

Mentorship: A Management / Leadership Development Option

Ms. Dianne Doyle
Vice President
Providence Health Care
1081 Burrard Street
Vancouver, BC V6Z 1Y6
Phone: (604) 806 - 8869

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Formal education is important. But it's only the tip of the iceberg we call "experience". It should supply you with the fundamentals to face life. But the basics – reading, writing and arithmetic – simply give you skills to cope. They don't tell you when, where, and how to use these skills. Your education also won't take into account any of the complex social situations in which you're likely to find yourself. Hence the need to mentors.

(Peter Urs Bender)

Overview of the Mentorship Project

In September 2000, I began a structured mentorship program with two mentees. Both the mentees were recent graduates from a Masters in Health Administration program and indicated a willingness to participate in the mentorship relationship as a way of developing their knowledge and skills as emerging health care leaders.

Objectives were identified, and mutually agreed to, by the mentor and each of the mentees and a development plan was formed.

Objectives

Mentor

1. To share my relevant health care leadership knowledge and experience with the mentees.
2. To learn from the knowledge and experience of the mentees.
3. To enhance my knowledge and skills related to mentoring.
4. To evaluate the mentoring process.
5. To share what I learn from the mentoring process with others.

Mentee # 1

1. To be exposed to a variety of learning opportunities within the organization
2. To obtain another perspective on matters that I encounter as I manage my project work
3. To access the benefits of Dianne's experience in health care and managing difficult experiences
4. To enhance my leadership capacity and learnings to be applied in future career situations

Mentee # 2

1. To participate actively in projects/activities that will help me (Helena) develop important skill sets.
2. To gain a macro and micro perspective of the organization.
3. To facilitate my own growth and development by benefiting from the mentor's expertise and experience.
4. To recognize areas of strength and improvement; identify plan to build on/address these.
5. To identify a desired career direction or focus within the health care industry.

These objectives guided the mentoring relationship – and formed a framework for the tri-annual reports. Regular meetings were held between the mentor and each mentee throughout the process. Significant progress relevant to the objectives was reported throughout the project.

Each of the mentees continued their participation in the mentoring process for the duration of the project. Each has self reported that they valued the experience, achieved their learning objectives and feel better prepared for leadership positions within health care.

Mentee #1 had significant health problems during the process and the mentor was able to provide support for a gradual return to work. This individual has now moved successfully into a new role in the organization and is supporting a complex project in medical administration. Mentee #2 also altered her role from that of an administrative fellow to an executive administrative role supporting the CEO. This has directly linked her to board activities and a complex policy making environment. The mentor provided support in her career planning decisions.

I believe that the mentoring program solidified the mentor/mentee relationship – and has resulted in the mentee’s feeling comfortable in approaching the mentor for a variety of work related and personal issues. Both mentees benefited from a broad exposure to the various departments and management levels within the hospitals and facilities which form Providence health Care. Their projects involved working with Board members, Vice Presidents, Department Heads, physician leaders and members of the interdisciplinary team. They had some limited exposure to leaders within the health authority. In addition, the mentor encouraged their participation in CCHSE Lower Mainland education sessions which afforded valuable networking opportunities.

In addition, the mentor undertook the following key initiatives as components of the mentorship process.

- ♦ Self assessment of aptitude for mentoring
- ♦ Literature review
- ♦ Working definitions of mentoring
- ♦ Differentiation of coaching, mentoring and preceptorship
- ♦ Review of comprehensive standards from University of North London and application of selected standards to evaluate progress in mentoring project (assessment done by mentees)
- ♦ Regular meetings with a personal coach with a focus on development of skills applicable to roles and to mentoring process
- ♦ Chair of provincial COUTH Committee on preceptorship/mentoring
- ♦ Interviewed 11 senior health care leaders in BC to identify their perspectives on mentoring and identified themes and recommendations

The mentor and mentees remained committed to the process despite a protracted labour dispute, a change in CEO's and significant reorganization of Providence Health Care and the health authorities. The commitment made by the mentor to CCHSE to complete the requirements for the Fellowship provided the motivation needed to remain focused on the mentoring process. Frequent public affirmations that I was committed to the process and clearly stated time frames also helped to maintain the focus. Without those motivators, and without the energy of the mentees - it would have been very easy to allow the internal and external changes to derail the commitment.

