



The Intensive Care Medicine Career Mentoring and Personal Development Programme

Guidance Document

May 2021



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1. Introduction to FICM Thrive

FICM Thrive is the Faculty of Intensive Care Medicine (FICM) career mentoring and personal development programme for all doctors with a career in Intensive Care Medicine in the UK. Intensive care Medicine (ICM) as a specialty is both rewarding and challenging. With a demanding career it can be hard to strike a balance between professional and personal life. In particular there are important transition points and intense learning events throughout the career when mentoring can be highly effective.

This guidance document provides a set of resources to support mentors and mentees taking part in the faculty mentoring programme. Professional mentoring is a valuable tool supporting individuals to progress and thrive throughout their careers.

Aim:

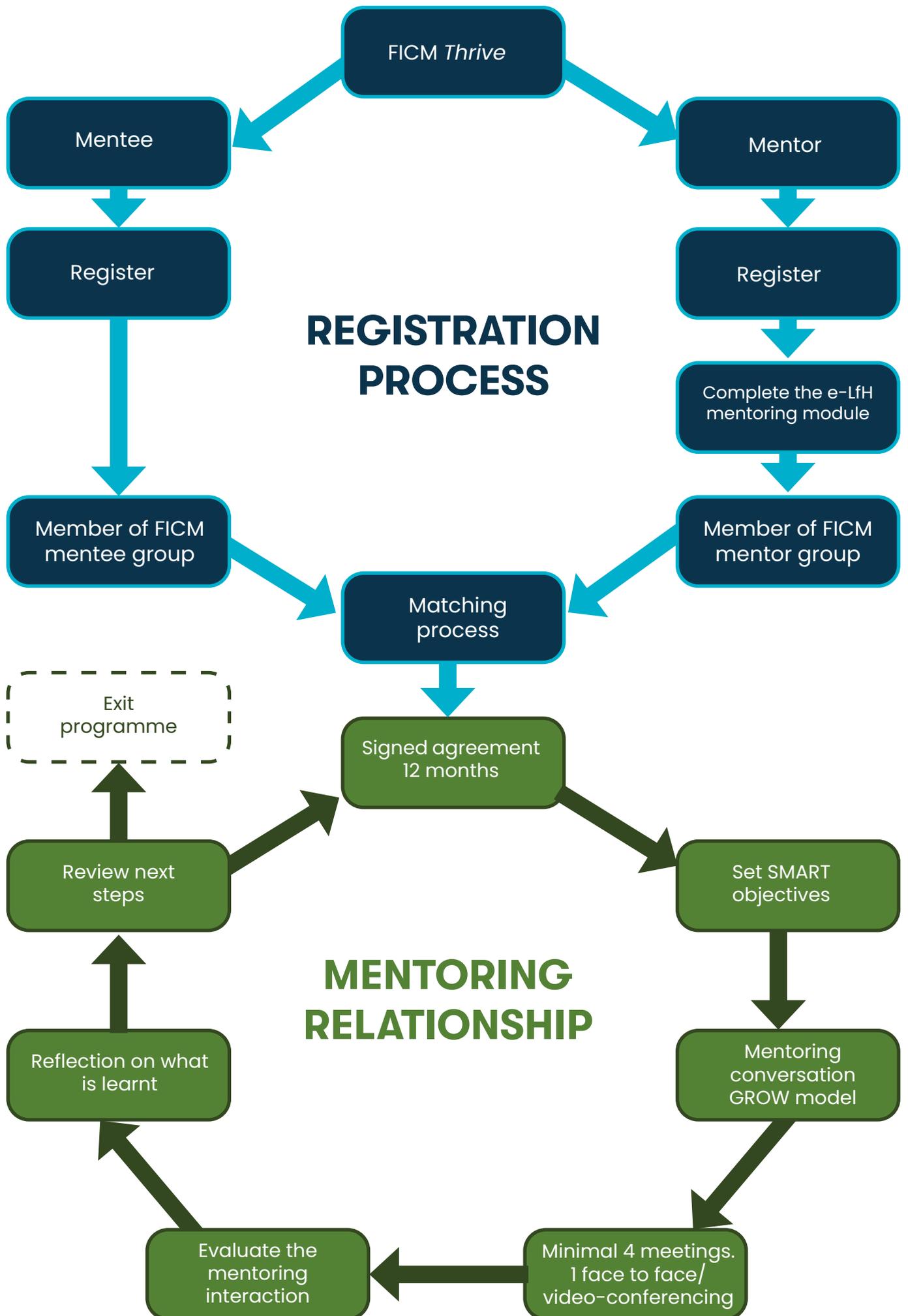
The overall aim of the programme is to facilitate a strong productive mentoring relationship based on mutual, equal and collaborative development and learning between mentors and mentees.

