

NW ICM Trainee Peer Mentoring Programme
Roles and Expectations for Mentee and Mentor

Aim of document:

- Explain what mentoring is
- Detail Roles of mentor and mentee
- Address limitations of the programme
- Onward referral

What is mentoring:

Mentoring is a professional, developmental relationship in which someone with more experience in a particular field provides helpful guidance and support to someone with less experience.

Aims of Mentoring:

- Supportive relationship
- Facilitate problem solving
- Identify goals
- Explore options to achieve developmental or performance goals
- Develop action plans
- Manage expectations
- Form new contacts, expand professional networks
- Develop resilience and capabilities and improve effectiveness
- Learn from shared experiences
- Optimise work and career opportunities in balance with other aspects of life

Key principles of mentoring:

- A trusting relationship, with no coercion nor financial commitment.
- Confidentiality on both sides (except where patient safety or the duty of candour supersedes this).
- The mentor and mentee should agree the goals and boundaries of the relationship.
- A successful mentoring relationship requires adequate time and commitment from both parties.
- The agenda for discussion is best laid out by the mentee with agreement and input from the mentor.
- The process should be led by the mentee.

The NW Peer Mentoring Programme:

This programme is separate to the other formal support networks of the Educational executive of the North West Deanery Intensive Care Medicine Programme.

It is an additional form of support for the ICM Trainee and should not be a substitute for direct work-related line management or supervision.

Confidentiality will only be breached if there is a safety concern for the individuals in the mentor/mentee programme or the patients that they serve. (Please see guidance at the end of this document).

Process:

Meeting frequency:

- We recommend a minimum of 3 meetings in 12 months, face-to-face or virtual.
- Additional meetings to be determined by each mentor/mentee relationship.
- Additional contact and meetings must be mutually agreed by mentor and mentee. We will only provide an email address for contact between mentors and mentees.

Planning meeting:

- It is very important to develop clear goals and expectations of the mentor/mentee role and relationship at the first meeting.
- Discuss what issues you are happy to address and if there are any topics that you do not feel comfortable discussing in this setting. These can be reviewed at later meetings if deemed appropriate.
- Agree how you will keep in contact. For example, by email. Communication may be confined to the meetings, or as more informal ad hoc contact in addition.

Structure of meetings:

- Formally arranged with an agreed timeframe – for example, 30 minutes or one hour.
- All meetings must have a clear focus or agenda and end with clear action points being agreed.
- At the end of each meeting agree a date for the next meeting.

Expectations of Mentors:

- Training: all mentors will have provided evidence of online training in mentorship from ELFH 'Medical mentoring' modules part 1 and part 2 or equivalent training.
- Help the mentee identify their own concerns and goals and find their own solutions.
- Connect the mentee with others who may be of help - refer to the NW ICM Trainee Peer Support Mentoring Programme Resources.

Expectations of Mentees:

- Take leadership in your own development – prepare for meetings. The agenda is your responsibility.

- Identify problems or goals to present to your mentor.
- Commit to action plans and timeframes.

Suggested tools:

- Gibbs reflective cycle
- GROW goal development (Goal, Reality, Options, Way forward)
- SMART action plans (specific, measurable, achievable, relevant, time-bound).
- mmacc.uk website for wellbeing support links

Guidance on confidentiality

(Excerpt from FICM Thrive mentoring Guidance that NW ICM Trainee Peer Mentoring Programme participants will all be required to adhere to)

As mentoring is provided for both personal and professional development there are no subjects that cannot be discussed.

Mentors and mentees are bound by a duty of confidentiality and have a duty to not disclose any information to a third party. This is irrespective of the organisational position of either the mentor or mentee.

A successful mentee/mentor relationship is based on trust, therefore strict confidence must be kept (unless there is immediate and serious risk divulged in which case appropriate agencies should be alerted).

Information shared within the mentoring relationships must remain confidential between the two participants, unless the mentor feels that the mentee is in immediate danger and then external help should be sought as appropriate.

All matters discussed are confidential except if information is disclosed which is illegal; which raises concerns regarding their health and wellbeing that are related to fitness to practise, and the mentee refuses to seek help; or concerns regarding the health and wellbeing of others.

If there is a need to breach confidentiality the mentee will always be informed prior to doing so. This commitment to confidentiality endures after the mentoring relationship has ended.

Feedback:

We appreciate your feedback on how we can improve this programme. We plan to formally assess this during the programme but welcome interim contact.

We look forward to working with you,

The NW Peer Mentoring Programme Team

Email: icm.peermentoring@gmail.com

Resources:

- FICM Thrive documents; <https://www.ficm.ac.uk/careers-recruitment-workforce/ficm-thrive>
- Health Education England e-LfH online module: 'Medical mentoring – Part 1 and Part 2'
- Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. London: Further Education Unit.
- Whitmore, J. (2009) *Coaching for Performance: Growing Human Potential and Purpose—The Principles and Practice of Coaching and Leadership*. 4th Edition, Nicholas Brealey Publishing, London.