ethics approval was not required. However the proposal was reviewed and agreed by the appropriate R&D manager for Newcastle upon Tyne Hospitals NHS Foundation Trust and governance procedures were adhered to throughout.

Participants were informed that they could withdraw at any point without this having any impact on their employment or future continuing education. Interviews were audio-recorded and transcribed verbatim, with all identifying information removed. Participants were allocated a unique identifier and the key for the ID codes was available only to the research team, along with the data files which have been kept on a password-protected University server. Sound files will be destroyed approximately three months after production of the final report and transcripts will be kept for three years in line with University policy. Participation was voluntary and all participants gave their written informed consent to take part in the study and for the (anonymised) information to be used for analysis and dissemination purposes.

Anonymity

Great care has been taken throughout the writing of this report to maintain the anonymity of those involved. To this end identifying codes for participants have been changed from chapter to chapter.

Data collection

The total amount of data collected by type is shown in Table 2. As shown, the original planned data collection was supplemented by the gathering of additional data which became available during the project. This additional data added a further dimension to the study and allowed some preliminary triangulation of accounts and perceptions of impact, thus enriching the analysis.

Table 2: Data collected

Planned data		
Questionnaire 1	22 (56.4%)	
Questionnaire 2	17 (43.6%)	
Semi structured 1:1Interviews	11 (28.2%)	
Taster day evaluation forms (filled in on the day by participants)	Day 1, 16 (72.7%) Day 2, 14 (93.3%)	
3 day course evaluation forms	21 (100%)	
Additional data		
GAT mentoring evaluation forms	2013 n=20	2014 n= 27
Mentee interviews	2	

Questionnaire 1(Q1)

A short questionnaire developed by Dr Steven and used in a previous evaluation of a mentoring scheme[17] was adapted for use in the study. Development of the original tool included pre-testing and assessment of face validity, after modification for use in this study the tool was again pre-tested by two academics working in the field of health care education and professional development, and by a consultant anaesthetist (none of whom were involved in the study). Ambiguities and inconsistencies were noted and changes made accordingly thus enhancing the usability and face validity of the questionnaire.

The first questionnaire, here after referred to as Q1,(see Appendix 5) consisted of 32 questions across 5 sections as follows:

- Information about their job (Attributes)
- Learning about mentoring (Behaviours and opinions)
- Mentoring roles and activity (Behaviours)
  - As a Mentor
  - As a mentee
  - Formal or informal mentoring
- Usefulness of Mentoring (Opinions)
- Involvement in further data collection

Questionnaire 2(Q2)

After the interviews were completed and initial analysis undertaken, the questionnaire was modified to gather data regarding any continuing activities, perceived impact and usefulness. In addition, consistent with an inductive approach[38] unanticipated issues emerging from the interview analysis were also taken into account during the development of the second questionnaire (here after referred to as Q2). These issues included: use of specific mentoring skills, engagement in mentoring related activities and perceptions of impact.

Q2 was pre-tested by 3 research academics working in the fields of education and professional development and two senior consultants. Ambiguities and inconsistencies were again noted and changes made accordingly.

Q2 (see Appendix 6 page 71) consisted of 29 questions across the following sections:

- Information about their job (Attributes)
- Mentoring roles and activity (Behaviours)
  - As a mentor
  - As a mentee
- Timing of mentoring meetings (Behaviours and opinions)
- Formal and informal mentoring (Behaviours)
- Use of mentoring skills (Behaviours and opinions)
- Usefulness of mentoring and impact (Opinions)

As indicated above the questionnaires covered a range of: behaviours and events; beliefs and knowledge; and attitudes and opinions [39] . Not all questions were relevant to all individual participants and where appropriate signposting indicated the sequence to be followed. Each section contained a mixture of closed questions with additional open text elements for further detail.

Distribution and response rates

Q1 was distributed to all those who participated in a taster day or the 3 day mentor development programme and for whom contact details were available (n=42).   Reminders were sent approximately ten days later. Response rates are shown in Table 3 below.

Data collected from Q1 acted as a sampling frame for the following 1:1 interviews by allowing identification of participants with a range of diverse situations. Q2 was distributed approx. 12 months after Q1. In response to comments regarding the limited accessibility of questionnaires in the form of word documents attached to emails, Q2 was developed and distributed using Survey Monkey software which gave participants easier access to the survey.

It must be noted that some participants had moved jobs and /or changed e-mail addresses and therefore the population accessible was reduced to 31. Again reminders were sent approximately ten days later. Response rates are shown in Table 3 below. Both questionnaires received over 50% response rate.

Table 3: Questionnaire response rates

Numbers / Data collection point	Distributed	Responses Received	Response rate
First Questionnaire *Gathered between: 30/1/14 - 20/3/14*	42	22	52.3%
Second Questionnaires *Gathered between: 8/1/2015- 8/2/2015*	31	17	54.8%

Demographics

The job profile of those who responded to the questionnaires is shown below in

Table 4**.** Seven respondents completed both questionnaires.

Table 4: Job profile of respondents

Current job / year of training	Consultant	ST3	ST4	ST5	ST6	ST7	Other	Total
Questionnaire 1	9	1	0	2	3	7	0	22
Questionnaire 2	8	0	0	0	1	7	1	17

Table 5: Q1 & Q2 Respondents attendance at initiatives

Data collection point	Attendance at initiatives			
	Both	A mentoring taster day only	The 3 day mentor development course only	Unidentifiable
Q 1	11	5	2	4
Q 2	10	4	3	
Interview	10	1		

With regard to Q1 only 1 respondent had previously attended a 1 day training session in principles of active mentorship. None of the respondents had previously attended a formal mentor training or development course (lasting more than a day).

Interviews

A total of 11 interviews were undertaken during the spring and summer of 2014, the majority were held face to face the remaining by telephone. All but one participant had attended both a taster day and the 3 day development programme. Interviews ranged between 20 minutes and 1hour in length depending on the participants availability and responses. The interviews explored in greater depth the views and experiences of the participants (see Appendix 7 page81) and offered them the chance to raise issues of importance to them but not included in Q1. Interviews covered:

- Learning about mentoring
    - Accessing : barriers and facilitators to attending taster days and 3 day programme
    - Being there/experiences
- Doing mentoring and mentoring activities
- Perceptions re mentoring
- Anything they wished to raise that had not been mentioned.

Taster day and Mentor development programme evaluation forms

At the end of each taster day, and on completion of the 3 day mentor development programme, the attendees were asked by the organisers to complete a feedback form with their initial thoughts (see Appendix 2 and Appendix 4) these were made available to the evaluation team as additional data.

Table 6: Initiative feedback / evaluation forms

Data collection point	Number of delegates	Forms completed	Response rate
Taster day 1	22	16	(72.7%)
Taster day 2	15	14	(93.3%)
3 day mentor development programme	21	21	(100%)

The forms were analysed using descriptive statistics and thematic analysis [38]. This form of 'on the day' evaluative feedback has limitations in that it is undertaken while the facilitators are present which may influence what is written. However collecting data as close to the experience as possible captures the attendees feelings before memories and emotions fade and are influenced by post hoc rationalisation.

Additional data collection

GAT mentoring session evaluation/feedback forms

During the 2014 Group of Anaesthetists in Training (GAT) annual conference attendees were offered the opportunity to book a mentoring session with someone who had undergone/attended mentor preparation. Many of those who had attended the 3 day mentor training programme acted as mentors. All of those who participated as mentees in a session were asked to fill in evaluation forms about their experience and indicate if they would be willing to be interviewed. 27 forms were returned and 2 interviews were held in the autumn/winter of 2014. In addition 20 feedback forms gathered in 2013 were also made available to the study team. This allowed some exploration of the experience of being mentored thus adding another dimension to the study regarding potential impact. While it is acknowledged that this data is limited, it has allowed some preliminary triangulation with the participants data and highlighted further issues and questions which will inform ongoing (BMA Joan Dawkins grant 2014 A Steven, N Redfern), and future research projects.

Analysis, Rigour and quality

Analysis aimed to answer the research aim and objectives thus providing valuable learning about; how the participants accessed the taster day and 3 day course, the mechanisms which facilitated and inhibited access and attendance, how participants used their newly developed skills, the activities that emerged, and any indications of impact both for the participants and mentees. The analysis framework drew on the aims and objectives of the study and the principles of realistic evaluation[37] to identify salient contextual factors (C), mechanisms (M) such as barriers and facilitators and outcomes (O) such as perceived benefits, activity and impact.

In order to enhance the rigour of the study and reduce potential influences data collection analysis was undertaken in the following ways:

Development of both Q1 and Q2 was undertaken by AS based on existing tools and literature. The questionnaires were also considered and critiqued by Jane Stewart (Medical Education research expert and sub dean at Newcastle Medical School) and Nancy Redfern (Consultant Anaesthetist at Newcastle Upon Tyne NHS Foundation Trust), and were submitted to pre testing (see following sections).

Questionnaire 1 data was analysed independently by BH a senior research assistant at Northumbria University with experience in survey methodologies. The free text themes identified by BH using a simple content analysis were then cross checked by AS. Questionnaire 2 data was collected by Dawn Fozard (Learning Technologist in NU) using survey monkey (on line survey software licenced by Northumbria University). This software analyses the data using descriptive statistics. The results were manually cross checked by AS. Free text comments were then subjected to a simple content analysis by AS. The evaluation forms from the taster days, 3 day course and GAT meetings were analysed using Microsoft Excel 2010 by AS. Free text comments were subjected to a simple content analysis by AS.

The interviews were undertaken by BH and AS with initial emerging findings discussed iteratively as the interviews progressed. The interviews were transcribed and then descriptively coded by AS. An expert in qualitative methodologies and the use of NVIVO (computer software which assists in managing and analysing qualitative data) JW then imported the transcripts into Nvivo 10 cross checked the coding and re coded where necessary, the emerging themes were discussed and AS undertook a focused coding to collapse the descriptive categories into larger abstracted themes. The results of all free text analyses were compared and contrasted in order to identify, confirm and disconfirm or adapt the underlying themes running thorough the data.

While NR was involved in advising the project and assisting in the provision of contact details and evaluations sheets, in order to reduce any influence in the findings she was not involved in any way in the data collection or analysis.

4. Findings

Findings from both the questionnaires and the interviews have been integrated and are presented in line with the aims and objectives of the study under the following section headings:

- o 4.1 Learning about mentoring: Factors influencing attendance
- o 4.2 Learning about mentoring: Worth and value of attending
- o 4.3 Doing mentoring: Activity
- o 44.4 Doing mentoring: Impact

4.1 Learning about mentoring: Factors influencing attendance

Reasons and motivation

It could be argued that pivotal to attendance on any study day or course is the level of motivation and interest. Indeed many Q1 responses recorded under 'facilitators' are better described as reasons or motivations for attending (see Table 7)

As illustrated the motivations for attending the taster day relate to broadly to two areas

1. A general desire for self-development (career /new skills)

2. Specific perceptions regarding mentoring (experience, value, learning, recommendation).

Table 7: Q1 Reasons /motivation for attending as taster day

Questionnaire 1 results : Facilitating reasons / motivation for attendance Note some respondents recorded multiple answers therefore n= number of times mentioned. Examples of comments are given in italics followed by participant codes in brackets		
Desire for self-development	Improve career – e.g. CV building *(C- broader professional context)* *CME points & revalidation and more credible consultant, clinical and educational supervisor (p33)*	2
	Wish to learn new skills *(C personal context)* *Desire to gain new skills (p4)* *As a generic life skill to improve interactions with others (p33)*	3
Perceptions regarding mentoring	Previous knowledge or experience of mentoring (Mechanism) *been in an informal mentoring role previously(p52)* *previous experience of being mentored at [specific] meeting(p69)*	6
	Perceived value of mentoring (Mechanism&Context) *Attending mentoring session at [specific event] and found it incredibly useful (p62)* *Wish to enhance others working lives and hopefully knock on effect for all those in the NHS (p33)*	6
	Mentoring or the course suggested or recommended by others (Mechanism&Context) *Advice that it was a useful course from trusted trainee peers(p58)* *Talking briefly to ES who suggested it might be a good thing(p66)*	4
	Wished to learn a framework or structure for mentoring (Mechanism) *Wanted structure to mentoring (p56)*	2

For some attendance at the taster day was pivotal in decisions to attend the 3 day course,

> *I felt the taster day was a useful introduction to what we were likely to get out of the programme.(p44)*

> *By the end of the day everyone pretty much, well, I went away and it seemed from people I was talking to, went away with a good idea of the, ooh, actually, that's really good.*

> *Interviewer : Ha, so when did you decide to do the three day course?*

> *Straight away, erm, ha, ha, erm, I rang (Name) up the following day (p33)*

However a range of other issues also influenced attendance both at the taster days and on the 3 day course, these will be explored in the following sections.

Practical issues

With regard to the taster days all Q1 respondents noted practical issues as facilitators to attendance, but 5 did not record any barriers (see Table 8). Conversely with regard to attending or accessing a formal training course **no facilitators were recorded** and **all but 2** respondent mentioned barriers with some noting multiple factors (see

Table 9).

Table 8: Q1 Practical factors and issues related to attendance at a taster day

Questionnaire 1 results: Taster day attendance			
*Factors **facilitating** attendance*		*Issues acting as **barriers** to accessing and/ or attending*	
Ease of gaining study leave and of organising attendance (M) *Easy to get study leave from current place of work (p54)*	6	Clinical duties and/or access to study leave *Study leave accessibility (p04)* *Difficulty getting leave from work due to clinical commitments (P64)*	13
Awareness of the course / email information early on (M) *On list and emailed dates early (p34)*	4	Lack of awareness of the course or understanding of usefulness *Not knowing the details or its usefulness(P66)*	2
Location / facility (C) *Local course(p65)*	3	Location *Difficult to get to venue(p38)*	1
Spaces, multiple dates and flexibility of numbers (M) *There was space on the course (P11)*	3	Limited numbers *Limited numbers(p24)*	1
Easy registration process (M) *Registration process was easy(p32)*	1	Finances *No study leave budget in times of financial escalation(p33)*	2

Table 9: Q1 Practical issues acting as barriers to accessing / attending a formal training course

Questionnaire 1 results: Formal training course		
*Issues **facilitating** attendance*	*Issues acting as **barriers** to accessing and/ or attending*	
0	Clinical duties and/or access to study leave *3 days on S/L needed, have to use off days/post-night (p52)* *Time, need for programme of days off (p34)*	12
	Lack of awareness of courses or understanding of what the course entails *Lack of awareness of mentor courses and their availability(p63)*	7
	Money, cost , study budget *Now possibly the squeeze on study budget(p32)*	4
	Credibility of mentoring/ external perceptions of mentoring *It is still thought of as something "outside" formal medical training, many people still think of it as "woolly" (p58)*	2

Note: some respondents recorded multiple answers therefore n= number of times mentioned.
Examples of comments are given in italics followed by participant codes in brackets

Study leave and work commitments

The majority of issues mentioned in Q1 regarding attendance at both the taster day and the 3 day mentor development course related to study leave and work commitments.

Six Q1 respondents and 4 of the 11 interviewees mentioned ease of gaining study leave as **facilitating** attendance at a taster day. However **more than half of the Q1 respondents** recorded

issues related to clinical duties and gaining study leave **as being barriers** to attending taster days (n=13) and formal training courses (n=12) . Some of the interviewees expanded on these barriers hinting at the need for departments to balance clinical cover with annual leave and access to study,

> *Popular events, obviously, everyone wants to go to the same thing and only a certain number of people will be allowed away from the department at one time, so of course, it's always a bit of an issue(p39)*

> *A general feeling within the department that, erm, it's quite… there is only a certain amount of people allowed off any one time … So, you know, by the time everyone has got annual leave organised and things there is not actually that much free time for study leave. (p11)*

> *As long as there is not too many of you wanting to be off on the same day from each department, then it's not really a problem(p62)*

The nature of medical training and practice, which blends training with service, has implications for the provision and uptake of any type of study or CPD. This is perhaps heightened in departments or specialties with smaller numbers of staff and accentuated when courses are popular.

Thus the 'department' or specialty acts as a contextual factor, which at times of high demand to attend certain courses functions as a pivotal mechanism in the process of regulating the numbers able to attend.

