

## Notes for Primary Care Teachers

### MENTORING – A PERSONAL EXPERIENCE

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The word "mentor" is of Greek origin, derived from Mentor, the trusted counsellor of Odysseus, and who subsequently became the guardian and teacher of Telemachus. Hence in the modern context, the dictionary definition of "mentor" is "a wise and trusted counsellor or teacher".

#### What is mentoring?

As a mentor with the Academy of Family Physicians of Malaysia, I wear several hats - tutor, role model, counsellor, friend and father figure. Most of the time, my role as a tutor is paramount but the other roles are just as important. Once, a candidate who was in his late forties called me up late at night just a few days before the Conjoint Examination. He was in a state of panic and desperation as he was unable to memorise factual details. I spent more than 30 minutes counselling him. I was relieved when I was able to reassure him and help him regain his self-confidence. Subsequently he did very well in the examination.

Mentor sessions in Johor Bahru, which started more than 17 years ago, are small group teaching sessions. The young doctors have the most to gain from these interactive sessions. Mutual trust and confidence between mentor and mentee is of great importance for the learning sessions to succeed.

#### What do mentors do?

Besides good teaching skills and commitment, I need to be a resource person as well. The Vocational Training Programme (VTP) provides limited funds for additional work like clinical teaching. In Johor Bahru, such activities are organised mainly with contribution from the mentees and mentors themselves. These activities include clinical teaching sessions at Hospital Sultanah Aminah Johor Bahru, tutorials and interactive workshops. Occasionally printed copies of relevant articles from various journals were handed out to supplement the modules. Needless to

say, carrying out these activities require a great deal of commitment and dedication.

#### Getting started

A mentor prior to starting his first session will encounter some psychosocial problems. I will highlight some of them:

- How much time will I have to do this?
- Will I be able to do it well?
- Do I have the necessary skills, knowledge and experience to do it?
- How will my colleagues regard me?
- Will there be negative reactions from my colleagues?
- Will I be embarrassed and have difficulty in coping if my mentees experience personal, emotional or professional problems?
- What if the mentee do not get along with me?
- Will the Academy give me sufficient backup and moral support?
- What can go wrong?
- How will it end?

The potential mentor will have to deal with all these issues before getting started. Happily, I have to report that my mentees gave me the least problems.

#### What can go wrong and what can be done?

Problems may arise from the mentees. Stressful life events like pregnancy, marital and family problems, can be a source of distress. Some of the mentees are older and wealthy doctors who have been managing well established practices for a long time. They might object to being under a more junior mentor who is financially weaker and not as established. Other mentees have gender bias, e.g. uncomfortable with a female mentor. The system of interactive tutorials is not acceptable to some doctors who feel that the only way to learn is through the traditional didactic method. Personality clashes can and often occur. Having alternative mentors can solve this problem. Hostility

and envy from other colleagues may mean that younger mentors need support to handle this problem.

When I first became a mentor, my concern was whether the Academy could give me the backing. I am glad to say that the Academy was behind me all the way. All parties in the programme have to be able to communicate with each other. Luckily this could be achieved most of the time.

The willingness to conduct self-audit and institute changes is an essential process to ensure maintenance of desired standards, any deficiency on my part will most assuredly be discerned by my more astute mentees. Genuine interest in the improvement of the mentee is a crucial factor and will go a long way to smoothen the process.

#### How will it end?

Most of the time mentor and mentee will form a strong bond that persists long after the training is over. Unfortunately not all relationships have such happy endings. A few mentees have "short memories" and easily forget the help they have received. The mentee also has his concerns. The following questions are often asked:

- Is having a mentor a sign of his ignorance and lack of skills?
- Is going to a mentor a sign he is not a competent doctor?
- Can he trust his mentor?
- Is it safe to reveal his "ignorance"?
- Will it affect his reputation?
- Does he have the time to commit himself to the VTP?
- Will his commitment to the Programme undermine his practice in terms of income?
- If employed, how will his employer react to this?

By the time the mentee has enrolled in the VTP he would have come to terms with most of the above issues. I have to add that the problem of an unsympathetic employer is a real issue. Last minute cancellation of the mentee's leaves (hence unable to take part in tutorials or examinations) sends the message that employers discourage active participation in the VTP. Mentors must be cognisant of these problems and help their mentees to solve them.

The first meeting is usually very daunting, especially if everyone is a complete stranger to each other. It helps if there are some familiar faces. The following framework will help mentors who are doing this for the first time.

- *Welcome.* The first priority is setting at ease everyone in the group. A short introductory speech with mutual introduction by each participant will help break the ice.

- *Gather information.* Acquire the biodata of each participant: their background, training, experience and expectations. Be low-key, neutral and non-threatening.
- *Introduce yourself.* Tell the group about yourself, your training, experience and commitment. Tell them what you intend to do and how you are going to do it. Impress upon them that the sessions will be learner-driven with the VTP Modules serving as a guide.
- *Comradeship.* All the mentees should be treated as professionals in their own right – not as medical students. Refreshments are usually served after every meeting. The doctors in the group should leave with eager expectation for the next meeting. Hopefully when the time comes for parting after the examination, a life-long bond would have developed between mentor and mentee.

#### Mentoring skills

The corps of mentors has shown ingenuity, initiative and dedication to bring about the desired end points of the VTP; these being good GP skills, intellectual stimulation and commitment to Continuing Medical Education.

The mentor is central to the success of VTP. He helps to speed up the development of the doctor in his new role as a Family Physician, by ensuring the doctor derives maximum benefit from his new experience. Informal mentoring has always been ongoing and will continue to do so. What is important is that the mentor must have a genuine interest in the growth and development of the mentee under his charge. Like other newborn projects of a similar nature, a good support system is vital.

An essential ingredient of such a support system would be to establish lines of communication between mentors, mentees and the Programme developers. I suggest that they address questions of the objectives of the mentoring programme, roles and specific responsibilities of each party, and finally, the "ground rules" for mentor/mentee. This includes compliance with attendance, supervision of work done and other assignments given by the mentor.

In conclusion, mentoring is an essential learning tool in the teaching and training of Family Physicians under the Vocational Training Programme

#### Further readings

1. Freeman R. Towards effective mentoring in general practice. *Br J Gen Pract.* 1997;47(420):457-60 [[PubMed](#)] [[Full text](#)]
2. Ramani S, Gruppen L, Kachur EK. Twelve tips for developing effective mentors. *Med Teach.* 2006;28(5):404-8 [[PubMed](#)]
3. Freeman R. *Mentoring in General Practice.* Butterworth-Heinemann, 1998. [ISBN 0-7506-3940-7]
4. Adviser, Teacher, Role Model, Friend: On Being a Mentor to Students in Science and Engineering. Washington DC: National Academy Press, 1997 [[Full text](#)]