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FEATURES SECTION

Current Products and Practice

Does mentoring have a role in orthodontic training programmes?

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Changes within the dental profession have led to a possible need for mentoring and consideration is given in this paper to different structures for possible implementation of mentoring schemes. Further information is needed to determine whether or not mentoring may play a useful role in dentistry in general and in orthodontic specialist training in particular.

Key words: Mentoring, orthodontic specialist training

Refereed paper

Introduction

The term 'mentor' was derived from the *Odyssey* of Homer. When Odysseus was about to embark upon the Trojan wars he asked his friend Alimus whether his son Mentor could act as a role model and advisor to his own son Telemachus whilst he was away.[1] Mentoring is now taken to be a process whereby an experienced, highly regarded, empathic person (the mentor), guides another (the mentee) to develop and re-examine ideas to improve learning and professional development. The mentor, who often but not necessarily works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee.[2] Whilst other forms of mentoring exist, the focus will be on the traditional approach where the flow of help is principally from mentor to mentee.

The ability of the mentor to see things as a whole rather than in isolation gives mentoring a unique position in the development of a trainee. Mentoring deals with issues that may overlap personal and professional boundaries, although there is no absolute distinction between the two.[3] The work of dentists, both in practice and hospital differs from that of medical colleagues in that there is an increased chance of isolation, with a single consultant managing several trainees. Some trainees may not appreciate how to access support networks afforded to others.

Models of the mentoring process

Various models of mentoring exist; the two most often cited in the medical field are the *Egan Skilled Helper* and the *5 C Model*. Both act as flexible guidelines and indicate factors which may be included within a mentoring programme.

The Egan Skilled Helper Model[4] (Figure 1) describes three overlapping and interactive stages that use skills such as active listening and 'brain storming'. The mentee draws up a resulting action plan that organises activities into a contingency plan with scheduled review sessions to evaluate progress.

The Five C Model[5] (Figure 2) follows a similar framework under five headings:

1. Challenges: the presenting problem
2. Choices: the options to be considered
3. Consequences: the pros and cons of each option
4. Creative solutions: new ideas to create the chosen option
5. Conclusions: a business plan and clear picture of future goals

In order to assess the possible use of mentoring it is necessary to consider how orthodontics has changed over the years and to have an appreciation of the dilemmas facing current trainees. Traditionally, doctors and dentists have been drawn from a very limited pool in terms of race, sex and social class, which assured a certain degree of homogeneity. Informal mentoring was prevalent in a culture that prized vocational commitment and status. Such an informal support network is no longer sufficient in the present highly structured training environment.

Pressures within the modern day health service, that have been cited as having led to an increase in the level of support needed by trainees include:

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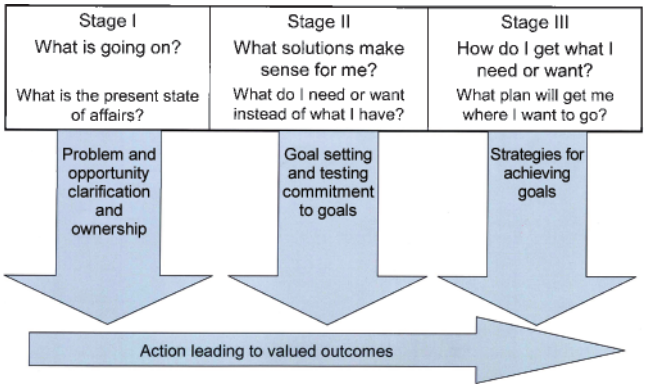

Figure 1 The three basic stages of the Skilled Helper Model

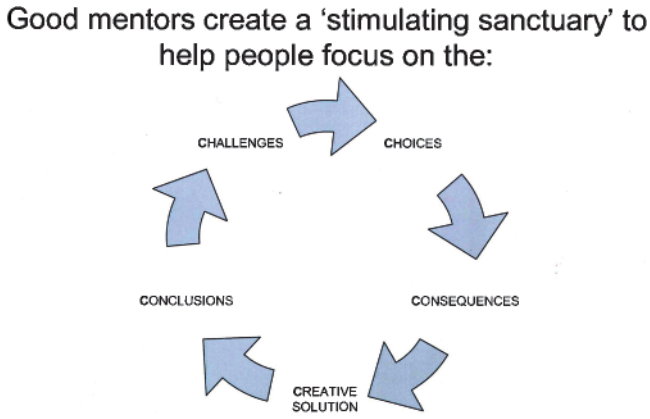

Figure 2 The Five C Model

Workload: Increasing patient numbers, expectations and knowledge requires a raised level of efficiency and the ability to deal with diverse problems.