Attached as an appendix is a final report from mentee #2 which outlines her thoughts and recommendations.

"One of the greatest benefits from having a mentor is companionship. My position as president is lonely."

*Richard Yip Chuck
Jarax Infinity Product Ltd*

Key Leaders: Mentoring Perspectives

The Canada Health Act is a reflection of Canadian values. The Canadian Health Care system helps define Canada as a unique country. Other countries envy and seek to copy the Canadian health delivery system. How long will this last?

Today's health care leaders have a responsibility to ensure that the next generation of Canadians receive a system as good as or better than today's. This is becoming a daunting task. Many say that the current system is no longer affordable or sustainable. Health reform, commissions, downsizing, staff shortages, budget constraints, hospital closures, increasing wait lists are endemic. Some say these are indicators of a system in chaos, others that they signal opportunities for improvement.

The leader of today requires a complex set of skills to navigate these storms of change. For senior leaders however, there is no road map. Leaders must find their own way through a complex set of changing circumstances. For emerging leaders, opportunities for progressive career development are becoming scarce. Regional reforms and consolidation means fewer line roles so that emerging leaders have more difficulty mapping out a progressive career path.

Strategies are needed to ensure that leadership capacity is developed despite these challenges. Both senior and emerging leaders need opportunities to continually develop the competencies needed for an ever changing environment.

What role can mentorship play in assisting leaders to obtain the skills they need?

To explore this question, I interviewed key leaders in health care in BC. The following questions were posed to 10 senior leaders (CEO's, Executive Directors and Deputy Minister of Health).

- 1. Do you think a mentorship program is a relevant way to develop health care leaders?**
- 2. How significant/important is it in relation to other initiatives which could contribute to the development of health care leaders? (i.e. networking, educational sessions)**
- 3. What have you gained from being mentored?**
- 4. What have you gained from being a mentor?**
- 5. What would you identify as critical success factors in a mentoring relationship. What works, what does not?**

The following is a record of the responses received.

1. Do you think a mentorship program is a relevant way to develop health care leaders?

- i. Yes, mentorship is a valuable way to develop leaders; need mentorship for sustaining leadership capacity and succession; mentoring is everyone's responsibility, all leaders need mentorship.

Formal mentorship: Be cautious that the program does not overtake the intent – there should be rudimentary training but not too much structure or it takes on too much of an academic focus.

Informal mentorship: Can occur in an intentional way anytime you interact with staff – it is done with the goal of development. You then need to follow up and see if the mentoring has hit home – need to nurture the development.

- ii. Mentorship is relevant for all of us in healthcare. Structured mentorship programs are more valuable than informal, but both are beneficial. After a structured program – it is valuable to follow up with the mentee (it's a relationship).
- iii. Yes – definitely.
- iv. Yes – I think it is a very important part of leadership development.
- v. Yes – mentoring is very relevant, especially at more senior level – the context for senior leaders is very complex and there are fewer people you can turn to for mentoring who have the skills and experience. It is also relevant for emerging leaders.
- vi. Yes – but only one of many possible strategies for development.
- vii. I think mentorship is relevant and necessary in leadership development. A program will assist in “matching” particularly where developing leaders have limited contacts with ‘veterans’ or others outside their organization (if desired).

