



INCLEN Leadership & Management Program

Module 7
Version 1 (July 2003)

Mentoring

Prepared by
Victor Neufeld

Comments and suggestions on the module are welcomed.
Please forward to Victor Neufeld at neufeld@mcmaster.ca

Mentoring

Introduction

INCLLEN has been in existence for nearly 20 years. The members of the “INCLLEN family” can be found in more than 20 countries around the globe. The “new INCLLEN” came into being in the year 2000. This latest chapter in its history is characterized by new leadership, an expanded mission (which now includes equity-oriented health research for development), and several new strategic directions. These include increased attention to partnership development with “like-minded” networks, and a special initiative on leadership and management training, known as the “Leadership and Management Program” (LAMP).

Since its inception in the first part of 2001, LAMP has concentrated on the creation of a series of training modules. Seven modules and two resource guides are currently available on the INCLLEN Trust website at URL: <http://www.incllen.org>. Modules alone though are not enough to achieve the goal of strengthened leadership and management competencies throughout the network. And so, LAMP has added a focus on mentoring, along with increased attention to the needs of the “next generation” of leadership within INCLLEN (and beyond).

In several regions, the “CLEN” leadership is concerned about the fact that some of the original members (mostly those trained during INCLLEN’s “Phase 1”) are nearing retirement age. As a result, steps are now being taken to focus on the next generation of INCLLEN leadership.

In two regions, Latin America and India, pilot projects are underway to address this issue. The LAMP core group is working with the CLEN leadership in these two regions to implement a mentoring program. INCLLEN colleagues who are “first generation” trainees – that is, they received their training during INCLLEN’s Phase 1—are coming forward to serve as mentors to younger faculty members in their respective Clinical Epidemiology Units (CEUs). (Documents regarding these two “pilot projects” are available on request.)

Objectives

The overall goal of this module is to introduce INCLLEN members to the concept of mentoring. More specifically, the objectives of this module are:

1. To provide an overview of the concept of mentoring, including some references and recommended readings.
2. To provide some practical guidelines to be used by those involved in the pilot projects in Latin America and India.

Background Note

The term "mentoring" has been in use by different groups for many years. It has been used in the business world, particularly in the United States, as a process where senior managers work with young recruits who show promise for rapid promotion (Lundin et al 1978). More recently, mentoring has been described in academic settings (Johnson et al 1999), in nursing (Andrews & Wallis 1999) and in medicine (Connor et al 2000). Roslyne Freeman has developed a mentoring system for general practitioners in the United Kingdom (Freeman 1998). Some general books about mentoring are introduced in the Recommended Readings section.

In his book, *The Art of Mentoring* (see Recommended Readings, Mike Pegg describes several different mentoring roles. Here are some of them:

Classic Mentors: These are "wise and trusted advisors" who are "sage-like and street-wise". They are persons who are willing to meet with others and pass on their wisdom and experience. They are good listeners, and don't usually give advice directly; rather they help others to think through options.

Advisors: These are persons with specialist knowledge and experience in a particular field, and who are sought out for specific advice.

Coaches: Coaches work with individuals in regard to specific skills, usually on a regular schedule. Again, there are variations in how people think about this term—see the section below on coaching.

"Buddies": Some organizations use a "buddy system", where new employees are linked with more experienced staff members. The main purpose is guidance and orientation to the organization, and how it works.

The idea of coaching has been promoted in the business world over the last decade or so. The term was introduced by a financial advisor "who realized that his clients wanted to talk to him about more than their investments. They wanted someone who would listen to their life plans in a focused, accepting and yet questioning way—someone who would be supportive and encouraging of their own choices" (Kersley 2002). There is an International Coach Federation that defines coaching as "an ongoing professional relationship that help people produce extraordinary results in their lives, careers, businesses, or organizations. Through the process of coaching, clients deepen learning, improve their performance, and enhance their life" (International Coach Federation 2002).

Many publications on general management and leadership competencies contain sections on coaching. One such publication, by Moi Ali and co-authors, is described in the Recommended Readings section.

Coaching has recently been promoted within the medical profession, particularly in the United Kingdom, for example in several articles in the British Medical Journal (Atik 2000; Hutton-Taylor 1999). This journal has also featured a series of articles on “how to improve and change your life”, written and edited by Dr. Susan E. Kersley (who refers to herself as a “life coach, retired doctor” and has her own website). This series was introduced in an editorial about “promoting wellbeing among doctors” (Yamey and Wilkes 2001). Kersley makes the following distinctions between coaching, counseling and mentoring:

- Coaching is about moving you forward, from where you are in your life to where you want to be;
- Counselling is for you to understand and come to terms with your past, and for support to contain and move out of a crisis situation;
- Mentoring is guidance from someone, usually in the same specialty, who can advise, encourage, and support you in your day to day work. (Kersley 2002).

Essentially, mentoring is a form of "thinking together". A common example of mentoring involves a series of discussions between a more senior person and a junior colleague, frequently focused on career development issues. Likely some form of mentoring takes place in most research organizations and institutions.

The key features of effective mentoring are:

Intentionality: There is a commitment to regular and systematic dialogue about specific issues, in a disciplined way.