What determines 'who' receives study leave will be influenced by other factors including, but not limited to; previous leave taken, budget allowances and the need to balance activities,

> *I had to play around a little bit. So it can happen not only with me, but with other people as well. 'Cos we had other commitments and we have our compulsory courses and meetings to do on top of that, then if you're trying to do something else, then the department sometimes doesn't like it.(p59)*

In relation to formal training courses interviewees (n=3) highlighted the importance of the course being spread over 3 separate days in facilitating study leave provision,

> *I was just at the time working somewhere that was very good at granting study leave, 'cos it's just up to the individual departments if they can let you go, really. So I was just somewhere that was very accommodating at the time.(p63)*

> *I think the fact that it was three days separated by a period of time…trying to get three days off at once is quite difficult but three days a month apart is much easier to swing by the study leave people (.p58)*

Thus course organisation, in a block or over separate days, also functions as an influential mechanism in the allocation of study leave to access courses.

Cost considerations
Cost considerations are often a factor Although two Q1 responses suggested that study leave budgets may be a potential barrier, one stated '*No study leave budget in times of financial [pressure] - fortunately not an expensive course' (p33)* indicating that they had chosen to pay for themselves and that the inexpensive nature of the day had allowed them to do so.

In the interviews a further 4 people mentioned cost implications as clearly important contextual factors associated with accessibility. Some implied that they had self-funded attendance,

the only thing is that I think there's quite a few people that would like to do a course but I think usually it's quite expensive, the good thing about this was that it wasn't very expensive which made it much more accessible.(p11)

well I thought that it was very fairly priced and that helped me because I have used up all my study leave budget up this year.(p44)

Because we have to go on clinical courses, so the budget is very tight, so having this, I think the course fees were quite reasonable, I would say and it will make a difference. If it is higher, then people may be put off by the price.(p59)

Therefore rather than prohibitive or 'disabling', if perceived as reasonable or fair the cost of the initiatives constituted an additional factor which functioned as an 'enabling mechanism'.

Participant 33 illustrates this mechanism in action,

because it was reasonable, compared to a lot of, you know, … it wasn't two hundred pounds a day which is what normal staff is….Yeah, if that course had been six hundred quid and I had to pay for it myself, I might have well have thought twice, that's a considerable amount of money, I mean, it's, you know, very few people find that kind of money irrelevant. ..so, no, that is a consideration

This suggests that in times of austerity the cost of CPD may require careful consideration in order to make it attractive to participants even if they are unable to access funds via training budgets.

Awareness

Awareness and Information regarding courses

8 Q1 respondents mentioned a lack of awareness of taster days or other formal training courses as a barrier to attendance. In short if they did not know of courses they could not attend, which raises questions regarding the provision-demand relationship regarding mentoring courses. Publicity and timely distribution of information regarding the taster days was recorded by 4 Q1 participants as facilitating attendance. One Q1 respondent noted '*Not advertised or publicized as much as other types of meeting* (p65)' while another explained that the *'timely distribution of information including a Taster day programme made getting study leave much easier (p38)'* . The impact of timely receipt of information was echoed by interviewees,

I mean, that's the key for all our courses, is erm, if you ask a us to do something in two weeks' time, I am either off or I am not, and there is very little chance of me getting time to do it.(p62)

We have to book study leave, erm, from our jobs, so it's a paperwork hassle. Erm, the deanery have kind of massive forms that need to be filled in for anything that you need kind of study leave or special leave for, but actually, in that case, because it was quite far in advance, it was quite easy to book it up(p63)

Last week I had to give them all the details of all the study leave that I want between August and February, So that's the kind of timescale of advance that you need, you need at least four months' notice, probably at three or four months at least. So, that's probably the key, but once you have got that notice, it's actually relatively easy to get days off (p62).

These comments highlight the need for advanced planning regarding study leave requests which may be more pertinent in locations and/or specialities where the pool of staff is limited.

Therefore awareness and timely receipt of information emerges as a further mechanism either facilitating or impeding attendance.

Awareness of mentoring via previous experience or recommendation

Unsurprisingly having some positive previous experience of mentoring was reported in Q1 (n=6) as a motivator for attending,

> *Attending mentoring session at [specific event] and found it incredibly useful (p62)*

> *Previous experience of being mentored at GAT meeting   (p69)*

This was also highlighted in some (3) of the interviews,

> *There were ones in there [other attendees] that are probably like me, where you've kind of done ad hoc type sessions, where you just think: actually, I could do this a bit better; let me learn a bit more about it and the opportunity arose. Erm and there might have been some that actually came purely out of interest as well.(p56)*

For others (Q1 ,4) their 'knowledge' came by proxy via recommendations from peers, supervisors, colleagues or trusted people as one interviewee describes,

> *I had a friend who had had a mentoring session and he had said it had been really good. He said that it had been the best hour of an entire three day conference, and so I thought, well, you know, maybe there is something in this (p62)*

Thus experience or recommendation also acts as a mechanism influencing attendance.

Awareness of an advocate, champion or role model

Several participants mentioned knowledge of those organising and facilitating the taster day and course, and the engaging or approachable nature of those involved (Q1 =3). One respondent commented on this in Q1, enlarging on it in the following interview,

> *'enjoyed [facilitator]'s coaching so thought I would try out [the]mentoring[session](p56 Qq1)*

> *It was emails from [name], really. Yeah, actually, that was all it was. I mean, I've been to [person] appraisal skills workshop and I've done a few other bits and pieces with [person] and I normally know that most things that [person]'s involved with are pretty good value and definitely worth it, so… yeah. So it's good advertising if it's from [person] (p56)*

The regard held for this person in relation to mentoring is evident in the following comments,

> *Some other schools of anaesthesia had similar projects and [key person] had been to one in the [place] to do some training and we'd been chatting and saying it seems ridiculous that we've got this great resource here and [person]'s going to [place] and so we talked about organising some training (p65)*

Another respondent when talking about the organiser described them as '*amazing' (p58)* this hints at the role modelling effect of someone who champions an area of development such as mentoring. This is further described by the following interviewee,

But I think only by role model adoption, which I think is quite a common thing in medicine, you look to someone who you feel is a role model and, erm, and you think oh well if they do it then, you know, maybe there is something in it.. And I think that's probably the, one of the better first stages because I think there is still that stigma attached and I think until there is that role model adoption of people saying well if he does it or she does it then…(p62)

A further Q1 respondent had gained their 'knowledge' of mentoring through *'working closely with a mentor who inspired interest'* (r64) again indicating the strength of champions and role models.

Thus champions or role models (such as the key figure involved in delivering the initiatives) emerge as an influential mechanism.

Wider awareness: The received view

Q1 respondents (3) suggested that generally held perceptions of mentoring may act as a potential barrier to accessing taster days or formal training courses;

'*Some people might not embrace the idea*' (p57)

Credibility as use of study leave (perceived lack of, not actual lack of) (p44)

It is still thought of as something "outside" formal medical training, many people still think of it as "woolly"(p58)

During the interviews this was enlarged upon by 9 participants suggesting the existence of a 'received view' of mentoring which may hinder wider engagement,

I'm very aware that there are a lot of people that still have those myths and believe in them. ..think that that's what [mentoring] it is.… I don't think people are as aware…….But I definitely know there are people that we work with who have no concept of what mentoring is and have that preconceived myth, idea, and they would never have come on this session, even if you said it was free. They'd be like "I don't need to do that" (p56)

Implicit here is a perceived lack of awareness or understanding of what mentoring (as taught on the taster day and 3 day programme) is, or how it can be used and an underlying perception of mentoring as being for those in difficulty or failing, .

I think it's quite new in a way [mentoring using Egan type models], because people always thought: if somebody needs mentoring … They think the doctor in question has got a problem and he's a 'doctor in difficulty' and that's why he needs somebody to look after him.. an awareness issue… I'm very sure some of my colleagues will just laugh at it, saying that this is a waste of time.. So that thing, I think needs to go away.. (p59)

This lack of awareness is described by some as a misconception and throughout is linked to a view of mentoring as being advice giving in order to fix problems,

I think my feeling was probably a common misconception of what mentoring is, you know, I think the commonest misconception is that it is giving advice. Erm, you know, yeah, you know, "come on lads you're a new consultant, I have been doing this twenty years, what you want to do is…" you know, that kind of "let me share my experience", yeah, so, I think that is a very common misconception.(p33)

It's this perceived thing, isn't it; that you need to have a problem. … it's not just about problem solving, but opportunities, but I think… I think to me, that is one of the massive

barriers to actually seeking out a mentor; is thinking that you've got to have a problem in the first place, but actually, I think it would be nice if everyone just had a mentor just to explore ideas p63

Some participants describe having held such a perceptions themselves,

I sort of turned up to the taster day and I, I didn't really know what to expect but I thought I knew what mentoring was… and it became apparent that I had sort of mixed up mentoring in with appraisal and in with guidance, or advice, and, you know.. someone who is more senior will tell you what you should do with your life (p58)

it [the course]gave me a sort of, a bit more of an understanding of it, erm, rather than the general perception of it which I had previously. Which was sort of mentoring is for somebody if they are having a problem (p11)

These participants identify a view of mentoring which is stigmatising, negative and in which mentoring is closely linked with problems to be 'fixed'. Thus mentoring is seen as being dismissed or viewed by others as lacking credibility, another interviewee goes further in exploring this received view,

I still think there is a little bit of stigma attached [to mentoring]*I think people probably don't realise what it really can do or how it can help….. I think a lot of trainees associate mentoring or kind of that level of support as being someone who is in need of help and by being in need of help I mean people who have had a problem identified that needs fixing..(p62)..*

In addition one interviewee highlighted the way in which mentoring lacked recognition at a higher institutional level which again may be seen as reinforcing a negative view

the kind of down side of all of this is that it takes time and it's not really recognised, that's the trouble, I don't think it's recognised as a, it's not valued within the Trust. They all say yes it's important but they don't value it and they don't necessarily reimburse your time, you know. If I was to do it has to be in my own time, it can't really be in work time (p11)

These comments expose a wider view of mentoring which stigmatises it as something for those failing or with problems, does not value or recognise it either at an institutional level or as a credible or appropriate topic for CPD or training. This 'received view' regarding mentoring appears to act as a mechanism inhibiting engagement.

4.2 Learning about mentoring: Worth and value of attending

Participants expressed their views regarding the value and worth of attendance at both the taster days and the 3 day course via feedback and evaluation sheets, the interviews and the second questionnaire. This section draws together and synthesises findings from these data.

Taster days

Evaluation and feedback sheets were completed at the end of each taster day (see Appendix 2 page 60) by 16 day 1 participants (72.7%) and 14 day 2 participants (93.3%).

All indicated high ratings for: the course content; quality of practical sessions; the perceived usefulness of the day; and judgments regarding use of time to attend (see Figure 1).

Figure 1: Evaluation ratings for Taster days

Rating of course content

Was the taster day worth attending
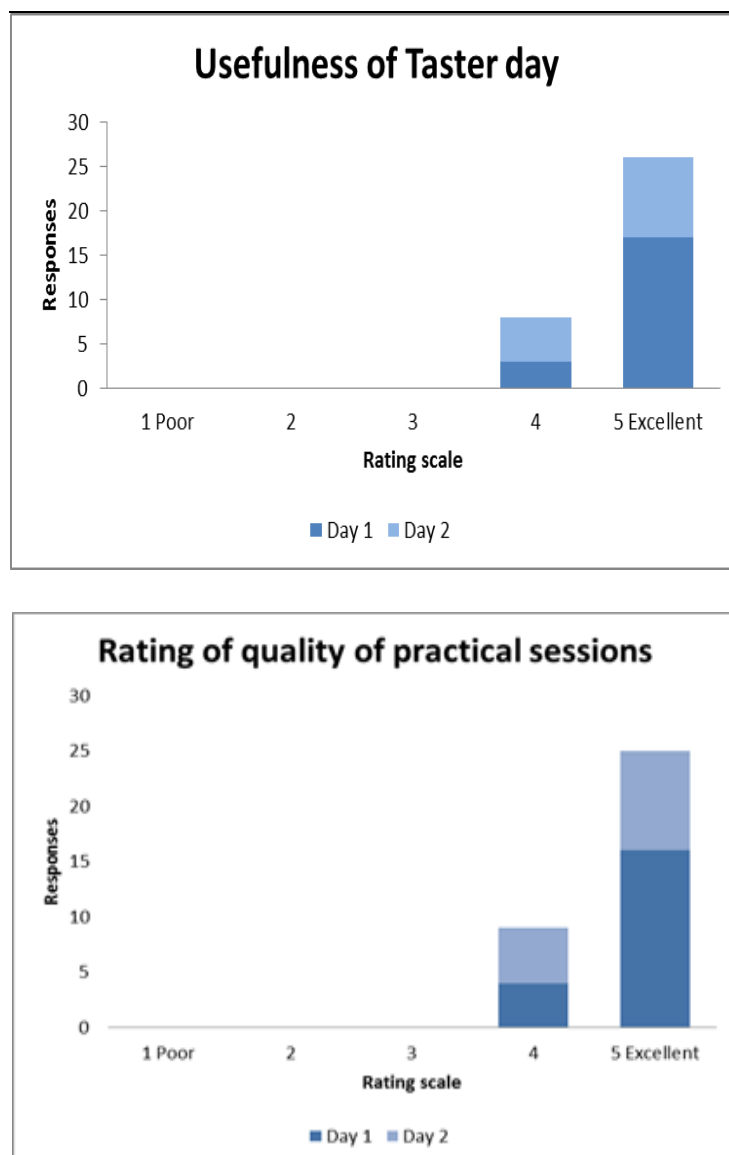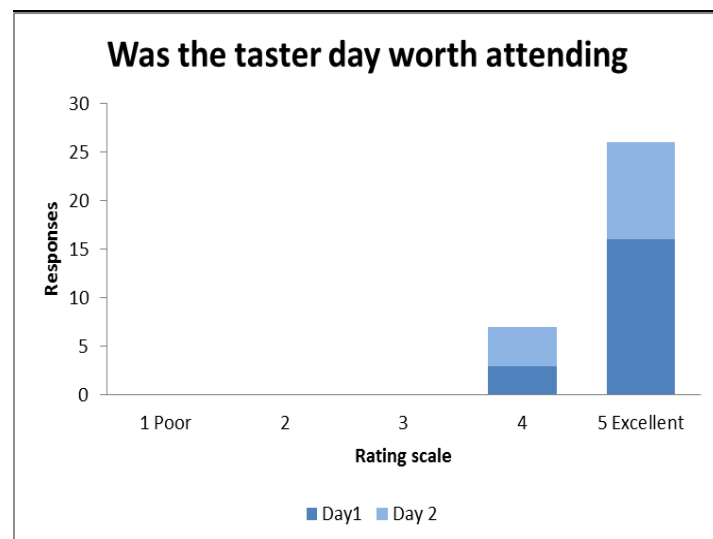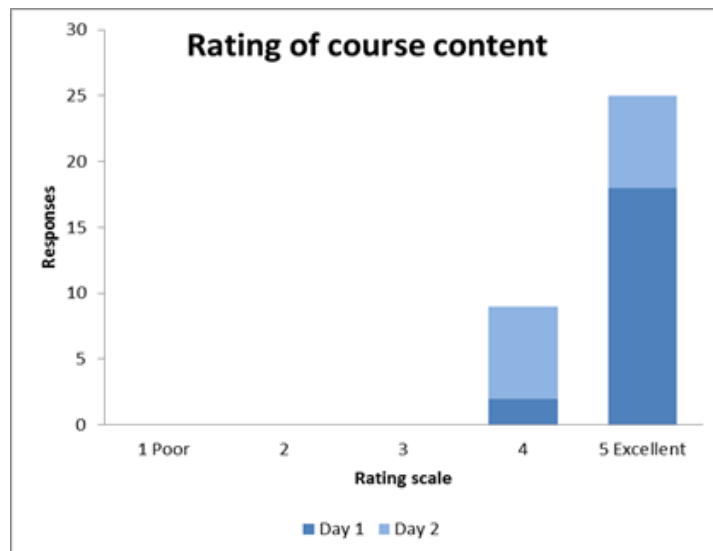
The evaluation and feedback sheet also included an optional 'any other comments' section. Comments were amalgamated from both days and subjected to thematic analysis. Table 10 shows the themes, Sub categories, number and examples of comments.