- viii. Absolutely – yes. 90% of management is not technical skills, but relationship skills. This is not a “text book learned”... Learning from mistakes is something that can be avoided with new leaders with good mentorship. Current management needs to assist in advising new leaders on workable strategic initiatives that work in our logarithmic up in change and our logarithmic down in dollars.
- ix. Yes – I think it is critical. Mentoring brings a practicality into the leaders understanding of the system.
- x. It is one of many ways to develop health care leaders.
- xi. Generally yes. Mentoring is valuable but it is not often taken seriously. The question is – how do we do mentoring so that it’s meaningful for the mentee – so they gain from it. Mentoring is not about teaching – it’s enabling others.

2. How significant/important is it in relation to other initiatives which could contribute to the development of health care leaders? (i.e. networking, educational sessions)

- i. Quite important, essential, it’s a touchstone. CCSHE and HABC should be encouraging mentoring and could ask about mentoring on annual assessment forms (MOC). Mentoring is needed to develop true profession leaders with vision and a personal goal. Mentoring is as important as networking and education sessions.
- ii. Mentorship is key, even more important than networking and education as it is more personal - it puts things into perspective. The current environment is frightening and it’s hard for any one person to have the total skill set needed for the complexity of health care. Mentoring helps put things in perspective - helps to focus learning.
- iii. I believe it has the highest significance – a personal relationship with a caring and interested individual in a position of leadership is more valuable and effective than the other initiatives given here as examples.
- iv. With the right process, it is as important as educational theory. Networking does not necessarily lead to the development of leaders unless there is a mentoring process.

- v. I see 2 types of learning - IQ (skills and knowledge) and EI (understanding, relationships and context)
- IQ - Can be increased by reading, formal education, education targeted at specific skills or appropriately timed to an issue at hand.
- Need to increase this capacity throughout your career.
- EI - Can be increased through mentoring.
- Is the understanding of the relationship and context - and being aware of ones own emotional response and leadership style.
 - Leaders need feedback on how their leader style is working.
 - Understanding what has gone on in a practical sense - such as learning from the experience of others who have been involved in health reform.
 - Mentoring is the #1 initiative needed to develop leadership capacity.
 - its value comes from its one to one relationship.
- vi. If organized properly, I think if is a good supportive strategy to continuous learning.
- vii. Mentoring is more focused on personal development and encouragement and less dependent on unstructured contacts - there is also value in continuity.
- viii. I think that it is a "companion" strategy that cannot be isolated from other strategies. There still needs to be "exposure" of tomorrow's leaders to a wide range of experiences, resources and networks, and there still needs to be "knowledge" pieces added, as well as the mentoring price which adds "skill" and attitude.
- ix. Within the context of the changing dynamics, mentoring is a critical initiative. Education provides a good background to support leadership roles - but mentoring exposes you to trends in the system. Senior leaders can become rigid and opinionated - mentoring helps expand their perspective so they are more flexible. Education did not prepare me for the changes that are happening.
- x. In relation to examples such as networking and educational sessions, I would rate mentoring at least equal to these. I wouldn't rate mentoring ahead of experience, lateral moves and on the job experience.

- xi. Mentoring needs to be done with other development strategies. My dream is to have young leaders rotate through roles – and work in different areas to help them gain insight into what they are seeing and doing – to add a dimension to their overall understanding of the system.

3. What have you gained from being mentored?

- i. Previously had a spiritual mentor, helped with advice and keeping focused on goals. Gained a sense of timing, values, perspective, a reduction in impulsiveness. Feedback regarding how being perceived.
- ii. Was in residency program for a year and following that my first boss acted as a mentor and helped solidify my skills. When being mentored you have a chance to see how the pro's work.
- iii. Confidence – in having someone guide you onto the right path or, at least, assure you that you're already on it.
- iv. One gains experience on a steeper curve with mentoring. Provides support to help with self-assurance in a complex, demanding environment. Provides exposure in a safe environment to different styles.
- v. I thought about who I have considered mentors in my career. I rarely asked them to formally be in a mentoring role – but there are several I see as role models – people I go to for advice. They help test your ideas and stretch your thinking. A mentoring experience has to be multifaceted so that one can seek out specific skills. A senior leader needs multiple mentors. You need people who can be available to you and form a resource network. I have a personal executive coach who plays a coaching/mentoring role and focuses more on personal skills development as they do not have health care expertise. I also have a mentor specific to government relations.