Collegiality: Both mentor and "mentee" respect each other as colleagues, in a spirit of trust and transparency – and sometimes confidentiality.

Initiative by the "mentee": The agenda should be initiated and driven by the person (or group) for whom the mentoring arrangement is designed.

In addition to face-to-face mentoring, there is growing experience with mentoring through electronic communication ("e-mentoring"). Also, mentoring is not limited to one-to-one situations – a mentor can work with a team or group. In addition, the mentoring can be done by more than one person (a mentoring team).

In recruiting mentors, INCLEN is looking for individuals who:

- are familiar with INCLEN, and with health research for development more broadly;
- share the goals and values of INCLEN;
- are accessible – that is, they are prepared to make some time available;
- are respected and “credible” in their own settings;
- have some basic computer skills – enough to do e-mails!

A pilot project is underway at Javeriana University in Bogota, Colombia. In this project, more senior academic researchers will work with junior researchers who have joined the clinical epidemiology unit (CEU) in this institution. Guidelines for this mentoring project have been prepared. These can be found in Box 1.

Box 1: Guidelines for the Mentoring Project

Because this is a new venture for INCLEN, our descriptions are preliminary. Here are some initial proposed guidelines:

1. The initial commitment to the mentoring relationship should be for at least 6 months, preferably for one year.
2. It should begin with a "face-to-face" discussion, where the mentor and mentee get to know each other (if they have not met before), and where the objectives and activities for a tailored ("customized") mentoring arrangement are agreed upon.
3. The focus should be on the leadership challenges identified by the mentee. For example, if the mentee is the leader of a research team, the challenges might be related to the mentee's role in facilitating improved team performance.
4. We assume that the mentee is participating in the LAMP program in some way – studying the LAMP modules, or attending LAMP regional workshops. So the mentoring could include discussions about specific questions arising from a study of the LAMP modules.
5. After the initial meeting, the interactions can continue in various ways, particularly through a regular e-mail exchange and periodic telephone conversations.
6. Mentees will be encouraged to keep a diary (journal, log, record) of his or her participation in the LAMP. This could include summaries of each mentor-mentee interaction – what was discussed, what will change as a result, what follow-up actions will be taken, and so on.
7. We suggest that the mentor-mentee pair allocate time for periodic reviews of the mentoring program to determine whether the arrangement is meeting the mentee's expectations, and what might be done more effectively. This should likely be done every 3 or 4 months.

The “content” of mentoring

What should be the topic or content of a mentoring session? In the INCLEN context, we suggest two general categories that in fact are related.

1. Project-related discussions:

The “mentee” usually is working on some research project. Mentoring sessions could take place at various stages of the project: preparation, implementation, or post-

completion evaluation. It may be that the mentee needs specific help with research design and analysis. We will assume that there are experts available who can help specifically with this.

It may also be useful to think about general features of a “good” research project. During the 2001 INCLLEN Global Meeting in Sharm El Sheik, Egypt, Dr. Tessa Tan Torres, put forth a set of project characteristics. She proposed them as features of an “INCLLEN-brand” project. These are summarized in Box 2.

Box 2: Features of a “Model” INCLLEN Research Protocol

(Proposed by Tessa tan Torres Edejer, at INCLLEN XVII Global Meeting, Sharm El Sheikh, Egypt, February 2002)

- Preferably multi-center
- Technically excellent
- Relevant
- Observes ethical standards
- Is compliant with good clinical practice
- Has an equity rider
- Budgeted at a fair price
- Delivered in a timely manner
- Professionally reported and communicated to appropriate audiences

2. Broader Research Leadership and Management Competencies:

The topics of the LAMP modules represent a broader set of competencies and skills. These skills are what the INCLLEN Trust Board of Trustees had in mind when the LAMP initiative was launched in March 2001. Box 3 contains a list of the LAMP modules available on the INCLLEN Trust website.

During the past year, INCLLEN has been a partner in a “Collaborative Training Project”, along with three other global health research organizations. This project has also produced three comprehensive modules on health research priority setting, knowledge management, and advocacy and leadership.

The individual units within these modules are listed in Box 4. Again, these units can be downloaded from the INCLLEN Trust website.

Box 3: INCLLEN Leadership and Management Program Modules and Resources Guides

Modules:

- 1. Strategic Planning*
- 2. Team and Coalition Building*
- 3. Time Management*
- 4. Locating and Accessing Research on the Web*
- 5. Efficient Email*
- 6. E-conferencing*
- 7. Mentoring*

Resource Guides:

Resource Guide 1: Financial Management

Resource Guide 2: Project Management

(The modules can be accessed at www.inclentrust.org.)

