Mentoring—myth or magic

Carmel Brophy, RAMUS Scholarships, National Rural Health Alliance

ABSTRACT

Mentoring is one of the strategies used in public, tertiary and corporate sectors to “enable individuals to achieve their potential”.

The purpose of this paper is to examine the procedures and outcomes of mentoring arrangements in relation to student placement programs, including scholarship programs, across a number of health professions. This examination will be from the point of view of the student, the mentor and the policy maker.

Mentoring has its origins in Greek mythology. During the time Odysseus was fighting the Trojan wars, he appointed “Mentor” to develop his son, Telemachus, into a future king. Various health disciplines now look to mentoring programs to assist in the development of their practitioner kings and queens of the future.

The question is whether there is evidence that the programs are appropriately structured to meet the expectations of the policy makers, the mentors and the mentored.

Policy makers spell out the framework of the policy they are implementing, including their expectation of what the mentoring relationship should deliver. When effort is put into arranging mentoring relationships, is it important to gather evidence of the level of success of such relationships? It could be that it is enough that the relationship is happening and its magic will succeed over time. But this approach is based on faith and not evidence.

Should mentoring be an informal arrangement between players with the policy makers and the administrators simply being kept in the loop? Should a mentoring relationship be a case of happenstance? A conversation over the telephone between a medical student and a medical practitioner can form the basis of a valuable mentoring relationship. Willingness to mentor and a willingness to be mentored are honourable, but is there not a research and evidence base that can be applied?

The paper will examine the ways in which evidence could be generated from all angles of a mentor relationship to test its effectiveness: to measure if it is a mythical or a magical process for health practitioners.

1 www.coachingnetwork.org.uk/ResourceCentre/WhatAreCoachingAndMentoring
MENTORING—MYTH OR MAGIC

Mentoring is one of the strategies used in public, tertiary and corporate sectors to “enable individuals to achieve their potential”¹. The purpose of this paper is to examine the procedures and outcomes of mentoring arrangements as they relate to the Rural Australia Medical Undergraduate Scholarship Scheme, RAMUS. This examination will be from the point of view of the student, the mentor and the policy maker.

Mentoring actually had its origins in Greek mythology. During the time Odysseus was fighting the Trojan wars, he appointed “Mentor” to develop his son, Telemachus, into a future king². According to Homer’s “The Odyssey”, under Mentor’s tutelage, and from his peers and elders, Telemachus changed from being rather immature to a full-grown brave young man. He got to prove his newly acquired maturity when he joined Odysseus in slaughtering the suitors and then standing up to their outraged relatives in the final scene of the Odyssey. Various health disciplines, in the case of this paper, medicine, now look to mentoring programs to assist in the development of their practitioner “kings” and “queens” of the future. The question is whether there is evidence that mentoring programs are appropriately structured to meet the expectations of the policy makers, the mentors and the mentored.

The 3 years of operation of the Rural Australia Medical Undergraduate Scholarship Scheme (RAMUS) have provided the evidence for the content and conclusions in this paper. The nursing aspects of the project will be developed at a later time, as their recently approved mentoring project is implemented.

RAMUS is a Commonwealth Government initiative aimed at increasing the number of students with a rural background who enter and complete their study of medicine. These scholarships provide rural students with financial assistance to meet the costs associated with moving away from their home to undertake their studies. The National Rural Health Alliance administers the RAMUS Scheme on behalf of the Commonwealth Government.

RAMUS relies in large part on the rural origins of its scholars and their participation in the Rural Doctor Mentor Program, a requirement of the scheme, to achieve a significant aim of the Scheme – to increase the number of graduates who actually end up spending some time in rural areas. The extent to which the rural origins of scholars and their likelihood to return to rural Australia after graduation are related, is based on research that argues that this particular life experience is more likely to produce the desired outcome than life experience that is not rural based. Evidence on this connection will become available over the longevity of the RAMUS program. In the meantime, participation in the Rural Doctor Mentor Program is designed to complement and develop scholars’ rural life experience.