As illustrated **participants were positive about the educational value and usefulness of the days** with some (5) mentioning an increased understanding of the concept of mentoring. Six respondents also found the taster days gave a good insight into the 3 day course and heightened their motivation to attend.

It is important to consider that the free text responses are unrestricted and therefore all comments were spontaneous. Some of the areas highlighted in the immediate feedback via the evaluation forms were also covered in more detail by interviewees.

Table 10: Analysis of free text comments from taster day evaluation forms

Themes	Categories	Number of comments	Examples
Educational value /usefulness	Usefulness/ value of the day	14	*Thoroughly useful day, thanks* *Extremely useful day* *Very useful & informative* *Excellent programme*
	Delivery mode: Skills practice	*5*	*Adequate time allocated to practical sessions which was extremely helpful* *Good role play despite always dreading it* *Good to practice skills. Good group work*
	Learning	3	*Excellent day learnt a lot* *Learnt a few new skills.*
	Structure	3	*Good structure to the programme* *Overall very well executed day which was clearly well received*
Understanding the concept	Perceptions of mentoring	5	*Didn't really know the time definition of mentoring* *Completely new way of thinking* *Changed my entire understanding of what mentorship is.* *Application in practice is important.* *Very useful for all spheres of professional life at all stages! I can't wait to be and or get a mentor.*
Future learning	3 day programme	6	*Looking forward to 3 day course* *Identified there is a lot to learn – will definitely attend the 3 day programme* *Gave very good insight into mentor development programme and I am happy to complete full programme I am now convinced that the actual course will be very useful.*

Overall perceptions regarding the value of the taster days

Eight interviewees commented on the informative and interesting nature of the taster day,

> *I thought it was very helpful, it gave me some sort of into the mentoring process which I hadn't really come across before and it gave me a sort of, a bit more of an understanding (p11)*

> *probably the most striking thing about the first day [taster day] …[was] that it[mentoring] is something that's worth taking on board, ..just showed me that it was there and that it is existed, that was probably the most useful bit from that day..(p58)*

One mentioned the power of demonstration and practice, a theme recurrent throughout all of the data collection,

> *really useful introduction. and then actually the practical demonstrations and I think that's where it really comes into its own, because it's something… but I think until you've experienced it either as a mentee, or running through the framework yourself, that it's quite a difficult concept to get. I think the practical demonstrations really kind of came into its own and at the taster day (p65)*

Overall participants were complimentary about the taster days and felt they were worthwhile. Some mentioned how it gave them insight into the 3 day programme and helped them decide whether or not to attend,

> *I felt the taster day was, a useful introduction to what we were likely to get out of the programme, I thought that it served well to help other candidates to decide whether or not they were going to get something out of the programme (p44)*

> *I wanted to see what's on offer for a formal course [refers to the 3 day programme] … … that day [taster day], I decided that I am going to go for the course, so I think the timing was right and it gave a good general idea about how it's going to be [on the course](p59)*

> *The experience was very good, .. the information was given out well in advance, we had a good idea of what the agenda for the day would be..., it was a very, relaxed kind of informal feel to the day ..And it was very useful just to provide a bit of a synopsis on what mentoring was and, I thought it was a good kind of build up to the three day course (p62).*

Others reflected on how tiring and intense they had found trying to use the mentoring skills and framework for the first time in the taster day

> *I wasn't quite sure what to expect really [re Taster day], I didn't really know what was coming. It was very intense, so it was hard work and… I'm not sure that was necessarily a surprise, but I think… I wasn't entirely sure what I was expecting and left feeling quite drained really, from that intensity of listening and concentrating (p38)*

> *I thought it was interesting. I guess it kind of opened my, eyes up to mentoring and actually what it was.. it was maybe a bit overwhelming and kind of thinking, you know, I'm never going to be able to do this… but, yeah, I think it must have been good, because I decided to come back and do the full whack [3 day course].(p63)*

Thus participants seemed to value the taster days as a mechanism for gaining insight into what this form of mentoring is and as a mechanism for deciding whether or not to attend the 3 day mentor development programme (3 day course).

3 day course evaluation and feedback
All 21 participants (100%) completed an evaluation form at the end of the 3 day mentor development programme (see Appendix 4 page 63). The form asked participants to rate a series of statements and answer several free text questions regarding: perceived learning and confidence, thoughts for the future, reflections on the experience and suggestions for improvements. Forms were anonymous.

Learning outcomes
Participants of the 3 day course were given a series of outcome statements and asked to rate the extent to which they felt they had been achieved on a scale from 1-not at all, through to 5-beyond expectations.

All statements were rated positively with the majority of participants feeling that outcomes relating to perceived learning and confidence development had been achieved very well or beyond expectations (see Table 11).

Table 11: Outcome achievement from the 3 day programme feedback/evaluation sheets

To what extent have the following outcomes been achieved?	1 Not at all	2 To some extent	3 Satisfactorily	4 Very well	5 Beyond Expectations
Understanding of what mentoring is			1	12	8
Understanding of Egan's skilled helper model			3	13	5
Ability to use Egan's model as a framework to guide mentoring conversations			3	13	5
Development of mentoring skills			1	15	5
Confidence in establishing a working relationship with a potential mentee		1	5	14	1
Exploration of ethical and professional issues relating to mentoring			3	17	1
Knowledge of how to access mentor support from the mentoring network		1	6	10	4

Perceived learning and Satisfaction

The feedback sheets also asked participants to answer a series of optional free text questions regarding what they felt they had learned and what facilitated their learning (Appendix 4 page 63). Comments recorded are shown in the following charts.

Figure 2: 3 Day course evaluation: Free text responses

What has been your main learning on the programme?

What helped you learn?

- Educational materials: 2
- Group work/ interaction: 4
- Environment, delivery and organisation: 6
- Active participation and practising skills: 14

Number of comments (0, 2, 4, 6, 8, 10, 12, 14, 16)

What if anything surprised you?

- Changed view of mentoring: 2
- Feeling empowered by new approach: 4
- How difficult and tiring the mentoring process is to learn: 4
- Usefulness of mentoring: 4

Number of comments (0, 1, 2, 3, 4, 5)

What did you enjoy most?

- Issues related to the Egan framework: 3
- Group discussions: 4
- Environment atmosphere and delivery: 5
- Practising mentoring: 9

Number of comments (0, 2, 4, 6, 8, 10)

Thus the rating and the free text responses indicate an overall feeling of having achieved or exceeded learning expectations. Practising mentoring and learning through active participation in a relaxed environment were perceived as helping learning and being an enjoyable part of the course.

It is important to consider that the free text responses are unrestricted and therefore all comments are spontaneous. Some of the areas highlighted in the immediate feedback via the evaluation forms were also covered in more detail by interviewees.

The value of learning through practice

The theme of practicing the skills and use of the mentoring framework emerged repeatedly both in the feedback forms and from the interviews. Free text comments from the feedback forms placed active participation and practising skills (n=14 comments)as the thing that participants felt most helped their learning and that they most enjoyed in the 3 day mentor development course (n=9). Interviewees also described how they found the structure of the course which used examples and practice as a powerful approach to teaching mentoring,

> *I thought it was really good, because it was done slowly in stages and you know, the most powerful thing is not just having someone stand up with a lecture and a few flow charts; it was actually practicing it.(p56)*

> *I think, because it went quite step-wise; I think I like the format of having a course, because we were progressing each day; we progressed from the previous, so we sort of talked about what we learned on the last day and then we learned something new… and then there was plenty of time, especially on the course, there was plenty of time to actually practice on each other.(p59)*

> *I found that the structure of the programme was helpful for my own learning… it just helped me to organise the model in my own mind, partly through the way that the course was actually structured and delivered… I was happy with the amount of content, I was happy with the balance between content being delivered and [the chance to] practice, I thought the balance was well struck (p44)*

During the interviews participants (6) talked about the need to continue practicing skills after the course,

> *I'm hoping to do some more practicing between now and then and get the opportunity to actually sort of use the skills, …like I say, I think it became quite apparent that this wasn't something that you could just do like a three day course and then suddenly, you were an expert; as with any skill, ..you take some investment and practicing (p65)*

Some described how they had been practicing, sometimes together in groups or with other people,

> *so it sort of gave us the impetus to then carry on having to use it and then we had a few sort of sessions where again we just meet people who we knew relatively well and talked and practiced mentoring each other(p58)*

> *I have done practice sessions with other people.. I think that the main priority at the moment is not to lose the skills(p11)*

Thus participants viewed opportunities to practice as a key mechanism in learning to mentor and felt that continued practice was important in maintaining, developing and embedding skills.

Overall perceptions regarding the value of the 3 day course

None of the interviewees expressed negative opinions regarding the 3 day mentor development course or the taster days. One interviewee, whilst acknowledging the need for further practice, felt learning the mentoring framework on the course was a worthwhile use of time and money,

> *I obviously need a lot of practice, but once you've learned the framework… it just seems to be a lot about practice and experience, so I think in that sense, it was kind of very useful and a more worthwhile use of kind of time and money (p63)*

Some interviewees saw the course or taster day as worthwhile for their career development,

> *I thought it would be a natural progression if I wanted to develop that side of my kind of career. To do a mentor course and one of my colleagues when I started as a consultant, (Name and Surname), had said that I should consider it, he had found it very helpful (p11)*

Another summed up their overall views of the 3 day course as follows,

> *My experiences?[re the 3 day course] Very positive, yeah, , I think it was an effective way to convey skills, skills that, you know, you have got a load of adults, adult learners ..so to try and get them to turn on their heads, or go to turn on the head the approach they use to helping people at cross roads in their lives, or with problems or challenges to manage, that's a challenging thing to do, it's a very challenging thing to do in three days. So from personal experience from that point of view I think the course was effective (p33)*

Whilst acknowledging that the group attending the course were self-selected (as it could perhaps be argued needs to be the case in order to ensure sufficient motivation and buy in) **an overall sense of satisfaction with the 3 day course was evident from the interviews and feedback sheets.**

4.3 Doing mentoring: Activity

Questionnaire 1: Baseline

The first questionnaire collected data after the taster days and at the very beginning of the 3 day mentor development programme. The Q1 gave a baseline against which to compare later interview and second questionnaire data.

Of those who responded; 5 had only attended a taster day, 2 only attended the mentor development course, 11 attended both and 4 were unidentifiable (see Table 4 page 13 and

Table 5 page 14 for further detail).

Only 1 had a role as a mentor prior to attending a taster day and of the 22 Q1 respondents only 3 reported a 'current role' in mentoring: 2 as a mentor (as part of formally organised mentoring schemes) , 1 as a mentee.

Of the 3 reporting 'current roles' their stated activity at Q1 was as follows:

Table 12: Activity at Q1

Activity of those stating current role at point of questionnaire 1			
	Number of mentees/mentors	Frequency of meetings	Length of meetings
Mentor 1	More than 1 mentee	Variable, driven by need	1 hour or more
Mentor 2	1 mentee	Variable, driven by need	30 minutes or less
Mentee	More than 1 mentor	3 monthly /main mentor	30 minutes or less

Therefore at the time of the first questionnaire mentoring activity was minimal within the group of respondents (n=22).

Interviews and Questionnaire 2: Medium term

During the interviews (late spring and summer of 2014) it became apparent that a range of mentoring activities were taking place and this was further confirmed by the second questionnaire which collected data during January and February 2015 (a year on from the first questionnaire, 1 year after the second taster day and approximately 9 months after the 3 day course).

Of the 17 respondents: 4 had attended a taster day, 3 attended the 3 day course and 10 had attended both (47.6 % of the attendees at the 3 day course). 9 respondents had a role as a mentor, 2 as a mentee and 6 both.

Activity as mentors

In relation to activity as a mentor the following responses were recorded in Q2:

Table 13:Activity reported at Q2

Questions regarding mentoring activity	Yes	No
Q5: Have you been involved in one or more mentoring sessions since completing a taster day or the 3 day course? (17 answered)	12 (70.6 %)	5 (29.4 %)
Q8: Thinking about your activity as a mentor. Do you have a mentoring relationship with one or more people? (16 answered)	7 (43.8%) Free text : 3 respondents 4 mentees each	9 (56.3%)

During the interviews some gave more detail about their mentoring activity at that point. Some had used their mentoring skills and knowledge with other colleagues,

> *one of my consultant colleagues within the Trust is..we are going to catch up in September, so that's a consultant colleague [for a mentoring sessions] and.. I have done a session with another consultant colleague, who has since gone onto make decisions and got a job (p33)*

> *I had used it both as a professional audience and personal... I have a peer, junior colleague with whom I meet on occasion and I try and incorporate these skills whenever I meet him (p44)*

There also seemed to be some skills practice and mentoring happening within the group who had been on the 3 day mentor development programme,

> so we've been trying to kind of practice it as a kind of group of us… that have been… you know, using it to practice. and then I've done a lot of it with other colleagues then I have been mentored since the course...(p63)

> so a couple of times, there's been three of us; sometimes just a couple and we've just basically each taken a turn being the mentee and being the mentor and so done it on each other.. so we've made the effort to arrange evenings where we can go round and meet again, so just a similar format, so each bring an opportunity, problem, whatever, and then each have a turn at being both the mentee and the mentor. (p65)

Table 14: Q2 Questions regarding frequency of mentoring meetings

Questions regarding frequency of mentoring meetings	One off	Variable, driven by need
Q9. Considering your 'mentees'. On average, how often do you meet with your *first or main* Mentee? (12 answered)	6 (50%)	6 (50%)
Q10. Considering your 'mentees' On average, how often do you meet with *a second or other* Mentee? (9 answered)	6 (66.7%)	3 (33.3%)
Total	12	9

Table 15: Q2 Length of mentoring meetings

Q11. On average, approximately how long do your mentoring meetings last	30 minutes or less	More than 30 minutes but less than 1 hour	1 hour or more
With a first or main Mentee (11 answered)	2 (18. 2%)	6 (54.5%)	3 (27.3%)
With a second or other Mentee (6 answered)	1 (16.7%)	4 (66.7%)	1 (16.7%)
Total	3	10	4

It appears that 70 % of respondents had been involved in mentoring sessions since completing the course or attending a taster day, many had a mentoring relationship with more than one person. Meetings generally lasted between 30-60 minutes and while many were one –off the frequency of others was variable according to 'need'.

Therefore an outcome for several people who attended a taster day or the 3 day mentor development course was an on-going involvement in providing mentoring sessions.

Activity as mentees

Activity was not confined to offering mentoring but participants also engaged in mentoring sessions **as mentees** with the following responses recorded**,**

Table 16:Q2 Activity as mentors

Questions regarding activity as a mentee	Yes	No
Q12. Have you used one or more Mentor(s)? (with whom you have met for a mentoring session during the past 6 months) (16 answered)	8 (50%)	8(50%)

Of the 10 respondents who answered a further question 'On average, how often have you met with your first or main Mentor? All said that the frequency of their meetings was driven by need and dependent upon the issue. The majority of meetings with a mentor lasted between 30-60 minutes (6 out of a total of 9 respondents).

During the interviews some gave more detail regarding their involvement as mentees and the impact that had,

> *on a couple of occasions where I had a mentoring sessions and then a couple of days later I would be ..actually sort of day dreaming, so stuff would be going around my head and, it was not a sort of like a big eureka moment but you do sometimes feel, oh, right, .. I have actually now decided at least what the problem is or I have decided, what two different things I am trying to decide between, so on a personal level it sorts out a lot of your problems and it gives you, if nothing else, it sort of pushes you to sort of making the bigger decisions (p58)*

> *it all intertwined to the decision that I was sort of coming into which was, you know, after training what's the next step… And I hadn't really appreciated all of the sort of nuances that were actually going through my head at that time and it allowed me..to identify that there was a lot more, that this decision was more complicated than I thought it was…So it was an interesting hour because I didn't really know what to expect but came out of it actually sort of, a bit shocked how deep the session had got …So it definitely has had an impact because it was the first time that I really kind of unravelled some of those feelings that I had had (P62)*

Thus a further outcome for some includes engagement in mentoring as mentees and a perception of positive impact on them and their lives.

