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Foreword

Southern Health has long been recognised as seeing the value of developing its staff in the service of excellent patient care. It has always been supportive of mentoring and in February 2015 its professional standards group endorsed a piece of work to refresh mentoring in Southern Health for new consultants.

Mentoring is available to all new, first-time consultants in the Trust and indeed is actively encouraged. It is an important part of a larger induction process led by the Director of Education.

This handbook is aimed at both mentors and mentees. It contains some basic reading material, useful contacts and forms for use.

The handbook is a work in progress and any feedback and suggestions are most welcome.

(With special thanks to the Royal College of Psychiatrists, the London Deanery and the Thames Valley and Wessex Leadership Academy)

Dr Matthew Stephenson
Clinical Lead/Manager for New Consultants Programme

Delia Burtchaell
Mentoring Scheme Administrator
# A Brief Introduction to Mentoring

## A Definition of Monitoring:

<table>
<thead>
<tr>
<th>What Mentoring is</th>
<th>What Mentoring is Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ A relationship based on mutual respect where the aim is to support increased awareness and understanding in order that action is undertaken to support personal development.</td>
<td>❖ A friendship – it is not socially oriented.</td>
</tr>
<tr>
<td>❖ Support for new ways of working and thinking in a dynamic environment.</td>
<td>❖ A managerial relationship – it is not task oriented.</td>
</tr>
<tr>
<td>❖ Support for growth in current roles as well as preparing for future ones.</td>
<td>❖ A counselling relationship – it is not problem centred.</td>
</tr>
<tr>
<td>❖ Having a sounding board, allowing the discussion of issues requiring a decision or action.</td>
<td>❖ A teaching or training relationship – it is not skills oriented.</td>
</tr>
<tr>
<td>❖ Providing challenge to face up to difficult issues and to develop self-awareness.</td>
<td>❖ Elitist – it is not about promoting protégés.</td>
</tr>
<tr>
<td>❖ A source of ideas and options for development – a broadening of networks and opportunities for the individual to pursue.</td>
<td>❖ About specific professional or technical development (supervision).</td>
</tr>
<tr>
<td>❖ Continuity of support during change.</td>
<td></td>
</tr>
<tr>
<td>❖ Stimulating and refreshing by working with someone working in a different context or background.</td>
<td></td>
</tr>
<tr>
<td>❖ Low profile, confidential, neutral and separate from the workplace.</td>
<td></td>
</tr>
</tbody>
</table>
What does a Mentor do?

Mentors carry out a variety of tasks, including:

• **Enable the mentee** to put in place achievable development plans and identifying **how** to achieve them.

• **Act as a sounding board**, allowing the mentee to talk through with them issues requiring a decision or action.

• **Play ‘devil’s advocate’**, challenging the mentee to face up to difficult issues and to develop self-awareness.

• **Open doors to knowledge and networks** facilitating access for the mentee to other people and sources of information (sign-posting).

• **Seek out opportunities** and developmental tasks which enable the mentee to address weaknesses, gaps in their experience and knowledge, or to raise their profile.

• **Pass on and enable understanding, perspectives, attitudes, beliefs, thinking styles** and so on, that is associated with effective performance.

• **Coach** in relevant skills and competencies.

What makes a good Mentor?

In theory, every consultant’s job entails a significant amount of employee development. In practice, however, some people are more suited to the role of Mentor than others. Moreover, the ability to act as a Mentor will often vary according to the consultants own stage of development. For example, someone with limited time as a consultant may not have enough broad experience to offer. Likewise, someone seeking, or undergoing, a major change in their own career development may lack the mental energy that the mentoring relationship requires.

Good Mentors tend to be:

• People who already have a good reputation within the organisation for developing others.

• People who have the time and mental energy to put into the relationship.
• People with up-to-date knowledge, not those who are out of touch.

• People who have had positive experience of being mentored.

• Competent in the core skills of mentoring and a good performer in their own job.

• Interested and willing to help others – i.e., volunteers not recruits.

• Enthusiastic about their own learning and see the benefits of mentoring.

• Well-placed and respected in their organisation – not a ‘political exile’.

• Prepared to extend professional friendship to the mentee and willing to let the relationship grow beyond the normal limits of a working relationship.

Eight Mentoring Competence Categories

1. Understanding Self
   Demonstrates awareness of own values, beliefs and behaviours, recognises how these affect their practice and uses this self-awareness to manage their effectiveness in meeting the client’s and where relevant, the sponsor’s objectives.