Participation in this program is not onerous. Scholars self select their mentor. The RAMUS guidelines insist that participation includes at least quarterly contact between mentor and scholar. This contact is instigated by the scholar with the method of contact being negotiated between the parties. Scholars also develop, in conjunction

¹ www.coachingnetwork.org.uk/ResourceCentre/WhatAreCoachingAndMentoring
with their mentor, a formal Learning Plan relating specifically to their rural health experiences and mentor contact. Scholars use the Learning Plan as a framework for reporting on their participation in the Rural Doctor Mentor Program.

The question of who should play the rural GP mentor role under RAMUS has been generally rather than specifically prescribed. The personal and professional qualifications of the rural GP mentor were not an issue. The evidence under RAMUS demonstrates that the magic of mentoring starts through scholars being able to select their mentors. Mentors in a large number of cases are GPs from the scholars’ home town. In some cases, mentors are the scholar’s long-term family doctor. In these cases, there is at minimum, a semiformal relationship already established. This could be said to demonstrate two sides of the magical story — that the family GP was an easy solution to the mentor requirement or, conversely, that the mentor relationship formalised an existing relationship. Some scholars have chosen to be mentored by a GP with whom they have had no former relationship of any kind. The third and most interactive relationship occurs in three reported cases where the scholar is the first medical student from their small rural hometown and the town’s GP is the mentor and a proactive supporter of the student. Without examining the level of increased pressure placed on the scholar carrying the town’s expectations, in all these cases, as in the case of Telemachus, these mentors are valued for their experience, with the mentors leading by example and providing the opportunity for learning experiences.

Additionally, mentors are required to report on their interaction with the scholar during the academic year and the compulsory reports from scholars were required to address, among other things, their interaction with their mentor. When RAMUS relied on the respective obligations on the rural GP mentor and on the scholar to comply with the terms of the Rural Doctor Mentor Scheme, reporting did occur. In 2000, because of late start of the operation of the Scheme, based on departmental advice, no reporting was required and hence none of the 440 scholar reports were received. In 2001, 44% of the total scholars provided reports and only 8% or 22 of the mentors reported.

This lack of spontaneous active response was not encouraging for the policy makers. They required greater proof that scholars accepted and met the responsibilities that came as part of the scholarship scheme. Hence, on evidence available, the response to the question of whether there is evidence that the RAMUS program at that time was appropriately structured to meet the expectations of the policy makers would be negative. However, it seems that not formally reporting did not impinge on the expectations of the mentored or the mentors. Later reports from scholarship holders for two or more years’ duration point to the ongoing development of a valuable mentoring relationship. The magic of mentoring happened but, in keeping with the magicians’ code, the truth behind the illusion was not being reported.

Plainly speaking, it is now a requirement for RAMUS scholars to provide written evidence of their participation in the Rural Doctor Mentor Program to continue receiving their scholarship payments. During the third year of RAMUS, changes to operational policy introduced a structural financial imperative on both mentor and scholar to comply with the reporting requirements of the Rural Doctor Mentor Program. The interrelationship between the reporting requirements also places a moral imperative on the mentor to present a timely report. Of the sample of the 15% of the 2002 scholars, 71% had reported at the time the data was collected — a massive
increase over the previous year. This compares most favourably with the scholar reporting numbers of 66% of the sample at the time the sample was drawn.

Further evidence taken from a similar sized sample of ex-scholars under the RAMUS program and their feedback on the mentor component of the scheme supports the magic of mentoring.

Both sets of data indicate that the magic of mentoring does not happen automatically. Examination of the outcome of self-selecting of mentors by scholars shows that a number of scholars chose as a mentor a general practitioner that they already knew personally. It is not unexpected that in these cases the professional relationship developed in a context of familiarity. More importantly for the magic of mentoring, the larger number of scholars chose as a mentor a general practitioner they did not know previously. The outcome from the second group is pure magic with the development of worthwhile and mutually advantageous relationships over the lifetime of the scholarship.

It appears also from an analysis of the comments from both mentors and scholars that the outcome of mentoring is in direct correlation to the effort that goes into the relationship. Where it is obvious that scholars have met only minimum requirements in relation to contact, there seems to be no qualitative feedback from either the mentor of the scholar about the professional relationship that developed. A number of reports support the conclusion that neither party expected or experienced any personal connection through the mentoring relationship.