Objectives:

The key objectives of the faculty mentoring programme:

- To empower and support ICM doctors in their careers.
- To provide a strong network to enable suitable matching of mentees with mentors.
- To provide resources and support to ensure that the mentoring relationship and interactions are fulfilling and produce tangible outcomes for both mentees and mentors.

The first phase of the launch of the FICM Thrive programme in May 2021 will focus on new consultants in ICM, in their first 5 years post-appointment. Following this the programme will be reviewed to increase its availability to individuals at all stages of their career.



3. What is mentoring?

Mentoring is a dynamic, supportive relationship between two people where one person (the mentor) will help to develop the mentee by guiding, supporting, advising and future planning. The two people work one on one in a confidential professional partnership based on understanding and trust. For the purpose of this programme mentors usually have more experience compared to mentees and/or they have been working in a particular job or role for longer. However there are certain situations particularly with senior executive/managerial teams in organisations where reverse mentoring can be effective.

The main aim of one to one mentoring is to build knowledge, capability and self-reliance in the mentee although it is often described as a two-way learning relationship which provides useful feedback and reflection opportunities for both mentee and mentor. Professional mentoring is a partnership with focused conversations often related to important career transitions, improving effectiveness, personal growth and shared experiences.

Importantly mentoring is not coaching or counselling. Also it is an active positive process undertaken freely and should not be confused with specialised supervision processes for doctors in difficulty. It is important to note that mentoring is not a substitute for direct work related line management or supervision. Mentoring has some overlap with coaching and the two are often compared and confused. Coaching could be viewed as building particular skills and focusing on a narrowly defined task or goal. Whereas mentors convey and instil the standards, norms and values of the profession with a holistic broader view. The overlap occurs because coaching is often seen as a style of relationship that can be employed in mentoring.

Key principles of mentoring:

- A free and trusting relationship, with no coercion
- Confidentiality on both sides (except where patient safety or the duty of candour supersedes this)

- The mentor and mentee should agree the goals and boundaries of the relationship
- A successful mentoring relationship requires adequate time. Both parties should discuss and agree the frequency of meetings and the duration of the relationship.
- The agenda for discussion is best laid out by the mentee with agreement and input from the mentor.
- The process should be led by the mentee.

4. What are the benefits of mentoring for the mentee and mentor?

There are many recognised benefits for both parties in the mentoring relationship. Below are some examples :-

For the mentee

- Help with decision making and career development
- Strategies to assist with a difficult work situation or relationship
- Improved inter-personal and professional skills
- Improved reflective practice and understanding of what is right for you
- Increased self-confidence
- Balancing of work, career opportunities and other aspects of life

For the mentor

- Development of listening and communication skills
- Leadership and management experience/skills
- Personal satisfaction, fulfilment and giving back to others
- Increased self-reflection and understanding
- Exposure to new ideas/areas/concepts/ perspectives
- Contribution to the wider development and growth of the specialty

5. The role of the mentor

The role of the mentor is to help the mentee find their own solutions to identified challenges and issues which need addressing. This can be using their own experiences, skills and

knowledge of the area. An important skill of the mentor is to identify when external support is required and refer the mentee on if appropriate.

The mentor needs to commit to the relationship and ensure they have the adequate time as agreed. The mentor should encourage the mentee to lead and maximise the relationship by planning the topics to be addressed and arranging the meetings. It is useful to have clear objectives for each meeting. The mentor should not tell the mentee how to address the issue.