You can gain knowledge about how to get things done, how to work through the system and what the historical perspective is.

- vi. Clarity of personal style and career priorities, the value of differences and the importance of teams. The power of integrity and the importance of balance. Assistance with problem solving. To find who and what I am as a professional and human being.
- vii. Contacts and employment/development opportunities. Encouragement in troubling times. Reflection and re-direction. Reality check!

- viii. Learned good from poor approaches to solving complex health admin issues (safe environment to test). Learned (artificially) from others mistakes or near mistakes as well as lots of models/approaches/tricks. Also learned to “pick and choose” between alternate management styles and approaches – and picked one that fit my own strengths/weaknesses/personality.
- ix. I am not sure I have been mentored in a formal way in my health care career. Mentorship was an influence when I was an emerging leader in the private sector - I was mentored by people I held in high esteem. In health care, the mentoring has been more informal – there are colleagues I stay in touch with and look for input from.
- x. Practical day to day experiences. Realistic evaluation of what works to deal with specific problems/issues. Encouragement in a non-threatening environment to improve or change styles/approaches, re-enforcement of appropriate behaviour. Never had mentoring on a formal basis.
- xi. Generally it provides time to stop and reflect what is going on for you and them. It gives time for questions to be more deeply thought through. If you can stop and help them stand back and reflect – then both of you can benefit.

4. What have you gained from being a mentor?

- i. Keeps one “honest” and connected. Assists one to reflect on personal values. Satisfying to think I have helped another and watched someone else develop. A positive sense that I have given back to the health care industry.
- ii. It’s refreshing, satisfying. It causes you to read, think, reflect. You develop relationships which last throughout your career.
- iii. I subscribe to the philosophy of servant leadership and that sharing your gifts with others is the right thing to do. It is edifying to see someone else do good things because you helped them.
- iv. Important aspect of development. Satisfaction from being seeing people develop their capacity. A learning for the mentor as well.
- v. It is satisfying to help others if the mentoring is with a peer then it’s a 2-way benefit – you learn as much as you give.

- vi. Personal learning. Satisfaction of contributing to a colleagues success, pride and confidence.
- vii. Satisfaction from assisting other. Personal self-reflection on my goals. Lasting friendships.
- viii. Strengthens good management principles – as you can't say one thing and do another (management practice). Avoids repeating of your personal mistakes!
- ix. I do mentor others internal and external to the organization. Internally, it's more structured – a style of coaching especially with senior staff. Some staff are competent but lack real experience. For me, it's a reality check – I grow. You search deep for what makes you a leader. I enjoy watching others succeed.
- x. Sense of fulfillment in assisting others – giving back. If often give me another perspective. Have never done mentoring in a formal structure – has always been informal.
- xi. One skills set you can develop is coaching – it teaches you how to ask better questions and therefore to be good mentor. By asking effective questions, you can help the other gain insight. Coaching helps you learn how to apply the skills. Mentoring helps by asking the right questions. Mentoring is not just about the interaction, it's about the outcome of helping others to gain experience – it's not just having coffee and a chat. I enjoy it!

5. What would you identify as critical success factors in a mentoring relationship. What works, what does not?

- i. Mentor: Needs to be credible
Needs to have time to talk to mentee
Needs to affirm but not be judgmental
Needs to provoke, cajole, stimulate, be a good listener
- Mentee: Needs to be open to learning (not just doing it for credits)
Need to understand the spirit of the mentoring relationship