Mentors are not averse to providing negative feedback about the scholar they are mentoring. We have had 3 mentors resign from the scheme because of what they described as a lack of active participation by the scholar they mentor. On the other hand we have evidence of two cases where the mentors has exceeded their role, actively encouraging the scholar’s participation of their own initiative. One mentor reported feeling that the scholar being mentored did not see the relevance of and had little experience in the scholar mentor relationship. This demonstrates that the overwhelming majority of scholars at least have a basic understanding of the place of mentoring in the Scheme. In these examples it is obvious that mentors know their charges well.

Scholar expectations of the relationship are difficult to gauge. At the most fundamental level of course they participate to continue to receive their scholarship payments and have reacted positively to the linking of fulfilling responsibilities to scholarship payments. In the sample, scholar reports indicated 69% of scholars filed reports with positive comments about the mentoring process.

The not surprising but most accurate conclusion from the evidence to date is that the value of mentoring is not a myth. Evidence from RAMUS even at this early stage shows there is magic in mentoring for all parties. Again, not surprisingly, the magic is located in the effort that today’s Telemachus equivalents and, to a lesser extent, the mentors put into the relationship. The policy makers provide the theatre for the magic and their script is in the policy we implement!
Actual scholar numbers

<table>
<thead>
<tr>
<th>Actual scholars 2000</th>
<th>440</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual scholars 2001</td>
<td>491</td>
</tr>
<tr>
<td>Actual scholars 2002</td>
<td>495</td>
</tr>
</tbody>
</table>

Feedback from ex-scholars (sample size 77)

| Positive reference to learning experience with mentor | 24 |
| Reference to mentor in career decision making | 16 |
| Positive reference on the mentoring component of the scheme | 4 |
| Reference to the choice of mentor (beneficial to have a mentor with whom one has a previous relationship or share common interests) | 6 |
| Negative feedback from scholar (difficult to maintain contact through clinical years) | 1 |
| Negative feedback from mentor (felt (the scholar) did not see the relevance of the relationship and had little experience in (our) relationship) | 1 |
| No comment about mentor or mentor relationship | 25 |
| Total | 77 |

Evidence sample—15% of total scholars as at 31 December 2002

| Total mentor reports only as at 13 February 2003 | 9 = 12% |
| Total scholar reports only as at 13 February 2003 | 22 = 29% |
| Total mentor and scholar reports as at 13 February 2003 | 44 = 59% |

Content of reports—15% of total scholars as at 31 December 2002

| Positive reports | 52 = 69% |
| Neutral reports | 23 = 30% |
| Evidence of work on the relationship by one or both parties | 47 = 63% |

EVIDENCE FROM INDIVIDUAL REPORTS

Abbreviations S = scholar; M = Mentor

1. Positive mentor experience showing magic—A scholar who has set up an informal mentor network for students who apply for health oriented courses—has been contacted by a number of students already. Strong evidence that the mentor and scholar worked closely to set learning objectives and then on the progress towards achieving these objectives. Mutual respect is evident in this relationship. Mentor makes positive comment on scholastic year. (SM)

2. Positive mentor experience with a comment on the benefits of the actual visiting experience. Scholar is proactive in mentor contact (which is as it should be). Mentor sent a positive report, commenting on the keenness of the scholar! (SM)
3. Positive mentor experience. Mentor pointed out the benefits of rural practice contrary to the bad press it receives! Scholar sees benefits of an enthusiastic mentor who is involved in rural practice. Mentor report is supportive of the scholar. (SM)

4. Positive mentor experience with a comment on the benefits of the actual visiting experience. Scholar commented on the demands upon a sole town GP of mentoring and is appreciative of the opportunity. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

5. Learning plan objectives set between mentor and scholar required scholar to strive to achieve! Scholar has set up a mentor relationship with senior school students sharing advice on subject selection etc. Scholar actually sought mentoring literature from her mentor to facilitate the student mentoring relationship. Scholar’s relationship with mentor beneficial. Mentor is highly supportive of the scholar’s contribution to the mentor relationship. (SM)

