GROWing in dentistry: mentoring the dental professional

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Key points

Explores the benefits and barriers of mentoring within a healthcare setting.

A review of the knowledge, skills, behaviours and responsibilities of the mentor.

Outlines the process of mentoring, including contracting and need for supervision.

Abstract

Introduction Mentoring plays a key role in supporting individuals and organisations. It is a journey in which the mentor aids the development of their clients by setting achievable goals and realistic plans, monitoring progress and providing feedback or assisting reflection. The mentor assists the learner in solving problems and providing personal support and motivation. As the relationship develops over time, the mentor will need to utilise various skills, knowledge and behaviours in order to facilitate successful outcomes. Effective mentoring relies on a process known as the 'mentor life cycle.' This involves the matching process, contracting, use of mentor models or diagnostic tools, appraisal, peer and group supervision.

Methods A literature review was performed (keywords were 'coaching' or 'coach', 'mentoring' or 'mentor' and 'dentistry'). Guidance, institutional publications and original research were considered. Limits were applied (2013 onwards, English only). The evidence was appraised to inform a best practice guide for use in mentoring, applicable to dentistry.

Conclusion Mentoring can create a positive culture that can help team members share knowledge, cultivate new ideas and improve team working. This paper explores the role of mentoring in a dental healthcare setting and the use of the 'mentor's toolkit' to promote professional development of the individuals involved. It also highlights the stages of the mentoring process, use of the GROW model and the role of supervision to support mentors in mutual growth and learning. When used effectively, the mentoring process positively impacts on both the organisation and the individuals within it, ultimately resulting in better patient care.

Mentoring in dentistry

Mentoring has one purpose: learning and development of the individual. It is a process that leads to change for the individual and possibly their organisation. The Global Coaching and Mentoring Alliance¹ defines it as 'activities within the area of professional and personal development with focus on individuals and teams and relying on the client's own resources to help them to see and test alternative ways for improvement of competence, decision making and enhancement of quality of life.'

Mentoring is person-centred, transformational and the processes integral to mentoring include establishing a relationship of trust, respect and confidentiality. It facilitates exploration of needs, motivations, aspirations, ambitions and commitment to making change. It supports the mentee's thinking to promote self-awareness, reflection and informed decision-making, to set appropriate goals and development of plans and networks to achieve these objectives with a focus on solutions and strengths. Mentoring can also be passing on experience and knowledge from mentor to mentee, but ultimately, the process is mentee-led to ensure an individualised approach in development. In this way, the mentee sets the agenda for the process, focusing on long-term goals related to personal development.

Achieving high quality healthcare against a background of continual change, increasing demand and declining resources is a major challenge.

NHS England's *Guide to mentoring*² recognises the value of mentoring in creating a culture of workforce engagement in healthcare systems to continually develop, maximise potential and progress operational efficiency, which subsequently improves patient care (Fig. 1).

The benefits of mentoring

Healthcare organisations can benefit from mentoring due to the impact on both recruitment and retention, resulting in sustainability of the workforce with reduced turnover of staff.

Mentors can help new staff adjust to the working environment, speeding up acculturation, developing networks and raising awareness of organisation policy and procedure.³ Where senior managers are involved, it can allow individuals to gain a

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Fig. 1 The benefits of mentoring

further insight into the workings of healthcare and access to networks, showing a teamwork approach to learning.

For existing employees, mentoring can be tailored to their individual needs, enhancing loyalty and commitment through achievement of career goals. This improves motivation and job satisfaction, yet can challenge those who may feel stagnant in current roles. This positive culture of cultivating new ideas and improving team working correlates with creativity, collaboration and efficiency.⁴

It can also enhance the reputation of the organisation and attract new staff if viewed positively and as a way of career progression. When undertaken over time, mentoring can identify emerging talent as well as provide meaningful career progression and effective succession planning without waste of resources, time, or uncertainty.⁵

Development of the individual via mentoring has also been shown to increase productivity and efficiency by allowing healthcare workers to maximise their potential through awareness of opportunities, driving efficiencies and enabling them to fully contribute to the service in which they work through transference of learning into the workplace and supporting other educational strategies. For a healthcare organisation, this will result in implementation of change, including agendas for inclusion, improvements in patient safety, requisition

of innovative treatment modalities, or cost saving efficiencies. This, in turn, increases job satisfaction and professional success that can increase both individual and team commitments to the organisation and therefore aligns mentee goals with the place in which they work.

