



The Osteopathic Mentoring Toolkit

Read this informative guide to discover the rewarding difference that mentoring can make to you, the osteopathic profession, and the care you provide to your patients. You will also find useful links to further reading materials and reflective tools that can help you to develop a successful mentoring relationship.

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Group

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Part One – Is mentoring for me?

1. What is mentoring?

Mentoring can be a very fulfilling and rewarding experience, both professionally and personally. It's an opportunity to develop your communication skills, expand your horizons, and consider new ways of approaching situations.

- Mentoring is a structured, personal development relationship where a person, (the mentee) is guided by a more experienced or knowledgeable person (the mentor), often in the same professional field. It is a collaborative relationship built around ongoing learning, dialogue and questioning that helps to guide and support professional development.
- Mentoring relationships often take place for a defined duration, agreed at the beginning, between the mentor and mentee.
- Mentoring is an unpaid, voluntary relationship which the mentee or mentor can end at any time.
- Mentoring is a two-way process in which the mentor shares their personal skills, knowledge and experience with the mentee to enable them to work together to achieve predetermined goals and objectives.
- Mentoring enables the mentee to gain access to impartial, non-judgemental guidance and support.
- Mentoring differs from coaching in that mentoring is usually defined by the mentee's agenda in relation to their own personal development needs, rather than the agenda of the mentor.



2. Why is mentoring important in osteopathy?

After an osteopath graduates from professional education, they are then able to practice independently. Research has found that newly qualified osteopaths often struggle with the transition from a relatively supported undergraduate educational environment to professional clinical practice¹.

A census survey conducted by the Institute of Osteopathy (iO) in 2014 further discovered that only 40% of osteopaths felt supported in their first three years of practice. With over 40% of osteopaths also reporting lone working and without day-to-day contact with other healthcare practitioners, there is limited opportunity to reflect upon and improve practice. In the osteopathic profession, it is generally recognised that being able to discuss and critically reflect upon practice with colleagues can enhance practice, professionalism and prevent osteopaths from becoming isolated. In addition, 74% of the iO's respondents felt that graduating as an osteopath was only the beginning of their journey, and that their undergraduate degree didn't equip them with all they needed to know to develop a successful business.

In 2012, a series of regional conferences were held around the country to discuss the future development of the osteopathic profession. What emerged from these conferences was the need for a supportive infrastructure at

¹ New Graduates' Preparedness to Practise <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/new-graduates-preparedness-to-practise-research-report-2012/>

post-registration level, especially for recent graduates, whether they work as associates in an existing practice or are seeking to establish a practice of their own.

A study by Gale (2014)² also emphasised how important a strong, supportive professional network was for osteopaths in enabling personal and professional development needs, especially in the absence of traditional institutional career structures.

Both the Freeth and Gale studies identified mentoring as a possible means for supporting new graduates in their fledgling years, in the context of building supportive professional networks. Reassuringly though, 71% of respondents to the iO's census suggested that they would be willing to support mentoring and share knowledge with the next generation.

Mentoring can take place in a range of different circumstances, for example between peers or in groups, between principals and associates in osteopathic practices, or between osteopaths who do not work together. There are no set rules, but it is important to find an arrangement you are both comfortable with. Where mentoring takes place within a practice it is important to ensure that the mentoring is seen as separate to any management or supervisory processes.

Through developing mentoring skills across the profession, we want to ensure that all those entering the profession have a positive experience of their early years in practice which not only develops them as individuals but also supports the development of the practices they work in.

3. What are the benefits to the mentor and mentee?

Mentoring can have many rewarding benefits, not just to the mentee but to the mentor too. This section discusses the positive impact mentoring can have on you, the profession and the care you provide to your patients.

a. Opportunities for the mentor

Becoming a mentor can enrich your life on a personal and professional level by helping you in the following ways:

- **Committing to your associates** – demonstrating that you value their contribution to the practice by offering mentoring to your associates has been shown to increase their sense of belonging and loyalty towards the practice, which has been linked in other industries with improved productivity.
- **Reflecting on your own practice and perspectives** – by working with colleagues with different experiences and more recent training, you may start to think in new ways about your own practice.
- **Supporting your own continuing professional development** – though the mentoring relationship is more focused on the personal and professional development of the mentee, reflecting on the mentoring partnership, training to become a mentor, and any research conducted by the mentor in preparation for a mentoring session that involves refreshing and developing their own skills, might be legitimately considered to be CPD for the mentor.
- **Building your business** – as a practice principal, taking a proactive, supportive approach towards the professional and personal development of your staff, through mentoring can help you to grow your team



² Gale, N K (2014) How can you make a career as a complementary therapist? <http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/2014/how-can-you-make-a-career-as-a-complementary-therapist.pdf>

and your business. By ensuring a consistently high level of care is delivered to each patient; it will enhance the reputation of the practice and result in more referrals being received.

- **Improving your communication skills** – by engaging with another osteopath, who may practice in a different way, you may need to be flexible and adopt different approaches to communication. This can also help you in your interaction with your patients and others.
- **Advancing your career** – being able to demonstrate leadership, reflection, advanced communication skills and that you have helped others develop and grow can be a valuable addition to your CV. These characteristics are sought-after qualities and may prove useful should you wish to take your career beyond conventional clinical practice. For more information on further career development options mapped out in the [ODG Career Development](#) project, [click here](#).
- **Enhancing your leadership potential** – when mentoring others, you will need to develop your ability to motivate and encourage those you mentor. These abilities are valuable transferable skills that can be employed with patients, as a lecturer, as a principal of an osteopathic practice and elsewhere in your professional and personal life. For more information on enhancing your osteopathic specific leadership potential through the ODG leadership training programme, [click here](#).
- **Providing personal satisfaction** – many mentors want to be able to give something back to the profession, in the same way as they were supported when they were new practitioners. There can be a real sense of achievement in helping another osteopath on the path to success.