2. Commitment to self-development
   Explores and improves the standard of their practice and maintain the reputation of the profession.

3. Managing the contract
   Establishes and maintains the expectations and boundaries of the mentoring contract with the client and, where appropriate, with the sponsor.

4. Building the relationship
   Skilfully builds and maintains an effective relationship with the client

5. Enabling insight and learning
   Works with the client to bring about insight and learning.

6. Outcome and action orientation
   Demonstrates approach, and uses the skills, in supporting the client to make desired changes.
7. Use of models and techniques
Applies models and tools, techniques and ideas beyond the core communication skills in order to bring about insight and learning.

8. Evaluation
Gathers information on the effectiveness of their practice and contributes to establishing a culture of evaluation of outcomes.

_Adapted from European Mentoring and Coaching Council 2009_
Mentee and Mentor Matching Pathway

The mentoring scheme is highlighted to applicants at interview

Human resources forward mentoring scheme information with offer of employment to successful applicants

Newly appointed consultant contacts the mentoring scheme manager

Mentoring scheme manager identifies potential mentors from the list and checks their current availability

Mentoring scheme manager discusses mentoring options with newly appointed consultant

Newly appointed consultant selects mentor

Mentoring scheme manager forwards information to mentor and mentee so that they can make contact and mentoring arrangements. Forms signed, returned and filed.

After 3 months the mentoring scheme manager reviews the mentoring arrangements with both mentor and mentee

Mentoring arrangements suitable; no further contact

Mentoring arrangements unsuitable; mentoring scheme manager reviews information provided by mentee and mentor

Newly appointed consultant unable to select mentor

Agreement to exit mentoring scheme. Exit forms completed, returned and filed.

Mentor exit form

Mentee exit review form (optional)
Mentor Agreement with Southern Health NHS Foundation Trust

• Mentors will read and abide by the ethics enshrined in the mentoring agreement with each mentee.
• A signed copy of this agreement will be submitted in each case.
• Mentors will be prepared to take a minimum of one Mentee at any one time.
• The commitment to 4 sessions needs to be undertaken within 18 months of the new consultant’s appointment. Longer mentoring engagement may be perceived as useful and is supported by the Trust but would need a renewal of the contract between mentor and mentee.
• While it is primarily the mentees responsibility to maintain contact with the mentor, if contact lapses the mentee will let the scheme administrator know.
• Mentors will tell the scheme administrator when the mentoring contract is completed.
• Mentors will develop their skills as necessary through reflection, training and/or supervision.
• Mentors should recognise the limits of their competence and work within them, suggesting alternative sources of support where these would be more appropriate.
• Mentors will inform the Mentoring Lead should they be involved in a complaint by the Mentee.
• Mentors must respect clients’ right to confidentiality, within the constraints set by the law and by their professional duty.
• The Trust values and recognises the importance of mentoring in the development and support of newly appointed consultants within the Trust. Mentoring should be considered an acceptable use of SPA time for all established consultants. Subject to confirmation in job planning, each formal mentoring session, delivered by a named consultant within the mentoring scheme, may be considered to equate to ½ a programmed activity.
• The Trust will support CPD development and study leave of mentors.
• The Trust will support mentors with supervision as requested.
• The Trust will support the administration of the mentoring process.

Signed: ....................................................

Date:  ……………………………………………..
Mentoring Agreement

This document summarises what a mentor does and sets out expectations of the mentor and mentee with whom they are working.

This document summarises with a mentor does and sets out expectations of the mentor and mentee with whom they are working.

Purpose of Scheme

- To provide the mentee with support to thrive in their role as a new consultant in the Trust.

- This support can range across a continuum, from the attainment of specific personal skills, to overall performance improvement and personal development.

- The support is not intended to assist with developing specific clinical knowledge or clinical skills.

The Mentoring Relationship

- The mentor works with each mentee to help them find their own solution to the problems they face. The intention is to increase the mentee’s awareness and understanding of the nature of the issues and help them take responsibility for actions to address these. This does not involve the mentor giving instructions but is based on asking questions from an always supportive and sometimes challenging stance. The mentee keeps an open mind, avoids making personal judgements and respects the potential of every mentee for growth and development.

- The mentor may share their insights and perceptions and give constructive feedback.

- Sometimes support for goal-setting and setting tasks for ‘homework may be useful.