Limits to informal peer review: Increasing numbers of meetings, presentations and journal clubs during the day reduce the time spent by trainees in an informal environment, thereby diminishing opportunities for peer support so that new and inexperienced trainees may feel isolated, excluded or even alienated.

Distribution of trainees: In some regions there are very few orthodontic trainees and therefore few role models.

Diversity: An increase in the diversity of trainees has led to greater awareness and sensitivity towards cultural issues. A 1991 study of mentoring relationships in academic medicine found that white faculty members were more likely than those from ethnic minorities to be in a mentoring relationship and that women with mentors had more publications, spent more time in research, and reported greater career satisfaction.[6] Mentoring has been found to be of great assistance to refugee doctors.[7] Arising from the Stephen Lawrence inquiry and the Race Relations (Amendment) Act 2000, all public authorities have a duty to promote racial equality.[8]

Relationships with colleagues: This can cause anxiety, especially when things go wrong and routes for reconciliation appear blocked or must be initiated by the trainee. The knowledge that trainees are in competition with each other for career progression also causes difficulty for some Specialist Registrars.

Life/work balance: This can be a major source of emotional unease.

Confidentiality: There is a perception amongst trainees that supervisors breach confidentiality in discussing their relative merits and shortcomings. Anxiety about raising an issue, which will then be documented, may lead to avoidance or shallow exploration of issues. Structural, cultural and communication barriers within the NHS have been said to contribute to its crisis-prone nature.[9]

The benefits of mentoring

Mentoring has been identified as a source of help for trainees at all stages of their careers. It provides an ideal vehicle by which to break down barriers between the managerial and clinical aspects of an organisation by fostering an open and non-judgmental environment for frank discussion of underlying problems at an individual level.[10] The mentoring process also provides a trainee with an opportunity to see things from a management point of view and appreciate strategic issues such as people management, prioritisation, budgeting issues and service delivery.

The Harvard Business Review of 1979 reported that mentored executives earned more money at a younger age, were better educated, more likely to follow initial career goals, and had great career satisfaction than other executives.[11]

Broadly speaking, mentoring can be seen as performing three roles:

- Career development
- Personal support
- Education

Career development

Mentoring might help with evaluation of job opportunities, career pathways, working relationships with peers and support staff, acquisition of key skills and work planning. Examples include preparing for advancement, exposure and visibility, coaching, protection, and work assignments. Mentors can often identify effective ways

of achieving an outcome and thereby avoid time wasting. This is particularly necessary in an environment where there is an increasing amount of information and a large number of courses but limited study leave and resources. Other important issues, which are often poorly addressed in training due to time pressures, include chairmanship skills and conference organization. Mentees can profit from opportunities to shadow and assist their mentor, thereby gaining vital experience in these areas.

The Department of Health has acknowledged that the provision of career advice and guidance for doctors is often not covered in professional supervision, the focus of which is usually on the current job.[12] Just as a doctor assumes responsibility for the well being of a patient, a mentor accepts responsibility for the career health of a mentee, pointing out chances for career development which the mentee may not appreciate.[13] Within UK orthodontics every Specialist Registrar must decide whether to stay in hospital or move to a specialist practice at the end of their SpR training. This professional crossroads has a significant bearing on the trainee's personal life. The decision to opt for a consultant role is one of the principle areas often quoted as necessitating mentoring.[14]

Personal support

Shrubbe was motivated to review the literature regarding the importance and benefits of mentoring by the help that she received from the guidance and dedication of an inspiring mentor. She concluded that formal mentoring programmes had a positive impact on junior staff and may assist in their retention by an institution.[15]

A mentor serves as a confidant for discussing highly sensitive issues. Historically women and trainees from ethnic minorities have seen the absence of representation of similar people in senior ranks as implying the existence of a glass ceiling which mentoring is thought to assist women to break through.[16] It also allows a trainee to discuss, confront and identify areas that other groupings are unlikely to voice such as sexual discrimination. Mentoring has been shown to improve communication and assist in merging different cultures.[17] Mentors can assist a mentee to become conscious of how to criticise, describe and understand diagnostic, clinical and cultural decisions.[18]

Education

Educational aspects include planning and goals, problem analysis, examination techniques, training and educational opportunities. The very act of participating in a mentoring process means that a period of professional and personal self-reflection is entered into which increases the person's susceptibility to growth and new insights. New perspectives are attained by dialogue with those at a different stage. Acting as a mentor provides a formal opportunity for the experienced practitioner to feed skills and experience back into the organisation. Ninety-one percent of mentored graduates in one programme evaluated the mentor relationship positively and mentored graduates were significantly more satisfied with their doctoral program.[19]

Having assessed the role that mentoring can play it is important to examine the systems that must be in place for it to be effective.