b. Opportunities for the mentee

For the mentee, developing a professional relationship with a trusted mentor can help you by:

- **Providing encouragement and support** – a mentor can provide invaluable support when encouraging you to discuss and consider ideas and opinions and make informed decisions. They can help you by sharing their own experiences of failure and success.
- **Developing your knowledge and skills** – a mentor may identify the skills and expertise that you need or perhaps direct you to other resources and sources of information that might prove helpful. Alternatively, from discussing an area of practice, the mentor may become aware of limitations of their own knowledge and skills and you can then work together to develop this area (e.g. through CPD).
- **Directing your continuing professional development** – working with a mentor to focus your CPD to your own individual learning needs can be inspiring, cost effective and can result in a more rounded CPD portfolio.
- **Improving your communication skills** – by engaging with another osteopath, who may practice in a different way, you may learn different approaches to communication. This can also help your interaction with your patients and others.
- **Grow your business skills** – you may just be starting out on your career but eventually you may want to branch out on your own. Your mentor can help you develop your business skills, network and contacts, which will benefit you throughout your career.

c. The wider benefits of mentoring

Mentoring can help to build stronger teams and will also ensure that patients receive a more consistent level of care and professionalism from everyone at the practice, which may in turn raise patient satisfaction levels and increase the number of patient referrals.

Promoting a culture of collaboration and unity, through mentoring, will maintain and enhance the knowledge within the profession and reduce the risk of losing valuable skills when experienced colleagues retire from practice.

4. The difference between mentoring and coaching

It is important to understand the difference between mentoring and coaching.

Mentoring is usually a relationship between two people in which a more experienced individual (the mentor) uses their greater knowledge and understanding of the subject to support the development of a more junior or inexperienced individual (the mentee) by sharing their knowledge, experience, and advice.

Mentoring differs from coaching in that mentoring is usually defined by the mentee's agenda in relation to their own academic, career or personal development needs, rather than the agenda of the mentor.

***Example:** a new graduate joins an established practice as an associate. After a period of time and reflection, it becomes clear to the associate that they are struggling to successfully treat and manage a certain patient group and lack confidence and understanding of how to build their own patient list. As such, the associate asks the principal of the practice if they will act as a 'critical friend' so that they can work together to explore the reasons for this and some potential solutions. The number of sessions and the length of time dedicated to each session may be agreed in advance, and the principal uses active listening skills and motivational interviewing to help the associate to determine their strengths and areas of improvement as well as offering their own experience and signposting to sources of further information and support resources.*

Coaching differs from mentoring in that it is usually more focused upon boosting performance in the workplace, often to a predefined minimum standard. The process typically lasts for a relatively short defined period of time (i.e. until the said standard has been achieved). As such, coaching may reflect more the agenda of the coach rather than the needs of the individual being coached.

***Example:** the principal of a practice conducts an audit of the case history notes of all osteopaths working at the clinic. The notes of one of the associate osteopaths are found to be below the standard required by the clinic. As such, the principal discusses what is required with the associate in question and works with them supportively over a three-month period to ensure that they can demonstrate that they can reach the required standard, at which point the notes audit is repeated to determine outcome and if successful, the coaching relationship is terminated.*

Even if you are focusing on mentoring, there will be times when the relationship moves towards coaching or problem solving. It is obviously not wrong to answer a mentee's question or to show them how you approach a particular situation. However, it is important to remember that mentoring is about supporting people to develop their own knowledge and skills, and if you have a tendency towards coaching you should try not to let it take over.

You can find more information about coaching and mentoring on the Chartered Institute of Personnel Development website by clicking [here](#) (free service, but login required).

5. I'd like to be a mentor or mentee, what do I need to consider?

It is difficult to know whether any individual would be a good mentor or not, probably the most important quality is to be able to critically reflect on your own practice as well as to be able to provide supportive advice and guidance to a mentee.

a. Reflective questions about being a mentor

If you are thinking of becoming a mentor, reflecting on your responses to the following questions may be a useful starting point:

- Do I want to share my skills, knowledge, and expertise?
- Do I see myself as a positive role model?
- Am I prepared to find time to support a mentee?
- Am I enthusiastic about providing high quality osteopathic care?
- Do I value my own learning as well as that of others?
- Can I provide guidance and constructive feedback?
- Am I comfortable confronting difficult or challenging issues?
- Do I set myself ongoing personal and professional goals?
- Do I value the opinions and initiatives of others?



These questions will not only help you to decide whether or not you want to be a mentor but may also help you reflect on any support you yourself may need to be a good mentor.

b. How could I best support a mentee?

From the Osteopathic Development Group's research, the following were identified by recent graduates as areas they believed there was most need for mentoring:

<p>1. Clinical knowledge and skills</p> <ul style="list-style-type: none"> • Consolidating, refining and expanding clinical skills • Holistic/multidisciplinary patient management • Knowing when to seek advice or to refer on • Selecting appropriate investigations and diagnostic tests • Clinical reasoning • Patient-centred care management • Complexities in patient conditions and circumstances • Recovery processes 	<p>2. Entrepreneurial and business skills</p> <ul style="list-style-type: none"> • Marketing and publicity • Finance and accounting • Legal issues, Tax and NI contributions • Business formation • Building client lists • Understanding how referral networks function • Practice management • Presentation skills • Avoiding unfair business practices and scams • Promotion of services to public and other healthcare providers
<p>3. Interpersonal and communication skills</p> <ul style="list-style-type: none"> • Responding to patient's anxieties • Managing patient expectations • Managing challenging situations • Communicating with other professionals external to osteopathy • Building and maintaining professional relationships • Issues relating to a patient's mental health or mental capacity • Communicating confidently about risks, side effects and prognosis • Building rapport with patients 	<p>4. Personal and professional development</p> <ul style="list-style-type: none"> • Access to evidence base • Access and support with audit tools • Support with CPD • Support with understanding legislation and standards set for the profession • Support with reflective practice • Professional values and ethics • Work/life balance • Support with capturing patient outcomes, experience and satisfaction • Career progression • Clinical governance

Our mentoring pilot also identified several other areas where mentors sought support including: maintaining professional boundaries; website development; safeguarding; treatment approaches; data protection; and reflective practice.