6. Learning plan set between mentor and scholar. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (M)

7. Scholar reported on issues affecting rural general practice through time spent with her mentor. Circumstances required a change of mentor and it was evident from the paperwork that it is necessary to get settle with a new mentor for the relationship to be more than superficial—ie a shared vocation does not immediately make the relationship burgeon. The mentor report showed a similar lack of familiarity. (SM)

8. Scholar reports on commonality of interest between mentor and scholar. This has developed their professional relationship through a project on the shared issue. The scholar points out the benefit of a student / older peer relationship to the recipients in the delivery of their project. Mentor is highly supportive of the scholar’s contribution. (SM)

9. Mentor and scholar knew each other prior to their mentor relationship being established. Learning plan objectives set between mentor and scholar a positive experience. Scholar mentors students at his old school who are interested in a health related career. Mentor refers most positively to scholar’s commitment to rural medical practice. (SM)

10. Scholar / mentor relationship in that the scholar sees advantage in contact with a person who has “already done what I’m doing” and career choices. (S)

11. Scholar focused on the importance of the learning plan as a tool of introduction into the local network of rural medicine eg the local division of general practice. Scholar described the importance of establishing a relationship with mentor before meaningful interchange could take place. (S)

12. Scholar evaluates time spent with mentor as invaluable because of developing understanding of issues faced in rural practice ie resource shortages and access to allied health practitioners and, secondly, the experience of chronic illness in rural areas. Mentor’s report non committal. (SM)
13. Scholar has an ex-RAMUS scholar as his mentor! Scholar and mentor both refer to practical discussion rather than aspects of mentoring. (SM)

14. Scholar integrally involved with her mentor and another RAMUS scholar in a seminar. Scholar showed respect for mentor and his role in the community. (S)

15. Scholar participated with mentor in a range of activities. Mentor and scholar have a professional relationship. (SM)

16. Scholar and mentor have built a relationship based on regular contact initiated by both. Mentor has a close knowledge of scholar’s progress. (SM)

17. Apart from clinical sessions, there is no evidence of any relationship. Scholar and mentor both refer to practical discussion rather than aspects of mentoring. (SM)

18. Scholar and mentor have a long-term family relationship. Scholar has a strong appreciation of the skills and talents of her mentor. (S)

19. No evidence of evolving scholar / mentor relationship so far. (SM)

20. No evidence of evolving scholar / mentor relationship so far. (SM)

21. No evidence of any evolving scholar / mentor relationship so far. (SM)

22. Scholar has accessed a wide range of experiences through the mentor. Both work at the relationship through proactive contact to make it productive. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

23. An excellent study of contacting and establishing a mentor relationship. It will be interesting to see how the relationship progresses. (SM)

24. Scholar has accessed a wide range of experiences through the mentor. Both work at the relationship through proactive contact to make it productive. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

25. Scholar has accessed a wide range of experiences through the mentor. Both work at the relationship through proactive contact to make it productive. Scholar is also proactive in establishing other mentor situations. (SM)

26. Scholar has accessed a wide range of experiences. Scholar is also proactive in establishing other mentor situations. (SM)

27. Apart from clinical sessions, there is no evidence of any relationship. Scholar and mentor both refer to practical discussion rather than aspects of mentoring. (SM)

28. Scholar attributes the mentor and mentoring program with providing the encouragement and motivation to continue. Both are proactive at establishing contact. (S)

29. Scholar has accessed a wide range of experiences through the mentor. (S)
30. Scholar has accessed a wide range of experiences through the mentor. Both work at the relationship through proactive contact to make it productive. Scholar is also proactive in establishing other mentor situations. (SM)

31. Mentor relationship began before the scholar went to university. Both work at the relationship through proactive contact to make it productive. (SM)

32. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

33. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

34. Scholar has accessed a wide range of experiences through the mentor. The mentor report was informative, detailed and analytical. Their contact has included quality analysis of learning objectives and Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

35. Mentor and scholar developed a meaningful relationship with contact beyond that required by the scheme. (S)

36. Scholar has accessed a wide range of experiences through the mentor. Mentor is supportive of scholar’s participation in the scheme. (MS)

