

# Mentoring Matters

## Dr Cheryl Martin

Dr Cheryl Martin is an emergency physician in Hobart, Tasmania. Cheryl is a member of the ACEM Mentoring Reference Group and a local mentoring coordinator at Royal Hobart Hospital.

## Dr Laura Scott

Dr Laura Scott is an emergency physician in Melbourne, Victoria.

*The ACEM Mentor Connect program offers many reciprocal benefits to participants that go beyond specialised development, leadership skill building and professional networking. After speaking with Dr Cheryl Martin and Dr Laura Scott, it's clear that one of the most impressive things about this mentoring program is the ripple effect it has on everyone involved and how this positive momentum can trickle through the organisations and hospitals in which they work.*

Cheryl and Laura have been part of ACEM Mentor Connect since October 2021. They talk about the mutual benefits and shared support and encouragement they each receive from each another, as well as the joy that comes from being part of a well-established, professional mentoring program.

They are yet to meet in person, but when Cheryl and Laura speak to me from their homes in Victoria and Tasmania over Zoom, it feels like I'm listening in on two friends who haven't seen each other in years and are finally getting a chance to catch up.

Together they laugh about the synchronicity of receiving introductory emails from each other – practically at the same time – and how, during one meeting, Cheryl was able to meet Laura's parents over Zoom when they arrived from overseas. They're looking forward to catching up in person now that restrictions have been lifted and travel is once again on the cards. Between the mirth and shared stories, it's easy to see that ACEM Mentor Connect is a valuable initiative with rewards that serve many College members and trainees in a multitude of ways.

Alyssa Skylakis, Membership and Culture Officer at ACEM, paired Laura and Cheryl after receiving their applications. Alyssa is committed to the program and says a lot of effort goes into making sure the right people connect in order to get the best out of the program.

She says, 'Even though it's only a two-page application, I find that the more detail candidates include, the more I have to work with and the better the fit. I feel excited about pairing a mentor and mentee together and knowing they will be a great match. It's wonderful that they'll have the extra support out there. There's lots to be gained, including engagement, connection and support'.

Alyssa tells me there are many reasons why people want to become a mentor and maintains that there are many professionals out there with lots of experience and knowledge who are willing and have the time to share.

She says, 'Ultimately, many of our applicants have had a mentor in their working career which they benefited

immensely from. They're now grateful for the opportunity to share and pass on their experiences. They want to give back what they've learnt. They've picked up a lot of wisdom along the way and they want to pass it on. The feedback we get, is that it's rewarding for both the mentee and the mentor'.

Cheryl says she first heard of the program when she saw it promoted to the Regional Wellbeing Champions, which she's also involved with. She was drawn to it for many reasons including the structure of the program. 'I'd heard that it was

relaunched and was a revised program. I think that's what piqued my already growing interest in mentoring. I thought, oh this is novel, I'll sign up for it as I'm likely to get a lot of out of it. After that, I was so impressed I also joined the ACEM Mentoring Reference Group.'

Laura saw read about the program in the *ACEM Bulletin* and says, 'I had not long been a consultant when it came up and I thought, this could be really helpful'.

Mentoring is an important learning and development strategy for emergency physicians and an essential element, required for the accreditation process for training sites. Cheryl explains that the hospital mentor program and process can be different to ACEM Mentor Connect. 'I think it's beneficial to have a web, or even a network of mentors, from different environments, not just in the clinical space. I've mentored people through hospital processes and I thought it was informal and a little ad hoc. It's something that I've always wanted to get better at. Then I registered with ACEM. I did the ACEM Mentoring Course and I thought it was great.'

'I worked through the templates and I now use those. I recommend colleagues try it, but I also understand that many clinicians are time-poor. So, what I've started to do is just cherry pick some of the templates that I think might add value and I pepper them through our conversations. I say here is your mentor agreement, here is a mentee/mentor reflection kit, why don't you have a look? It's really well structured.'

Alyssa further explains how it all works. 'The actual toolkit on the website is user-friendly. You can dip in and out of it.

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If you are just getting started you might spend 20 minutes having a look. There are plenty of tools. You get to go through the modules in your own time and it's not linear; you can choose modules that are most relevant to you.'

The connection between mentoring and personal wellbeing go hand in hand as Laura points out: 'We're still going through a pandemic and it's a really busy time in emergency with a lot of challenges that we're facing. Having a support structure is key, now more than ever, and being part of a mentoring program provides an additional layer, not only of support and inspiration, but a reminder of the joy the specialty can bring'.

Cheryl adds that being a mentor or mentee in the Mentor Connect program has reciprocal benefits, especially in the wellbeing space. 'It's absolutely a two-way street. I get so much from mentoring Laura; mostly it's her enthusiasm, which really spurs me on. Even though I'm several years older, there's a bit of peer support in there as well. Because we're both consultant colleagues, we have very similar training experiences and so there's quite a bit of overlap. I think that's what I like about it most. I learn as much from her and I feel like I get mentored as well.'

Laura chuckles at hearing this. 'Cheryl, I'm not sure if I'm teaching you, but you are definitely helping me immensely. It's been a really fundamental experience. Cheryl has got

wisdom and experience that she's lived, that as a consultant I haven't yet. It's good to have that sounding board and someone who's not part of my own hospital network to talk with. I don't think I realised how much this would be of benefit until I started the program.'