It is important as a mentor to remember it isn't your job to know everything! As with clinical practice, it is important to work within your knowledge and experience and to set realistic expectations with the mentee accordingly. The role of the mentor is to work through problems together with a mentee, including identifying and/or signposting other sources of advice or support.

c. Reflective questions on areas of mentoring

If you are thinking of becoming a mentor, consider if there are any areas in the table above (or any other areas) where you could provide mentoring support:

- *Think about your own experience, which of these topics would you feel comfortable providing mentoring in? Complete a SWOB analysis (see below) of the areas in which you feel you are strongest and which you are least confident.*
- *Are there any areas in which you yourself could benefit from receiving mentoring?*

d. What skills are needed by a good mentor?

There are many different aspects to being a good mentor, including being flexible, depending on the needs of your mentee. Here are some of the key skills and characteristics of being a good mentor:

- **Knowledge and confidence** – it is important that you know what you can offer a mentee (and what you can't), while at the same time coming across as self-assured, friendly, and eager to help.
- **Supportive nature** – you should see your role as enabling your mentee to grow and develop in their own way, rather than to simply model your own way of working. Good mentors help their mentees find their own answers to their problems.
- **Patience, respectfulness and good listening skills** – you need to be able to listen carefully and respect the views of your mentee, allowing them to articulate their difficulties in their own way. You also need to be aware that people learn in different ways and at different speeds.
- **Sensitivity and concern** – you must genuinely care about the person you are mentoring and invest in their success, while also acknowledging their fears and any weaknesses.
- **Flexible and available** – this means being willing to work at the mentees pace, adapting and changing goals as you go along and finding the time and space to build on the relationship.

Many mentors also find it helpful to have someone they can turn to support their mentoring work. If you do consider becoming a mentor, also think about whether you might benefit from receiving mentoring yourself or linking up with one or more other mentors to share ideas and good practice.

e. The role of the mentee

To effectively take part in mentoring you need to:

- Make a commitment to the mentoring relationship, including the time required to prepare for mentoring sessions and to implement what is agreed.
- Be open and honest with your mentor, sharing in full your thoughts and ideas.
- Be flexible in your approach, be prepared to listen and accept that there may be different ways of reaching the same goals.
- Recognise that your mentor and may not have all the answers but is there to help you find your way to your own solutions to any problems you may have.

Remember: your personal development is your responsibility and mentoring is there to support your development and not to be a substitute for it.

Remember: a mentor will guide you to look at a wide variety of options and consider alternative courses of action, in order to solve problems for yourself, rather than to direct you towards a set course of action.

So now that you have decided to become a mentor or mentee, what tools and resources are available to support you ... find out over the page.

Part Two – How to mentor effectively

6. Mentoring tools to help you

Although there are no fixed methods of providing mentoring, there are many approaches and tools that can be used by mentors to assist in the mentoring process. All of them depend on the establishment of an effective relationship between mentor and mentee, listening and discussion, and providing supportive feedback that a mentee can act on.

This section of the handbook aims to introduce these to mentors and mentees, and explain how they can be used.

a. A practical model for mentoring

It is helpful to see mentoring as a learning cycle rather than a linear experience or a transaction between the mentor and the mentee, and that instead of considering an issue or problem ‘resolved’ in one mentoring session that the subject is returned to and the cycle completed.

A mentoring model established by Parsloe and Wray (2000)³ is designed on a four-stage cycle:

- a. Establish the aims of mentoring
- b. Encourage the mentee’s self-direction of learning and action
- c. Provide ongoing support
- d. Assist in evaluating outcomes and maintaining momentum.

In the **first stage** of the cycle, the aim of the mentor is to help the mentee establish their development needs, including the issues to be addressed. The mentor may try to anticipate and identify these needs but more importantly, they should help the mentee themselves to develop a self-awareness of their strengths and weaknesses.

The mentor should help the mentee develop a personal development plan or ‘PDP’ (see appendix) which contains goals for their development.

The mentor should also establish the boundaries for the mentor’s role and where the mentee might seek other sources of support or advice.

The **second stage** is about enabling the mentee themselves to manage the process. It is about asking questions of the mentee to ensure that they plan ahead and get the most out of their PDP and learning activities. The role of the mentor is as a sounding board and should not be directional or problem-solving.

The **third stage** is to provide ongoing support. This means scheduling regular meetings or catch ups. It is about providing advice and guidance when it is asked for but supporting the mentee to work through issues themselves with gentle guidance from the mentor.

The **fourth stage** is about encouraging the mentee to reflect on what they have learned, how the process has been of benefit to themselves and the practice. It also means encouraging continuing development, whether within an ongoing mentoring arrangement or alone.

(Adapted from The Good Mentoring Toolkit for Healthcare (2004), Oxford: Radcliffe)

³ Parsloe, E. and Wray, W. (2000) *Coaching and mentoring – practical methods to improve learning*. Kogan Page, London.

b. SWOB analysis (Strengths, Weaknesses, Opportunities and Barriers)

A commonly used tool for a mentee to use to identify and analyse their learning needs is called a SWOB analysis with the acronym standing for 'Strengths, Weaknesses, Opportunities and Barriers' (this is also sometimes called a SWOT analysis, with the T standing for Threats).

The mentee can use this to consider their current position as a practitioner. What do they think they are good at and in which areas are you confident (strengths) and in which areas do they think they might require improvement (weaknesses). These are listed in the top two squares of the grid (as many can be listed as the mentee wishes).