Meeting location and timing

The second questionnaire also explored where and when meetings took place, and what influenced the timing of meetings. Responses are outlined below.

From the responses it appears that most mentoring takes place either in working hours or in a mixture of in work and outside. The main factors influencing the timing of meetings appear to relate to: the availability of the other person (mentor or mentee); availability of time at work and responsibilities outside of work. However legitimacy of mentoring as a work activity and recognition of mentoring by organisations appear to be less influential.

Table 17: Q2 Timings of meetings

Q14. Do your mentoring meetings take place? (9 answers)	During working hours	Outside of working hours	A mixture of both
	3 (33.3%)	2 (22.2%)	4 (44.4%)

Table 18: Q2 Influences on timing and location of meetings

Q17. What influences the timing of meetings? (13 answered)	Yes	No	Don't know
Availability of time within working hours	12	0	0
Availability of a place/room within work setting	7	5	0
Legitimacy of mentoring as a work activity	5	4	3
Recognition of mentoring by organisation	6	4	2
Availability of mentor	13	0	0
Availability of mentee	13	0	0
Responsibilities outside work	11	1	0

It may be that these factors combine into mechanisms which either facilitate or inhibit mentoring activities.

Perhaps some activity outcomes may be expected after any training or development initiative and we must acknowledge that only 17 people responded to Q2 (43.5 % of the total population of 39 who attended the taster days and 3 day course). However the responses indicate some sustained mentoring activity in the medium term and comparisons of Q2 questions show:

- All respondents reported a role as either mentor or mentee even though 4 (3 mentors and 1 mentee) did not record any involvement in mentoring sessions or activities

- A total of 13 people were involved in some form of mentoring activity (12 in mentoring sessions and 1 only in other mentoring activities).

Other mentoring activity

Activity was not restricted to involvement in mentoring sessions and all Q2 respondents were asked if they were involved in any other mentoring related activities. Of the 13 who answered 11 (84.6%) said yes and 2 (15.4%) no. 11 Free text comments were also recorded as illustrated below in Table 19.

Table 19:Q2 Free text responses re other mentoring activities

Q2 Free text responses to q6: Are you involved in any other mentoring related activities? Note some respondents recorded multiple answers therefore n= number of times mentioned. Examples of comments are given in italics followed by participant codes in brackets		
Formation of a local network	*Part of a mentoring network NEMO (North East Mentoring Organisation) developed post the mentor development course (p4)* *Part of north east mentoring organisation committee and set up (p9).* *Part of NEMO (p6)*	5
Mentoring at conferences	*Helped mentor at GAT. (p7)* *Mentored at conference (p8)*	4
Mentoring others	*Have mentored on an informal bias to colleagues and friends since course completion (p11)* *Mentoring colleagues (p3)*	3
Use in appraisal	*Mentored at trainee appraisals (p8)* *organising group to arrange mentorship for trainees at appraisal (p5)*	2

The development of a mentoring network

From the interviews and the free text comments in Q2 it was apparent that several of the people who had attended the taster days and /or the 3 day mentor development course had formed a mentoring network. Six interviewees mentioned the formation of a network committee,

> *we've set up amongst the people who attended the course a kind of network committee.. there must be around a dozen of us approximately … I guess promote mentoring(p63)*

> *That's happened since we did the mentoring course. So there's a few of us, probably eight, who came on the course who… we've now formed a committee and it's regionalised, so someone's based in [place], someone's down in [place], I'm up here (p56) .*

Initially encouraged by the course organiser the network aims to develop a series of core materials, act as a support network for those mentoring and for mentees and serve hospitals across the region,

> *what we are trying to get is a sort of generic presentation so that at each of the hospitals one of the people will be able to give a roughly similar presentation to all the new people and just say look, these are the people you can contact if you are looking for a session in this hospital.. I think you need a central hub and network of people (p58)*

> *a bit of a support network for people who are mentoring, but also try and start kind of making people more aware about mentoring. With the idea that we're not only kind of promoting it and encouraging people to use mentors, but also then that there'll be some kind of support framework for us as… if we want to continue mentoring.(p63)*

> *we're trying to see… if we just do something regional for all the anaesthetic trainees, so when they first start, when they become a registrar and then when they go for consultant jobs, that they can have a number of mentors to go and speak to. So we're trying to establish that (p56)*

Another interviewee talked of the networks aspirations for the future,

> *the people who were on the course, decided if we could form like a formal group of mentors, ..the Trust then knows that there is a group of people who are trained mentors and they are*

available ..and we were talking about having a website so … this group is available and anybody can approach us and we talked about how to do that; we've had a couple of meetings already ..It's still early, but hopefully, it will get formal and maybe we could spread this to other Directorates, not only anaesthetics …we were talking about giving it a name now, like an acronym, like NEMO, or something like that.(p59)

Whilst the network development seems to have been originally encouraged by the organisers of the taster days and the 3 day course, it seems to have taken on a life of its own with those involved developing a strategy and plans for the future.

Thus it appears that outcomes from the initiatives include mentoring sessions, mentoring more informally and the development of a network.

Involvement in mentoring sessions at conferences or meetings

A further mechanism for involvement and use of skills came via organised mentoring sessions at conferences. The GAT conference was held locally in 2014 and during the interviews 10 of the 11 participants described some involvement in providing mentoring sessions at the event,

[yes had used mentoring skills] formally in say the recent AAGBI meeting (p33).

there were mentoring sessions available throughout the three day event, [GAT]which we were mentors for ..which seemed to go really, really well, certainly the two or three that I did, went quite well, seemed to be quite productive and I think they had a lot of interest and a lot of people took up the opportunity to have a mentoring sessions so it was all very positive (p58)

then, as I say, on the kind of educational meeting, that's an annual thing ..so lots of us got involved in volunteering for that to do some mentoring; offer kind of mentoring slots. Kind of turn up sessions for people. Other anaesthetic trainees form all over the UK were attending. (p63)

One participant explained in more detail the type of issue brought to the conference mentoring sessions,

we had a very fruitful discussion; she had lots of things which she didn't know what she could do about, so without advising here, I think I managed to get her thinking about support and what she could do and she was in this job, which was not taking her anywhere and she had this dilemma of either going back in training, or to just stay in that post. ..And then there was a third one who had similar problems and with some training and this and that and wanted to get married and… So I think the feedback… everybody told me that they felt good.(p59)

Thus mentoring sessions at conferences and meetings offered a mechanism for further skills practice and perhaps an opportunity to show others the usefulness of this approach to dealing with dilemmas and opportunities.

4.4 Doing mentoring: Impact

Usefulness

The first questionnaire (Q1) collected data at the beginning of 2014 just after the taster days and during the mentor development programme. One section asked about perceptions of 'usefulness' of involvement in mentoring. 4 respondents (3 reporting roles as mentors and 1who had neither been mentor or mentee) completed these sections as shown in Table 20 below.

Table 20: Perceived usefulness of involvement in mentoring post taster days

Do you feel that being involved in mentoring has been useful in terms of your: (4 answered)	Yes	No
Relationships with patients	3	1
Clinical practice	3	
Professional relationships	4	
Personal aspects of your life	3	
Educational practice	4	

In addition, the Q1 respondents who were mentors felt mentoring was useful for: career direction; improvement of interpersonal skills in relation to diplomacy and leadership; and self-mentoring. The additional respondent thought mentoring was 'a *good framework to use at work but can also apply to aspects of patient care, and in personal life.'*

Questionnaire 2 (Q2) collected data in the medium term approximately one year after the first. Of the 17 respondents, 13 completed a section regarding usefulness of mentoring, nearly all expressed positive perceptions.

Table 21: Perceived usefulness a year on

Do you feel that being involved in mentoring has been useful in terms of your: (13 answered)	yes	no	Don't know
Interactions with patients	9 (69.2%)	2	2
Professional interactions/relationships	12 (92.3%)	0	1
Educational practice/roles	12 (92.3%)	0	1
Personal aspects of your life	10 (76.9%)	2	1
Managing personal dilemmas and opportunities	11 (84.6%)	0	2

We are unable to say if these include the same 4 who completed the similar section on Q1. The element referring to managing personal dilemmas was introduced to Q2 after initial consideration of the interview data where participants reported this as an area where mentoring skills were useful.

Although perceiving something as useful may not necessarily mean it will translate into activity, **it could be suggested that heightened perceptions of usefulness are in themselves an impact.**

Q2 also asked respondents for free text comments regarding any perceived impact, responses are as follows in Table 22.

Table 22: Q2 Perceived impact

Q27 Please tell us about any impact you feel attending a taster day or the 3 day course has had;	
New way of thinking, new tools	It helps define a skill that you may have already had and help label different aspects of mentorship instead of having a single pigeonhole.
	Provides tools to cover aspects of mentorship that maybe aren't natural or need to be coaxed a little
	It has opened up a new way of thinking about dilemmas and opportunities to me. I know that the framework works and so rather than waste time procrastinating or worrying I can have some time with one of my mentoring colleagues and work out what to do. It has made me much more aware of not just advice giving when people discuss their own issues with me.
Helped improve own situation and that of others	Helpful in making career choices best fit for me and my family I think more beneficial to trainees in theatre with me
	Helped me sort out some of my own queries and made me realise how useful mentoring could be
	Improved communication and management of problems, useful for cv for consultant job, useful for role
	Has increased mentor sessions in the north east. Development of NEMO.
Not for this person	The taster day made me realise that I do not have the right skills to work as a mentor.

Comments relate to impact from (or outcomes in the form of,) a new way of thinking and new tools and skills leading to improved situations for the individual and others around them. It is interesting to note that the impact for one was a realisation that they did not have the 'right' skills to be involved in mentoring.

Activity and impact

The use of the mentoring framework and skills can be viewed as 'outcomes' resulting from attendance at the taster days and/or 3 day course.

However impact goes beyond simple use of the skills and this wider resulting impact was described in more detail and depth during the interviews. Participants referred to a range of situations and interactions where they had used the skills and also described some of the 'knock on' impacts.

In the workplace

Participants often talked about using parts of the model or some of the skills in work situations and finding that these skills and the mentoring approach worked well in helping resolve issues or situations. The following interviewees describe dealing with a range of everyday inter-professional practice issues.

> *I mean, it's very useful day to day working, in the sense that if there are problems, clinical problems, like in front of me, the anaesthetic nurse and anaesthetic trainee had a fight. ……..so [after] I just sat there, I said "Okay, tell me what happened and what you were expecting of him and so on…" And she was calm and cool and we sorted the problem what she had, but I exactly used the same technique of[mentoring]… So I think it's quite useful (p59)*

> *at work ..I have tried to use, partially use the skills, in kind of inadvertent every day practice, and certainly tried to be a bit more, a bit more kind of, use a bit more listening rather than dictating, …so even amongst interactions with the sort of allied professions as well to try and be more open …or is there something that I can help clear up, that would make it easier to sort of move this forward, so, certainly using the skills a lot more than, than sort of in an official capacity,(p62)*

At other times the skills were used to help people deal with personal dilemmas or decisions and opportunities.

> *the example I gave you earlier about someone who was having a big life changing decision wasn't a medic; it was one of the nurses.(p56)*

> *So even just little things like that, little conversations and then other times when trainees will come up and say well, you know, what speciality do you think I should do, or do I need to do this exam or should I do this, do that…(p62)*

The use of mentoring skills was also reported as impacting positively on clinical situations and decision making regarding patients

> *things like reviewing a patient on the ward for intensive care ..I went to see the patient and I wasn't necessarily sure that the patient needed to come…but instead of before I would have just said well I think this patient doesn't need to come to ITU and kind of leaving it as a decision. I kind of try to explore with the doctor, ….rather than making an arbitrary decision, to try and explore what their anxieties truly were and to try and sort of go through it. (P62)*

> *Like today… We do a pre-assessment clinic, so the patients, we see them before they go to... So this is the opportunity to talk to them and yeah … so speaking to the parents and to the carer and planning and you know, expecting difficulties, I think that also it [mentoring skills] helps in the clinical…(p59)*

Others talked about the impact of mentoring skills on the way they approached interactions with trainees

> *I think it's been really useful just in sort of, like, when I am talking to my educational supervisees, it is useful to have that sort of framework. to sort of tackle slightly more challenging problem that possibly would have shied away from before, I think it's going to be a useful skill from that point of view (p11)*

you probably find out quite a lot about yourself as well mentoring, and as an education and clinical supervisor it probably ties in quite well with that to enhance the quality of the service you are providing, you know, in the non-clinical work I am doing, so to speak.(p33)

Thus participants described a range of work related situations in which they had used their mentoring skills and via real life examples they highlighted a range of positive impacts or 'outcomes'.

In personal life

The impact of using the skills and the empowering nature of the framework was also mentioned in relation to participants own personal lives,

I mean I have also used it into conversations with my wife, with her, with her prior warning.

I: Have you found it useful?

Very much so, I think that it's, I think that it has the potential to, I really like the idea that it facilitates an individual to identify what their own valued outcomes are rather than being encouraged to achieve outcomes that have been already pre-determined by somebody else.(p44)

there was really some quite powerful moments[during the course] ..there's a lot of sort of light bulb moments …. It's a very useful course to do because you actually get mentored quite intensively through the whole thing and you end up sorting out most of your life's problems in that three month period,..and that's probably why so many of the people are then converted toward mentoring because it, if nothing else, it makes you commit to the mentoring process as the mentee and you can actually realise how useful it is. (P58)

The impact of using the mentoring framework internally as a way of almost 'self-mentoring' was also described

I think it's [mentoring] very powerful …because you are then thinking about what the other person is going to be thinking about it makes you approach your own problems in a slightly different way so you think about your own stuff… I regularly sit down and go well if I was mentoring a person with this problem what would I…what question would I ask them, ..you end up mentoring yourself in your head, talking to yourself. (P58)

I find myself sitting back and you know, just using bits of it, you know, I remember walking on a hill one day, saying, well, you know, go wild and in five years times what would you be doing and why would you be doing it, who would you be doing it with, you know, so what about this aspect of life, what about that aspect of life, and you know, that's my favourite part of this, this, you know, model, with regards to mentoring but also just, well, let's take a look at that problem and what about, you know. (P33)

I think even I would use internally now, sort of almost on myself; I would you know, try and think: what might somebody else think? Has anything like this ever happened before? What did I do then? .so I think I probably… Yeah, definitely does give you a different way of looking at the problem and I think that whole…where, you know, you can ask lots of people ..and they'll give you their opinion and you get 20 different opinions, but it's still not exactly what you would do, so it's a much more efficient way of just working it through and just coming up with your own solutions and… and also then, I think you take ownership of the solution,

> *because you've come to it, so I think you're more committed to actually doing something about it (p65)*

It is unclear what the impact of such self-mentoring may be but it does seem clear (from the interviews and the comments on the questionnaires and feedback forms) that learning to mentor or being mentored offers participants a framework for problem solving which empowers them to develop their own solutions and not those based on advice or direction form others . **A further outcome therefore emerges – that of self-mentoring and using skills to deal with one's own dilemmas and decisions.**

Impact on mentees

While those who had attended the taster days and/or 3 day mentor development course often talked about the power of being mentored and their experiences as mentees, it was important to gather 'external' data from mentees who had not been involved in the initiatives. This data offered another perspective and allowed a greater understanding of the impact of 'being' mentored to be developed.

Mentoring sessions are provided at the GAT meetings and feedback forms for the years 2013 (20 forms) &2014 (27 forms) were made available to the study team. Responses to the questions are as follows.

