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Introduction

This book principally concerns itself with practical applications of mentoring within the profession of dentistry in the United Kingdom (UK). Whilst the book is written to showcase case studies within dentistry in the UK it is important to acknowledge that the skills of both dental professionals and mentors are not dissimilar throughout the world. If you are working outside the UK whether in dentistry or different field you will find much that you can take away from the book and the case studies. It is also important to acknowledge that whilst the case studies relate to dentists, their application is equally valid for all dental professionals.

The inspiration for the book came from students who have completed our post graduate certificate and award qualifications in mentoring and coaching. They are hard-working dental professionals with a passion for both dentistry and mentoring and we are indebted to their contributions. Future students will be directed to this publication as a course book, however it is not limited to being a course text.

We provide a number of case studies for projects which showcase how mentoring is being utilised in positive ways to enhance individuals and the services those individuals provide. The aim is to demonstrate how mentoring programmes can be implemented and the benefits they can bring. We invite you to submit your own case study examples to our website at www.dentalcoachingacademy.co.uk.

Whilst mentoring is a practical intervention it is underpinned by sound theory and the acquisition of mentoring skills. We have included chapters that describe mentoring and coaching as the two interventions share a number of skill areas, yet are quite different in purpose and application. We have also included a chapter on mentoring and coaching tools and models with particular attention to a model that we have successfully used in our training programmes. The discussion chapter will review topics that the case studies have introduced and other aspects that we hope will provoke further thought.

Please note: for readers outside the UK or those who are not dental professionals, organisations within the UK that relate to dentistry may read like alphabet soup. We refer you to the glossary for a brief explanation of the organisations and terminology used. Please also note that, unless we make specific distinctions, we use terms like ‘coach’ and ‘mentor’ interchangeably, as we hold no attachment to the terms in their general usage. If you want to ‘coach’ someone, that’s great; if you prefer to ‘mentor’ them, that’s fine too. Both are

possible as dental professionals supporting others' growth and development in general terms; or when we are acting as managers and leaders and drawing on coaching and mentoring skills generally. Where we make distinctions is when these skills are applied in professional settings and a precise tool, or approach is required by the context.

Mentoring is increasingly being seen by organisations generally, and the dental profession in particular, as a way of helping and supporting the development of people (employees, staff, contractors, patients) to achieve their goals. The word mentor has come to mean trusted adviser, friend, teacher, and wise person. The term 'coach' has been more commonly associated with someone supporting personal and professional performance, goal achievement, and drive. We aim to broaden both these terms to encompass enhanced self-awareness, development, personalised learning, and excellence in practise.

In dentistry we are still at the beginning of appreciating the potential and benefits of mentoring. In our experience more and more dental professionals are undertaking training to become mentors, such that these skills are applied more intentionally and more professionally. As will become evident as you read through the book, great mentors combine skill, expertise, and experience with the skills of mentoring in the service of another individual, the mentee. The practical skills, expertise, and experience that others wish to learn and emulate will not be covered by the book, they are taken as present. What the book does cover are the skills of translating that expertise and experience into a worthwhile, productive conversation, and relationship that promotes growth and development of another individual, the mentee.

History

Mentoring has slowly been gaining a position within dentistry since the Millennium with more and more dental professionals becoming familiar with the term and the concept of mentoring. It is also good to see this recognition from the statutory regulator for dental professionals.

Activities such as coaching and mentoring, where individuals are supported by other members of the dental profession, also have an important role to play here, and are valuable ways of enhancing the skills and approach of all involved.

Shifting the Balance: a better, fairer system of dental regulation (GDC 2017).

Vernon Holt did much to champion mentoring within the dental profession and his series of articles written between 2008 and 2010 are referenced frequently through the literature. Holt produced his thesis in 2013 and it contains a rich mine for those wishing to know more about mentoring in dentistry.

I suggest that a culture proactively supportive of practitioners at all stages of their careers using routine mentoring could do more than any amount of audit of techniques, protocols or choosing of 'the latest' materials, to enhance the quality of care delivered. Furthermore, because the dentist has a leadership role in the practising

environment, the quality of performance of the dentist in the team can have a profound effect on the morale and culture of the team of which he or she is a part. This in turn will influence the quality of patient care indirectly as well as the direct effect through his/her own clinical performance (Holt 2013, p. 24).