The next stage is to consider what opportunities these strengths might bring to the mentees patients and their own career progression. Finally, the mentee considers what barriers may be preventing them from reaching their full potential and how they might overcome these. Again, the mentee can list as many opportunities and barriers as they wish.

The mentee and mentor can then use the results to inform the mentees personal development plan.

<p>Strengths:</p> <ul style="list-style-type: none"> • • • 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • • •
<p>Opportunities:</p> <ul style="list-style-type: none"> • • • 	<p>Barriers:</p> <ul style="list-style-type: none"> • • •

A SWOB analysis doesn't have to be used only once. It might be a useful activity to return to after a period of time. Strengths and weaknesses will change over time but so too will the mentees perceptions of the opportunities and barriers that they face.

c. Personal development planning

A personal development plan (PDP) is a document which is designed to enable a mentee to think about, and plan for, their own personal, career and practice development. It logs the areas they have identified for development, how they hope to achieve these, how they will provide evidence you have done so and the timetable for achieving this.

You can find a sample PDP form in the annex.



Any objectives or goals set within a PDP should follow the 'SMART' formula which means that they should be:

S pecific	The goals should identify precisely what you hope to achieve
M easurable	There must be a way of allowing you to measure or record success
A greed	Mentor and Mentee should agree the goals to ensure commitment from both
R ealistic	They should be challenging but achievable
T ime phased	You should set a date to review progress and success

A PDP should be prepared jointly between the mentor and the mentee. It is a document that should be referred back to regularly by the mentor and mentee to review progress and to adapt if necessary as development objectives change over time.

d. Maintaining a reflective learning log

A reflective learning log is a way in which a mentee can record significant experiences, activities or events and what they have learned from them.

This is something a mentee might do after an event, at the end of each day or once a week. It can be used to record thoughts, ideas, insights and feelings, and it helps a mentee to become more aware of what and how they are learning.

A reflective log typically includes reflecting on:

- What was significant
- Why it was significant
- What was learned
- Any actions that are proposed as a result.

There are lots of ways in which you can structure reflections. One approach is known as Driscoll's model for structured reflection⁴ and a template for this can be found at the Annex.

A mentee can use their reflective learning log to identify issues that they may wish to discuss in a mentoring session.

e. Mentoring record sheet

It is helpful to record the outcomes of each mentoring session, so that both the mentor and mentee can both ensure that they are clear as to what actions were agreed at each session.

A simple template for recording mentoring sessions can be found at the Annex.

f. GSTAR questioning

GSTAR questioning is the use of a set of questions to inform a discussion about mentoring. The letters of GSTAR stand for goals, situation, thinking, actions and results, and their aim is to get to the heart of the issues facing a mentee.

An inexperienced mentor might want to use all of the questions but over time you might decide to use only those that you think are the most important to the mentee at that particular time. The questions are:

What are your GOALS?

- What are your goals for today's discussion?
- What will give you the most value from today's session?
- Do you have control over this issue?
- When do you need to achieve this goal by?



⁴Driscoll, J. (2007) Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals. 2nd ed. Edinburgh: Bailliere Tindall Elsevier

What SITUATION are you facing?

- How do you feel about the situation?
- How can you describe the situation?
- What do you know about the current situation?
- What do you not know about the current situation?

What are you THINKING at this time?

- What options have you considered about the situation?
- What underlying assumptions are you making?
- Think how others would solve this problem.
- Think about how you will measure your success.

What ACTIONS are you considering?

- What do you need to do first?
- By when do you need to have this done?
- In what sequence will you do these tasks?
- Can you think of anything that may disrupt your actions?

What RESULTS do you expect?

- Are the results realistic?
- Have you considered other outcomes?
- What contingencies can you put in place?
- What are the consequences of not achieving these results?

(Adapted from An Introduction to Enterprise Mentoring: A pocketbook for mentees www.getmentoring.org)

7. Effective communication for mentoring

Effective communication lies at the heart of effective mentoring. If you are going to become a mentor this is an area in which it is also helpful to know your strengths and limitations, so that you can consider how to deal with them.

a. Reflective questions on communicating

As a mentor, it might be helpful for you to take stock of your communication skills by completing the table below. Start off by thinking about your understanding of what is meant by each item in the left-hand column, how familiar are you with the term and what does this mean to you? Then have a think about your skills in that area and how frequently these form part of your communication repertoire.

Aspect of communication	How good are you?		How frequently do you use?	
	Aware? Expert?	Competent?	Every day? Monthly?	Weekly?
Understand and apply good interpersonal communication				
Use active listening (see below)				
Establish rapport				
Use non-verbal body-language				
Give constructive feedback				

Recognise and manage conflict		
Challenge beliefs of others constructively		

(Adapted from The Good Mentoring Toolkit for Healthcare (2004), Oxford: Radcliffe)

The rest of this section explains a range of concepts around effective communication, but there are many more resources that you can find online.

b. Motivational questioning

Motivational questioning focuses on helping the mentee discover answers for themselves. After all, people are much more likely to engage with solutions that they have come up with themselves, rather than those that are forced upon them. A mentee will know the background of an issue and the options available are generally known to the mentee. The mentor's job is to ask the right questions to help mentees arrive at their own conclusions.

c. Active listening

Listening is an active process in which the listener makes an effort to both hear and understand the message of the speaker.

Active listening is a communication technique designed to ensure mutual understanding. The listener paraphrases and summarises what is said in their own words to explore and test their own understanding. They might do this by using phrases such as:

"What I hear you saying is..." or "So what you are saying is that..."

The listener might then go further than this by 'reading between the lines' and interpreting the emotional context associated with what is said, e.g.

"I gather that made you feel quite angry when that happened"

This demonstrates to the speaker that the listener is really paying attention to the speaker and that their message is getting across. It also makes misinterpretation of the message less likely as the speaker can correct the listener's interpretation of the message if it doesn't fully represent the intended message.