- ii. There needs to be a positive relationship, a comfortable fit. It helps if you are in the same organization and the mentee is working on something the mentor can help with – and something the mentor will benefit from. Should not be in a direct reporting relationship. Mentor needs to gain – otherwise you tend to drift out of the relationship. Be geographically close – if you try and mentor over the phone it drifts.
- iii. The mentor needs to possess superior communication skills – he or she needs to know when to listen, when to talk and when to act. The mentor needs to “walk the talk” and model appropriate, professional behaviour. He or she also needs to have the time to offer this valuable service to those who will benefit from it. The mentee needs to know that the mentor is available (and when).
- iv. Must be clear boundaries in the mentor/mentee relationship (i.e. no risk of any development of “personal” relationship – this is the way mentoring most commonly can be a damaging experience.) Must be consistent over time. Dependency not encouraged by mentor but self-sufficiency for mentored individual is important.
- v. Need mutual respect – a bond you need to like each other. The mentor and mentee need the right knowledge and experience gaps – if the gap is too large (like a senior executive and a student) then it’s fun but not as satisfying as being in a mentoring relationship with someone closer to your knowledge and experience. We tend to talk the same language – like a short hand – if you are interacting with a peer – if there is a gap it can be overwhelming for the person being mentored.
- vi. Match between mentor skills and the mentor’s needs. Regular evaluation/improvement. Flexibility. My preference is for mentoring to be driven by the developing leaders needs. Computer based systems – web or intra-net can provide menus of skill sets that can be used based on the problem/challenge/need.
- vii. Empathy and tact. Honesty and respect. Responsibility to be consistent and to follow through on offers of assistance. Contact should be initiated periodically from both directions.
- viii. Good role modeling by mentor. Interest in being a mentor. Strong/conceptual mentor. Support organization. Enough time made for mentee.

- ix. A time commitment - mentors need to be able to put the time in. Need to pick the right person - someone with the right core values - stay focused on core values and principles. The mentoring should be voluntary. Mentees need to indicate that they need and want mentors. Yours personality and demeanor give you a natural bias to leadership. The mentor needs to want to do good rather than mentoring for a self-serving reason. We need to get senior leaders to support the concept of mentoring.
- x. Critical factors - establishment of goals; structure within which mentoring will be occurring.
- xi. It needs to be well organized and disciplined. It needs to be done with candor. It would be successful if the person came out of the mentoring experience enlightened - with a depth of understanding and being able to transfer the knowledge - not making fatal analyses.

Other comments:

- i. You can teach people rudimentary competencies but can't teach them how to apply it. Mentoring brings wisdom to a situation, brings a perspective you can't get from experience alone. CCHSE should begin the discussion of what mentorship is, include it as a conference topic, circulate papers, allow the discussion of mentorship to boil up from the bottom. Lots of people are doing mentoring, there are good mentors out there, the system is changing rapidly - we need a touchstone.
- ii. We are not doing mentoring as much as we should. It is a good succession-planning tool. There are many senior leaders who are nearing the end of their careers and there will be gap in skills if we don't focus on leadership development. Mentors need skills - we need standards to ensure a mentor has the appropriate skills. In 5 years we will need to have developed the new grads - that are not getting into line roles, not in the policy arena (so need to be mentored). I could not give a mentee the time it takes right now - perhaps we could do "team mentoring". If there was an assistant mentor then a very senior person could spend some time passing in their skills. CCHSE could do more direct marketing - be more aggressive about expectations for mentoring - set standards.
- v. Need to increase awareness and training regarding mentoring skills. Need to "talk up" the concept of mentoring in graduate programs, in admin courses and conferences. We need to get mentoring concepts into our everyday lingo.

In a boss – subordinate relationship, you need to have skills to give feedback to the staff person to help them in their development – but it's a required role. In a mentor/mentee relationship there is a bond and mutual gain.

Mentoring is a good way to develop physician leaders we are introducing into management roles. Mentoring doesn't occur in isolation – we are all mentors and being mentored depending on the context we are in. The more senior you are, the greater you need a skilled mentor but the fewer people there are work with.

