

MENTORSHIP:

A MANAGEMENT LEADERSHIP  
DEVELOPMENT OPTION

*THE FINAL REPORT*

FELLOWSHIP PROJECT  
CCHSE

*Submitted by Mimi Lowi-Young  
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## **SUMMARY OF THE MENTORING PROJECT**

This mentoring project formally commenced in the fall of 2000 even though the mentorship relationship began in the summer of 2000. The relationship began while the mentee was pursuing graduate studies in the field of Health Administration and was a resident at the mentor's place of employment. The mentor was a preceptor to the mentee. The mentor and mentee engaged in a natural mentorship relationship based on the foundation built during the mentee's residency. This mentoring project was one of the first to be attempted as an option for the Fellowship Program of CCHSE. This mentoring project followed the original guidelines as established by the Fellowship Council and the board of directors.

At the first formal meeting of the mentorship project, an orientation checklist was developed that included the relevant topics deemed to be necessary for effective execution of the Professional Development plan of the mentee. The mentee's learning style was discussed (a practical approach) and the mentor and mentee agreed to an informal mentoring approach incorporating constructive feedback. A schedule was also established based on both parties' availability within two-week blocks. Each other's expectations were discussed and resources including seminars, literature, and academic contacts for leadership development were identified. The mentor shared books on leadership with the mentee and subsequent meetings between the mentor and mentee consisted of a mix of both formal (including the analysis of articles in the American College and Canadian College journals) and informal discussion of current events and issues facing the health care system, such as the impact of fiscal restraints on the operational processes within both the mentor and mentee's organizations.

Both the mentor and mentee experienced many scheduling challenges arising mainly from the mentee's workload demands while transitioning to an expanded role. This occurred simultaneously with a major change management initiative i.e. the closure of one of the departments within the mentee's portfolio. Despite the change in the frequency of meetings, the quality of the relationship was preserved through ongoing communication by telephone and email.

Both parties continued to explore the mentee's interest in experiencing a greater balance of strategic and operational activities. The Professional Development Plan was developed with this objective in mind. In an effort to work towards achieving this objective, the mentor shared appropriate information and both individuals engaged in discussion on the subject of Balanced Scorecards and their use as both a quality indicator tool and an approach to strategic planning.

During the course of the mentoring relationship, several reports were produced, consistent with the requirements of the mentorship project. The first report focused on the relationship building initiatives, values and establishing an overall approach to the mentoring project. It was based on assisting the mentee to expand her "soft skills" with including communication skills, interpersonal relationship building etc. There was

attention placed on achieving some of the objectives outlined in the professional development plan. Revisions to the plan were submitted based on initial feedback from the first report.

The second and third reports focused more on a review of the status of the mentee's professional development plan as it related to achieving the mentee's objectives.

The fourth report was more specific as it addressed the issues identified in the feedback from the three previous reports. This report offered more in-depth reflection, with more evaluation from both the mentor and mentee's perspective.

The following comments are provided to clarify the issues raised by the Fellowship Advisor in relation to the fourth report.

- The performance indicators were developed for waiting lists and continuing education (leadership development) in a strategic planning session for staff reporting to the mentee.
- In terms of quality of work life for staff, the approaches discussed included engaging the services of an external consultant to provide emotional support for staff during the conflict situation as well the mentor and mentee explored various strategies for employee recognition and retention e.g. “employee of the month” or acknowledgement through thank-you notes or staff social events.
- The key success factors to be considered for the development of strong working relationships and networking were discussed over the last few months in response to the expanded responsibilities of the mentee. Gaining the understanding of the cultures and professional perspectives of the various disciplines in the Endoscopy Service, which she managed, led to the ability to communicate more effectively and build teamwork in that area. Efforts by the mentee to enhance her knowledge of the area of responsibility by attending an OHA conference led to increasing her network of contact and improved credibility with the staff in this service.

To clarify the comment of the reviewer of the fourth report regarding the meeting with a consultant, the mentor and not the mentee had the opportunity to meet with an outplacement consultant who was in the process of producing a book on mentoring and provided the mentor with some excellent insights to the mentoring process.

The literature review replaced the usual 5<sup>th</sup> Triannual report as the SARS epidemic in Toronto limited the ability of the mentor and mentee to meet or even communicate verbally by telephone.