Non-verbal cues can also be useful in order to ensure that the speaker feels listened to. Maintaining eye contact, nodding your head and smiling, agreeing by saying 'Yes' or simply 'Mmm hmm' to encourage them to continue. By providing this 'feedback' the person speaking will usually feel more at ease and therefore communicate more easily, openly and honestly.

A number of active listening techniques are set out in the Annexes.

d. Providing constructive feedback

Giving feedback isn't always easy. Feedback should always be positive in tone and strike a balance between areas that need to be improved and being positive about performance.

When a mentor is giving feedback, there are some important general rules to follow:

- Focus on description rather than interpretation, e.g. "what I observed was that you did..." rather than "the way you did this wasn't very effective"

- Be specific rather than vague in your examples, e.g. “on this occasion I noted that...” rather than “generally I think you do...”
- Aim to be non-judgmental rather than evaluative, e.g. “I saw that you were giving the patient a lot of attention...” rather than “It was a great way to conduct a consultation”

But above all it is important to start any feedback by giving praise for what has been done well as this is important for the confidence and self-esteem of the mentee.

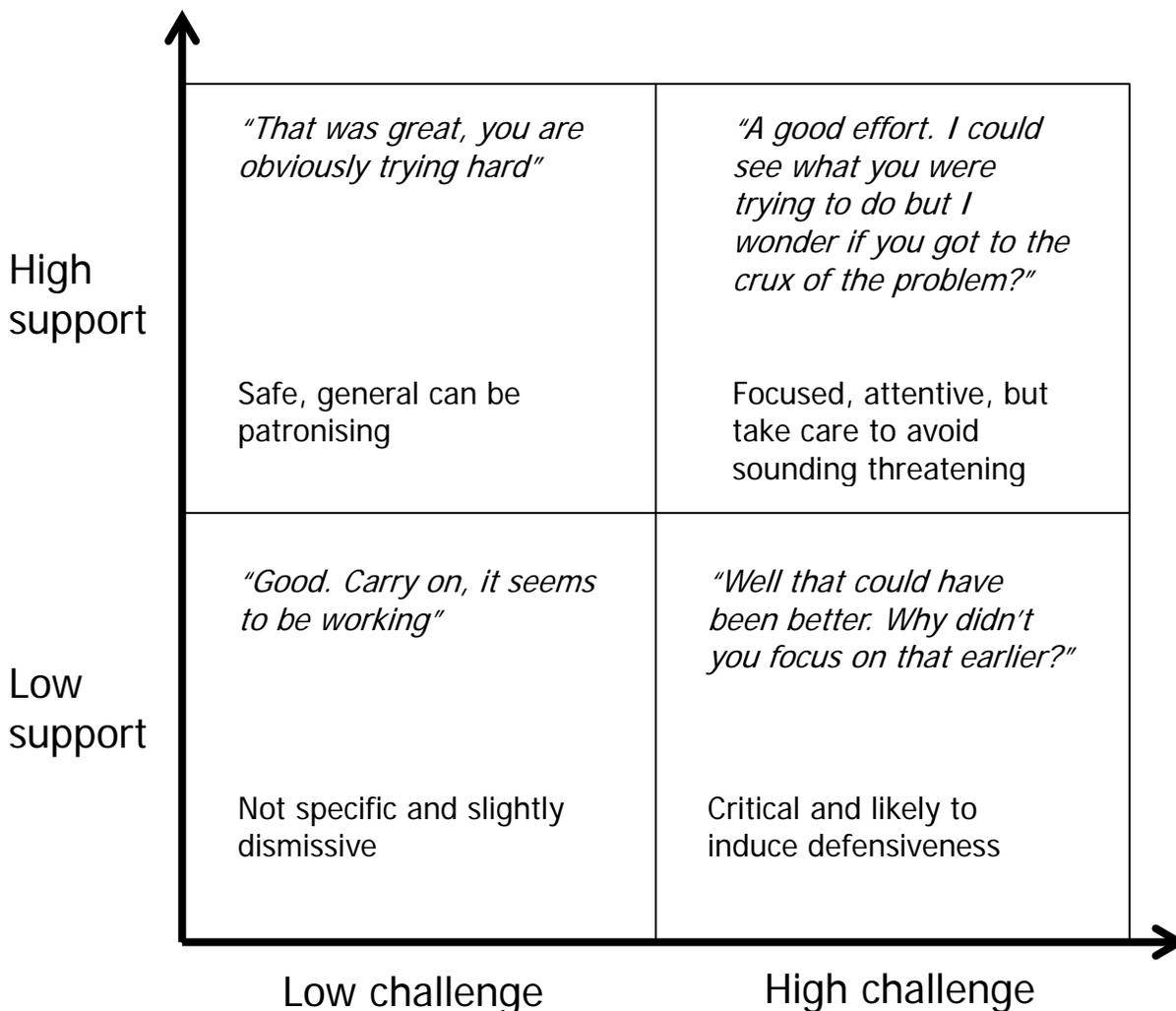
Feedback is often described as needing to find a balance between support and challenge, the best feedback combines both of these.

What the mentor should aim for in providing feedback is the top left-hand corner of the diagram where feedback provides a high degree of support and a high degree of challenge.

As a mentor it is worth reflecting on the feedback you give after a mentoring session and consider whether what you have said meets this requirement or if it is in a less positive area of the diagram.

(Adapted from The Good Mentoring Toolkit for Healthcare (2004), Oxford: Radcliffe)

The diagram below shows different dimensions of feedback.



8. Structuring mentoring sessions

There is no fixed way to run a mentoring session, but you should remember as a mentor that it is primarily the responsibility of the mentee to set the agenda.