Mentors need to be appropriately trained; there are a large number of resources available but to participate in this programme completion of Health Education England (HEE) e-learning programme is required (see mentor training section). Upon successful attainment of the HEE medical mentoring certificate mentors can join the FICM mentor group.

Mentors need a number of skills; it is beneficial to be empathetic, open minded, willing to listen actively and intuitively, and talk openly and honestly, interested in people and approachable. These skills can often develop and grow during a mentoring relationship. Bring your experience, expertise and personal qualities into each mentoring conversation. It is important to build trust and help the mentee to build capacity for learning in order to achieve their set goals. Provide ideas and suggestions without expectations or setting demands.

It is important to ask your mentee the right questions:

- Investigative questions; seeking information and objective facts
- Discovery questions; tapping into your mentees knowledge, experience and insight
- Empowering questions for actions and commitments.

Finally provide honest and genuine feedback to your mentee, provide perspective and explore options.

6. The role of the mentee

Mentees stand to gain a lot from the mentoring relationship. However the mentee needs to commit to the relationship and invest in it. It is important the mentee takes the lead

regarding issues to be discussed and aims of the relationship. This can be done in a number of ways, including:

- Setting out clear objectives for the relationship.
- Being pro-active: arranging meetings, setting an agenda for meetings, ensuring any actions are completed/followed up.
- Staying committed to the relationship
- Seeking the mentor's advice and being open to ideas.

A SMART action plan (specific, measurable, achievable, relevant, time-bound) is a useful tool to aid preparation before a meeting and to enhance the time spent together in the meeting. Both the mentee and the mentor will get more out of the meetings and the time will be used more effectively if time is spent by the mentee preparing and planning.

7. Mentor training

There are many different resources of mentoring training available. The FICM mentoring programme endorses the HEE approved medical mentoring e-Learning programme on the e-LFH website as a key useful resource and introduction to mentoring for mentors. This package is free and can be accessed by anyone with a General Medical Council (GMC) number. Visit <https://www.e-lfh.org.uk/programmes/medical-mentoring/>. A certificate will be presented upon completion of this training programme.

Completion of this e-learning programme and presentation of the certificate of completion is required in order to register as a mentor for the FICM Thrive mentoring programme and join the FICM mentor group. The FICM mentor group is a virtual database of all registered FICM mentors; benefits of registration include support, guidance and access to resources. Mentoring is rewarding in many ways; it can develop personal skills and be part of continuous professional development.

8. Registration process

When completing the application form please give us as much detail as possible on what you would like to get out of the scheme. For buddying and being a mentee, let us know what the most important areas are to you for getting support and guidance in e.g. clinical

practice, research, clinical governance issues, managing a service, service development, professional work/life balance etc.

If you would like to be a mentor, tell us of any experience or training that makes you appropriate to act in this capacity and which areas you feel your strengths are to be a mentor. Following voluntary registration with FICM as a mentor and completion of e-LFH e-Learning programme you will be matched to a mentee. Let us know if you would like further advanced training in mentoring and we can point you towards courses e.g. in welfare and professional wellbeing.

You may apply to join as both a mentor and mentee. Completed forms should be submitted to wicm@ficm.ac.uk.

9. Matching process

The mentor and mentee matching process will ensure that the key objectives of the mentoring programme are met; empower and support ICM doctors in their careers, provide a strong network to enable suitable matching and to provide resources and support to ensure that the mentoring relationship and interactions are fulfilling and produce tangible outcomes for both mentees and mentors.

It is important when registering for the programme that consideration and care is taken into completing your profile as robustly as you can so that we can use this information to ensure informed and accurate matching of mentees and mentors.

The FICM Thrive mentoring programme is led and managed by the Women in Intensive Care Medicine (WICM) working group, subcommittee of the FICM Careers, Recruitment and Workforce Committee. FICM administrators and the WICM working group will carefully individually match each mentor and mentee based on information provided on the individual registration profiles; taking into account individual characteristics, geographic location, areas of interest, personal requirements and experience. The WICM working group will oversee the process and be available for guidance. Every attempt will be made to ensure that the matching process is robust. This will be an evolving process as the mentor and mentee registered database changes with time.