It is from the 1980s that we start to see the emergence of a body of literature about mentoring in American business management (Colley 2002). Influential articles, particularly Roche's report, *Much Ado about Mentoring* (1979), claimed to have discovered mentoring as an informal but important part of a businessman's career. Mentoring in Britain then began to be seen as an American import, which had to be adapted to British culture. Clutterbuck was instrumental in the 1980s in bringing the idea of mentoring to Britain from the United States. He is regarded as the 'grandfather' of mentoring in the UK.

There is also anecdotal evidence to suggest that Continuing Professional Development (CPD) which involves interaction with professional colleagues has significant benefits when compared with other non-interactive activities, e.g. reading, or online CPD. While there is room for a mix of CPD activity, we all need to consider how to ensure that the benefits of interactive CPD are recognized and realised. Activities such as coaching and mentoring, where individuals are supported by other members of the dental profession, also have an important role to play here, and are valuable ways of enhancing the skills and approach of all involved (GDC *Moving upstream* 2020, p. 32).

Uses of Mentoring

Considering the widely varying circumstances and professional isolation of general dental practice, the most adaptable tool for supporting the quality of performance of dentists is likely to be mentoring (Holt 2013, p. 34).

Experience since Holt wrote the above sentence has shown that the potential for mentoring goes beyond quality performance. The case study examples in Chapter 5 highlight the following areas of benefit:

- Career development
- Quality assurance
- Improving communication
- Deepening insight and self-awareness
- Excellence
- Remediation of poor performance.

These are also explored further in the discussion chapter.

It's not only the dental practices that benefit from mentoring, the 2004 National Health Service (NHS) national staff survey (Healthcare Commission 2005) noted that 17% of staff identified that they had received training and development from a mentor during the previous 12 months.

The Department of Health, NHS knowledge and skills framework and development review (2004, p. 8) highlighted two key messages that relate to mentoring:

- Mentoring is key to the future of the NHS.
- A national framework for mentoring is to be created.

Viney and Paice (2010, p. 38) reporting on the London Deanery 'First Five Hundred' mentees concluded: 'The first five hundred mentees have confirmed our conviction that this service is needed and appreciated by a significant number of doctors and dentists'.

Increasingly, as clinical leadership grows, the use of mentoring and coaching to support leadership development is also growing. Many leadership programmes for health professionals now including a blend of training, development, mentoring, and coaching, as well as training for clinical leaders in mentoring and coaching skills.

Distinctions and Boundaries

As Clutterbuck outlined in 2001, there is considerable confusion over what mentoring is and what it is not. It can often be confused with other methods of professional support.

Here we make clear distinctions between counselling, advice-giving, coaching, and other 'talking' interventions. The distinctions focus on three key elements of mentoring:

- The type of support and level of advice that a Mentor gives a Mentee.
- The way in which support and advice is offered.
- The role(s) which the Mentee expects the Mentor to play.

For example:

- Counsellors tend to work with clinical issues and go back to the past before going forward. It's often a one-way relationship, with therapeutic intention.
- Mentors and coaches work with successful, healthy people and start in the present, then go to the future. In both cases, a two-way relationship is established – for example, mentors and coaches will share personal information and experience.
- Coaching encourages a partnership approach in the conversation, whereas a mentor, by dint of experience, knowledge, and connections, has greater perceived status and power than the mentee.

The divide between mentoring and coaching is less clear cut. Both work by encouraging self-discovery and self-resolution. A mentor is more likely to be an expert in the field and has been chosen because the mentee will look for advice and guidance from the mentor. A coach does not need to have any subject knowledge in order to produce results.

The range of skills or approaches used in mentoring may include training, advice, and career counselling. Understanding the distinctions between counselling, advice-giving, coaching, and other 'talking' interventions is important.

Advice-giving may include technical advice or business advice, and it's vital that mentors only give advice within the boundaries of their professional competencies and experience.

By comparison, a coach may offer examples from their own experience, but expect the coachee to use that example as a story or metaphor, for them to make sense of within their own context rather than as advice-giving.

This is not to set up either mentoring, coaching, or indeed any talking approach as ‘better’ or otherwise. Each has their role and benefits. The authors have been retained professionally as consultants, coaches, and mentors; their clients may, or may not, have been working separately with therapists or advisers. These are not competing modalities, rather they can be complementary. The mentee is an autonomous adult, capable of making their own decisions about what they need, and who they need to work with, in order to be personally and professionally successful.