Usefulness
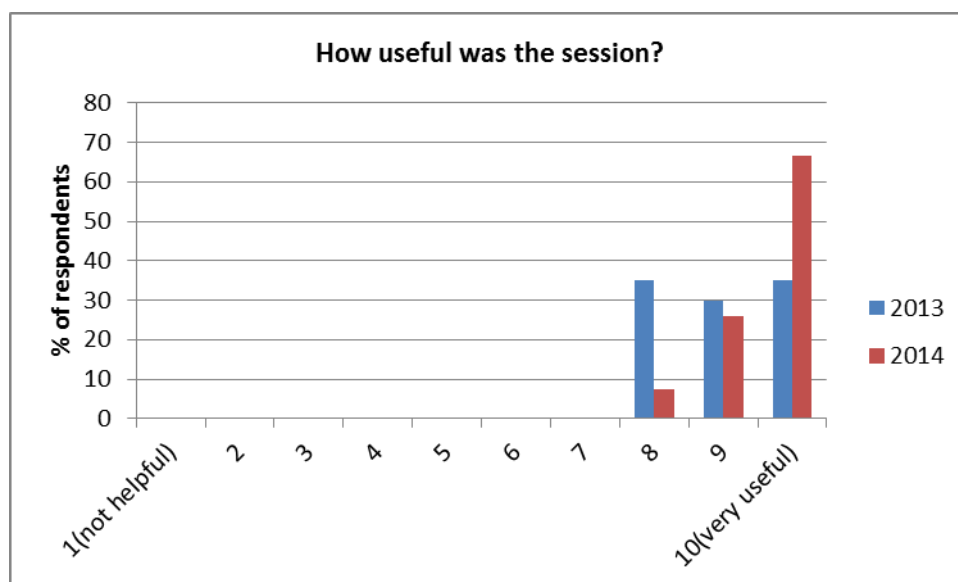
Respondents were then asked to explain their score or what made the session useful and given space for free text responses (see

Table 23).

Table 23: GAT free text responses

	2013: What made the session useful? (Tot. comments 19)	2014: How useful to you was the session? Please explain why you put the score you did? (Tot. comments 27)
	Examples of comments are given in italics, number of comments in brackets	
<u>Useful approach to tackling dilemmas</u>	*Walking through issues and helping me see angles I hadn't realised* *Stimulated ideas I had not yet considered* (4)	*Detailed useful way to tackle issues/problems. Different approach and possible solutions. It helped me go through my thoughts and ideas without being able to escape uncomfortable questions* (10)
<u>Helped make plans</u>	*Really helpful discussions, clarified plans Opportunity to explore options and more realistic goals Very useful & left feeling clearer about future plans* (5)	*Helped me guide my own path and work out an action plan on my own. I wouldn't have drawn the solutions to my problems without this session.* (10)
<u>Empowering approach</u>	*Constructive Realising my aim is valid!* (3)	*I felt empowered to address the challenges I have. Very empowering.* (2)

It is interesting to note that in the 2013 responses there were 5 comments which highlighted how the confidentiality of the sessions was positive and important. As one person put it ' *Opportunity to talk in confidence with someone who listened & steered my thoughts / clarified my thoughts'*.

Conversely the 2014 responses contained no mention of confidentiality but did contain 6 comments which related to understanding the mentoring process for example, *'Good introduction to process of mentoring'* and *'We also talked a little bit about mentoring process - which I understood a little bit more'*.

Analysis of the responses indicated an overall feeling that the sessions were a useful approach to tackling dilemmas, helped mentees make plans and was an empowering experience.

The experience
Participants were also asked for free text comments regarding the mentoring experience.

In 2013 they were asked, 'Was the interaction what you anticipated? If not, what surprised you?'

11 answered Yes, but 9 left comments explaining what had surprised them. Three mentioned the friendly nature of the interaction, 4 related to the way in which the mentoring led the mentee to make their own decisions and plans e.g. *'much better – much less 'advice'. More drawing my attention to answers I already knew but do not face up to'* a further comment summed up *'Better than expected, Honest. Safe. Came feeling sceptical; left 'converted' though this was "not on the agenda".*

In 2014 the question was slightly changed to, 'How did mentoring 'process' differ from what you had expected?'

25 people recorded comments. 8 comments said that the process had not differed from the expected, however several (8) suggested they had learnt a lot more about themselves and how to problem solve e.g. *'I learnt a lot more about myself and how to problem solve realistically', ' It got me thinking outside the box'.*

Others mentioned the ease of the conversations and the way in which they arrived at their own plans e.g., *'Very thorough discussion of my own plan, what tried etc. Less guidance from the mentor on what to do than I expected (this is not a criticism!)'.*

In order to explore their experiences in greater depth 2 of the GAT 2014 mentees were interviewed in January 2015. Both had been prompted to attend the sessions through recommendations from colleagues and both found the experience useful in helping them with a dilemma or decision. They described the experience and process as follows

> *[the mentor] set the ground rules about it being confidential and that it was what I was aiming to develop and get out of it and would then summarise and reflect back bits of conversation to me and ask me for my thoughts or my opinions at various points and it challenged me to actually come up with some plans of what I was actually going to do(Mentee A)*

> *The thing I noticed compared to other things was they were kind of making me make decisions, making me think about it out loud, not being, they weren't really giving me the answers, they were trying to give me ways to find the answers myself , which I suppose is the main difference between formally being trained on mentoring and just kid of being a supervisor who says this is what I think you should do (Mentee B)*

Both highlighted the way in which the process made them think for themselves and that the mentor did not 'give' them answers or advise, but facilitated them to reflect and decide on their own path through the issue. Both positively described the impact of attending a session.

> *it was useful. I was much more clear in my mind what I was looking to… ..I wasn't sure where I was going with it and having the mentorship session, it's much easier to know your own thoughts when you've said them to somebody else… focussing the mind to sort of improve your thought processes... it's basically given me some clarity, (Mentee A)*
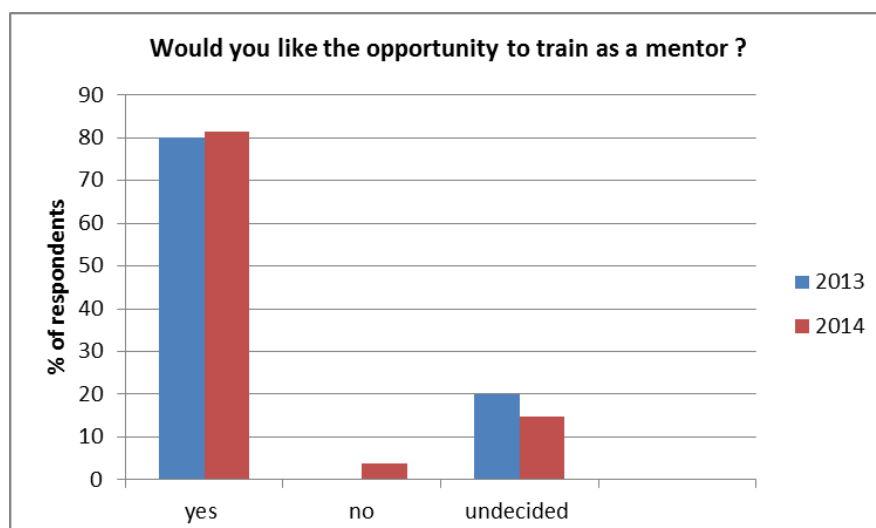
> *I did feel it was noticeably different and I came out of the session feeling more empowered to go ahead and deal with whatever that issue was...it made me turn around and think about things in a certain way that I'd not thought about before...A prime example is I had not thought about what kind of things are important in a job, I'm doing two lists, the same but on different days with different people …it [mentoring session re career and job choices] made me appreciate without realising prior to that one of the main aspects I need in a job are colleagues I get on with and respect, so that was a really good thing that came out of that session I'd not realised that , that was one of my main priorities. .and we came up with a plan (Mentee B)*

Both mentees were keen to be involved in further mentoring sessions with one mentioning a friend who was being trained as a mentor and with whom they hoped to develop a more longer term, mentoring relationship.

Overall participants found the experience of being mentored very positive and no negative comments were recorded. Those interviewed were keen to be involved in further mentoring sessions and described the experience as empowering and allowing them to reflect on their situation and come up with a plan.

Future involvement

Further questions asked about participants desire to take part in future mentoring activities and showed an overwhelming desire for involvement as follows.

Would you like to find a trained mentor in your local area?

Is being mentored something you would like to include in your Personal Development Plan?

Would you like the opportunity to train as a mentor ?
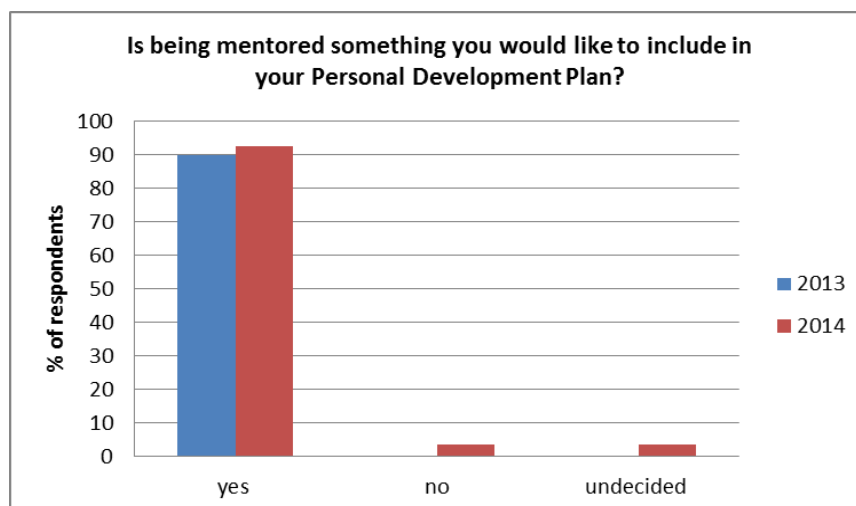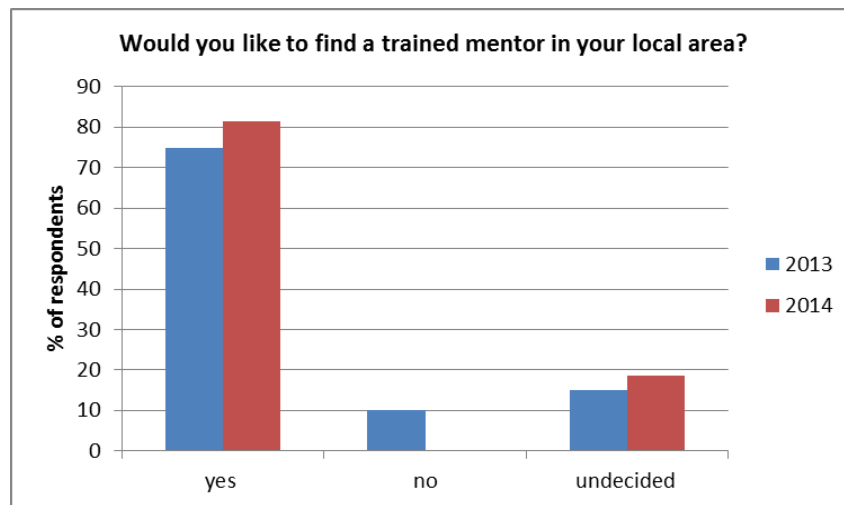
Furthermore with regard to the availability of mentoring sessions 2013 respondents were asked *'Would you like to have the option of a mentoring session at next GAT meeting?* And in 2014 the question was slightly rephrased '*Would you like to see mentoring sessions available to delegates at all AAGBI meetings?* in both years 100% of respondents answered yes.

Thus mentees experience of a mentoring session acted as a mechanism which engendered interest and a desire for future involvement and there was complete agreement that such sessions should be offered at AAGBI and GAT meetings.

Wider impact: Overarching themes

Throughout the study two broad overarching themes emerged regarding the way in which learning mentoring skills challenges and changes medical thinking and the potential impact on the wider culture of medicine and healthcare.

Changing medical thinking

Several of the interviewees talked about the ways in which learning mentoring skills and the mentoring framework had changed the way they thought about or approached issues and situations

> *it's a very, it's a very effective paradigm shift in problem solving isn't it, .. the most effective way to help people solve their problems is to enable them to solve it themselves.., they just.. need to be given opportunity, …Because ultimately, we don't know someone else's world, they know their world how could we possibly give advice on someone else's world, we can't possibly understand the complexities, so the only person that is able to understand the complexities of the life and the problem that fits into it is the person who has the problem...So for anyone else to try and solve that problem, by giving their perspective, is a complete non sequitur, so I would argue that the only really efficient way of solving someone's problems or challenges is by mentoring, the only really effective way. (p33)*

> *I think, I guess, the simplest element is that it's a good way of solving one problem, or making the most of one opportunity or whatever (p 65)*

Learning or refreshing their active listening skills seems to be important in this thinking change and a move away from a diagnostic and treatment approach to problem solving,

> *The thing I learned definitely was active listening, which I never could… when I become a consultant appraiser, I was doing 60% of the talking. That was the comment. Because I had this… giving advice to people; I just treated them as trainees; telling them what they should be doing and I think that has changed now, so definitely, that one thing I learned: how to actually do it, active listening. (p59)*

> *usually, I'm seeing patients in a very short space of time and just quickly trying to establish some facts, so I'm almost deliberately sticking to closed questions and doing everything you shouldn't do, just to get through it, rather than inviting them to tell me a lot of information, but when I am in that situation of needing people to actually open up, I think perhaps the reflecting side of things is something that I'd perhaps forgotten to do and I think partly because, until the taster day, I'd never seen it work quite so effectively (p38)*

Active listening, paraphrasing, … I'm doing that a lot more and I have to admit that it really taught me quite a lot about myself, while doing the course. I talk a lot and I seem to want to give advice a lot.(p56)

Some felt it may have become embedded to some extent in their everyday practice

I don't know if, you know, you come away with it and you automatically sort of approach things differently (p58)

just on a day to day basis I find myself just taking that approach, I don't really find myself giving very much direct advice anymore. I find myself sitting back and you know, just using bits of it (p33)

With regard to the issues, dilemmas or opportunities they may face either in their personal lives, career choices or clinical workplace, this role or way of thinking was felt to inhibit doctors from admitting they did not know exactly what the crux of the issue, or the solution, might be. Two interviewees describes this,

And I think mentoring is a situation of that where ultimately you need quandary or something that you want to unravel in your head and I think that people find it difficult admitting perhaps that they have that and feel that it's a sign of weakness that they don't know what to do or they are not sure, and apart from maybe close sort of family, or personal confidence, people don't generally tend to discuss that kind of thing at work or with colleagues in case it is seen as a sign of weakness… And I think that is probably wrong but I think that is something where the profession as a whole, needs to move forward a little bit (p62)

I think we all automatically… we're used to people coming to us and "Here is what's wrong with me; make it better" and you get into that 'I am trying to get this information from somebody, or I am trying to solve this problem' and actually, that's not quite what mentoring is about and it's not, … you know, you're not actually meant to be offering the solution and I think that's a fundamentally very different thing from what most of us do at work, but we also do it to each other, our colleagues, I think quite a lot of the time anyway. I think we're used to diagnosing, having an opinion and advising people whether they've asked for it or not quite a lot. And I've noticed it much more I think, since the taster day and thinking: we do this all the time. Someone tells you something and instantly, you try to solve it for them, regardless of whether they were asking you to. We just seem to offer them advice, whether it's wanted or not. so I think it is a very, very different mind-set and I think it's a completely new skill that most of us would have to learn to actually stop ourselves doing that and learn to just… reflect what's been said already; not introduce new things that I've come up with, but actually just focussing on what the person has said without wading in with your own opinion is a very different thing for most doctors I think, anyway.(p38)

Therefore for several of the participants part of learning to mentor seems to have heightened awareness of what can be described as 'the medical discourse' which encompasses a certain culture and way of thinking. This seems to relate to the wider role of medicine in 'diagnosing' and 'healing' – i.e. identifying the problem and solving it.

For some participants there seems to have been a change in their thinking and problem solving in some situations away from a diagnostic reasoning approach. This change was reported as being facilitated by re-learning active listening skills and for some seems to have become embedded in their everyday way of working.

Moving to a supportive culture

Several interviewees hypothesised about the impact and wider value of mentor skills or being involved in mentoring. Some felt quite passionately that the skills were useful in the workplace, could lead to higher satisfaction among staff and help deal more efficiently with the process of change currently pervading the NHS.