The fifth report contained a comprehensive review of the literature with additional information provided by an individual who was in the process of producing a book on mentoring programs. This consultant, with expertise in career transition in the health and health related fields, provided the mentor with her insights about mentoring and the findings about trends in mentoring programs that she discovered during her own research. The main theme of her findings was there are a variety of approaches to mentoring programs currently in existence in hospitals and health related organizations with limited evidence of their effectiveness. From this consultant's perspective, the opportunity to define "best practices" in the area of mentoring is limited by the lack of formal evaluation.

### **Evaluation- Part 1**

THIS EVALUATION WAS BASED ON THE "HEALTHCHECK" FOR MENTORING SCHEMES, AUTHOR DR. DAVID CLUTTERBUCK –CA MENTORING SCHEMES, BURNHAM HOUSE, BURNHAM, BUCKS U.K.

**Are you able to identify clear and measurable benefits from the mentoring relationship?**

Yes.

The benefits of the mentorship relationship were articulated in the original Fellowship Project submission.

- The individual will become rehabilitation resource for the health system in her organization.

Evelyn Maurice has played a key role in promoting rehabilitation in her own facility by expanding the outpatient services to meet the increasing needs of discharged patients as the pressure to reduce patients' length of stay increased.

Evelyn also became quite involved in the GTA Rehab Network representing her organization on one of the major clinical subcommittees. She was also involved in establishing the framework for the Admissions to Rehabilitation Units in the GTA.

- The individual will develop stronger working relationships and will enjoy a wider network of colleagues.

Evelyn Maurice was designated the coordinator of the hospital accreditation process which provided her an excellent opportunity to strengthen her working relationships with her colleagues and senior administration. In providing guidance to the internal teams, Evelyn also made contact and networked with colleagues from Mount Sinai Hospital. As well, her participation in the GTA Rehab Network exposed her to a number of senior executives in a number of other health care organizations. With this exposure, she was short listed for a senior program director position in a Rehabilitation Hospital.

- The individual will develop the ability to set appropriate priorities and to focus on multiple tasks concurrently.

The major challenge for Evelyn was her responsibilities to coordinate the accreditation for the hospital. Evelyn and I spent a number of sessions examining her work plan and established a framework to set priorities and determine how to develop a project management approach. Evelyn has been assigned new responsibilities since January 2003, which has given her the opportunity to test this framework and approach.

- The individual will develop skills to become organizational leader and /or manager.

Evelyn's self-confidence has improved a great deal since the beginning of this mentoring process. She was confident to apply for, what would have been an excellent opportunity, the Program Director of an inpatient Orthopaedic Unit and large ambulatory rehab clinic in a Rehabilitation Hospital. She was short listed and chosen as the 1<sup>st</sup> "runner up" for this position. It was deemed by her superiors in her own hospital that she was able to take on more responsibilities outside her area of expertise i.e. Rehabilitation. She became the administrative head of the Endoscopy Department responsible for its budget and day-to-day operations.

- The individual will develop a broader and deeper understanding of the various issues concerning health administration.

Evelyn and I had many opportunities to review articles and discuss the implication of broader health care issues. We had discussion about balanced scorecards and related the importance of developing indicators that are relevant to the overall organizational strategies and organizational mission. We also spent much time discussing strategies for staff retention and career development of staff at various stages of their careers. Some of the indicators that are monitored are waiting time to access physiotherapy, audiology and chiropody services, as well as the percentage of rehabilitation coordinators that have participated in leadership growth opportunities.

- The individual will experience growth in their critical thinking skills as well as further development of their systems approach to thinking and problem solving.

Evelyn was successful in completing her Masters in Health Administration, which expanded her knowledge and understanding of the broader health systems issues. She had been able to apply this knowledge in her day-to-day work. With her new responsibilities, Evelyn was required to assess the impact of her decisions not only on a single discipline i.e. Rehabilitation, but also to consider other departments including both medicine, nursing and support services.