Mentoring can help those involved prioritise and clarify what is truly important. More importantly, the mentoring process can ensure prevention of burnout in dentistry due to multiple stressors⁶ and isolation, whether because of being able to openly discuss challenges in a non-judgemental setting, through a greater understanding of their own work or organisation, or the dedication of time to focus on oneself.⁷ The by-product of which is excellence in patient care and improved patient experience.

The barriers to mentoring

Individual barriers to mentoring can be due to mentor-mentee mismatch.⁸ This can be related to perceptions of age, gender, culture, race and power. In the field of oral and maxillofacial surgery, there is evidence suggesting that male mentors may be more effective for female mentees,⁹ due to network availability and career outcomes. It also highlights that mentoring relationships can and should promote diversity and inclusion. However, if

mentees feel under-represented, it can limit the abilities of the mentoring process and mentees feel better supported when both parties share the same values. This barrier can be overcome by the training of mentors on themes such as bias, matching of mentor and mentee and peer mentoring that can also build networks that support the diversity of the people involved, as well as their learning needs.¹⁰

Organisational barriers can be due to a lack of understanding of the benefits of mentoring and therefore failure of the organisation to provide resources and a supportive infrastructure.¹¹ Thus, mentoring programmes are poorly supported, lack leadership or are implemented to resolve the problem of underperformance.¹² Clear outcomes are not identified and measures are not in place, nor is there a quality control process available. Mentors are assigned due to seniority, not developmental competence, resulting in staff disengagement and frustration at the lack of improvement or opportunity and therefore low morale ensues.

Across healthcare there continues to be detrimental pressures to deliver on targets. The perception, therefore, is that this ethos translates across the mentoring relationship which allows the process to be problem-focused, so there are unrealistic expectations of what can actually be achieved. Combined with a busy environment and time-consuming jobs, mentors and mentees can approach the relationship ill-prepared and are destined for infrequent contact. This requires addressing at the beginning, where the focus should be on personal development and a drive for quality through identification and management of opportunities. Organisations (both the NHS and supporting bodies) and clinicians would benefit from encouraging peer support via mentoring, which can provide quality assurance in line with professional governance in dentistry.⁶

Measurements in mentoring

The very nature of assessment in mentoring is against the ethos of the mentoring relationship. Nonetheless, measurement in mentoring can help the relationship and progress the mentoring process. It is important to define criteria for success and identify the reasons for measuring, which is to highlight the benefits of mentoring and demonstrating that mentoring is worthwhile. This includes:⁶ troubleshooting individual relationships; highlighting the need for additional support or resources;

recognising problems or constraints with the process; providing information for quality improvement; justification for the investment in time or resources; persuasion of sceptics; cultivating motivation; benchmarking against other organisations; and validation for stakeholders concerned.

Measurement should be unobtrusive, valued by all involved, timely, straightforward and easy to apply. Mentees should also be informed about the use of measurement tools, how they will be used, expected level of contribution and how the results will be used in line with any confidentiality policy, to ensure minimal resistance.

It should not attempt to assess and report on a mentee's performance, reward the mentee or involve illegitimate disclosure of a mentoring session.

The measurement matrix (Table 1)¹³ can be used to identify the impact of mentoring on both the individuals and the organisation. This can be communicated to all relevant stakeholders to highlight the true value of mentoring as a development tool for both individuals and the organisation to define a realistic return of investment.