Coaching and mentoring is also a style of leadership (Goleman et al. 2001) which can be summarised as a style of leadership that takes into account, and brings together what a person wants with the organisation’s goals.

Table 1.1 A comparison of various interventions.

	Therapy	Mentoring	Consulting	Coaching
Focus of work	Deals mostly with a person’s past and trauma, and seeks healing.	Deals mostly with succession training, and seeks to help the one being mentored to do as the mentor does	Deals mostly with problems and seeks to provide information (expertise, strategy, structures, methodologies) to solve the problems	Deals mostly with a client’s present, and seeks to guide the client into a more desirable future.
Relationship	Doctor-patient relationship (therapist has the answers)	Older/wiser-younger/less experienced relationship (mentor has the answers)	Expert-person with problem relationship (consultant has the answers)	Co-creative equal partnership (coach helps client discover own answers)
Emotions	Assumes emotions are a symptom of something wrong	Is limited to emotional response of the mentoring parameters (succession, etc.)	Does not normally address or deal with emotions (informational only)	Assumes emotions are natural, and normalises them
Process	The therapist diagnoses, and then provides professional expertise and guidelines to give the client a path to healing.	The mentor allows student to observe mentor’s behaviour, expertise: answers questions; provides guidance and wisdom for the stated purpose of the mentoring.	The consultant stands back, evaluates a situation, and then tells client the problems and how to fix it.	The coach stands with the client, and helps the client identify the challenges. Then they work together to turn challenges into victories. The client is held accountable to reach his or her desired goals.

Coach-like leaders and managers have conversations with their staff that go beyond short-term concerns, individual performance or team goals, and instead explore the person's life, including their dreams, life goals, and career hopes. This coach-like leaderships style has been identified as a key factor of better employee engagement (Engage for Success 2009), notably the 'Four Enablers' of engagement.

What's Inside This Book

Having outlined some key differences between interventions we can move onto think about how the book is structured.

Chapter 2 provides an outline of the mechanics of mentoring. This is an opportunity to consider the who and why of mentoring. The characteristics of mentoring and being a mentor are reviewed. We explore what mentoring can achieve and the different types of mentoring. There is a section on criteria that can help when choosing a mentor. The ethics of mentoring are also an important consideration in this chapter.

Chapter 3 reviews coaching: looking at what we mean by coaching, including definitions from the major coaching bodies. It also looks at some of the underpinning ideas or theories that inform coaching and which distinguishes this type of conversation from others, including differences between 'mentoring' and 'coaching'. This theory is applied through the practical skills covered in the following chapter.

Chapter 4 considers models used within mentoring and coaching with particular emphasis on the Forton model which is used extensively in our qualifications.

Chapter 5 is the key focus of the book, the case studies. Here we include 12 case studies generously provided by each of our contributors. The case studies are real examples of how to use mentoring practically within dentistry in the UK. The studies have been grouped into five categories which include: dentists in difficulty; evaluation; early years – undergraduates, foundation dentists, and post foundation; general practice; and organisational culture and models/tools. They showcase the diversity of using mentoring alongside mentoring tools and related techniques.

Chapter 6 covers discussion and conclusions. In this final chapter we review some of the lessons learned from the case studies and important themes that thread through. Communication is an aspect that can be found across the case studies and the categories of study. We look at some myths around mentoring and attempt to bust those myths. Looking beyond 1:1 mentoring is discussed as we consider team mentoring. Boundaries and barriers to mentoring also figure in the discussion and we conclude with a call for more case study contributions, to build on the body of knowledge, and with pointers for the way forward for coaching and mentoring in dentistry.

How to Use This Book

We invite you to apply choice in how you use this book! Some people like to read cover to cover, and the format also encourages dipping into a chapter at a time, depending on your preferred approach.

This is a 'text book', in as much as any book about coaching or mentoring can be; specifically for the post-graduate qualification programmes we teach. We also hope that dental professionals around the world will use this book as a starting point for developing their own skills and setting out on their own coaching and mentoring journey.

Inspiration is a personal experience, and yet we aspire to inspire. We hope this book will inspire you to find a coach or mentor, or to try out the coaching approach in your role as leader or manager or indeed to train to become a mentor or coach.

We also hope that you'll use this book to find out more about coaching and mentoring; we offer references at the end of each chapter and a 'Further Reading' list at the end of the book. We also invite you to get in touch with the authors, through the websites listed in the 'Further Reading' section.

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