> *I have been convinced of the merit of using mentorship in the workplace ..I can see that that is likely to lead to long term, professional satisfaction and probably much higher levels of productivity in a workplace.. Not to mention the personal gains that are there to be had.. I think that in the NHS ..little attention is being placed upon the process of achieving change… I think that having personnel that are trained as mentors would complement the work ..has the potential to be a very effective way in achieving change within the NHS. (p44)*

> *you know, mentoring, .. to help people work through their problems, to enhance, ultimately, I felt well, if I can help people in my work place, you know, it enhances team work, it enhances people's satisfaction, staff satisfaction at work, enhances quality of care..above all else this is something that can be seen as a positive improvement in people's lives…within a challenging workplace, ..if people can see a way to sort their own problems, see a way to work more effectively, [sigh], strip down the complexities of life and move through it more smoothly in a more effective way, they are going to have greater self-efficacy, the belief that they can actually do the job that they are there to do, whether that's in their personal life, their professional life, or whatever, and with that self-efficacy becomes a greater quality output and quality breeds further quality, Yeah, you do a good job which is a self-fulfilling virtuous circle.. so, if you have critical mass of people helping sort out each other's difficulties in a very constructive way, with a critical mass, I think, yeah, erm, yeah, it really can improve working lives.(p33)*

> *And by engaging other people[using mentoring skills], and trying to get them to kind of open up as to their motivations behind things actually makes it easier for me because then actually everyone is happier (p62)*

The potential for helping colleagues in difficulty was also mentioned

> *Cos we do struggle with certain colleagues who are difficult and you don't know what exactly to do and you just… We pass by, you just observe. I mean, it's not that serious to report it to somebody, but it is not nice either, to… I mean, there is bullying, there is, as you say, a lack of clinical judgement and all these things are there, which are partly clinical and partly non-clinical. But… it is a mixture of things. Gosh, in the hospital world, there are lots of opportunities and different things. Yes… Yes, potential of mentoring skills..(p59)*

One participant described it as a life skill which went beyond mentoring for medical practice with a much wider impact

> *maybe just that mentoring is such generic kind of skills that I feel like it's also a kind of life skill. Maybe that's it. …I guess I feel that mentoring's much more than just my… like, at my day job. And so in that sense, it's had a much bigger impact. I guess we use a lot of study leave to go to a lot of education days about all sorts of things in our training. You know, external and internal courses, which all obviously have their merit, but this is something that I feel probably just because of its… you know, it's generic and wide and isn't just about medicine.(p63)*

Several participants talked further about the potential impact of using mentoring and mentoring skills on the wider workplace environment. These approaches were felt to engender better relationships and more supportive cultures

I think that if we can change a culture in the workplace so that more and more people are cognisant of these skills and some of them use them regularly then there will be a change in the way that people interact with one another (p44)

I think there's the broader thing as well, just the thing of feeling that you're working within a supportive environment, you know, that people can talk about these things with colleagues; that it's not about somebody who's in difficulties or failing; it's about making the most of opportunities and you know, continuing to progress …yeah, so I think just generally having that environment probably promotes that sense of working within a supportive team and that there are people there that you can speak to. You know that there are people there that you can speak to about these things and help you to move forward and that it's a mutual thing (p65)

But just on a local culture level, just making things a little bit better, it's kind of like being really nice to someone first thing in the morning, instead of shouting at someone first thing in the morning, they are much more likely to be nice and smile at two more people who then smile at two more people, rather than shouting at two more people.(p33)

However one participant highlighted the need for a change to the wider received view of mentoring first

the culture change is making people realise how useful it could be and I think that's the initial stages I actually spreading out the message that, erm, this isn't only for people who have, who are failures in their career, or who actually are in difficulty….. But actually a lot of the most successful, you know, or some of the more successful trainees or most successful trainees or consultants, you know, use this as part of their practice. (p62)

Thus mentoring skills were viewed as having the potential to enhance working environments and promote more supportive cultures, but in order for this to come about there was an acknowledgement that perceptions of mentoring needed to move away from it being seen as only for those failing in some way.

Learning and using mentoring skills was viewed as having the potential for much wider impact which goes beyond dealing with personal issues and has positive consequences for working environments, working lives and the development of a supportive culture.

5 Final remarks and suggestions

The study aimed to explore and evaluate: the impact of learning about mentoring, the impact of engaging in mentoring activities, perceptions of 'worth' or 'impact' and the extent to which the skills learned were embedded into practice during the period of the study.

However care must be taken in interpreting the findings and conclusions and not over-generalising from them, as this is a small study that has taken place in one specialty within a specific geographical location.

Attending taster days and the mentor development programme
Learning mentoring skills and knowledge is prompted by motivation. The motivations of those who attended a taster day related to broadly to two areas, a general desire for self-development (career /new skills) and specific perceptions regarding mentoring (experience, value, learning, recommendation). Other 'mechanisms' influencing attendance related to; practical issues and awareness.

The nature of medical training and practice, which blends training with service, has implications for the provision and uptake of any study. This is perhaps heightened in departments or specialties with smaller numbers of staff and accentuated when courses are popular. Indeed it was evident that balances needed to be struck by departments regarding the number of staff who could be granted study leave at any one time. Furthermore some participants also mentioned the need to balance study leave, work and home responsibilities. In addition course organisation, in a block or over separate days, also seems to function as an influential mechanism in the allocation of study leave to access courses. Thus the 'department' or specialty acts as a contextual factor, which at times of high demand to attend certain courses functions as a pivotal mechanism in the process of regulating the numbers able to attend.

The cost of the taster days and mentor development programme did not emerge as a barrier. Conversely, rather than prohibitive or 'disabling', if perceived as reasonable or fair the cost of the initiatives constituted an additional factor which functioned as an 'enabling mechanism'. This suggests that in times of austerity the cost of CPD may require careful consideration in order to make it attractive to participants even if they are unable to access funds via training budgets.

Awareness of mentoring (or the taster day /course) via previous experience or recommendation also emerged as an important mechanism influencing attendance. Some awareness came from colleagues or friends, while champions or role models (such as the key figure involved in delivering the initiatives) also played an important role for some. In accordance with theories regarding the diffusion of innovations [41,42] this seems to suggest that the reputation of the organisers is an important aspect in attracting engagement. Indeed much literature has been devoted to the impact and importance of champions, advocates, linchpins and key characters [41-44] in the development and spread of new initiatives.

Awareness of courses and the timely receipt of information were also influential and could either facilitate or impede attendance. Several Questionnaire 1 respondents commented on a general lack of awareness of, or information about, mentor training. This may suggest that:

- the availability of mentor preparation and training courses is limited; (context)
- there is inadequate distribution of information regarding courses (mechanism);
- access to the resources and networks needed to effectively reach potential participants may be problematic (resource and admin context, information distribution mechanisms).

- there may be limited capacity of those who organise and run mentor taster days, courses or sessions (mechanism)

These situations may all exist to varying degrees and may interact /compound each other. Indeed there may be a situation in which those trained, experienced and able to run such sessions can only do so for limited numbers. Thus over publicising could have perverse, detrimental consequences by leading to:

- over subscription (thus impinging on the course facilitators ability to provide sufficient practice, engagement and feedback to participants during the course) or

- rejection if demand outstripped capacity to deliver (which could positively or negatively impact on future engagement by potential participants) or

- such an increase in demand that providing such courses impinges on the facilitators other duties (e.g. clinical work, educational supervision etc).

These scenarios illustrate what Pawson[40] calls invisible or unspoken mechanisms (p127) which can have a range of influences and impacts on single or broad ranging initiatives (e.g. provision of training events or the development of a' mentoring culture').

However a much broader underpinning theme emerged regarding wider awareness in medicine of mentoring and what that might be and when and why it may be useful. From the data it appeared that there is a received view of mentoring which stigmatises it as something for those failing or with problems. Such views echo a negative perception of mentoring commonly seen both in the literature and in the way in which mentoring is 'situated' as something for doctors in difficulty, those failing or who are not performing adequately [6,8,9,13.] In addition it seems that this view leads to mentoring being viewed as something that may not be valued or recognised at an institutional level (and therefore not recognised in workloads)or as a credible or appropriate topic for CPD or training. This 'received view' or wider 'dominant discourse' [50] regarding mentoring appears to act as a mechanism inhibiting engagement.

Value and worth of attending

Participants expressed overwhelmingly positive views regarding the value and worth of attendance at both the taster days and the 3 day course. Data came from a range of data collection points and methods including, feedback and evaluation sheets, interviews and the second questionnaire.

Participants valued the taster days as a mechanism for gaining insight into what this form of mentoring is and as a mechanism for deciding whether or not to attend the 3 day mentor development programme (3 day course). The ratings, free text responses and interviews indicate an overall feeling of having achieved or exceeded learning expectations. Whilst practising mentoring and learning through active participation in a relaxed environment were strongly felt to help learning and were an enjoyable part of the course.

Thus participants viewed opportunities to observe demonstrations of mentoring and to practice mentoring skills as a key mechanism in learning to mentor and felt that continued practice was important in maintaining, developing and embedding those skills.

Activity and impact

As may be expected, at the point of the first questionnaire reported mentoring activity was minimal. This also indicates that those attending were for the main part 'novices' with little or no prior involvement as mentors. During the interviews an increase of mentoring activities was reported and by the second questionnaire (one year on) it appears that 70 % of respondents had been involved in mentoring sessions since completing the course or attending a taster day. Many had a mentoring relationship with more than one person. Therefore an outcome for several people who attended a taster day or the 3 day mentor development course was an on-going involvement in providing mentoring sessions.

Activity was not restricted to involvement in mentoring sessions and included, informal mentoring, practise amongst those who had attended the course, being a mentee and mentoring at conferences. Mentoring sessions at conferences and meetings offered a mechanism for further skills practice and perhaps an opportunity to show others the usefulness of this approach to dealing with dilemmas and opportunities.

The network

In addition it was apparent from the interviews and Q2 that several people had formed a mentoring network and organising committee. Whilst this seems to have originally been encouraged by the course organiser it was clear that it had taken on a life of its own driven by the group. The network committee had developed strategic plans including the development of a website and other core materials. They aimed to act as a support network for those mentoring and for mentees and serve hospitals across the region with key link people in each trust or hospital. Thus activity resulting from attendance at the taster days and/or 3 day course went beyond the provision of individual mentoring sessions towards activities aimed at embedding and rolling out mentoring more widely. Indeed one participant talked about aspirations to eventually broaden out to other directorates. The development of the network may also be viewed as a community of practice emerging amongst the participants.

Impact

In Q1 a small number of respondents (4) expressed a feeling that mentoring skills and framework may be useful in a range of situations. However during the interviews participants talked passionately about their use of the skills in a wide range of situations and gave several examples of this highlighting a range of positive impacts or 'outcomes'.

While not always undertaking full blown mentoring sessions, participants described using elements of mentoring or some of the mentoring skills they had learnt in everyday working situations. These situations ranged from dealing with everyday inter-professional practice issues through to dealing with relationships with colleagues and also in interactions with patients. Active listening emerged as one, but not the only, skill found to be extremely useful.

The perceived usefulness of the mentoring framework and skills in various situations and contexts grew and one year on the majority of respondents to Q2 felt these skills were useful in the following situations: interactions with patients, professional interactions/relationships, educational practice/roles, personal life and managing personal dilemmas and opportunities. In addition many talked positively about using the framework and skills as a way of dealing their own dilemmas or opportunities and decisions – almost as a form of self-mentoring.

Comments suggested that impact (or outcomes) was in the form of a new way of thinking and new tools and skills, leading to improved situations for the individual and others around them. Thus

learning to mentor or being mentored seems to offers participants a framework for problem solving which empowers them to develop their own solutions and not those based on advice or direction from others.

Impact on mentees

A range of impacts for mentees emerged from the evaluation forms collected from mentoring sessions held at GAT meetings (2013, 2014) and from two interviews with people who had been mentored at these sessions. All of the 47 people who completed the forms scored the sessions as useful or very useful. Overall participants found the experience of being mentored very positive and no negative comments were recorded. Several respondents noted how the process had helped them learn about themselves. Optional free text comments indicated an overall feeling that the sessions were a useful approach to tackling dilemmas, helped mentees make plans and was an empowering experience. The majority of those completing GAT feedback forms expressed a desire to find a trained mentor and also wished to include mentoring in their personal development plans. Those interviewed were also keen to be involved in further mentoring sessions and described the experience as empowering and allowing them to reflect on their situation and come up with a plan.

Throughout both those involved in the taster days and 3 day course and the mentees at GAT described the way in which this approach helped them arrive at their own plans, rather than be directed or told what they should do by others who might not , or could not fully appreciate the complexities of their lives and situations. Overall participants found the experience of being mentored very positive and no negative comments were recorded. Thus mentees experience of a mentoring session acted as a mechanism which engendered interest and a desire for future involvement and there was complete agreement that such sessions should be offered at AAGBI and GAT meetings.

Wider impact: Overarching themes

Throughout the study two broad overarching themes emerged regarding the way in which learning mentoring skills challenges and changes medical thinking and the potential impact on the wider culture of medicine and healthcare.

A thinking change

Several of the interviewees talked about the ways in which learning mentoring skills and the mentoring framework had changed the way they thought about or approached issues and situations. They had been prompted to reflect on their habitual thinking patterns based on a diagnostic reasoning approach. This reflection seems to have created or heightened an awareness of thinking related to diagnosis and management– i.e. identifying the problem and solving it. This is an approach that Schon [45] described as problem solving rather than problem setting, and one into which it could be argued doctors are socialised.

While a diagnostic approach was acknowledged as necessary and useful in many clinical situations, for some participants there seems to have been a change in their thinking and problem solving in some situations and a move away from a diagnostic reasoning approach. This change was reported as being facilitated by re-learning active listening skills and for some seems to have become embedded in their everyday way of working. Arguably the use of elements of mentoring - such as the listening and communication skills that participants report using in their everyday lives , may be seen as a broader impact which goes beyond 'mentoring' in the more recognised ambit of a one to one mentoring session.

Moving to a supportive culture

Several interviewees hypothesised about the impact and wider value of mentor skills or being involved in mentoring. Some felt quite passionately that the skills were useful in the workplace, could lead to higher satisfaction among staff and help deal more efficiently with the process of change currently pervading the NHS. Thus learning and using mentoring skills was viewed as having the potential for much wider impact which goes beyond dealing with personal issues and has positive consequences for working environments, working lives and the development of a supportive culture. But in order for this to come about there was an acknowledgement that perceptions of mentoring needed to move away from it being seen as only for those failing in some way. The development of positive relationships and communities of practice [46] through activity such as the network formation, and the use of mentoring skills day to day, may therefore encourage more supportive cultures and perhaps also improve resilience – an important characteristic for doctors working in the ever changing, pressurised context of the current NHS.

Key points: contextual factors, mechanisms at play and outcomes and impact.

In line with the principles of realistic evaluation the following table outlines context, mechanism and outcomes highlighted in the participants experiences of learning to mentor and subsequently using their mentoring skills and knowledge.

Context features which cumulatively act as mechanisms	<u>Wider specialty/profession context features</u> Advocates/champions of mentoring Local and national culture which accepts or promotes mentoring (e.g.GAT) Negative received view of mentoring
'visible' mechanisms	Study leave allocation Organisation of course: block vs separate days Information- received early (facilitates study leave) Awareness- of courses/ availability of courses Recommendations and 'push' from respected others
'Invisible' mechanisms	<u>Personal/individual</u> Predisposition to go- belief in mentoring/open mind Previous experience of knowledge of mentoring Feeling that the course will give credibility/qualifications View that the course might lead to other opportunities , help cv /career <u>Wider/profession</u> Negative received view of mentoring - stigmatising, for those failing, not credible use of study budget
Outcomes (and to some extent impact)	Visible: - Activity - Network - Mentoring activities - Using skills Invisible: - Mind set change/change in thinking - Culture change, development of supportive culture - Impacts: workplace relations, clinical , patient relationships, personal life, job satisfaction

Study Limitations

There are several limitations to this study which need to be acknowledged.

The majority of the participants volunteered to take part, the numbers involved are small, and the initiatives restricted to a specific geographical area. Therefore the sample is not representative of the wider medical population in the UK and care must be taken when extrapolating from the findings as they are not 'generalizable' in a statistical sense but may have some 'transferablility'[51] .