At the start of the mentoring relationship the mentor and mentee should consider:

- How regularly will you meet and for how long? (in our pilot most sessions lasted 45-60 minutes but some were shorter or longer)
- Do you plan to meet face-to-face or keep in touch via phone, video (using a service like Facetime or Skype), email or a combination of these? If you are planning to use a video service do you both have good online connectivity?
- If you are meeting face-to-face, where will this be? It is often better to meet away from your practice in a neutral environment in which you are both comfortable.
- How long do you expect the mentoring relationship to last (for example an initial period of six months)?
- What areas of work do you expect to cover – for example, is this likely to be about clinical, practice or business skills?
- Any other practical arrangements such as signing a mentoring agreement.

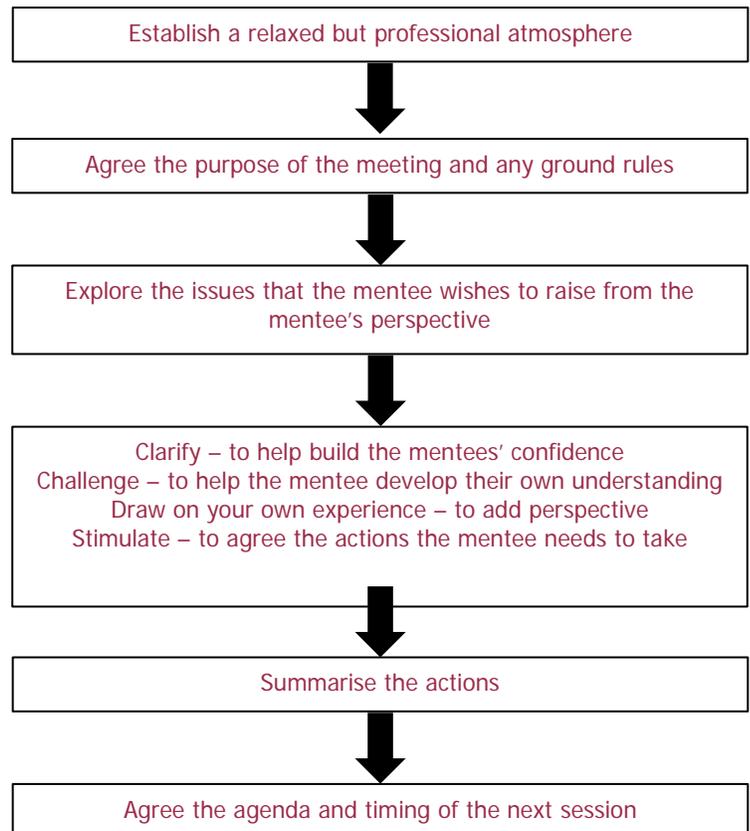
Mentees should be asked to come to the meeting prepared with a list of issues that they wish to review with the mentor. These commonly include the areas listed below (see page 8 for the range of topics identified in our research and mentoring pilot).

- Clinical issues
- Communication issues
- Practice development
- Time management
- Learning opportunities
- Feedback from patients
- Networking opportunities

The mentor is there to explore the issues, listening to the mentee and prompting the mentee with questions. The mentor should provide feedback and challenge, which in turn encourages the mentee to think about things in a new way and determine what actions they want to take.

A model for a mentoring meeting is set out in the diagram below.

Remember the mentor is not there to provide all the answers to all the mentees problems. The mentor should also focus on their expertise and experience. If anything is beyond their skills and abilities, they should refer the mentee to another expert.



(Adapted from The Good Mentoring Toolkit for Healthcare (2004), Oxford: Radcliffe)

9. Ground rules

It is a good idea for the mentor and the mentee to establish some ground rules for the mentoring relationship. Several suggestions for what the ground rules should cover are listed below, but a mentor and mentee could decide their own:

- Expectations on the mentor and the mentee
- The purpose and focus of meetings
- Any topics that you agree should be 'off limits'
- The frequency, duration and location of meetings
- Who has responsibility for arranging mentoring meetings
- Confidentiality (and any exceptions to this)
- Documentation and record keeping – who will record what
- Maintaining respect and agreeing how to disagree
- How to deal with any conflicts of interest
- How long the mentoring relationship will last (including any periodic review of how well it is working)
- What to do if either of you think that the relationship isn't working

a. Mentoring Code of Practice

Another approach is to agree to a formal Code of Practice such as the one provided at the Annex.

b. Mentoring agreement

Mentors and mentee sometimes also sign a formal mentoring agreement or contract. A sample agreement can be found in the Annex.

c. What to do if things go wrong

It is always important to set expectations for a mentoring relationship from the outset but do remember that mentoring relationships don't always work out. It is also important to review frequently where the relationship has reached to try to avoid a negative experience on either side.

Mentoring tends to go wrong for a variety of reasons including:

- Failure to establish rapport
- Under or over-management
- Poor objective setting
- Lack of time
- Breach of confidentiality

Developing the ground rules at the outset (see above) is likely to reduce the chances of a relationship breaking down.

If a mentor or mentee feels that a relationship is not working well then, they should either work together to discuss what the problems are and how to resolve them or agree to end the relationship.

If you do decide to end the relationship it is important to do so professionally and, where possible, end on a positive note. This might include:

- Agreeing to a no-fault conclusion
- In some cases, identifying a new mentor
- Prepare for a transition and an end point in advance rather than having a sudden cut-off
- Emphasise the mutuality of the learning gained
- Celebrate the success of the relationship
- Encourage mentees to become a mentor in turn, when they are ready

(Adapted from *The Good Mentoring Toolkit for Healthcare* (2004), Oxford: Radcliffe)

What if I am concerned about something my mentor or mentee says or does?

If something is raised within a mentoring relationship that you are not comfortable with, you should always feel free to say so. This might be because it is a topic that you think is inappropriate for discussing in a mentoring context or because it is a subject that you as a mentor are not familiar with. These are things that you should consider agreeing in your ground rules (see above).