10. Mentoring agreement

A mentoring agreement helps focus the meetings and defines the ground rules for the relationship. Both mentors and mentees will be required to sign a mentoring partnership agreement for 12 months with the potential for extension if required. The mentoring agreement should be discussed and signed at the initial meeting. This contract enables an agreement from the mentor and mentee on commitment to the programme with a mutually agreed set of ground rules.

Cancellations of meetings should be avoided if possible but if necessary both parties should aim to give each other as much notice as possible.

The mentoring agreement can be freely terminated at any point by either party. If either the mentor or mentee decides at any time that they no longer wish to continue with the relationship they must inform the programme organiser at wicm@ficm.ac.uk and will not be asked to give a reason.

11. Maintaining a mentoring relationship

It's important that mentors and mentees keep regular contact. This can be challenging with busy personal and professional lives, so we would encourage at least 4 meetings in 12 months with at least one, preferably the initial meeting, be a face-to-face meeting (in person or via video conferencing). The COVID-19 pandemic has prompted a shift in meetings from in person to virtual. Please be safe and always refer to the latest government guidelines. It is important to note that effective mentoring is built on respect for the mentee. The cornerstone of mentoring is empowerment: helping another person discover their own strengths and talents.

12. Virtual mentoring

Virtual mentoring refers to any mentoring that does not take place directly face-to-face, includes; meetings via telephone, email, messaging and video conferencing. Virtual mentoring can be very effective; increases access to mentoring opportunities and provides flexibility. We recommend that at least one meeting preferably the first meeting is face to face; either in person or via video conferencing. For successful virtual mentoring we recommend:

- Thoughtful structuring of the sessions to enable a meaningful interaction
- To use video conferencing over other methods whenever possible
- Ensure that both mentor and mentee adhere to the professional etiquette of virtual meetings

13. Setting 'SMART' objectives:

To maximise the use of time and keep focus we recommend that SMART objectives should be used. This is helpful for framing the situation for both mentor and mentee. SMART is an acronym for specific, measurable, achievable, realistic and timely. In a mentoring relationship the mentee should build this plan with support from the mentor.

SMART

- Specific – try to be clear about what is required
- Measurable – how will you know whether the goal has been achieved?
- Achievable – if the goal is unachievable then the process will not succeed
- Realistic – is this goal realistic
- Time – what time-scale are you aiming for? What time do you need to achieve the goal?

14. Structuring a mentoring conversation

For each mentoring interaction it is important to have a structure, a step by step assessment of goals and realistic assessment of how to achieve them. The GROW model presents the key stages of a mentoring cycle and forms a basis for structuring a mentoring conversation:

- Goal- The focus and aims of the session using SMART objectives. Clarify and agree on a realistic and motivating outcome.
- Reality- The current situation, work through the reality of what is happening now and where the barriers/blocks may be.
- Options – What has been tried, what could be explored, stimulate ideas and choices about new ways of doing things.
- Way forward – Commitment to action plan, what will be done?, what are the steps?

15. Terms and conditions

The Faculty will not bear any costs towards holding meetings in any form and these must be borne by the participants.

By submitting your application form you are consenting to your information being held on the Faculty database and for your basic details to be shared with individuals you are matched with.

Information shared within the mentoring relationships must remain confidential between the two participants and the Faculty, who will receive meeting reports and annual outcome reports.

Either party in the mentoring relationship is able to terminate the relationship at any stage if they are not happy to proceed or if they have achieved their goals.

16. Guidance on confidentiality

As mentoring is provided for both personal and professional development there are no subjects that cannot be discussed.

Mentors and mentees are bound by a duty of confidentiality and have a duty to not disclose any information to a third party. This is irrespective of the organisational position of either the mentor or mentee.

A successful mentee/mentor relationship is based on trust, therefore strict confidence must be kept (unless there is immediate and serious risk divulged in which case appropriate agencies should be alerted).

