Emergency medicine well-being week: Mentoring and bullying

There are many definitions of mentoring and coaching in use, with coaching typically being identified as shorter-term and task- or skill-focussed; whereas mentoring is a longer-term, more personal and broader scope relationship. The two can overlap and might be thought of as a spectrum. Being mentored is associated with greater confidence, reduced stress and enhanced career progression. Mentoring in Emergency medicine is comprehensively explored by EMDocs in 2 parts: www.emdocs.net/mentoring-emergency-medicine-part-1/ & www.emdocs.net/mentoring-process-emergency-medicine-part-2/.

There can be downsides or potential for conflict in mentoring as well as the many positives. Role ambiguity, conflict, inappropriate expectations and issues around confidentiality or mentor involvement in assessments can all complicate or jeopardise the mentor-mentee relationship. (Kasra Teharian and Mina Shekarchian in Medical Teacher 30(4), 2008: www.tandfonline.com/doi/full/10.1080/01421590801929968) While it is natural for supervisors and consultants to combine roles as line managers, educational supervisors and also providing individual support – particularly in smaller departments - it is worth all parties being conscious of these potential issues. The practice of deliberately seeking out mentors and establishing a good working relationship are to be encouraged www.cicm.org.au/Newsletters/Trainee-Newsletter/Archive/July-2015/Making-the-Most-of-your-Mentor.

Peer or near-peer mentoring has a number of distinct advantages, including familiarity with training and exam requirements, and recent experience of transition points at work and in life. EM trainees are, by nature and by necessity, a mutually supportive community. Much of this occurs informally but it there is potential, as at Royal Cornwall Hospitals Trust, for a formal support structure around peer mentoring: improvement.nhs.uk/uploads/documents/Case_study.Cornwall_yo1AXrG.pdf. One key component is mentor training, some principles of which are discussed at flippedem.com/2011/03/11/becoming-a-better-mentor – these are well worth considering if you are an informal mentor.

When considering the advantages of mentoring and mutual support, it is also important to think about bullying. Put simply, bullying and undermining behaviours have no place in medicine. The British Orthopaedic Trainees’ Association and the Association of Surgeons in Training, have made great strides forward in tackling this and initiating real cultural change within surgery: www.bota.org.uk/hammer-it-out & www.asit.org/assets/documents/UB_Statement_ASiT_Final_No_tracking.pdf EMTA will shortly be unveiling a parallel campaign in the context of the ED – more soon.

Bullying and perceptions of undermining behaviour are widespread issues. With the support of my trust’s ‘anti-bullying tsar’, Dr Makani Purva, I’d like to share one last link, which explains the transformation that Hull and East Yorkshire Hospitals have gone through over the past 5 years. As an inside observer throughout that period, my view is that transformation started from the point the trust as a whole acknowledged an issue and accepted the need to change. www.socialpartnershipforum.org/case-studies/hull-east-yorkshire-hospitals-nhs-trust-tackling-bullying-and-harassment-project Any hospital or department finding itself with uncomfortable feedback regarding bullying would do well to consider this example.