If something more serious arises in your discussions that raises concerns about practice – whether of the mentee or the mentor – it should be treated no differently than in any other circumstances. The *Osteopathic Practice Standards* state:

‘C9.1 You should take steps to protect patients if you believe that a colleague’s or practitioner’s health, conduct or professional performance poses a risk to them. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:

- 1.1. Discussing your concerns with the colleague or practitioner.
- 1.2. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer.
- 1.3. If the practitioner belongs to a regulated profession, reporting your concerns to his or her regulatory body (including the GOsC if the practitioner is an osteopath).
- 1.4. If the practitioner belongs to a voluntary council, reporting your concerns to that body.
- 1.5. Where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.’

In any such circumstances you may wish to consider taking advice from the Institute of Osteopathy or the General Osteopathic Council.

10. Further reading and other resources

Other resources:

- [Chartered Institute of Personnel and Development](#)
- [Get Mentoring](#)
- Institute of Osteopathy (iO) provides business development stream at convention and workshops throughout the year. See the [event's calendar](#)
- [MindTools.com](#)
- [Open University free learning resources for mentoring](#)
- [Osteopathic Development Group](#)
- [National Council for Osteopathic Research](#)
- [Painless practice](#)
- [SkillsYouNeed.com](#)
- Petty, N.J., 2015. Becoming an expert: A Masterclass in developing clinical expertise. *International Journal of Osteopathic Medicine*, 18(3), pp.207-218. Available via the GOsC **o** zone <http://www.sciencedirect.com/science/article/pii/S1746068915000024>
- Petty, N. J. and M. Morley (2009). Clinical expertise: Learning together through observed practice. *Manual Therapy* 14(5): 461-462. Available via the GOsC **o** zone <http://www.sciencedirect.com/science/article/pii/S1356689X09000988>

11. Annexes

Personal Development Plan (PDP) template

Name	
Time period covered (from/to)	
Date completed	

Personal Development Plan					
	Areas for development (Write as a SMART objective)	How it will be achieved (Tasks, support and development activity)	Outcomes (Specify the evidence that will be provided)	Target date	Review date
1					
2					
3					

	Areas for development (Write as a SMART objective)	How it will be achieved (Tasks, support and development activity)	Outcomes (Specify the evidence that will be provided)	Target date	Review date
4					
5					
6					

Signature		Date	
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Mentoring Record Sheet

Mentee name:

Mentor name:

Date:

Start time:

End time:

Venue:

Preparation: (Achievements to date, agenda etc)

Summary: (Issues discussed, points raised etc)

Actions: (Agreed outcomes, points for next session etc)

Mentee signature:

Mentor signature:

Driscoll's model for structured reflection

1. Description of the event

WHAT? Trigger questions

- a. ...is the purpose of returning to the event?
- b. ...happened?
- c. ...did I see?
- d. ...was my reaction to it?
- e. ...did other people do who were involved?

2. Analysis of the event

SO WHAT? Trigger questions

- f. How did I feel at the time of the event?
- g. Were those feelings that I had any different from other people also involved?
- h. Did I feel troubled? If so, in what way?
- i. What were the effects of what I did or did not do?
- j. What have I noticed about my behaviour by taking a measured look at it?
- k. What positive aspects now emerge from this event?

3. Proposed actions

NOW WHAT? Trigger questions

- l. What are the implications for myself and others based on what I have described and analysed?
- m. What difference does it make if I do nothing?
- n. Where can I get more information to face a similar situation again?
- o. How can I modify my practice if a similar situation should happen again?
- p. Which aspects of practice should be tackled first?
- q. How will I notice whether I am any different?
- r. What is the main learning that I take from reflecting on this event?

Mentoring code of practice

1	Confidentiality and personal safety	Mentoring is a confidential activity and both parties have a duty of care towards each other. This privacy extends to discussions about business or personal information.
2	Mentee-driven agenda	The mentor has a responsibility to respond to the mentees' development needs and agenda; it is not to impose their own agenda. A mentee should respect their mentor's time and other duties.
3	Voluntary	Both mentor and mentee must be volunteers and willing to take responsibility for the mentoring process. This includes arranging regular meetings.
4	Openness	Mentors and mentees must be open and truthful to each other about the relationship itself; reviewing from time to time how the mentoring could be made more effective.
5	Training and support	Mentors and mentees agree to take part in structured training and ongoing development. Mentors need to ensure their level of knowledge and work skills are sufficient.
6	Mentor supervision	Mentors must be aware of their own limitations and be prepared to engage in professional supervisory development as a way of improving.
7	No blame exit	Mentors or mentees must be able to dissolve the relationship; ideally after discussion and attempts to resolve the differences with a third party.
8	Planning and goal setting	Mentors and mentees agree to create a written plan to clarify goals, expectations and achievements from the mentoring program.
9	Ethical conduct	Mentor and mentee agree to be bound by ethics of mentoring such as not engaging in the abuse of power, exploitation, privacy, personal integrity and boundary management.
10	Independence	Mentoring should be independent to other HR processes such as: recruitment, selection, performance management or discipline processes.

Source: Royal Veterinary College London, NIBA College and PCS Business Psychologists

Mentoring agreement

This agreement is made between:

Mentor's name: _____

Mentee's name: _____

We agree to the following:

The aim of this mentoring relationship is to facilitate the Mentee(s) to reflect in depth on issues that affect their practice in order to develop professionally and personally towards achieving and sustaining high quality patient care.

We will meet as follows:

Frequency: _____

Length of sessions: _____

Venue: _____

Dates, times and venues will be agreed and arranged in advance to ensure acceptability to both parties.

Practical rules for the session:

Sessions will begin and end promptly. Punctuality is to be maintained by both parties. If either party is unable to attend, they will inform the other as soon as possible. Sessions will only be cancelled with good cause and an alternative date confirmed.

Confidentiality:

During the session, any person described within a scenario should be referred to by generic role e.g. 'the client' rather than by name to preserve anonymity. The content of the session will not be discussed outside of the session unless expressly agreed by all parties.