- Whilst coaching usually does not involve giving advice, a mentoring role does and sometimes it may be helpful for a mentor to provide advice based on their own knowledge and experience (e.g. about training requirements and options).

- The mentor, if appropriately trained, may use different personality assessments to help self-awareness and understanding, such as the Myers-Briggs Type Inventory (MBTI).

- The mentoring scheme is not primarily designed to address specific 3rd party performance concerns.
Arrangements

- Meetings will take place face-to-face or by telephone at times and places agreed between the mentor and mentee. Communication by email is often the most convenient method outside meetings.

- New consultants are eligible for 4 mentoring sessions in the first year of their employment. The sessions should be completed within 18 months of starting employment.

- At least 24 hours’ notice should be given by either party of cancellation of an agreed meeting and both parties should aim to respond to email or phone messages within 5 working days.

- Any notes made by the mentor and all email and other written communication will be treated confidentially as described below.

- There is no charge for the mentoring and no fee for the mentor but the mentor will be able to attract SPA time subject to agreement with their clinical director.

Confidentiality

- Any information shared with the mentor will be treated in the strictest confidence, subject only to the professional and ethical guidelines of the GMC and the need to protect patients and the public from harm and abide by the law. If the mentor believes that professional ethical principles or laws are being broken by the mentee, he/she will first bring this to the mentee’s attention and advise them of any action he/she will take as a result before breaching this code of confidentiality.

- Written records are not mandated, should they be produced, all notes produced by the mentor will be subject to the same confidentiality rules

- All information held by the Trust and its mentors is kept in full compliance with the Data Protection Act and the NHS Code of Confidentiality.

We have read and agreed.

Signed: ................................................................. Mentor

................................................................. Mentee

Date:  ........................................

Please email completed form to Delia.Burton@nhs.net
Suggested Contracting Checklist

There is no set way to form a psychological contract. However, there are some areas that both parties will need to discuss, clarify and agree. You may find the following checklist useful in this regard though you will need to add anything else which covers any special circumstances. In order to make best use of the time together, it is helpful to consider your preferences prior to the initial meeting(s) as well as how flexible you can be if you cannot achieve your ideal situation.

Suggested Issues for Discussion

- What is the broad aim/purpose of the relationship, what do we want to achieve?
- What would be the characteristics of a successful mentoring relation for you?
- What does each of us want from the other person and what can we bring to the relationship? What do I expect of you and what do you expect of me – are those realistic expectations?
- As mentoring is a term broadly used in the NHS to describe different interactions, what does mentoring mean to you?
- What experience do you have of mentoring?
- Who will be responsible for organising our meetings/calls?
- How often do we need to meet/call, both initially and later in the relationship?
- How will we contact each other? (E.g., will we exchange mobile telephone numbers/landline/Skype?)
- Where will we meet for the face to face meetings and what times of the day will be reasonable for our calls/Skype meetings?
- How long will the meetings/calls be scheduled to last?
- Will our meetings/calls be structured? How?
- What sort of potential difficulties or challenges do we see in sustaining the relationship and how will we deal with those difficulties?
- What will confidentiality mean in this relationship?
- How will we review our progress?
- How and when will we end the relationship?
Suggested End of session review

At the end of each session a few minutes should be set aside to review the meeting. The following are some suggested prompts.

• How successful was the session – did we meet our agreed objectives?
• Was there a clear contract established for how we would work for that session?
• Was the content relevant to the mentee?
• How well did we deal with and use our complementary skills and styles?
• How well did we get on at a personal level?
• Were there any difficult issues?
• Did we both demonstrate professional skills as a mentor and mentee?
• Is a clear aim emerging for the mentee?
• Are new alternatives being generated for the mentee?
• Are ideas being turned into appropriate actions?
• Is the mentee increasing in autonomy?
Suggested End of Session Review – optional record for Mentor or Mentee

Date:

Mentor:

Mentee:

On a score of 1-10 how did it go?

What went well?

What could have been better?

Key issues for next time:
Mentor Pen Portrait Template

Please complete sections I – V in the template to facilitate the mentorship matching process. Section VI is optional and can be used should there be any requests on issues related to managing a work-life balance.

