

COMMENTARY

Benefits and barriers to mentoring in psychiatry: a mentee's perspective[†]

Thomas Hewson , Emmeline Lagunes-Cordoba & Derek K. Tracy

Thomas Hewson, BMBS, BMedSci, is an Academic Clinical Fellow in psychiatry in the North West School of Psychiatry. He is currently working with the Oldham Liaison Mental Health Team at Pennine Care NHS Foundation Trust, UK. He co-founded the PsychStart mentoring scheme and is particularly interested in mentorship and medical education.

Emmeline Lagunes-Cordoba, MBBS, MSc, PhD, MBACP, works as a specialty doctor (adult psychiatry) with North Camden Crisis Resolution Team, Camden and Islington NHS Foundation Trust, London, UK. Her main areas of interest/research are the stigma of mental illness, international medical graduates and transcultural psychiatry.

Derek K. Tracy, MBBS, BAO, MSc, FHEA, FRSA, FFFMLM, FRCPSych, is a consultant psychiatrist and Clinical Director at Oxleas NHS Foundation Trust, London. He is also a senior lecturer at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK.

Correspondence: Dr Thomas Hewson. Email: tomhewson@doctors.org.uk

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SUMMARY

Mentoring is becoming increasingly recognised as a tool for supporting the junior workforce and for helping trainees to achieve their full potential. In this article we explore the benefits and barriers to mentoring in psychiatry from a trainee's perspective, and highlight differences between the role of a mentor and clinical and educational supervisor.

KEYWORDS

Mentoring; education and training; well-being; mentor; supervision.

The article by Huline-Dickens on coaching and mentoring in psychiatry (Huline-Dickens 2020, this issue) provides a useful oversight of the applications, roles and benefits of a mentor and a coach, noting initiatives in psychiatry mostly in the USA and Australia. We would like to offer some complementary considerations from the mentees' perspective and highlight recent mentoring opportunities in psychiatry that have been established in the UK.

Mentoring and well-being

Huline-Dickens discusses the positive effects of mentoring in improving well-being, which is particularly important given the high rates of stress and burnout in the medical profession (Wilson 2017). Wilson et al identified several mechanisms by which such improvements may take place, such as through the mentor providing social capital, promoting personal development and facilitating improved working relationships, work-life balance and teamwork (Wilson 2017). Career transition points, such as from medical student to doctor, are times of enhanced stress, and mentoring may be particularly useful for preparing and supporting doctors through these transitions. It may also help trainees to adapt to different workplace environments and responsibilities as they progress through their training. Mentoring has been widely suggested as a crucial element to facilitate transition for international medical graduates (IMGs) moving to the UK, as this can improve both their confidence as clinicians and their adaptation to a new country (Hashim

2017). Well-being is linked with greater job satisfaction, employee retention and quality of patient care, so mentoring may help organisations to create and maintain a stable workforce while also indirectly improving patient safety (Wallace 2009; West 2019).

Reverse mentoring

Mentoring is good for the development of the mentor, and we would here like to highlight the burgeoning literature on 'reverse mentoring', whereby a more junior individual may also mentor their more senior colleague (Clarke 2019). This supports the development of both parties, since both the mentor and mentee acquire knowledge and skills from observing and listening to each other. It has been particularly useful for promoting understanding of, and confidence in using, digital technologies and online platforms among senior clinicians and may improve workplace culture (Clarke 2019). Identifying these benefits for mentors may help with recruitment into mentoring programmes.

Barriers to mentorship

Huline-Dickens identifies professional and organisational barriers to mentoring, such as busy consultant job plans, and limited financial and physical resources. From a mentee perspective, junior colleagues may lack confidence in approaching senior clinicians and initiating mentoring interactions (Ramanan 2006), especially if they are unfamiliar with the work environment and have not experienced mentorship previously. They may also struggle to find a suitable mentor with whom they feel they can relate (Ramanan 2006). The specific challenges of role delineation and geography warrant further discussion here.

Role delineation

The fact that failure to distinguish between the roles of line manager and mentor can lead to confusion and even conflict (Huline-Dickens 2020) is equally true for mentees. Clinical supervisors are focused on short-term goals and achievement of clinical competencies, whereas mentors are more concerned with long-term goals set by the mentee. Although educational supervisors provide longitudinal support akin to mentors, and may be better placed to adopt such positions, their involvement in appraisal processes

could hinder their effectiveness as mentors. For example, trainees may find it difficult to honestly reflect their difficulties and weaknesses to somebody who is involved in their assessment. Furthermore, the term 'educational' in itself implies a specific focus on attainment of curriculum objectives, whereas the focus of mentoring should be directed by the mentee's individual ambitions. Locally employed (LE) and specialty and associate specialist (SAS) doctors may face unique challenges if a mentor is also a line manager, and any such occurrences will need very careful discussions on role separation.

Geography

Huline-Dickens notes how mentors are often part of the same organisation as the mentee (Huline-Dickens 2020), aiding the ability to provide localised, more specific guidance and support, as well as practical conveniences such as arranging face-to-face meetings. However, the development of the mentee is not limited to their current workplace, with trainees often changing their work environments as they rotate through various subspecialties. Mentoring relationships can and should be longitudinal over a sustained period, transcending traditional boundaries, something facilitated by contemporary communications options. Furthermore, limiting mentors to people employed by the same hospital trust as the mentee unintentionally risks particularly disadvantaging LE and SAS doctors, whose development can sometimes feel less supported organisationally; these doctors move locations more frequently than their colleagues and may therefore find it difficult to initiate mentorship. We see novel opportunities facilitated by the recent growth in videoconferencing.

Mentoring initiatives in the UK

Positively, the Royal College of Psychiatrists offers several awards for medical students and foundation doctors, including Foundation Fellowships and the Psych Star scheme (not to be confused with PsychStart); both of these provide mentoring by a senior colleague, in addition to various other benefits, to promote enhanced exposure to, and career selection of, psychiatry (Royal College of Psychiatrists 2020). Similarly, the PsychStart programme, established at the University of Nottingham, provides medical students with mentoring by local registrar and consultant psychiatrists and has since been implemented in other regions. It offers a bespoke matching process whereby mentees are allocated to mentors according to factors such as their subspecialty preferences, geographical location and interests in research, education and leadership (PsychStart 2020). However,

there appears to be a relative lack of mentoring schemes for trainees in psychiatry in the UK.

The future

Huline-Dickens rightly discusses the need for further research to critically evaluate the role of mentoring in healthcare. The current mentoring literature mostly comprises case studies and non-validated surveys, which predominantly focus on the experiences of the mentee. Evaluating the experiences of the mentor is equally important and may help us to further understand the benefits and challenges of adopting this role. There is a lack of studies specifically focusing on the experiences of SAS, LE and IMG doctors, despite perceptions that minority workforce groups may particularly benefit from the mentoring process. We recommend that future mentoring evaluations include achievement of mentee goals as a separate outcome measure in their design, since each mentoring relationship is unique and should be tailored according to the individual mentee's needs and ambitions. Clearly, flexible mentoring frameworks require flexible evaluation processes.

Author contributions

All authors were involved in the writing of this commentary and proofreading of the final submission.

Declaration of interest

None.

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