As with any voluntary sample the participants are self-selecting and may for the most represent those with a particular interest in mentoring and may therefore be viewed by some as being 'skewed'. However it could be argued that given the nature of mentoring, unlike a medication or other 'physical' intervention, it is not an activity or 'intervention' that can be imposed upon those who are not interested, curious or open minded out about it. In essence (perhaps like some psychological or social interventions) mentoring may need a certain amount of 'buy-in', or cognitive readiness to 'work'. As indicated by the findings such 'selectivity' does not lessen the impact for those individuals involved.

Furthermore the project ran for a limited length of time and therefore exploring longer term outcomes and impacts, and the sustainability and embedding of mentoring skills and activities was not possible and would require further research.

An economic evaluation of the cost of the mentor and participants time was not undertaken and this would also be a valuable area for consideration in any future work.

References

1 Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Volume 1: Analysis of evidence and lessons learned (part 1)

2 General Medical Council (2012) Leadership and management for all Doctors. London; GMC. [online]. Available at: http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp (Accessed 20/02/2015).

3 General Medical Council (2013) Good Medical Practice. GMC London

4 Swann A, Ramsay R. and Bijlani N. (2008) Mentoring and Coaching Royal College of Psychiatrists occasional paper. OP66 RCP London

5 Oxley J., Fleming B., Golding L., Pask H., and Steven A. (2003) Improving working lives for doctors. Mentoring for doctors: enhancing the benefit. A working paper produced for the Department of Health on behalf of the Doctors Forum.

6 Abbasi K (2008) Mentoring and the meaning of soul. J R Soc Med 2008: 101: 523. DOI 10.1258/jrsm.2008/08k029

7 American medical association Mentorship Initiative (accessed 12/02/2015) http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/young-physicians-section/mentorship-initiative.page

8 French G. (2007) Mentoring for Self Development. Bulletin 44, 2225-2228

9 Steven, A.; Oxley, J.; Fleming, W. G 2008 Mentoring for NHS doctors: perceived benefits across the personal-professional interface . JOURNAL OF THE ROYAL SOCIETY OF MEDICINE Volume: 101 Issue: 11 Pages: 552-557

10 Frei, Esther; Stamm, Martina; Buddeberg-Fischer, Barbara (2010): Mentoring programs for medical students - a review of the PubMed literature 2000 - 2008. BMC Medical Education10 32. 10:32 http://www.biomedcentral.com/1472-6920/10/

11 Buddeberg-Fischer B, Herta KD. Formal mentoring programmes for medical students and doctors—A review of the Medline literature. Med Teach. 2006;28:248–257.

12 Kalen, S.,Ponzer, S.,Silen, C. 2012 The core of mentorship: medical students' experiences of one-to-one mentoring in a clinical environment. Advances in Health Sciences Education. 17, 389–401.

13 Kashiwagi D T., Varkey P.,and Cook D A, (2013)Mentoring Programs for Physicians in Academic Medicine: A Systematic Review. Acad Med. 88:1029–1037.

14 Cheong, K.X. (2014). The mentor-protégé relationship in medicine. The Clinical Teacher, 11, 225-226.

15 Cruz-Correa, M. (2014). Personal perspective on mentoring. Gastroenterology, 146(2), 331-333.

16 Drolet, B.C., Sangisetty, S., Mulvan, P.M., Ryder, B.A., & Goffi, W.G. (2014). A mentorship-based preclinical elective increases exposure, confidence, and interest in surgery. The American Journal of Surgery, 207, 179-186.

17 Steven A. (2008) Mentoring schemes for psychiatrists in the North East: an evaluation and exploration. Report for Northumberland Tyne and Wear NHS Trust, NIMHE and The Northern Deanery. University of Newcastle upon Tyne. (ISBN 13 978-0-9552799-1-1).

18 Bourke, L., Waite, C., & Wright, J. (2014). Mentoring as a retention strategy to sustain the rural and remote health workforce. Australian Journal of Rural Health, 22, 2-7.

19 Sambunjak D, Straus SE, Marusic A. (2006) Mentoring in academic medicine: a systematic review. JAMA, 296:1103–15.

20 English, D., Edwards, R., Genday, P., Maue, C., & Zydel, C. (2013). Smoothing the transition from resident to attending physician using mentors. Physician Executive Journal, 39(6), 44-48

21 Tran, K., Tran, G.T., Fuller, R. (2014). West Yorkshire Mentor Scheme: teaching and development. The Clinical Teacher, 11, 48-52.

22 Overeem K, Driessen EW, Arah OA, Lombarts KM, Wollersheim HC, Grol RP. (2010) Peer mentoring in doctor performance assessment: strategies, obstacles and benefits. Medical Education,44:140–7.

23 Hoffmeister K., Cigularov K.P, Sampson J., Rosecrance J.C. & Chen P.Y.(2011) A perspective on effective mentoring in the construction industry. Leadership & Organization Development Journal, 32(7)673 - 688

24 Department of Health (DH) (2010) Invisible Patients, Report of the Working Group on the health of health professionals, London, DH. [online]. Available at: http://www.champspublichealth.com/writedir/4344Invisible%20patients%20-%20The%20Working%20Group%20on%20the%20Health%20of%20Health%20Professionals%20-%20Report.pdf (Accessed 4.2.14).

25 Connor M. and Pokora J.(2007) Coaching and Mentoring at work: Developing effective practice. Open University Press. Maidenhead, UK.

26 Crisp G. and Cruz I. (2009) Mentoring college students: a critical review of the literature between 1990 and 2007. Research in Higher Education 50, 525-545

27 Johnson, W.B. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33(1), 88–96.

28 Standing Committee on Postgraduate Medical and Dental Education. (SCOPME) (1998). Supporting Doctors and Dentists at Work: An Enquiry into Mentoring. London: SCOPME; 1998.

29 Hayes, E. (1998). Mentoring and self-efficacy for advanced practice: A philosophical approach for nurse practitioner preceptors. Journal of the American Academy of Nurse Practitioners, 10(2), 1–5

30 Clutterbuck D. Mentoring in Business: Executives and Directors, Mentoring and Tutoring: Partnership in Learning. London: Routledge, 1999.

31 Meldrum, H. 2011Who inspired the most inspiring doctors? The International Journal of Clinical Leadership 17 (1), 31-35.

32 Harrington S. (2011) Mentoring new nurse practitioners to accelerate their development as primary care providers: A literature review. Journal of the American Academy of Nurse Practitioners 23, 168-174

33 Wilkes, Z. (2006). The student-mentor relationship: A review of the literature.

Nursing Standard, 20(37), 42–47.

34 Eraut M (1994) Developing professional knowledge and competence , Falmer Press

35 Egan, G (2010) The skilled helper: a problem-management and opportunity-development approach to helping .Belmont, Calif. : Brooks/Cole

36 Ratnapalan, S. 2010 Mentoring in medicine Canadian Family Physician 56(2), 198.

37 Pawson, R. and Tilley N. (1997) Realistic evaluation London , Sage

38 Silverman, D. (2000), Doing Qualitative Research: A Practical Handbook, London, Sage.

39 McColl E, Jacoby A,Thomas L, Soutter J, Bamford C, Steen N, et al. Design and use of questionnaires: a review of best practice applicable to surveys of health service staff and patients. Health Technol Assess 2001;5(31).

40 Pawson R. (2013) The Science of Evaluation: A Realist Manifesto. Sage

41 Taylor, E. L. (2013), The Diffusion of Innovation. Research World, 2013: 55. doi: 10.1002/rwm3.20033

42 Hendy J and Barlow J. (2012) The role of the organizational champion in achieving health system change. Social Science & Medicine 74 (3) 348–355

43 T. Greenhalgh, G. Robert, F. Macfarlane, P. Bate, O. Kyriakidou (2004) Diffusion of innovations in service organizations: systematic review and recommendations Milbank Quarterly, 82 (2004), pp. 581–629

44 J.M. Howell, C.M. Shea (2001)Individual differences, environmental scanning, innovation framing and champion behaviour: key predictors of project performance. Journal of Product and Innovation Management, 18 (1) (2001), pp. 15–27

45 Schon, D. (1983) The Reflective Practitioner, London, Temple Smith.

46 Lave, L and Wenger, E. (1991) Situated learning: legitimate peripheral participation. Cambridge University Press, Cambridge

 47 Kalén S., Ponzer S., Seeberger A., Kiessling A. and Silén C (2012) Continuous mentoring of medical students provides space for reflection and awareness of their own development. International Journal of Medical Education. 2012;3:236-244

48 Hancock, T. (2001). People, partnerships and human progress: Building community capital. Health Promotion International,16 (3), pp.275–280.

49 Ching-Hsing, C. (2008) A concept analysis of social capital within a health context, Nursing Forum, 43(3), pp. 151 – 159.

50 Steven A. (2009) Knowledge Discourses and Student Views. VDM. Saarbrücken

51 Seale C (1999) The quality of qualitative research. Sage London.

Appendices

Appendix 1: Taster day schedule

Registration Tea & Coffee
- Arrival and coffee   - Introductions   - Welcome and overview of day   - What is mentoring?
Tea/Coffee Break
- Overview of Egan's 'skilled helper' model   - Demonstration- use of mentoring skills   - Plenary Discussion
Lunch
- Giving Advice   - Skills Practice- Listening   - Input, demo & group work   - Rules of feedback   - Input and demonstration   - Exploring new perspectives
Tea/Coffee available in groups
- Skills practice- group work   - Plenary review   - Next steps- course, using mentoring skills, buddying, GAT, NIAA research project
Feedback and close

Appendix 2: Mentor taster day evaluation / feedback form

Mentoring Taster Day

Feedback /Evaluation form

Thank you for attending the Mentoring Taster Day. Could I ask you to spend a few minutes completing this feedback form? Your feedback is very valuable. Most of the items require a tick in the appropriate box. Thank you.

Please rate the following sessions (1 is poor, 5 is excellent)

	1	2	3	4	5
Course content.					
Quality of practical sessions.					
Was the taster useful?					
Was the taster worth attending?					

Do you plan to attend a Mentor Development Programme   Yes/No

Any other comments:

Appendix 3: Three day mentor development programme schedule

Day 1 – January 28th 2014

Day 1 – January 28th 2014

09.00 – 09.20	**Registration Tea & Coffee**
09.20 – 09.40	Welcome, Introduction & Overview of course
09.40 – 10.20	Egan's 'Skilled Helper' Model reminder of stage 1 and Demonstration Stage 1 a & b story & New perspectives
10.20 – 10.40	**Tea/Coffee Break**
10.40 – 11.40	Skills practice - stage 1a & 1b story & New perspectives
11.40 – 11.55	Stage 1c – leverage, input & demo
11.55 – 12.40	Stage 1c skills practice
12.40 – 12.55	Learning review
12.55 – 13.40	**Lunch**
13.40 – 14.40	skills practice in new groups – whole of stage 1
14.40 – 15.00	What is mentoring – how does it fit with other roles?
15.00 – 15.45	Safe and effective mentoring – working agreements
15.30 – 16.00	**Tea/Coffee available in groups**
16.00 – 16.30	Next steps – possibilities
16.30 – 16.45	Reflective practice – documentation, Evaluation and close

Day 2 – February 27th 2014

09.00 – 09.15	**Registration; Tea & Coffee**
09.15 – 09.20	Welcome, Introduction & Overview
09.20 – 09.45	Review of 'reflective practice' from day 1
09.45 – 10.25	Stage 2; Introduction Brainstorming Skills Practice – group work
10.25 – 10.40	**Tea/Coffee Break**
10.40 – 11.10	Reminder of Stage 1 Stage 2: Possibilities and Goal Setting; Input and Demo
11.10 – 13.00	Skills Practice: Stage 1 to Goal Setting
12.45 – 13.30	**Lunch**
13.30 – 14.15	Skills Practice: Stage 1 to Goal Setting
14.15 – 14.30	Learning Review
14.30 – 15.20	Stage 2: Testing Commitment; Input, Demo and Skills Practice
15.20 – 15.35	**Tea/Coffee Break**
15.35 – 15.50	Learning Review
15.50 – 16.30	Safe & effective mentoring - confidentiality
16.30 – 16.50	Next Steps: Mentorship Scheme
16.50 – 17.00	**Evaluation, reminder – reflective practice records & Close**

Day 3 – March 27th 2014

09.00 – 09.15	**Registration Tea & Coffee**
09.15 – 09.45	Welcome, & overview of the day
	Review of reflective practice
09.45 – 10.30	Stage 3 Input & demo
10.30 – 11.00	Stage 3 group work in trios
11.00 – 11.30	**Tea/Coffee available**
11.00 – 12.30	Stage 3 group work in trios
12.30 – 12.50	Learning review
12.50 – 13.35	**Lunch (tea & coffee)**
13.35 – 14.35	Taking mentoring forward
14.35 – 15.10	Whole model skills practice
15.10 – 15.35	**Tea/Coffee available in groups**
15.35 – 16.15	Safe and effective mentoring – managing endings
16.15 – 16.30	Programme Evaluation
16.30 – 17.15	Joint discussion with GAT Newcastle team – 'taster' session at GAT
	Practicalities – becoming a mentor : NIAA research – next steps
17.15 –	**Tea/Coffee**

Appendix 4: Mentor Development Programme (3 day course) evaluation and feedback form

Northern School of Anaesthesia 3 day Mentor Development Programme Evaluation

To what extent have the following outcomes been achieved?

1-not at all   2-To some extent   3-Satisfactorily   4-Very well   5-Beyond Expectations

	1	2	3	4	5
Understanding of what mentoring is					
Understanding of Egan's skilled helper model					
Ability to use Egan's model as a frame work to guide mentoring conversations					
Confidence in establishing a working relationship with a potential mentee					
Development of mentoring skills					
Knowledge of how to access mentor support from the mentoring network					
Plans to use a mentoring-style approach in work-related conversations in a variety of contexts					
Exploration of ethical and professional issues relating to mentoring					
Intention to contribute to the NSAICM mentoring scheme as a mentor					
Intention to contribute to AAGBI GAT ASM as a mentor					

Please comment on the quality of facilitation

What aspects of facilitation could be improved?

Regarding the programme as a whole:

1. **What has been your main learning on the programme?**
2. **What helped you to learn?**
3. **What did you enjoy most?**
4. **What, if anything, surprised you?**
5. **Suggestions to improve the programme include..**
6. **What support do you need now in order to develop as a mentor?**
7. **Important next steps for the NSAICM to establish a mentoring system include...**
8. **Any other comments?**

Appendix 5: First Questionnaire

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East

What is this questionnaire?

The aim of this survey is to gather data to act as a baseline for a study into the implementation and impact of mentor training (learning) and mentoring (doing) for Anaesthetists in the North East .

We would be grateful if you could answer this questionnaire as honestly and as fully as you can.

The questionnaire should take less than 15 minutes to complete

Who will see my answers?

Only the project team at Northumbria University will see your answers. No respondent will be identifiable within reports generated from the data and although direct quotes may be used, these will be anonymised and any potentially identifiable features removed.

When should I complete this survey?

Please answer all relevant questions and return by

Monday the 3rd February 2014

Return the completed questionnaire to Alison.steven@northumbria.ac.uk or by post to:

Dr A Steven
Reader in Health Professions Education
Faculty of Health & Life Sciences
Northumbria University
Coach Lane Campus
Newcastle upon Tyne
NE7 7XA   Tel: 0191 215 6483

We would like to thank you for your cooperation and help with this project

Part 1 - About your job

1

Please tick as appropriate	Specialist Trainee	Consultant	Other (please specify)
a. What is your current job/post?			
b. Year of training			
c. If 'other' please specify			

2

Part 2 –Learning about mentoring

The Mentor Programme Taster Day

a. Please describe any factors you feel *facilitated* your attendance at the **TASTER DAY**?

b. Please describe any issues you feel act as *barriers* to accessing and/ or attending a **TASTER DAY?**

Formal Mentor Training Courses or Programmes

	Yes	No	Don't know
c. Have you previously attended a **FORMAL MENTOR TRAINING COURSE** or development programme ? *(generally a series of organised sessions)*		NO Go to question f	Go to Part 3

d. Please tell us about the most recent course or programme you attended: Duration(e.g. 3 days , 1 day a week for a month); Who organised it(e.g. Royal college or local trust); Mentoring models taught (e.g. Skilled helper, Grow model)

e. Please describe any factors you feel *facilitated* your attendance at a FORMAL MENTOR TRAINING COURSE?

f. Please describe any issues you feel act as *barriers* to accessing and/or attending a FORMAL MENTOR TRAINING COURSE?