Box 4: Collaborative Training Project Modules

Priority Setting

Overview: Setting Priorities for Health Research

Unit 1: Approaches to Priority Setting

Unit 2: The Priority Setting Process: Practical Steps

Unit 3: Health Policy and Systems Research Priority Setting and Utilization

Unit 4: Priority Setting at the Institutional Level

Unit 5: Priority Setting at the National Level

Unit 6: Priority Setting at the Global Level: Lessons and Challenges

Knowledge Management

Overview: Knowledge Management

Unit 1: Information and Communication Technologies in Knowledge Management

Unit 2: Knowledge Translation: Using Knowledge for Policy, Practice and Action

Unit 3: Skills for Knowledge Managers

Unit 4: Going Local: Using Knowledge at the Local Level

Unit 5: Knowledge Networks

Advocacy and Leadership

Overview: Advocacy and Leadership

Unit 1: Equity in Development: The Role of Health Research

Unit 2: Working Together: Health Research “Users” and “Producers”

Unit 3: Advocacy Coalitions

Unit 4: Effective Leadership for Health Research

Unit 5: Preparing Future Leaders in Health Research



References:

Andrews, M., Wallis, M. 1999. Mentorship in nursing: A literature review. *Journal of Advance Nursing* 29: 201-07.

Atik, Y. 2000. Personal coaching for senior doctors. *BMJ* 320 (suppl): S2a-7240.

Connor, M.P., Bynoe, A.G., Redfern, N., Pokora, J., Clarke, J. 2000. Developing senior doctors as mentors: A form of continuing professional development: Report on an initiative to develop a network of senior doctors as mentors 1994-99. *Medical Education* 34: 747-53.

Freeman, R. 1998. *Mentoring in General Practice*. Oxford: Butterworth Heinemann.

Hutton-Taylor, S. 1999. Cultivating a coaching culture. *BMJ* 318 (suppl): S2-7188.

International Coach Federation. 2002. URL: www.coachfederation.org

Johnson, J.C., Williams, B., Jayadevappa, R. 1999. Mentoring program for minority faculty at the University of Pennsylvania School of Medicine. *Academic Medicine* 74: 376-79.

Kersley, S. 2002. What on earth is life coaching? *BMJ* 325:S207-10.

Lundin, F., Clements, G., Perkins, D. 1978. Mentoring relationships: Everyone who makes it has a mentor. *Harvard Business Review* 7: 89-101.

Yamey, G., Wilkes, M. 2001. Editorial. Promoting wellbeing among doctors. *BMJ* 322: 252-253.



Recommended Readings:

Clutterbuck, D., Megginson, D. 1998. *Mentoring in Action*. London, U.K.: Kogan Page.

The authors outline a number of mentoring schemes, showing both their strengths and weaknesses. David Clutterbuck is well known as a prolific writer with the ability to set the tone for future developments in business. He and David Megginson are also Directors of the European Mentoring Centre, which can be contacted at: 128 Mount Street, London W1Y 5HA.

Pegg, M. 1999. *The Art of Mentoring: How You Can be a Superb Mentor*. Guildford, U.K.: Biddles.

This easy-to-read book focuses on one-on-one mentoring in situations where the mentoring services are provided on a contract (paid) basis. The book is divided into three sections on the philosophy, principles and practice of mentoring. A simple, but useful mentoring model is proposed, with five elements: challenges, choices, consequences (options), creative solutions, and conclusions.

Collaborative Training Project (CTP). 2002. *Advocacy and Leadership Module Unit 4: Effective Leadership for Health Research*. Version 1 (Can be downloaded as a .pdf document from the INCLLEN Trust website at URL: <http://www.inclentrust.org>)

This unit summarizes the more recent "shifts" in thinking and scholarship about effective leadership and presents some key leadership challenges for the global health research for development community. As a special feature, the unit includes statements from

current leaders in health research for development regarding their views about effective leadership.

Collaborative Training Project (CTP). 2002. *Advocacy and Leadership Module Unit 5: Preparing Future Leaders in Health Research*. Version 1 (Can be downloaded as a .pdf document from the INCLEN Trust website at URL: <http://www.inclentrust.org>.)

Unlike the private sector, a common weakness of public sector enterprises such as health research, is the failure to pay adequate attention to the process of identifying and nurturing future leaders. This unit addresses the process of creating an environment where emerging leaders will be retained, so they can fulfill their aspirations, including their desire to contribute their skills and energies to social goals. The unit includes sections on the important processes of succession planning and mentoring.

Ali, M., Brookson, S., Bruce, A., Eaton, J., Heller, R., Johnson, R., Langdon, K., Sleight, S. 2001. *Managing for Excellence*. London, UK: Dorling Kindersley Ltd.

This large book is a compendium of “how to” writings, that also appear as individual publications. The sections in the book include themes such as: Achieving Excellence, Leading Effectively, Managing People, Managing Projects, Managing Budgets, and so on. Of particular interest to this module on mentoring is a section on “Coaching Successfully”. This section is full of “tools” in the form of diagrams, tables, lists of questions, “do’s and don’ts”, and self-assessment exercises.

Recently, the INCLEN leadership and management programme (LAMP) introduced a mentoring element. In recruiting mentors, INCLEN is looking for individuals who: • are familiar with INCLEN, and with health research for development more broadly. • share the goals and values of INCLEN. 4. Health leadership programmes and opportunities • Pan American Health Organization Training Program in International Health. This programme began in 1985. It involves participants in a work-study programme at PAHO for a period of 11 months.