



Source:

<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/supporting-our-doctors/mentees-mentors/>

Advice for the mentor

Working with doctors in difficulty as a mentor may be challenging and time-consuming work. It can also be very rewarding....

➤ **Mentee's preconceptions**

Many doctors will be very receptive to mentoring and appreciate the potential benefits. The relationship can be very rewarding for both people. However, doctors who've been advised to use a mentor may be suspicious, may see the mentor as an authority figure and may think that mentorship involves being given unwelcome advice, rather than being an opportunity to broaden understanding of a difficult situation and explore ways to improve matters. The mentor needs to think carefully about how best to make contact. A brief note explaining what the mentor would aim to do, making it clear the mentee could choose an alternative mentor and offering to meet for an initial chat to break the ice, is a good starting point.

➤ **Pace of the mentoring relationship**

The pace may be much slower than normal when dealing with doctors who are already in difficulty. The mentee needs time to build up trust and tell their story. The mentor may spend a long time listening and reflecting, acting as a sounding board only. Some mentees feel overwhelmed and find it hard to focus, needing to re-tell their story several times before being able to move on. It may take 3–6 sessions for the mentee to develop their understanding of the situation.

➤ **Mentee's difficulty talking about themselves**

Doctors who've found themselves in difficulty are often not used to talking about themselves and their difficulty, and feel they've been isolated and not listened to by their colleagues. They can be wary of sharing what really went on, or how they really feel. Some might be very emotional at first; others might find it hard to express their emotions. Mentees may be less skilled at realising the impact they have on others, and may find reflective practice and realistic goal setting challenging.

➤ **Mentee's feeling of hurt**

Doctors in difficulty may feel a very deep personal hurt at the way they've been treated. The mentor must try to get the right balance between exploring and acknowledging feelings, and helping the mentee find a positive way forward. Some mentees find it difficult to express their feelings, and think medicine doesn't allow them to do this. The mentor must give the mentee affirmation that it's appropriate to be angry and upset, while not leaving them in a morass of negative emotion.



Mentoring the Doctor in Difficulty

➤ **Mentee's difficulty acknowledging and addressing weakness**

Some have coped for years by placing blame on circumstances or on others. They may not be ready to acknowledge their own part in events and to address their weaknesses, and may be described by others as lacking honesty. Such mentees may need several sessions to tell their story and to recognise their own emotions and behaviour. The mentor must find the balance between remaining empathetic but helping the mentee recognise their own part in the situation, which can be challenging. The mentor may require a good deal of energy to provide the mentor with enough support and affirmation to empower them to change, and to be there if things don't go well.

➤ **Mentee looking for a quick fix**

The mentoring process can be complex and difficult work. Mentees looking for a quick fix may want to give up. The mentor's role isn't to push the mentee further than he or she wants to go, and it can be difficult to get the balance between respecting the mentee's position and empathetically challenging what might be a coping strategy. Having access to or knowledge of how to refer to therapeutic forms of help, such as counselling, cognitive behavioural therapy or psychotherapy, is useful.

➤ **Mentee feels nervous, overwhelmed or disempowered**

Doctors who make the decision to seek a mentor may be nervous but are less often hostile. They may feel very stuck with their situation and take time to identify the key issues. Some are overwhelmed by the enormity of what they face and can't find an appropriate first step. Some are disempowered and have been behaving as a victim rather than taking action. Even with the mentor, they may be apologetic of taking up time.

The mentor may need to spend several sessions listening, summarising and reflecting feelings before the mentee starts to have the confidence to believe there might be a way forward. Sometimes the mentee will ask what the mentor would do, wanting to hear someone else's solution to their problem. The mentor may be much more able to take action than the stuck, disempowered mentee but, although offering a suggestion can seem kind, it can leave the mentee feeling even less effective.

➤ **Dealing with illness**

Facing illness, particularly stress-related or psychological illness, can be very challenging to doctors. Some have personal difficulties in accepting they might be ill (often psychological/stress-related illness), perhaps because their core values are about caring for others, or because taking time away from work will place more stress on their already overstretched colleagues. Others are afraid of taking action because of worries about what others will think. It's important that such people get treatment for their illness and have the opportunity to review their situation with a consultant occupational physician.

Mentoring may be of more value in helping with a return to work, or reaching a decision to seek treatment, than during the illness itself. For some with longer-term illness, mentorship can be a useful way for the mentee to learn more about triggers for illness, and about how to manage the natural curiosity of others.