The mentor's toolkit

Knowledge, skills and behaviours

Mentor attributes are vital in ensuring the mentoring relationship remains trusting, open, constructive and supportive.¹⁴ Mentors can better achieve this by having knowledge and understanding of self. This involves the ability to recognise and manage their own behaviours when helping others, which can be achieved by conducting a personal SWOT (strengths, weakness, opportunities, threats) analysis. Demonstrating awareness of values, beliefs and attitudes and also how these affect their mentoring practice can aid management of the mentor-mentee meetings to ensure they remain effective and align with the mentee's objectives for maximum benefit. This also requires behavioural awareness to understand others and emotional intelligence.¹⁵

As a mentor, it is expected that with care and respect for the mentee that the use of empathy can provide emotional guidance toward their goal. It is based on what the mentee feels (affective) and the experience (cognitive) that has led to the feeling.¹⁶ Empathetic mentors are better able to foster intimacy and trust that is deemed essential to the psychosocial dimension of mentoring.¹⁷

Table 1 The evaluation matrix

Type	Processes	Outcomes
Programme	Reaction	Learning
The healthcare organisation	<ul style="list-style-type: none"> • Mentee engagement • Level of contribution • For example: 'how many people attended mentoring sessions?' 	<ul style="list-style-type: none"> • Assessment of learning • Setting objectives and testing • For example: 'has there been increased retention of staff?' or 'is there a specific indicator of raised competence in critical areas?'
Relationship	Behaviour	Results
The individual	<ul style="list-style-type: none"> • Application of what is learnt • Identification of further areas of help required • For example: 'is there a sense of direction?' or 'are there any concerns?' 	<ul style="list-style-type: none"> • Review of outcomes • Achievement for the individual, team or organisation • For example: 'have I met my goals?'

Snowden *et al.*¹⁸ expands on Darwin's dimensions of the mentoring personality to highlight behaviours essential for a successful mentoring relationship, as identified by dental care professionals. In descending order of importance, these are: approachability; communication; non-bias; patience; enthusiasm; trust; empathy; motivation; willingness; reflection; negotiation; friendliness; being empowering; and leadership.

These features suggest that mentees have a preference of nurturing mentors, which is unsurprising considering the profession of dentists routinely cares for its patients.

Equally important, Kay and Hinds¹⁹ have identified the importance of commitment, the ability to network and open doors, having relevant experience or credibility and maintaining confidentiality.

Communication

Effective interpersonal communication²⁰ leads to effective mentoring, which relies on open authentic communication, both verbal and non-verbal. Non-verbal communication includes facial expressions, use of gestures, posture, body position and use of space, although there may be cultural differences in their use and translation. Non-verbal communicators are thought to deliver more meaning than spoken words and can convey empathy and trust to boredom and aggression. Similarly, the mentor's ability to decipher these hidden messages in mentees is of value, whereby they are suggestive of the level of personal presence.¹⁶ To ensure an increased level of attendance, Egan²¹ suggests you face the mentee 'squarely', adopt an 'open' posture, 'lean' towards your mentee, maintain 'eye' contact and be 'relaxed' (acronym SOLER).

In one study of mentorship, the highest ratings were given to the following forms of non-verbal communication: eye contact; voice intonation; and facial expressions. Gestures, on the other hand, received the lowest ratings.²²

Active listening involves listening to and understanding the mentee's intent and feelings behind the spoken word, which may include non-verbal cues and tone. It is to actively listen for the true message. It involves putting aside judgements, being open-minded and accepting what is being said, without providing solutions and taking control, although knowing when and how to challenge appropriately. It also involves decoding what is said and what is meant and will allow the mentor to gain a deeper insight and understanding.

Parsloe and Wray²⁰ acknowledge the relevance of asking the right question to explore value in conversations and form insight. Open questions can help build rapport, provide mentees with freedom of expression and encourage uninhibited conversation. Probing questions can elicit further information, can be used to clarify existing thought processes or is useful when mentees withhold information. Hypothetical questioning can pose situations which is useful in exploring new ideas or concepts without confrontation or overt challenge and subsequent defensiveness. However, the use of questioning is recommended with caution, as the mentee should be gauged to have the necessary tools and understanding to answer the questions.