Implementation of mentoring schemes

Pilot schemes for mentoring in the UK General Dental Services have recently been organized by Regional Postgraduate Deaneries in Wales the West Midlands and Scotland and the Welsh Deanery has appointed three Continuing Professional Development (CPD) Tutors to mentor an initial group of volunteer GDPs.[1]

There are resource issues, specifically of time for both mentors and mentees and more complex consequences such as the funding of professional development initiatives. Many chief executives do not appear to understand the concepts behind mentoring in the developmental sense, and are thus unwilling to make it a priority.[20] Mentoring has become associated with CPD and some organisations award CPD points to mentors.

Training the mentors: formal mentoring schemes and regulation

Questions surround the degree of formality appropriate to mentoring schemes and whether mentors and/or mentees should receive training for their respective roles. The training of mentors has been encouraged since it can help potential mentors to use their own and other colleagues' real life situations and career experiences to enrich the guidance and support which they offer to their mentees.

Whilst mentors need to be able to listen actively they also need to be able to challenge a mentee's thinking and encourage them to work through their problems by sharing strategies that have proved successful in their own careers. Once the skills have been learned they can be applied to benefit interpersonal staff relations and clinical working practices.[21]

The Improving Working Life for Doctors initiative concluded that mentors must have opportunities to prepare for their role in an informed way, assisted by people who are experienced and skilled in mentorship. Previous experience was often highly relevant but not enough on its own.[22]

The Director of the European Mentoring Centre suggests that without training, only 30% of mentoring relationships will have a positive result. If both the mentor and the mentee receive training the success rate goes up to 90%.[20] Training courses must welcome managers and clinicians from primary and secondary care, from medical and dental backgrounds, and from acute and non-acute sectors.[2] Academically validated courses such as the Primary Certificate in Mentoring are now available.[23]

Some organisations have chosen to emphasise the professional role and benefits of mentoring by funding the time of senior staff involved. For example the Wessex Region pays its mentors £30 per meeting with a mentee to a maximum of £90 per year.[2]

Monitoring and evaluation are essential mechanisms that strengthen the effectiveness and success of a mentoring scheme.[24] Strategies must be in place to deal with mentors who abuse the mentoring relationship and also to care for the rejected mentee, someone whose perceived lack of attractive personal or professional attributes is such that mentors may not wish to receive them as a mentee.

Should mentoring schemes be voluntary or compulsory?

Voluntary schemes tend to be met with poor uptake in healthcare professions, and yet for many this aspect of the process is sacrosanct. The provision of key information and promotion of mentoring as a natural way to enhance careers and work through professional and interpersonal issues is paramount.[25] Uptake of schemes also requires an acknowledgement that it is a learning opportunity to seek help and not a sign of failure or weakness.[21] Endorsement of mentoring by the Royal Colleges is encouraging.[26]

Proponents of mentor allocation claim that the mentee can always ask for a different mentor. However, the possibility of causing offence to the mentor and fear of repercussions may be powerful deterrents to changing mentor. Some choice could be provided by encouraging trainees to identify a mentor within three months of beginning their programme, after which time a mentor would be allocated.

Another approach is the Buddy System, which aims to match a trainee with another in a different year of the same specialty, usually following allocation by the Course Director.

It is important that potential mentees know the difference between mentoring and other systems such as assessment, appraisal and counselling.

Constructing a mentoring relationship

The success of mentoring depends on confidentiality and the ability of participants to speak freely, without fear of reprisal. In the evaluation of a mentoring scheme in the South Thames Region, one of the most valued features of the mentoring scheme was the unbiased and neutral role of the mentor, with the crucial absence of any reporting function.[27]

Qualities of a good mentor

Good questioning from a mentor encourages the trainee to think critically, and discover independent solutions, thereby avoiding dependency. An information booklet has been published which examines the skills required in mentoring and attempts to distinguish the process from similar activities. Sufficient information is given for a trainee to draw up a profile of an appropriate and effective mentor.[28]

It is important to evaluate a mentoring relationship continually as follows:

Process: Were there clear objectives and regular, purposeful meetings?

Communication: Does the mentor give honest feedback? Can the mentee raise issues for discussion?

Outcome: Is there a sense of progress and development?

A successful mentoring relationship should ensure that the trainee does not feel unease by being pushed to identify and solve problems. Mentoring may involve a short relationship in which the mentee wishes to focus on a particular topic. Once that has been addressed the mentee's development needs may change and may no longer be met by the same mentor. A change of mentor is common and entirely acceptable.

Conclusion

Mentoring would seem to be a sensible approach towards improving the quality of postgraduate orthodontic training. However there is a lack of evidence that mentoring would be beneficial and there is a need for further research in the area. It is hoped that this article will generate interest in mentoring. Mentoring requires an appropriate organisational culture in order to be effective as a learning activity, and there would be resource implications.

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