In the original proposal the statement of benefits focused on the mentee. In the analysis of the benefits and objectives achieved by the mentor, the mentor concluded that she was able:

- To gain a clearer understanding of the mentoring process and how this process is one of guidance, support, critique and personal development for both the mentor and mentee.
- To make sure that the mentor was always up to date on the current literature related to the topic for discussion at a particular session

- To watch the development of a health care professional without imposing undue pressure or setting unrealistic expectations.
- To employ the mentoring techniques used in the session with Evelyn to my staff on a day to day basis
- To gain a deeper sensitivity of “human relations and behaviour”.

**Did the mentor and mentee have a clear understanding of their roles and what is expected of them?**

Initially the expectations for the mentor and mentee were not clearly articulated. The understanding of the role of the mentor and mentee became clearer as a result of the determination of final professional development plan.

Having the opportunity to explore the various approaches to mentoring, it was clear that the most appropriate approach for this relationship between the mentee and mentor would be the European Collegiate (EC) Model (see detailed description of this model in the 5<sup>th</sup> report on the literature review). In this model, the mentor acts in a nondirective manner to assist the mentee to develop her own perspectives and wisdom; attempts to achieve, through the relationship, a more self-reliant individual in the mentee; and permit a significant amount of mutual learning. The critique of the professional development plan provided in this report analyses the use of the EC model. This model and its approaches appeared to be consistent with the achievement of Evelyn’s objectives and the organizational relationship between the mentor and mentee (in a different environment and non-direct reporting platform).

**Did the mentoring relationship develop clear and measurable goals and measure the progress against them?**

Yes. See page (10) of the Professional Development Plan for the summary of the achievements of the mentoring project. The mentee was also successful in obtaining a promotion increasing the scope and content of her responsibilities.

**Did the mentor and mentee experience significant learning from their relationship?**

Yes. There was ample opportunity for the mentee to discuss approaches to dealing with varied cultures among different disciplines e.g. the physician group as well as other clinical professionals. The feedback reassured and boosted the confidence of the mentee in her new role working in a different relationship with physicians and nurses. In addition to the feedback received from the mentor, the mentee has also received positive feedback from her program director and Vice President of clinical programs.

As noted above (in 1 above), from the mentor’s perspective, the mentee challenged and discussed issues in this safe, non-judgemental relationship. The learning from this approach to relationship building gave the mentor experiences that can be transferred to relationships with colleagues in other organizations. As well, this relationship provided the opportunity for the mentor to analyze her attitudes and approaches to relationship building. In developing a stronger and more meaningful relationship, the mentor needed to pay closer attention to truly understanding an individual’s dreams, hopes and aspirations both professionally and personally.

**Was there an effective linkage between the mentoring relationship and other development processes in the organization?**

Yes. In particular, the timing of meetings often coincided with an appropriate opportunity to discuss current issues especially those related to the improvement of the work life for staff. As an adjunct to the continuing education sessions at the hospital, the mentor and mentee would discuss other alternative theories regarding the particular concepts introduced at these sessions. One of the opportunities arose at a time when there was a physician related issue. The mentee described a proposed approach, which was expanded on by the mentor to include a standard of practice approach. Another situation occurred around the organization’s accreditation process. An approach to team education was discussed and the mentor provided a different perspective in preparing for the “Mock Accreditation” process.

**Did the mentoring relationship achieve all of the above, without creating excess bureaucracy in the mentoring process?**

Yes. We both made an effort to adhere to the professional development plan. This question is more appropriate for evaluating a formal organizational mentoring program.

**Evaluation- Part 2**

Mentor's Qualities	Meets Expectations	Exceeds Expectations	Not Met
1. I listen to the whole issue before commenting		✓	
2. I give advice but still expect the mentee to make their own decisions		✓	
3. I always find time to help	✓		
4. I always question thoroughly to find the real issue		✓	
5. I always give honest opinions		✓	
6. I have a range of networks and contacts that can be utilized	✓		
7. I always focus on the mentee’s needs during the mentoring session		✓	
8. I do not get annoyed with the mentee who doesn’t get the point quickly		✓	
9. I am an optimist		✓	
10. I am encouraging		✓	
11. I am always well prepared in advance	✓		
12. I am a positive role model in terms of my own achievements		✓	
13. I can help the mentee believe in their own potential		✓	
14. I am open to new ideas		✓	
15. I know when to introduce options		✓	

which may not have been considered			
16. I can challenge assumptions skillfully	✓		
17. I am a positive person		✓	
18. I possess great patience	✓		
19. I am interested in people		✓	
20. I am non-judgmental		✓	
21. I feel comfortable about having my views challenged		✓	
22. I am enthusiastic about mentoring		✓	
23. I am very knowledgeable about developmental issues		✓	
24. I am tolerant	✓		
25. I am prepared to learn with the mentee		✓	
26. I can give feedback skillfully		✓	