Socratic questioning¹⁶ enables reflection (of actions and feelings), seeks clarification, confirms active listening, gives the mentee opportunities to elaborate and reassures them that they have been heard.

Fig. 2 The GROW model

Table 2 The advantages and disadvantages of the GROW model

Advantages	Disadvantages
<ul style="list-style-type: none"> Standardised approach to subjective process Easy to remember acronym Simple systematic process allows mentors the confidence to utilise other techniques to meet mentee needs Conversation guide Ability to move back and forth through GROW cycle Ensures productive meetings GROW aspects set and led by mentee to ensure person-centred approach Promotes collaboration through interactive process 	<ul style="list-style-type: none"> Too simple Less holistic Misses the broader context of change Requires use of other tools and techniques Outcome focused Denies mentee reflection Regimented and prescriptive Mentor over use and reliance on model (ignores the mentee's true motives)

Responsibilities

The European Mentoring and Coaching Council (EMCC) Code of Ethics²³ provides standards against which mentors can adhere, to ensure accountability for the quality of their work, best practice and professional competence. It covers competence, context, boundary management, integrity and professionalism.

It aligns itself with The Professional Charter for Coaching and Mentoring²⁴ to ensure an effective relationship. The code also encourages diversity and training in issues related to bias so there is an inclusive approach towards all mentees. This is further highlighted in the EMCC²⁵ diversity and inclusion policy, whereby mentors are encouraged to act in a way that is non-judgemental and therefore causes no harm to the mentee.

The International Coaching Federation (ICF) Code of Ethics²⁶ highlights the responsibility of the mentor to the mentee to ensure an effective relationship in 'responsibility to the client'. Mentors should ensure mentees understand the nature and value of the relationship and this should be done before the initial meeting. The ICF believes mentoring is a partnership

that allows individuals to enter with full knowledge of their roles and responsibilities to each other. Therefore, the mentor should work towards an alliance with the mentee that will ensure quality mentoring regardless of race, gender or other mentee-mentor differentials.

Mentors should maintain trust and confidentiality to allow a safe space for mentees to talk openly and this should extend to meeting notes (written and electronic) and how information is exchanged by all involved. The limits of confidentiality should be discussed at the outset and outlined in the contract as should any conflicts of interest.

A mentoring model

The GROW model (goal, reality, option, way forward) (Figure 2 and Table 2) created by Sir John Whitmore and his colleagues in the 1980s is designed to 'unlock a person's potential...it is helping them to learn rather than teach them.'¹⁶

Mentors may discover the model is not compatible with the mentee nor the process. An alternative model for use in healthcare²⁷ is the OSKAR model that highlights use of 'scaling' and 'review'. The use of scaling (0–10) allows quantification of desire, willingness

or commitment which can be reviewed periodically. Equally, the process of review focuses on progress and therefore small achievements, which is more motivating and inspiring than simply highlighting a way forward.²⁸ This allows for measures of effectiveness and therefore provides the mentor with feedback on how the process can be improved so the relationship is of value to the mentee in delivering positive change.

The mentoring agreement

Contracting within mentoring is professional good practice. It provides credibility and formalises the process whereby the boundaries, expectations and limits of the relationship can all be agreed at the outset. A survey of NHS staff showed that only 20% chose to read a mentoring contract or agreement.⁵ Therefore, to fully engage mentees, they should be included in the contracting process, also ensuring that both parties are aware of other key stakeholders and if necessary, the agreement can align with the values of the healthcare organisation. Informed contracting⁵ helps identify the expected roles and responsibilities of each party²⁵ and provides a baseline to measure progress. Without it, the relationship cannot be considered established.