Information shared within the mentoring relationships must remain confidential between the two participants and the Faculty, who will receive meeting reports and annual outcome reports. Unless the mentor feels that the mentee is in immediate danger and then external help should be sought as appropriate.

All matters discussed are confidential except if information is disclosed which is illegal; which raises concerns regarding their health and wellbeing that are related to fitness to practice and the mentee refuses to seek help; or concerns regarding the health and

wellbeing of others. If there is a need to breach confidentiality the mentee will always be informed prior to doing so.

This commitment to confidentiality endures after the mentoring relationship has ended.

17. Evaluation of the mentorship interaction

Participants experience and perceptions are important in evaluating the effectiveness of the mentoring interaction. Following a 12 month contract, you will be asked to complete an evaluation form for mentorship interaction and the programme.

18. Potential pitfalls and solutions

A mentoring relationship may face a number of challenges as the mentor and mentee get to know each other. If problems arise it is better to acknowledge and address them as soon as possible to prevent them from growing and undermining the benefits of mentoring.

The main principles to consider when facing a problem are:

- Problems should be acknowledged and addressed in a positive manner
- The experience should be viewed as an opportunity to learn
- The goal would be to address issues to improve the relationship
- Refer back to the mentoring contract and discussions about boundaries
- Agree an approach to address the issue

If you are unable to resolve the problem; the options include to end the mentoring relationship and learn from it and to seek expert help if felt appropriate.

19. Psychological and welfare support

This programme does not provide expert specialist advice for any mental health or safety concerns with regards to your mentee. Should this be case you should seek further advice from your line manager, occupational health, the mentee's general practitioner or the police.

20. Resources

Consider the following resources for self - directed support:

- The British Medical Association for emotional support, counselling and peer support.
 - <https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students>.
 - call: 0330 123 1245, 24 hours a day, seven days a week.
- Doctors support network (DSN) - An organisation whose core function is to provide support and information to doctors and medical students with mental health concerns.
 - <http://www.dsn.org.uk/>
- Mind, a registered charity which offers advice and support to anyone experiencing a mental health problem.
 - <http://www.mind.org.uk/>
 - call: 0300 123 3393.
 - email: info@mind.org.uk
- Samaritans - Confidential emotional support 24 hours a day. A network of national branches also provides drop-in face-to-face listening support.
 - <http://www.samaritans.org/>
 - call: 116 123
 - email: jo@samaritans.org

Further information including financial support and support with addictions can be found on the General Medical Council (GMC) website.

21. Trouble shooting and how to get help

If either party has queries or needs assistance with the programme please email the faculty who will pass your enquiry onto the appropriate WICM mentor project lead wicm@ficm.ac.uk.

22. Guidance on leaving/re-joining the programme

Either party is free to leave the programme if necessary at any time. If you are experiencing difficulties with the programme please contact us as assistance/advice may be available. If you wish to re-join the programme at a later date then you will need to fill in the application form again.

23. References:

Ackroyd R and Adamson KL (2015). "Mentoring for Consultants". J R Coll Physicians Edinb; 45: 143–7

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Harison R, Anderson J, Laloe P, Santillo M, Lawton R, and Wright J (2014). "Mentorship for Newly appointed consultants, does it work?". Postgrad Medical Journal; 90: 439 –445.

Oxley J. Mentoring for doctors. BMJ Careers 2004 May 1, 179

Steven A, Oxley J, Fleming WG. Mentoring for NHS doctors: perceived benefits across the personal– professional interface. J R Soc Med 2008; 101: 552–557.

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Whitmore, J., Coaching for Performance: GROWing People, Performance and Purpose, 3rd edn., Nicholas Brealey, London, 2002.

Appendix 1:

FICM Thrive Mentoring programme Application form

Please refer to the *FICM Thrive mentoring scheme guidance* document before completing this form. Completed forms should be submitted to wicm@ficm.ac.uk

Name:		GMC number:	
Job Title:		Hospital/Trust:	
Address:		Time in post:	
Email:		Telephone number:	

Which of the following roles would you be interested in taking in this scheme? (tick all that apply)

Mentor

Mentee

Tell us what you are hoping to get out of the scheme and any specific requirements that you have.