37. No evidence of any evolving scholar / mentor relationship so far. (S)

38. Mentored by hometown GP. The mentor report was informative, detailed and analytical. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

39. No evidence of any evolving scholar / mentor relationship so far. (MS)

40. Scholar has accessed a wide range of experiences through the mentor. Little evidence of any evolving scholar / mentor relationship so far. (S)

41. Mentor offered informed comment about the scholar. (M)

42. Scholar has accessed a wide range of experiences through the mentor. Little evidence of any evolving scholar / mentor relationship so far. (S)

43. Scholar has accessed a wide range of experiences through the mentor. Little evidence of any evolving scholar / mentor relationship so far. (S)

44. Scholar has accessed a wide range of experiences through the mentor. Little evidence of any evolving scholar / mentor relationship so far. (M)

45. Scholar and mentor have built a relationship based on regular contact initiated by both. Mentor has a close knowledge of scholar’s progress. (SM)

46. Scholar and mentor have built a relationship based on regular contact initiated by both. Mentor has a close knowledge of scholar’s progress. (SM)
47. Mentor was long-time family GP. Mentor has a close knowledge of scholar’s progress. (SM)

48. Scholar has completed the learning plan agreed with the mentor. Little evidence of any evolving scholar / mentor relationship so far. (S)

49. Scholar has completed the learning plan agreed with the mentor. Little evidence of any evolving scholar / mentor relationship so far. (S)

50. Scholar has accessed a wide range of experiences through the mentor. Mentor is supportive of scholar’s participation in the scheme. (MS)

51. Scholar has accessed a range of experiences through the mentor. Mentor is supportive of scholar’s participation in the scheme. (MS)

52. Scholar has accessed a wide range of experiences through the mentor. Mentor is supportive of scholar’s participation in the scheme. (MS)

53. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. Mentor also commented on the value of the mentoring experience to the GP and the challenge of productive long distance mentoring. (SM)

54. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

55. Scholar accessed a range of experiences through her mentor. The scholar described a positive and supportive relationship with her mentor. Mentor actively seeking opportunities for the scholar. (SM)

56. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

57. Scholar focused on his rural placement—no contact with Mentor referred to. (S)

58. Mentor is a long-term professional colleague. Mentoring has structured this relationship. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. Scholar was bridesmaid at Mentor’s wedding. (SM)

59. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

60. Scholar has accessed a wide range of experiences through the mentor. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

61. Mentor supportive of scholar’s endeavours. Contact patchy. (M)

62. No evidence in reports of mentor contact. (S)
63. Scholar has accessed a wide range of experiences through the mentor. Both work at the relationship through proactive contact to make it productive. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (SM)

64. Scholar has accessed a range of experiences through the mentor. Mentor report supportive. (M)

65. Contact initiated by scholar. Mentor reports a positive relationship. (M)

66. Scholar has accessed a range of experiences through the mentor. (S)

67. Scholar has accessed a wide range of experiences through the mentor. It seems scholar is strongly supported in his community by mentor and mentor contacts. (S)

68. Scholar has developed knowledge of rural health through the mentor program. (S)

69. Scholar has developed knowledge of rural health through the mentor program. (S)

70. Scholar has accessed a wide range of experiences through the mentor. It seems scholar is strongly supported by mentor and mentor contacts. (S)

71. Scholar has accessed a wide range of experiences through the mentor. It seems scholar is strongly supported in his community by mentor and mentor contacts. (S)

72. Scholar has accessed a wide range of experiences through the mentor. (S)

73. Scholar has accessed a wide range of experiences through the mentor. Mentor is supportive of scholar but sees potential difficulty in the familiarity of spending all of his clinical training time in hometown. (M)

74. Scholar has accessed a wide range of experiences through the mentor. (M)

75. Mentor’s comment was personalised to the extent that demonstrated a personal knowledge of the scholar. (M)

**PRESENTERS**

**Carmel Brophy** is currently the Manager of the Rural Australia Medical Undergraduate Scholarship Scheme, a Commonwealth Government initiative administered by the National Rural Health Alliance.

Carmel is a political science honours graduate from the Australian National University and, prior to working with the National Rural Health Alliance, worked in a number of Commonwealth government departments with the Australian Public Service.