- vi. Mentorship requires a generosity of spirit which ensure timely and constructive response to a learners needs.
- ix. We have created an unhealthy environment (for health care leaders). It will take a concerted effort to turn it around. Mentors need to be taught how to mentor. Mentors need feedback – it would help me to know if I am being effective. If we consider ourselves health care leaders, we have a responsibility to develop others. Maybe the term mentorship is too formal. We need a coordinated/collaborative approach – not a competitive one. Health associations should work together to develop effective mentoring strategies. We don't do well at providing mentorship for senior leaders. It's hard for senior leaders to find mentors they respect.
- xi. It requires more time than we can give it. We are too rushed to give it the time it deserves and needs. It's hard to measure the success of mentoring – maybe by longitudinal study – or analysis of their personal success – and their satisfaction that they can think it through and transfer the knowledge.

Principle-centered people are constantly educated by their experiences. They read, they seeking training, they take classes, they listen to others, they learn through both their ears and their eyes. They are curious, always asking questions. They continually expand their competence, their ability to do things. They develop new skills, new interests. They discover that the more they know, the more they realize they don't know; that as their circle of knowledge grows, so does its outside edge of ignorance. Most of this learning and growth energy is self-initiated and feeds upon itself.

(Stephen R. Covey)

Themes Identified

The following themes were identified from the preceding questionnaire responses:

- ♦ Mentoring is a valuable way to build capacity.
- ♦ Mentoring is a personally satisfying experience.
- ♦ Mentoring is something senior leaders need as well as emerging leaders.
- ♦ Mentoring is a responsibility of leaders.
- ♦ Mentoring can be structured or unstructured – there is a role for both approaches.
- ♦ Mentoring requires a good match between the mentor and mentee.
- ♦ Mentoring requires new strategies: use of intra-net/computer assisted learning; team mentoring.
- ♦ Mentors need skills.
- ♦ Mentors need feedback regarding effectiveness of mentoring.
- ♦ Mentors skills can be developed with the assistance of a coach.
- ♦ Mentors have limited time to pass on their skills.
- ♦ Health associations/organizations must work together to support mentoring initiatives.
- ♦ Senior leaders can benefit from having multiple mentors.

A good mentor can empower you and pass a torch of wisdom that should burn long enough and bright enough to be passed on by you.

(The Etiquette Ladies)

Recommendations and Strategies

In order to ensure appropriate leadership for the future, experienced, competent leaders of today must commit to the ongoing development of leadership capacity within the system.

Leaders must commit to mentoring as a way of honing their own skills – and sharing their experience and perspectives with emerging leaders.

Emerging leaders must seek out experienced competent mentors to assist them in their skill progression. Students, new graduates and administrative residents must voice their need for, and valuing of, mentors. Organizations such as CCHSE which support leadership development through education and networking must also embrace mentorship initiatives. These organizations must take the lead in encouraging informal mentoring by communicating the benefits, by encouraging mentorship on annual registrations, and by having speakers share mentorship experiences at conferences.

These organizations along with health care employers must encourage formal mentorship programs. They must take the lead to ensure that standards exist, that appropriate matching of mentor to mentee occurs and that there are enticements and rewards (maintenance of certification credits for demonstrated mentoring).

Leaders in British Columbia have a unique opportunity to contribute to the development of mentorship resources. A recent project on Preceptorship and Mentorship has been completed by the COUTH with funding from the BC Ministry of Health Services Planning. This project has resulted in the development and sharing of preceptorship programs, the initiation of a web site to disseminate resources and the provision of workshops throughout the province to encourage regional groups to use these resources to implement or improve their preceptorship initiatives.

The framework used for the preceptorship project should be modified for a mentorship for health care leaders. Relevant partners could include the Ministry of Health Services Planning, COUTH, the Health Care Leaders Association of BC and the Canadian College of Health Services Executives. These partners could replicate the preceptorship project and provide a rich and sustainable resource network to encourage and facilitate mentorship within the health care environment. This project would have relevance to health care leaders across Canada.