Mentor's Qualities	Meets Expectations	Exceeds Expectations	Not Met
27. I can allow the mentee the freedom and confidence to make mistakes		✓	
28. I see my mentee as an equal		✓	
29. I have sound judgment	✓		
30. I am able to distance myself and maintain objectivity		✓	
31. I am keen for the mentee to make their own decisions		✓	
32. I take a keen interest in my mentee-I value their views and what they say		✓	
33. I am able to probe beyond the superficial		✓	
34. I can provide the space for the mentee to express her feelings		✓	
35. I can draw out the mentee's ideas and I am willing to use them		✓	
36. I can avoid the temptation to direct conversation back to myself and my issues and experiences		✓	
37. I won't just tell the mentee what they want to hear		✓	
38. I never appear keen to get the mentoring meeting over with and move on to the next thing		✓	
39. I don't talk about my own achievements too long		✓	
40. I have a genuine desire to empower		✓	
41. I am responsive to my mentee.		✓	

(Extracted from Draft Mentor Diagnostic Constructs by Andrew Gibbons from [www.coachingnetwork.org.uk/ResourceCentre/Articles/Documents](http://www.coachingnetwork.org.uk/ResourceCentre/Articles/Documents))

### **Analysis of the Evaluation**

The objective of this evaluation was to assess the mentor's effectiveness in her role as a mentor. The mentee evaluated the mentor on 41 characteristics of an effective mentor.

According to the mentee, the mentor has demonstrated these characteristics beyond the expectations of the mentee. The areas that have been identified as "Expectations Met" are areas where there was limited opportunity to experience these qualities. The technique used for problem-solving and strategic thinking by the mentor was most beneficial according to the feedback from the mentee. The approach included presentation by the mentee of a problem or issue to which the mentor responded with questions facilitating reflection and critical thinking by the mentee. The mentor provided the mentee with additional perspectives to the problem or issue. The mentee was then able to review the options and draw conclusions more effectively on her own. There were a number of examples of this approach. The situations included: feedback to an employee who was unsuccessful in obtaining another position; providing emotional support for employees during a professional conduct issue; and preventing a potential conflict with a physician regarding standards of practice. As well she was able to apply the learned approach to problem solving/ decision –making in many other situations. The knowledge transfer of successful strategies to other situations was key mechanism used during this mentoring process. The mentor presented consideration of best practices and "tried and true" approaches to the mentee. The mentee gained experience through experiential learning with an understanding of the transferability to other situations.

## Analysis of the Achievements of the Professional Development Plan

### Summary/Critique of Completed Projects:

PROJECT	ACTION PLAN	DESIRED OUTCOMES	RESPONSIBILITY	TIMELINE	STATUS
<b>1.</b> Program Development, Implementation and Evaluation: Total Hip Arthroplasty & Total Knee Arthroplasty (Out-patients Rehabilitation program)	Proposal submission to Senior Management  Recruit resources Implement pilot project  Modify as appropriate Implementation  Evaluate Program	Program approval  Physiotherapist – 1FTE, Increase hours for OT/clerical  Inpatient targets met	Evelyn Maurice Physiotherapists (2) Occupational Therapist (1)	Dec. '00 – Jan. '01  Feb. – Mar. 2001  x 3 Months	Cancelled due to lack of funding
<b>2.</b> Committee Leadership, co-chair of Humber River Regional Hospital's Accreditation Committee: Team development, facilitation and completion of the accreditation process.	Identify Team Leaders Establish Teams Facilitate team train Facilitate accreditation process	Team Leaders identified Teams developed Team Training Team Progress-accreditation	Accreditation co-chairs & V.P. Human Resources CCHSA staff Service Teams	Dec. 2000  Jan. 2001 Jan – Dec. 2001	Completed
<b>3.</b> Team Goal Attainment: Team performance indicator development through a Balanced Scorecard Approach.	Consultation re organization's approach to quality reporting  Research re indicator development	Indicator development	Manager, Co-ordinators, Utilization Co-ordinators, PT's, OT's and Chiroprudists	Nov. 2000  Jan. 2001	Completed