3

Part 3 –Mentoring roles and activity

	Yes	No
a. Do you have a **current** role in mentoring? *(i.e. been involved in a mentoring session/meeting during the past 3-6 months)*		*Go to question 3d*
b. Did you have this role *prior* to attending a Mentor programme TASTER DAY? *(Taster days were run at the Freeman Hospital on 7th November 2013 or North Tees Hospital on 12th December 2013)*		

	As a Mentor	As a Mentee	As both mentor and mentee
c. Is your current role			
	If yes complete section 3.1	*If yes complete section 3.2*	*If yes, complete both sections 3.1 & 3.2*

	Yes	No
d. Have you **previously** had a role in mentoring? *(i.e. been involved in mentoring sessions/meetings in the past but this has ended and /or been inactive for over 3 months)*		*Go to Part 5*

3.1

Section 3.1 As a Mentor

	Yes	No	If >1 state number (approx.)
a. Do you currently have one or more **Mentee(s)** *(With whom you have met during the past 6 months)*			

	Frequency of meetings (please state how often)	Variable, driven by need (please tick if appropriate)
b. On average, how often do you meet with your first, or main **Mentee**		

	30 minutes or less	More than 30 minutes but less than 1 hour	1 hour or more
c. On average, approximately how long do your mentoring meetings last?			

3.2

Section 3.2 As a Mentee

	Yes	No	If >1 state number (approx.)
a. Do you currently have one or more **Mentor(s)** *(With whom you have met during the past 6 months)*			

67

	Frequency of meetings (please state how often)	Variable, driven by need (please tick if appropriate)
b. On average, how often do you meet with your first or main **Mentor**		

	30 minutes or less	More than 30 minutes but less than 1 hour	1 hour or more
c. On average, approximately how long do your mentoring meetings last?			

Section 3.3 Formal or informal mentoring

	Yes	No	Don't know
a. Is your role part of a ***formally organised*** mentoring 'scheme'? (i.e. *A formal 'scheme' may be organised by an NHS Trust, Deanery, LETB, Royal college/ other professional group/ or body. Such schemes organize mentoring by linking mentors and mentees and may help arrange mentoring meetings.)*	*complete following questions as far as possible*	*If No go to question 3.3 d.*	*complete following questions as far as possible*

b. If you can please tell us who organizes the scheme (e.g. NHS Trust, Royal College etc),

c. Please tell us more about your involvement in the 'scheme' (e.g. how long you've been involved, how you got involved, any training you've been provided by the organizers)

	Yes	No	Don't know
3.3 *d.* Is your role part of an _**informal mentoring relationship?**_ *(i.e. organised by you and/or a colleague without formal recognition or assistance)*			
e. If yes please tell us anything you can about the relationship (e.g. how and why it came about, who instigated it, how long it has been running)			

4

<table>
<tr><td colspan="4" style="background-color:#d98880">Part 4 –Usefulness of Mentoring</td></tr>
</table>

	Yes	No	Don't know
a. Do you feel that being involved in mentoring has been useful in terms of your:			
a.1 Relationships with patients			
a.2 Clinical practice			
a.3 Professional relationships			
a.4 Personal aspects of your life			
a.5 Educational practice			
b. Please add any additional comments about usefulness here:			

Part 5 – Involvement in further data collection

For the next stage of the study we would like to undertake interviews to gain a deeper understanding of the impact of mentor training and mentoring.

If you are selected for interview the interview will last about 30 mins and no more than one hour – how long the interview lasts will be entirely up to you.

Interviews will be held in a **convenient location** and **at a time which suits you** or by phone if preferred. The interview will be recorded with your permission. This is to help the researcher to correctly remember information. The interview recording will be anonymous.

The one to one interview may involve questions regarding your views and experiences of: the mentor development programme, mentoring in general, any mentoring schemes, models of mentoring, and barriers and facilitators to being involved and applying learning to practice.

	Yes	No
x. Would you be willing to take part in an interview?		

Many thanks for taking the time to fill in this questionnaire.

Please return to

Alison.steven@northumbria.ac.uk or by post to:

Dr A Steven
Reader in Health Professions Education
Faculty of Health & Life Sciences
Northumbria University
Coach Lane Campus
Newcastle upon Tyne
NE7 7XA   Tel: 0191 215 6483

Appendix 6: Second Questionnaire

northumbria
UNIVERSITY NEWCASTLE

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

What is this questionnaire?

The aim of this survey is to gather data about the impact and effects of learning to mentor (training) and being involved in mentoring activities (doing) for Anaesthetists in the North East .

We would be grateful if you could answer this questionnaire as honestly and as fully as you can.

The questionnaire should take around 15 minutes to complete-

Please Note: It looks long but not all the questions will be relevant and you will be signposted accordingly.

Who will see my answers?

Only the project team at Northumbria University will see your answers. No respondent will be identifiable within reports generated from the data and although direct quotes may be used, these will be anonymised and any potentially identifiable features removed.

Please answer all relevant questions by 5th January 2015.

For further information please contact alison.steven@northumbria.ac.uk or by post to:

Dr A Steven
Reader in Health Professions Education
Faculty of Health & Life Sciences
Northumbria University
Coach Lane Campus
Newcastle upon Tyne
NE7 7XA Tel: 0191 215 6483

We would like to thank you for your cooperation and help with this project

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

Part 1 - About your job

1. Please provide your name:- (*please note this will only be used to compare data sets within the project and not shared*).

[   ]

2. What is your current post/job?

○ Specialist Trainee

○ Consultant

○ If Other (please specify)

[   ]

3. Year of training?

[   ]

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

Part 2 - Mentoring roles and activity

4. Did you attend?

○ A mentoring taster day

○ The 3 day mentor development course (run by N Redfern)

○ Both

5. Have you been involved in _one or more_ mentoring sessions since completing the course or attending the taster day?

○ Yes

○ No (please go question 7).

6. Are you involved in any other mentoring related activities?

○ Yes

○ No

Please tell us more (e.g. part of a network, or organising group, other)

7. Is your current role?

○ As a Mentor

○ As a Mentee

○ Both

Since completing the mentor development course or attending a taster day.

8. Thinking about your activity as a mentor. Do you have a mentoring relationship with one or more people?

○ Yes

○ No

If >1 state number (approx)

[   ]

9. Considering your 'mentees'. On average, how often do you meet with your first or main Mentee?

○ One off

○ Variable - driven by need

○ Frequency of meetings (please state how regular/often)

[   ]

10. Considering your 'mentees' On average, how often do you meet with a second or other Mentee?

○ One off

○ Variable - driven by need

○ Frequency of meetings (please state how regular/often)

[   ]

11. On average, approximately how long do your mentoring meetings last?

	30 minutes or less	More than 30 minutes but less than 1 hour	1 hour or more
With a first or main Mentee	○	○	○
With a second or other Mentee	○	○	○

Since completing the mentor development course or attending a taster day

12. Have you used one or more Mentor(s)?
(with whom you have met for a mentoring session during the past 6 months)

○ Yes

○ No

If >1 state number (approx)

13. On average, how often have you met with your first or main Mentor?

○ Variable, driven by need (please tick if appropriate)

○ Frequency of meetings

Please state how often

14. Do your mentoring meetings take place?

○ During working hours

○ Outside of working hours

○ A mixture of both

15. On average, approximately how long do your mentoring meetings last?

	30 minutes or less	More than 30 minutes but less than 1 hour	1 hour or more
With a first or main Mentor	○	○	○
With a second or other Mentor	○	○	○

16. Have you had any meetings that were much shorter or longer?
Please give approximate lengths of meetings.

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

Part 4 - Timing of Mentoring meetings

17. What influences the timing of meetings?

	Yes	No	Don't Know
Availability of time within working hours	○	○	○
Availability of a place/room within work setting	○	○	○
Legitimacy of mentoring as a work activity	○	○	○
Recognition of mentoring by organisation	○	○	○
Availability of **mentor**	○	○	○
Availability of **mentee**	○	○	○
Responsibilities outside work	○	○	○

Please add any other comments about additional influences that may effect mentoring meetings:

Section 5 - Formal or informal mentoring

18. Is your role part of a formally organised mentoring 'scheme'?

(i.e. A formal 'scheme' may be organised by an NHS Trust, Deanery, LETB, GAT, Royal college/ other group/ or body.
Such schemes organize mentoring by linking mentors and mentees and may help arrange mentoring meetings).

◯ Yes (please complete the follwing questions as fully as possible).

◯ No (please go to question 21).

◯ Don't Know (please go to question 21).

19. If you can please tell us who organises the scheme (*e.g. NHS Trust, GAT, Royal College etc*).

20. Please tell us more about your involvement in the 'scheme'
(e.g. how long you've been involved, how you got involved, any training you've been provided by the organisers).

21. Is your role part of an informal mentoring relationship?
(i.e. organised by you and/or a colleague without formal recognition or assistance).

◯ Yes

◯ No

◯ Don't Know

22. Please tell us anything about the relationship
(e.g. why it came about, who instigated it, how long it has been running, how often you have met, where you met, and an indication of topics discussed).

northumbria
UNIVERSITY NEWCASTLE

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

Section 6 - Use of Mentoring Skills

Since completing the mentor development course or attending a taster day.

23. How many people have you used mentoring skills with? Please state approximate number.

[   ]

24. Do you use any of the skills and techniques taught on the taster day or training programme *outside of sessions with a mentor or mentee*? (*i.e. in other situations*).

○ Yes
○ No
○ Don't Know

25. Which of the following skills and techniques do you use?

	Yes	No	Don't Know
Tuning in	○	○	○
Active listening	○	○	○
Checking understanding	○	○	○
Probing	○	○	○
Summarising	○	○	○
Challenging	○	○	○

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

26. Please tell us anything you can about;
The skills and techniques you use most frequently

[text box]

27. Where and with whom you use skills and techniques taught on the taster day/training programme
(*any examples would be greatly appreciated*)

[text box]

An evaluation of the implementation and impact of mentoring for Anaesthetists in the North East.

Section 7 - Usefulness of Mentoring

28. Do you feel that being involved in mentoring has been useful in terms of your:

	Yes	No	Don't know
Interactions with patients	○	○	○
Professional interactions/relationships	○	○	○
Educational practice/roles	○	○	○
Personal aspects of your life	○	○	○
Managing personal dilemmas and opportunities	○	○	○

Please add any additional comments about usefulness here:

[ ]

29. Please tell us about <u>any impact</u> you feel attending a taster day or the 3 day course has had;

[ ]

80

Appendix 7: Interview topic guide

1. *Learning* about mentoring and how to mentor   (taster day and or programme- make sure they specify)

Areas	Ideas for questions
Getting there/access (Being able to go/access/attend- what got them into the room) *(warm up)*	**1. Tell me about accessing the taster day** (and or) **The 3 day programme?** *(pick up on any issues encountered, barriers and facilitators)* **How did you hear about it** **Was it easy to access/attend (in what ways, why, how)** **Was it difficult to access/attend (in what ways, why, how)** (barriers, facilitators)
Being there (*What happened when they were there in the programme*) They might come up with things e.g. about: • Learning the framework • Learning and using the interviewing skills • Making new links to people	**2.Can you tell me about your experience of the :** **The taster day (and or)** **The programme ?** *(pick up on any particular issues they mention- which seem important to them or they seem to feel strongly about, also be aware for any unexpected comments or things they seem to avoid)* **What are your reflections, or thoughts about the:** Content Delivery modes

2.   Perception of worth /value/impact of attending

Value of attending (*reflections on perceived worth*)	**3. What are your thoughts about having attended?** *(Perceived Impacts, what they got out of it)* **What do you think about having used your time to attend?** *(Judgments re 'use of time')* Usefulness of attending Waste of time Value and worth Use or not of what was learned **Did anything surprise you from having attended /anything you didn't expect?** *Unintended consequences/impacts (e.g. networking)*

4.   Doing: mentoring : Activity

The mentoring activities that take place after attending the programme *Also use of skills*	**4. Is mentoring something you can use?** *Ease, fitting into clinical, workload* **Do you /or have you used any mentoring skills since attending the day (programme)?** Where When With whom **What purpose do you feel mentoring has** For you ? For others? *(if yes get them to explain)*

5.   Anything else

	5.Is there anything else I've not covered you'd like to say either about: • **attending training / learning mentoring skills and knowledge** • **using mentoring skills /doing mentoring** (usability, Impact, worth, benefit, outcomes)

Thank participant

Appendix 8: Taster day 1' On the day' evaluation form analysis

MENTOR TRAINING DAY 1

TUESDAY 21ST OC TOBER 2014

EVALUATION ANALYSIS

Number of delegates: 19
Number of evaluation forms received: 10

PRESENTATION AND SPEAKERS	SCORE
Active listening – input, demo, skills practice	**8.9**
What is mentoring? Potential benefits to Mentor and Mentee in non-clinical practice	**8.8**
Overview of Egan's 'Skilled Helper' Model and Demonstration	**8.8**
Non-verbal Skills	**8.8**
Welcome, introduction and overview	**8.7**
Story and new perspectives – input, demo and briefing for group work	**8.6**
Plenary review	**8.5**
Story and new perspectives	**8.4**
Safe and effective mentoring – working agreements	**8.4**
RCPSG Scheme and wider applications, education, appraisal	**8.1**

IF YOU HAVE GIVEN A SCORE OF 5 OR LESS TO ANY OF THE ITEMS ABOVE, PLEASE GIVE DETAILS:
0

WHAT DID YOU LIKE BEST, OR FIND MOST USEFUL, ABOUT TODAY?
How they demonstrated the practical aspects of the lectures.
Well organised.
Overall contents of the course.
Concept of mentorship, understanding of process.
Much clearer about what mentoring is (and isn't). Very helpful. Found the active participation bits challenging but effective.
Well organised. Enjoyed gap work and demo.

WHAT DID YOU LIKE BEST, OR FIND MOST USEFUL, ABOUT TODAY?
Active listening – not giving advice.
Best to see how others perspective works.
Good insightful course.

ARE THERE ANY AREAS WHERE WE COULD IMPROVE?
I would like to see the program upgraded/assessed for the purpose of certification.
More explanation on the introduction part of mentors and mentees.
A confirmation email would be of help 10 days before to confirm arrangements, start time, etc. A reminder to bring a current scenario to work on.

ARE THERE ANY SPECIFIC LEARNING POINTS YOU WILL TAKE AWAY?
Silence can be golden.
Yes. Very useful as we learned how to start creating trust in other people by listening and talking less!!
Yes. Listening as a mentor.
Very good positive attitude.
People tell you much more when you don't ask a question.
Paraphrasing/active listening.
A mentor is not a problem solver.

DO YOU HAVE ANY OTHER COMMENTS?
Certificate of attendance.
Sounds petty – but the chairs were too close together! Just need a little bit of space.
Would probably be useful to be a mentee at some point – would gain additional insight.
This course needs to be certificated.
Very useful course. Hope to become more useful as it goes on in next 2 sessions.

Appendix 9: GAT feedback form

GAT Mentoring Taster session

Participant Feedback

What did you expect form your session?

How did the mentoring process differ from what you had expected?

How useful was the session?

1	2	3	4	5	6	7	8	9	10
Not at all useful									Extremely useful

Please explain why you put the score you did?

Is being mentored something you would like to include in your Personal Development Plan?	Yes	No	Undecided
Would you like to find a trained mentor in your local area ?	Yes	No	Undecided
Would you like to see mentoring session available to delegates at all AAGBI meetings?	Yes	No	Undecided
Would you take up the opportunity to train as a mentor? (it usually takes 4-6 days)	Yes	No	Undecided

---

Tear this slip off if you would like the AAGBI to support you in finding a local trained mentor

Name

E-mail

Region