The EMCC²⁹ outlines areas for consideration in a contract between mentor and mentee. The primary purpose of a mentoring agreement should be to outline the purpose for mentoring and the mentee's goals. It should also include roles and responsibilities, boundaries, alignment with the code of ethics and the process itself. This could involve the use of diagnostic tools such as relevant psychometric tests or 360 feedback and how it will be used to review progress, how constructive feedback will be given and that reflective practices will be encouraged.

The ICF³⁰ include dispute resolution and cancellation or termination policy. Under circumstances of complaint or early termination, the contract will support both parties and act as a reminder of their obligations.

The Global Code of Ethics²³ expects mentors to explain the nature of contracting to the mentee, which should include logistical (meeting in a space that allows for optimum learning and reflection, strategies for accessibility including appropriate communication methods, frequency and rearrangement protocols) and confidentiality arrangements, including preparedness to

involve others (should additional support be required). Equally, the duration of the contract should be sufficient to meet the mentee's learning and developmental needs and yet ensure support of the mentee to do this independently, but also allow no-fault termination if required by either party, if there is felt to be a lack of value in the process or insufficient progress.

The mentoring life cycle

Stage 1: initiation and orientation stage

Preparation is essential for the first session. It explores the mentee's motivations and sense of purpose, defined as co-creating the relationship. The first meeting should build a sense of trust and rapport to gain background information and form the basis of the contracting process. It should also assist the mentee to plan and progress their objectives through review of aspirations and establishment of meaningful yet SMART (specific, measurable, achievable, relevant and time-related) goals. The mentor may guide the initial stages of the process but should be aware that their role is facilitative and eventually the mentee will drive the relationship forward as the relationship develops.

Stage 2: getting established

The next step is to analyse the information provided and apply appropriate frameworks and theories so that the mentee gains awareness and understanding, identifies what part they play in events and recognises relevant trends and patterns of behaviour and ideas for development activities. Diagnostic tools can be employed such as personality questionnaires or multisource feedback questionnaires which can give deeper insight into the mentee's behaviours and self-awareness.

Stage 3: maturing, developing independence or autonomy stage

Active mentoring will facilitate learning and results. It is the time to assist the mentee in fully understanding the challenges, stimulate reflection, clarify understanding and provide different perspectives. The mentor will encourage the mentee to find their own appropriate solutions through encouragement, giving advice from their own experience, sharing technical knowledge and knowledge about the organisation and signposting mentees to useful resources and networks. This process is about allowing the mentee to

become more confident, self-aware and self-directing, by helping the mentee to recognise and understand their own behaviours. There will be a shift in the mentor's role: confronting, stimulating and challenging the mentee to take a different perspective; consider various options; and devise a detailed plan of action.

Stage 4: ending

There should be regular reviews of progress and learning. Evaluation will manage expectations and reinforce effectiveness (appraising the process),³¹ recognise and develop strengths, overcome obstacles and reach goals, recognise achievements (appraising the outcomes) for the mentee and identify further areas for development or allow for an obvious, yet natural, ending to the process.

Formal closure and winding down¹⁶ the mentoring relationship should occur when goals have been completed, or it is the end of a set time and the process comes to a natural end. The aim is for both parties to have fulfilled their needs.

The final discussion should reflect on accomplishments, explore if other forms of support are required, future action plans, continuation and implementation of an informal relationship and expression of thanks.

Wind up is when there is failure to make progress due to barriers in the relationship, circumstantial changes from either party or failure to help the mentee achieve their objectives resulting in deliberate yet no-fault termination. This acts as a reminder to ensure a willingness to confront issues, the value of honest feedback from both parties and a methodology for assessing objectives and success criteria. The mentor should ideally reflect on the relationship as a developmental opportunity. The mentor may undertake a skills and competence analysis by gathering feedback, exchange experiences with other mentors and analyse their learning log.

Mentoring the mentor

The EMCC²³ highlights the importance of professional conduct in that a mentor should work within the boundaries of competence and ensure to undertake training and continuing professional development (CPD). CPD that aligns with a Personal Development Plan (PDP) helps to sustain and advance good practice, is a requirement to maintain accreditation and also ensures accountability and development of the individual.