Illegal practices, occasions where there are concerns about breach of codes of professional practice or risk of harm to a third party are exempt from this agreement. Should confidentiality need to be breached due to an identified or potential risk, the Mentee(s) will be encouraged to take the issue through the appropriate channels with the support of another group member or Mentor if necessary. A specific time to feedback outcomes of the action will be arranged to ensure safety of service.

Where the Mentee is unable or unwilling to take the issue through the appropriate channels the Mentor will do so on their behalf. A record of the action taken will be documented in writing.

Record keeping:

The Mentee should keep a reflective journal for their personal record. This log should include (all content should be anonymised):

- Reflective learning
- Action points (recorded in a S.M.A.R.T fashion)
- Outcomes of actions

The Mentor may wish to keep a reflective journal for their own learning. They should also record the following (all records should be stored and retained in line with the Data Protection Act 1998):

- Session dates
- Attendance
- Topics discussed

Making the most of the mentoring relationship:

We agree to take responsibility for making effective use of each Mentoring session by preparing for it appropriately and acting upon the insight gained.

We agree to be open to reflecting upon our practice, keeping the appropriate documentation and to respect the views of all parties.

The agenda will be Mentee led with the Mentor facilitating reflective learning processes including highlighting areas of development previously unnoticed by the Mentee.

We acknowledge that willingness to accept constructive feedback as well as honesty and openness about practice, expertise and knowledge is critical. Every attempt will be made to adapt to different learning styles when giving feedback.

Both parties acknowledge that personalities and learning styles differ, and not all Mentoring relationships work out. Both parties are able to terminate the relationship at any point through the process should the relationship breakdown.

Both parties will adhere to the Mentoring Code of Practice at all times.

Mentor's signature: _____ Date: _____

Mentee's signature: _____ Date: _____

A copy of the agreement should be retained by both parties. This agreement should be reviewed after 3 sessions.

Active listening techniques

Smile

Small smiles can be used to show that the listener is paying attention to what is being said or as a way of agreeing or being happy about the messages being received. Combined with nods of the head, smiles can be powerful in affirming that messages are being listened to and understood.

Eye contact

It is normal and usually encouraging for the listener to look at the speaker. Eye contact can however be intimidating, especially for more shy speakers – gauge how much eye contact is appropriate for any given situation. Combine eye contact with smiles and other non-verbal messages to encourage the speaker.

Of course, it should be remembered that these communication techniques are not always acceptable in all cultures. In some African and Asian cultures, maintaining sustained eye contact with someone in a position of authority is considered to be extremely disrespectful. You should also be aware that if you do not blink much, this might be considered to be staring and might be disconcerting to the other person. Cultural sensitivity and personal awareness of how you come across is important.

Posture

Posture can tell a lot about the sender and receiver in interpersonal interactions. The attentive listener tends to lean slightly forward or sideways whilst sitting. Other signs of active listening may include a slight slant of the head or resting the head on one hand.

Mirroring

Automatic reflection/mirroring of any facial expressions used by the speaker can be a sign of attentive listening. These reflective expressions can help to show sympathy and empathy in more emotional situations. Attempting to consciously mimic facial expressions (i.e. not automatic reflection of expressions) can be a sign of inattention.

Distraction

The active listener will not be distracted and therefore will refrain from fidgeting, looking at a clock or watch, doodling, playing with their hair or picking their fingernails.

Active listening encourages people to demonstrate that they are paying full attention to the listener and can reduce the risk of a misunderstanding at the same time as encouraging the speaker to develop their thinking further.

Avoiding conflict

Another use for this communications strategy is in a verbal conflict situation. If a mentee has raised a concern about a mentor, it is understandable that the mentor might try to defend their position. This would often result in an escalation of the disagreement, with both parties becoming defensive. Using active listening the mentor would repeat back what their understanding of the problem is in a neutral, non-judgmental and non-defensive fashion. They should avoid jumping to conclusions or forming an opinion too soon in the conversation. This can show a willingness to reflect on the situation and may help the mentee explore the problem and potential solutions further. This can make it much more likely that a mutually acceptable solution can be reached.

Positive Reinforcement

Although a strong signal of attentiveness, caution should be used when using positive verbal reinforcement.

Although some positive words of encouragement may be beneficial to the speaker the listener should use them sparingly so as not to distract from what is being said or place unnecessary emphasis on parts of the message.

Casual and frequent use of words and phrases, such as: '*very good*', '*yes*' or '*indeed*' can become irritating to the speaker. It is usually better to elaborate and explain why you are agreeing with a certain point.

Remembering

The human mind is notoriously bad at remembering details, especially for any length of time.

However, remembering a few key points, or even the name of the speaker, can help to reinforce that the messages sent have been received and understood – i.e. listening has been successful. Remembering details, ideas and concepts from previous conversations proves that attention was kept and is likely to encourage the speaker to continue. During longer exchanges it may be appropriate to make very brief notes to act as a memory jog when questioning or clarifying later.

Questioning

The listener can demonstrate that they have been paying attention by asking relevant questions and/or making statements that build or help to clarify what the speaker has said. By asking relevant questions the listener also helps to reinforce that they have an interest in what the speaker has been saying.

Reflection

Reflecting is closely repeating or paraphrasing what the speaker has said in order to show comprehension. Reflection is a powerful skill that can reinforce the message of the speaker and demonstrate understanding.

Clarification

Clarifying involves asking questions of the speaker to ensure that the correct message has been received. Clarification usually involves the use of open questions which enables the speaker to expand on certain points as necessary.

Summarisation

Repeating a summary of what has been said back to the speaker is a technique used by the listener to repeat what has been said in their own words. Summarising involves taking the main points of the received message and reiterating them in a logical and clear way, giving the speaker chance to correct if necessary.

The value of silence

Don't jump in too quickly. Allow them to finish or continue developing their thoughts and reflecting on and explore how that makes them feel. A few moments of silence should be permitted, and listeners should not jump in with a solution or suggestion to fill it.

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