I. Personal information and contact details

<table>
<thead>
<tr>
<th>Name:</th>
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<table>
<thead>
<tr>
<th>Telephone/Email:</th>
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<table>
<thead>
<tr>
<th>Gender:</th>
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<tr>
<th>NHS Trust:</th>
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II. Employment

<table>
<thead>
<tr>
<th>Area of clinical practice:</th>
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<table>
<thead>
<tr>
<th>Contractual status/hours:</th>
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<table>
<thead>
<tr>
<th>Geographical work base:</th>
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<table>
<thead>
<tr>
<th>Specialist interest:</th>
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</table>

III. Experience

<table>
<thead>
<tr>
<th>Previous areas of clinical experience:</th>
</tr>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>
IV. Personal Statement

V. Additional Information

VI. Personal circumstances (optional information)

Please email completed form to Delia.Burtchaell@nhs.net

Thank you for supporting the mentoring scheme
## Mentee Application Form

<table>
<thead>
<tr>
<th>First Name(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name(s)</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td>Department:</td>
</tr>
<tr>
<td>Email:</td>
<td>Telephone Ext:</td>
</tr>
<tr>
<td>Line Manager’s Name:</td>
<td></td>
</tr>
<tr>
<td>Special Interests:</td>
<td></td>
</tr>
</tbody>
</table>

Why do you want to join this programme? You may not have clearly identified your objectives yet, but it would be helpful if you could outline the general areas you are interested in.

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>

Please email completed form to Delia.Burton@nhs.net
Mentor Exit Form (Required)

Name of Mentor:

Name of Mentee:

Dates of mentoring sessions:

Average length of mentoring sessions:

Date: .....................................................

Signed: ....................................................

Please email completed form to Delia.Burtchaell@nhs.net
Mentee exit review form (Optional)

1. What difference has mentoring made to your development? What have you started to do more of or differently?

2. What impact has this had on others?

3. If you look at the expectations you had of mentoring before you started – how well has mentoring met your expectations?

Mark on the scale below from 1-10

<table>
<thead>
<tr>
<th>Not met expectations</th>
<th>Far exceeded expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1--------2--------3--------4--------5--------6--------7--------8--------9--------10</td>
<td></td>
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</tbody>
</table>

4. Could you highlight a critical moment in your mentoring that led to a significant change?

5. What made this critical?

6. What was the context?

7. How did you and your mentor handle this?

8. What was the eventual outcome?

9. What was it about the way you and your mentor worked together that you found most helpful?

To support improving our mentoring service we would like to make use of your responses to these questions, without mentioning anything specific about you, the organisation or the mentoring relationship. If you object to general and anonymous use please let us know by ticking this box.

Please email completed form to Delia.Burtchaell@nhs.net
Mentor Supervision & Continuing Professional Development (CPD)

- The Trust will support CPD and relevant study leave for mentors.
- The Trust aims to run a 6 monthly CPD group including topic presentation and group supervision.
- The Trust will support mentors with supervision as requested.
- Mentors are able to join the Thames Valley and Wessex Leadership Academy mentoring register. Registrants on this scheme are required to act as mentors but in return are able to access free CPD throughout the year.
Mentoring Scheme Contacts

- Mentoring Scheme Clinical Lead/Manager – Dr Matthew Stephenson
  Matthew.Stephenson@southernhealth.nhs.uk
  Matthew.Stephenson@nhs.net
  Tel. 01865 897 974
  Mobile: 07825 734 551

- Mentoring Scheme Administrator – Delia Burtchaell
  Delia.Burtchaell@southernhealth.nhs.uk
  Delia.Burtchaell@nhs.net
  Tel. 023 80475576
  Mobile: 07917551473

- Thames Valley and Wessex Leadership Academy
  http://www.tvwleadershipacademy.nhs.uk/

  Oxford
  Thames Valley House, 4630 Kingsgate, Oxford Business Park South, OX4 2SJ
  Tel. 01865 785500

  Southern House, Otterbourne, Winchester, SO21 2RU
  Tel. 01962 718400
Reading List

- [http://mentoring.londondeanery.ac.uk/downloads/files/London%20Deanery%20Coaching%20and%20Mentoring%20-%20The%20First%20500.pdf](http://mentoring.londondeanery.ac.uk/downloads/files/London%20Deanery%20Coaching%20and%20Mentoring%20-%20The%20First%20500.pdf)
- Department of Health (2005) *New Ways of Working for Psychiatrists: Main Report*. Department of Health, ref. 27039A
- Standing Committee on Postgraduate Medical and Dental Education (1998) *Supporting Doctors and Dentists at Work. An Enquiry into Mentoring*. SCOPME.