Equally, the Global Code of Ethics²³ states that mentors 'will engage in supervision with a suitably qualified supervisor or peer supervision group with a level of frequency that is appropriate to their mentoring practice, the requirements of their professional body and the level of their accreditation, or evidence engagement in reflective practice, ideally with peers and/or more experienced colleagues.'

Supervisors can ensure the mentor's work aligns with the ethical code of practice and can develop the skills and capabilities of their supervisee, as well as provide emotional support when required.

A good supervisory partnership involves non-judgement, empathy and encouragement to explore, investigate and experiment. Time spent in supervision can facilitate in-depth reflection and allow the mentor to discuss their work within a collaborative relationship in which process and challenges can be explored safely. It also ensures the mentor gains confidence, competency and even creativity to then enable a better and progressive relationship with their mentee.

The mentor has the opportunity and freedom to explore issues and consider alternate directions or views, but it can also develop new ways of thinking about the process of mentoring or even oneself.

Peer or group supervision formalises professional support to ensure continual development of the mentor and effectiveness of mentoring practice through reflection, evaluation and sharing of expertise.³² It can also discourage a sense of isolation and ensures the mentor does not work beyond their limitations.

Group supervision can ensure mentoring knowledge, processes and tools remain current and allows for evaluation of practice through feedback, as well as being an outlet to benefit self-awareness for support and development. Equally, peer supervision or a peer learning alliance⁵ can bring people together from different backgrounds to learn from each other by sharing experiences, challenging assumptions, expanding networks and providing new perspectives. It can facilitate ongoing professional development, especially when there may be issues raised with the mentee whereby collaborating with others could further unlock ideas towards progress. It also gives another approach towards mentoring style and philosophy. In cases where mentors choose to pair for supervision with those they trust and respect as professionals,

the relationship can permit a deeper insight into each other's blind spots and strengths which can be invaluable to ongoing learning and development.

Conclusion

A survey of mentoring in medicine and dentistry was conducted in 1999 and coordinated by the working group, The Standing Committee on Postgraduate Medical and Dental Education that thereafter established The Preparedness to Practice project mentoring scheme.³³ The recommendations made from this review explained that there should be a local analysis of the need for support which should be discussed both locally and nationally. Local working conditions should be adapted for doctors and dentists to enable maximum benefit from peer support. The review highlighted that mentoring should be considered a priority.

Mentoring should be encouraged at all levels in a dentist's career to support further growth and development. A current and very apparent concern is the lack of opportunities and increasing sense of isolation, highlighted further by the coronavirus pandemic which has led to occupational stress and anxieties. Mentoring could help individuals discover ways to improve their scope of work, form networks and feel better supported through challenging times but also throughout their working lives.

Effective mentoring lies in the development of trust between two strangers, yet must be recognised as a two-way process to avoid dependence so that all stakeholders benefit from this learning, whether it is for specific groups, affiliated with work-based learning programmes, organisational change or to improve effectiveness among individuals and teams.

Mentors bring a wealth of experience and knowledge, offering a scope of organisational and interpersonal skills to benefit both an organisation as well as an individual. One characteristic required of a mentor is wanting to be a mentor and therefore it is imperative to have a genuine interest in the rights of others and recognising that they bring human emotions, hopes, fears and ambitions into the relationship. Therefore, a mentor undertakes multiple roles: a teacher, confidante, counsellor,

motivator, facilitator, adviser, critic, guide and devil's advocate.

However, it must be remembered that the mentor can only achieve transformational change when matched with a willing mentee. The mentor requires training and development in much the same way as any mentee and this can only be achieved if the organisation in which they work for accepts the value of mentorship and fosters a culture developing the valuable attributes for those wishing to embark on mentoring others.

Ethics declaration

The authors declare no conflicts of interest.

Authors contributions

Shrina Nathwani created manuscript content, including figures, undertook editing and is corresponding author. Naomi Rahman created manuscript content, including figures.

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