Please see guidance for further instruction.

If you would like to be a Mentor, tell us about any relevant training and experience that you have.

Do you consent for your details to be stored on the Faculty database and shared with other Mentoring scheme users that you are matched with?

Yes

Appendix 2:

FICM Thrive Mentoring agreement form

Mentee Name:.....

Mentor Name:.....

On the initial mentoring meeting please review and discuss the following agreement prior to signing. Each party should sign 2 copies. One stays with the mentee, one with the mentor. The mentor should scan and email their copy to wicm@ficm.ac.uk.

Logistics

Preferred method(s) of contact:

Mentor:

Mentee:

Session preparation

The mentee agrees to send the mentor a brief agenda for the meeting 24 hours prior to the session including points to discuss and desired outcomes

The duration of the mentoring relationship will be for **12 months** during which there will be **at least 4 meetings**, with an option to continue for a further 12 months with both parties' agreement.

Boundaries

The mentor is happy to be contacted between sessions. The best way to contact them is:

.....

Both parties agree to respond to e-mails within [] days.

They are happy to be contacted by phone at the following times:.....

For the duration of the mentoring relationship both parties agree to not engage in joint research activity, in peer review or selection committees assessing the mentee and mentor will not provide a reference for the mentee during the duration of the relationship. The mentor will not actively engage in discussions concerning the mentee's promotion or appointment.

Confidentiality

Mentors are bound by a duty of confidentiality and have a duty to not disclose any information to a third party. This is irrespective of the organisational position of either the mentor or mentee.

All matters discussed are confidential except if information is disclosed which is illegal; which raises concerns regarding their health and wellbeing that are related to fitness to practice and the mentee refuses to seek help; or concerns regarding the health and

wellbeing of others. If there is a need to breach confidentiality the mentee will always be informed prior to doing so.

This commitment to confidentiality endures after the mentoring relationship has ended.

Documentation

Notes will be made and kept by the mentor and will not contain identifying information and will be stored securely.

It is the mentee's responsibility to keep any desired records/action plans up to date and in a safe place.

Leaving the programme

If either the mentor or mentee decides at any time that they no longer wish to continue with the relationship they must inform the programme organiser and will not be asked to give a reason.

The mentor agrees to notify the scheme organisers at wicm@ficm.ac.uk when the mentoring relationship ends or gets renewed.

Concerns

wicm@ficm.ac.uk can also be contacted for escalating concerns.

Date of issue	Date of renewal
Signatures: Mentor:	Signatures: Mentor:
Mentee:	Mentee:

Appendix 3:

FICM Thrive Mentoring action plan template

Mentoring action plan can be used to record the meetings held and document the actions arising from the meetings. Please complete during the meeting. It provides a summary of the meeting and creates action points for both the mentee and mentor.

Date and Venue:

Name of mentee:

Name of mentor:

Goal with 'SMART' objectives	
Reality	
Options	
Way forward	
Action	
Time line	
How can the mentor help?	

Reflections/Progress summary:

Appendix 4:

FICM Thrive Mentoring programme Feedback form

Please complete the below meeting log

Date of meeting:	Form of meeting (e.g. in person, telephone, videoconference)

(please insert more rows if necessary)

After participating in this mentoring programme...

I am more satisfied with my job than before	Strongly agree/agree/No change/Disagree/Strongly disagree
I feel more socially connected in the workplace	Strongly agree/agree/No change/Disagree/Strongly disagree
I feel more comfortable in the workplace	Strongly agree/agree/No change/Disagree/Strongly disagree
I feel more certain of my career path	Strongly agree/agree/No change/Disagree/Strongly disagree

Please rate the following...

Value of the mentoring programme for you	Excellent/good/fair/poor
Overall quality of this mentoring programme	Excellent/good/fair/poor
Usefulness of this mentoring programme	Excellent/good/fair/poor

Have you found this experience useful?

--

Could you provide us details of why you have or have not found the scheme useful?

Are you continuing with the scheme? If you answered no please let us know why.

Would you recommend this scheme to colleagues? If you answered no please let us know why.

Any other comments?



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