The need exists. The mentors exist. Do we, the current leaders, have the commitment to make mentorship a vibrant accessible initiative? Will we contribute to the leadership capacity necessary for today's evolving health care environment?

Conclusion

I have found this mentorship project to be invaluable.

The mentoring relationship with the mentees was a satisfying and enriching one.

The structure of the fellowship project, with a requirement for reports and the provision of periodic feedback and guidance helped give focus and structure to the project. My concept of mentoring, and sense of myself in a mentoring relationship, have been positively altered by this experience. The concepts I learned in the literature review, the revelation that standards exist to assess and guide mentorship, the tools for assessing mentorship aptitude, the websites with current resources and linkages to expertise, and the perspectives from the most senior health leaders in BC have collectively contributed to my understanding of mentoring – and to my skills in participating in a mentorship process.

There is one principle of mentoring, however, that is key. What was given must, at some point, be given back. Whether you choose a mentor or a mentor chooses you, remember that mentoring is a two way street. When you've reached the point you needed a mentor to help you to, look back. Is there someone there who needs your help? Be generous. We all have to start somewhere (with a little help from our friends).

(Peter Urs Bender)

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The final update on Mentoring Taj, March 2002 (Mentee one)

Taj had the following objectives:

Objective No. 1: to be exposed to a variety of learning opportunities within the organization.

- ♦ Taj participated in the St. Paul's bed consolidation initiative, which aimed to consolidate already closed inpatient beds to match the staffing available in existing units. As a result of this initiative and Taj's attendance at Core Team meetings, she was able to observe Leaders' reaction to losing staff and Leaders experience to a significant change. Taj learned a lot from Dianne and other Vice Presidents as they dealt head-on with resistance and passive-aggressive behavior. This was a great learning opportunity as well as a character building opportunity for Taj.

Objective No. 2: to obtain another perspective on matters that I encounter as I manage my project work.

- ♦ In December 2001, Providence Health Care underwent a structural change that affected the department in which Taj worked. Essentially Taj was reassigned to a newly created department called Corporate Change Initiatives, but continued working in the same capacity.
- ♦ Taj also worked on a proposal for a temporary 8-stretcher unit that would admit patients from the Emergency department, until they were able to find an inpatient bed. Dianne made some insightful recommendations to Taj as she researched other options, best practices in the industry and collaborated with Leaders at St. Paul's.

Objective No. 3: to access the benefits of the mentor's experience in health-care and managing difficult experiences.

- ♦ Taj was on sick leave for most of November and the beginning of December. Upon her return to work, Dianne was very supportive of Taj's need to prioritize her work as she was now working part-time.
- ♦ In January 2002, Taj was part of a team in charge of developing a new leadership structure for the clinical areas. Dianne, the Vice President responsible for most of the clinical areas at Providence, had to make difficult decisions on which structure was appropriate for the future of Providence, taking into account that any structure would require layoffs.

Objective No. 4: to enhance my leadership capacity and learnings to be applied in future career situations.

- ♦ In February 2002, Taj was seconded to work in the Center for Aging and Health as the Administrative Coordinator. This is a leadership development opportunity for Taj, as she is responsible for managing the Centers budget, securing additional funding and building a team.

My overall remarks on the process of the mentorship program:

I enjoyed sharing ideas and my progress with Dianne and would recommend this program to another young leader partly because of Dianne's personality and work ethic. As a result of being a part of this program, I was able to learn how Senior Leaders deal with resistance, make difficult decisions and conduct themselves during periods of change and high anxiety. I was also able to benefit from Dianne's experience and am grateful for having had the opportunity. Although I have always respected Dianne, as a result of observing her demeanor in challenging times I had even more admiration for her work ethic. One important lesson I learned from her is how to handle the stress inherent inherent in an administrative job.

I think the only improvement I could recommend is that towards the end of the program given all the changes at Providence and my secondment to St. Vincent's, we were unable to connect as frequently as we had initially.