**Project Revisions:**

#	PROJECT	ACTION PLAN	DESIRED OUTCOMES	RESPONSIBILITY	TIMELINE	STATUS OF OUTCOMES
1	Development of a Rehabilitation Assistant Competency Assessment Tool for Humber River Regional Hospital	Identify appropriate stakeholders  Schedule meetings  Establish scope of project  Draft documents  Circulate documents for consultation  Documents revised	Appropriate stakeholders involved in project  Meeting schedule developed  Deliverables outlined  Appropriate documents developed  Consultation completed  Final package developed	Evelyn Maurice		Completed Outcomes achieved  Completed Outcomes achieved  Completed Outcomes achieved  Completed Outcomes achieved  Completed Outcomes achieved  In progress
2	Closure of a Department	See Appendix I				

## Critique of Evelyn Maurice’s Professional Development Plan

1. Program development of THR and TKR outpatient program:

The program was not implemented due to financial constraints. Evelyn did not know how to approach the development of this project. The outcome of her efforts by consulting the Finance Department and our discussions about proposal development was that she was able to build a business case for a new program. She then applied the knowledge of the business case approach to plan the reduction of services in her area of responsibility.

## 2. Leadership of the Accreditation Process.

This was a major challenge for Evelyn. During our mentoring sessions, I coached her on presentation style, project management and the principles of accreditation. We would practice her approach at meetings by role-playing. The key indicators of success were that the accreditation team self-assessments were completed on time and the organization was well prepared for the survey. The organization received only one recommendation. These excellent results can be attributed to the work of the mentee in her role as accreditation coordinator.

## 3. Team Goal Attainment

Initially the mentee's focus was quite narrow and she did not appreciate the need for connection of the division's indicators to the overall strategic directions of the organization. The use of the term "Balanced Scorecard" was misunderstood. Evelyn took the initiative to undertake a literature review on this topic. The mentor and mentee evaluated the literature to gain a greater understanding of the various approaches to indicator development. We also evaluated the indicators used in the Hospital Report Card to determine their appropriateness to this project.

Senior management ultimately approved the indicators developed with the input of the staff and the mentee's superior.

## 4. Closure of One Component of the Department of Rehabilitation.

The mentee developed the plans for this project independently. She considered all potential impacts on the staff directly involved, other staff reporting to the mentee, labour management relations, relations with the physicians etc. She developed a comprehensive plan, approved by the senior management team. Evelyn demonstrated a level of maturity in using a variety of skills including strategic and systems thinking, multitasking, problem solving which would be expected of a senior manager. Evelyn was able to apply the learnings from previous projects and our many discussions about human relations to this project. Her previous experience with business case development and project management also assisted her in defining the scope and content of this project.

In conclusion, all the projects that Evelyn and the mentor were involved in were extremely beneficial in the learning experience and growth of the Evelyn and to the hospital where Evelyn is employed. These projects also supported Evelyn's objectives for this mentoring process. It also met the objectives of the mentor. A number of the processes developed for these projects were incorporated as standards for the entire division.

## Impact of Mentoring on Leadership Development and Health Services Management:

The mentee and the mentor began their relationship at the time the mentee was completing her residency as a component of her MHSC program at the University of Toronto. The sharing and learning relationship had already been initiated but there was a new element to the relationship following the residency. The mentee wished to focus the interactions on applying her newly acquired knowledge from her Masters program to her current position. The mentor helped to focus the mentee's professional development plan on expanding the application of this knowledge to broaden the mentee's view and response to a variety of circumstances beyond the scope of her position.

This mentoring project has provided the mentor with a truly unique experience. The structured program with clear objectives and outcomes provided a clear framework for the relationship. In addition, the mentor was required to provide the necessary guidance, coaching, support, and critique in order that the mentee was able to achieve HER objectives.