Cheryl is nodding and says, 'I have to agree with Laura. It's great to have people who are outside and external to your own immediate work environment'.

Laura responds enthusiastically and says, 'I think having that support structure in the Mentor Connect program has been a good way to debrief, discuss and talk about things that you've come across on a confidential platform. It has really been an invaluable resource during my first year as a consultant and no doubt will be ongoing'.

Laura goes on to say, 'I think it's also important to acknowledge during your training, you've got this structured program to train in, which is excellent, but when you become a consultant that structure dissipates and there's a sort of "part 3" arena that we acknowledge. Your clinical knowledge is there, but the reality of being the consultant on the floor, in terms of clinical leadership, is probably a bit more enhanced than it was when you were a registrar, even when completing shift reports. Having a mentor to discuss tips and approaches for the non-clinical components to being a consultant on the floor has been great'.

When I ask Laura what it is she looks for in a mentor, she tells me it's very simple. 'Just having an ear and a supportive colleague can be all a mentee is looking for and offering some pearls of wisdom provides an opportunity for the mentee to reflect. There's lots to be gained from this. It's also an opportunity to collaborate with other health networks and have space to share ideas and talk about career progressions and what comes next.'

'I also think Cheryl has got lots of tools in her pocket and I see that coming through. One of the things that has been really nice and, obviously, it depends on who you're paired with, but I think we've gelled quite well. We hadn't met each other before and our conversations on Zoom have been really relaxed from the get-go, a bit like having a chat with someone I've known for ages, which is nice.'

I ask Cheryl what some of the conversations might sound like. She says, 'There's been a couple of times when Laura has brought up a situation from her workspace, discussed her thoughts and approach, and asked me how I might have dealt with it. Then we chat through it. Over time, we've also talked about work-life integration and how you sustain it. I think we have still done a lot of things organically and we've certainly had lots to talk about'.

It's hard to imagine Cheryl and Laura coming across any challenges or roadblocks with Mentor Connect, but I still ask if it's been smooth sailing. I'm not surprised by Laura's answer: 'Just to get our rosters aligned to meet! That's about it. I think it's great that we're both invested in this. We're connected to it, we put the time into it, and we're getting so much back'.

Laura adds, 'I knew that having that opportunity was going to be really good for me but I was also aware it would depend on pairing, compatibility and mutual commitment. We've been given this opportunity and it's great to make the most of it'.

She also adds, 'I do want to say, first and foremost, that I think Cheryl is nurturing in her style and approach'. Cheryl says that she truly feels she gains peer support as well. 'In fact, I'm kind of reminded of my younger self. Laura excites me and gets me enthusiastic about different things again and she's doing some great things with her peers and trainees.'

Laura offers more insight. 'It's having the ear to bounce things off in a non-confrontational way. It's a safe space to have any conversations that you feel are important and necessary; the consultant role, leadership, teaching and supervision, and dealing with conflict. I'm really fortunate to have Cheryl who has a keen interest in wellbeing and has already done so much learning in that space. Everytime we meet, she sends me an article afterwards, so I also get to learn something that's completely related to medicine but not something I'd previously thought of. I have a chance to think about our exchanges and how we can navigate and translate it into our workplace, and how it can contribute to the culture of our department when I'm on shift.'

Cheryl is nodding. 'That's true Laura and I also think it's a valuable way to gain some extra support. Why wouldn't you take that opportunity? You have to be semi-interested and if

being a mentee is not something you're interested in then you could be a mentor. Then you're building a relationship where you can potentially learn from each other, but you do have to be open and ready to be able to do that'.

I go back to Alyssa to find out some of the other reasons people may join Mentor Connect.

'Firstly, it's good to know that the relationship can be as long or as short as you want it to be. Once paired, I leave it up to the mentor and mentee to work it out or they work it out as they go along. Sometimes it's a trainee who wants to get through examinations, a new Fellow looking for advice on a career decision, a doctor who's interested in getting into research, an expecting parent or a new mother, or someone who's trying to juggle work and a family and simply wants to bounce ideas off someone.'

'Most recently, I paired someone who had trained overseas and wanted to understand the culture of working in a new country. Honestly, it can be anything.'

I ask Alyssa if it's important for the mentor and mentee to be in the same state or country. 'It depends. Sometimes mentees specifically request that the mentor is living in a different state because they want to discuss a career decision, so it's important for them to have that space of someone who is completely removed from their hospital or state.'

ACEM has embedded a culture of mentoring in emergency medicine and it has become clear why the program is growing rapidly, with a significant uptake by ACEM members and trainees. The reasons why are plentiful and when I ask Laura what she would tell someone who wanted to join Mentor Connect, she says pragmatically, 'I would simply say, why wouldn't you?!'

*Author: Maha Sidaoui, Media and Publications Advisor*



Dr Cheryl Martin



Dr Laura Scott

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### **i** More information

ACEM Mentor Connect applications are currently being accepted from all ACEM trainees and members. For further information go to the website: [acem.org.au/Mentoring](http://acem.org.au/Mentoring) or email us: [MentorConnect@acem.org.au](mailto:MentorConnect@acem.org.au)