Mentorship Project Final Report (mentee two)

1. Strengths of the Mentorship Experience

Access

During my Administrative Fellowship, I found that one of the greatest strengths of the mentorship experience was the immediate access to considerable knowledge and expertise. Due to the physical proximity of my office to Dianne's, I was able to take advantage of her open door policy. It was reassuring to know that there was someone close by who I felt comfortable enough with to ask the simplest questions.

At the conclusion of my fellowship term, I moved into a different position in the organization but my office remains in close vicinity to Dianne's and though our formal mentor-mentee relationship has ended, Dianne has remained one of my greatest resources for information.

Educational Experiences

Dianne has always encouraged my attendance at local educational sessions by providing financial support with the registration fees. These sessions have been valuable networking opportunities.

Openness and Informality

Aside from being regularly scheduled, my meetings with Dianne remained relatively informal. There was never a defined agenda for any of the meetings, therefore, the discussion topics tend to be quite varied. Dianne has always been very direct and straightforward and it has been beneficial for me to hear her perspective on various individuals and issues.

Direction and Advice

I have sought Dianne's advice on innumerable occasions but two, in particular, stand out in my memory. Both times occurred near the end of my fellowship. Prior to my interview for a position within the organization, I had a scheduled meeting with Dianne. While it was not my intention to run through a mock interview with Dianne, she began to ask me questions that she thought would arise during the actual interview. Although those questions were not specifically asked, they did help to solidify my thoughts on my past experience in the organization, as well as to mentally prepare me for the interview process.

When I did receive the position that I was interviewed for, I discovered that I was unprepared to enter the compensation negotiation process given the lack of knowledge I had about the target salary range. Dianne not only provided me with valuable advice but also with the confidence to enter into a discussion that I would otherwise find uncomfortable.

Friendship

Undoubtedly the greatest strength of the mentorship experience is the opportunity to build a relationship with a senior leader that extends beyond the professional life. Dianne has been generous with her time counseling me on personal as well as professional issues. I have always respected Dianne for her leadership skills but her integrity, humor and kindness shine especially outside of the work-related realm.

2. Areas for Improvement

I think that mentoring experience may have been improved if more thought was given to the outcomes that we intended to achieve at the end of the year. While I appreciated the spontaneity of many of our discussions, some structure would have allowed me to better evaluate the entire experience. This could have included ongoing evaluation of the mentorship process instead of a year-end evaluation.

One of our goals was to develop coaching skills but it is apparent that coaching takes much more patience than I anticipated. It has been a lot easier for me to view Dianne as the person with all the answers and this may have, at times, discouraged me from doing some preliminary thinking and problem-solving.

I also regret not working being able to work on a project with Dianne. I provided support for multiple projects during my fellowship but none of them were specifically related to Dianne's areas. The component of the Emergency project that I began near the end of my fellowship term was not completed due to timing but it was eventually incorporated into a much larger organizational initiative that Dianne lead. I think it would have been a valuable opportunity for me to work directly with Dianne and certainly would have given me a different perspective of her leadership style.

3. Recommendations for Future Mentees

Be Proactive

One of the most important aspects of mentorship is being proactive about seeking feedback on one's own performance.

Establish Expectations Early On

For individuals who are not formerly acquainted and who enter into a mentorship relationship, it may be beneficial to identify expectations early on such as defining time commitment and key deliverables.

Be Open-Minded

It is important for the mentee to approach the mentoring experience with an open mind. The success of the relationship depends on the attitudes and receptivity of both parties.

4. Benefits of Mentoring for the Development of BC Health Care Leadership Capacity

Mentoring is beneficial to organizations because it decreases the learning curves, increases job satisfaction and loyalty, and improves productivity and quality. Like many other disciplines within health care, there is an anticipated shortage of administrative leaders. Mentoring should be viewed as an essential component of succession planning. Developing internal leadership capacity is an excellent strategy for ensuring that there is a pool of qualified talent. It also provides an opportunity for senior leaders who have many years of experience to share their knowledge and expertise with others.