Many different skills were applied in the mentoring process, some rarely practiced as an employer. This unique experience had a profound impact on the mentor as it highlighted the importance of the 'emotional' and behavioural aspects of relationship building. The opportunity to interact with an individual on so many different levels was extremely valuable to the mentor and assisted her to become more sensitive to the benefits of this interaction.

Participation in a mentoring relationship is an important obligation of senior health executives. On the one hand, this relationship offers the opportunity for growth as both a health executive and human being. On the other hand, it offers the mentee a safe, sharing and supportive environment to develop professionally.

The detailed literature reviewed for this mentoring project highlights many of the benefits that both the mentor and mentee can experience. (See the 5<sup>th</sup> report on the literature review)

In conclusion, this mentoring project was an invaluable experience for the mentor. It was exciting to see the mentee take on new organizational responsibilities with a sense of confidence. The mentor and mentee will continue this relationship even though the project is completed both feel there is much more to benefit from an ongoing interaction. Not only does mentoring provide the opportunity for growth professionally and personally for both the mentor and mentee, but also mentoring can be modeled for application to other levels in the organization i.e. managers to coordinators and to general staff. The mentoring relationship can be expanded to include individuals within an organization who do not have a direct reporting relationship as long as this is accepted within the culture of the organization.

Consideration should be given to including "How to be Mentor" in the curriculum of the Master program in Health Administration.

The goals of mentoring including learning, self –reliance, support and sponsorship as identified by Dr. David Clutterbuck can be applied to the goals for leadership development in any health care setting. In the mentoring process, the roles of the mentor include goal-setter, challenger, collaborator, role model, guide, protector, guardian, listener, sounding board, bridge, catalyst, and facilitator of networking. Senior health executives in promoting leadership development of their own direct reports can apply these skills.

Formal Mentoring programs in health care organizations can provide the following benefits and have potential impact on improving the quality of health services management:

- (a) There appears to be an increasing disillusionment with classroom training as the foremost approach to learning in organizations. Mentoring offers reflective learning and more immediate applications of knowledge into action;
- (b) The recognition that employee performance reviews often does not lead to real changes in the competence of the employee. The proactive approach of mentoring gives the individual the opportunity to “process” how they may improve;
- (c) An increasing emphasis on self-development, shifting some responsibility to the employee for his or her own professional development. The shift from the paternalistic environment to the empowerment approach supports the increased interest in mentoring;
- (d) Increasing complexity of career paths. The days of linear career paths are numbered. Enriching individuals no matter where they are in their career “journey” can benefit and be supported through a mentoring process;
- (e) The new organizational structure. Not only has there has been “flattening” of the hierarchies but individuals in management positions find themselves being responsible for a broader range of activities and functions and are

required to perform more versatile roles (including strategic planning, team building and leadership);

- (f) The processes in organizations have become project-based. With a greater orientation toward project management, project-based organizations have no longer permanent managers or permanent teams. An individual could have multiple projects. The need for a mentor increases as the long term development issues for an individual could be neglected in a project-based environment (very today and now focused);
- (g) Increased mobility of individuals in Corporate World. The longevity of individuals in one organization appears to be decreasing as skills and expertise are becoming more transferable from one sector to another. Career planning has become an essential activity for the ambitious executive. The role of the mentor in this activity is important to assist the individual to think through their options and to develop a plan of action.

(This portion has been extracted from the Report#5 Literature review)

### **Recommendation for Fellowship Mentorship Option**

For future mentoring projects for the fellowship project for CCHSE, it is suggested that the following components be added to the process as the mentor found them to be extremely beneficial.

- 1) A literature review with an analysis of the models of mentoring as a stated requirement.
- 2) An evaluation framework for the mentoring project that includes the evaluation of the mentor; the process; and outcomes measured against the CCHSE competencies of a health executive
- 3) Identify a list of potential interested mentors who are able to make themselves available to early and mid –careerists.

- 4) Inform potential candidates that the reporting relationship between mentor and mentee does not have to be direct or within the same organization.
- 5) Clarify the role of the Fellowship advisor so that the Fellowship candidate knows what to expect during the Fellowship project (especially in a two year mentoring process).

Respectfully Submitted by

Evelyn Maurice  
Mentee

Mimi Lowi-Young CHE  
Mentor