

## **WIN 6.1 - Creating a Positive Work Environment**

### **Lesson 4 - Key Programs**

#### **Mentorship**

Gurwinder Gill, William Osler Health System:

Mentorship is really important. So—and especially when you're a newcomer to Canada, and a newcomer to the organization. Where can they grow? What is the opportunity for professional development? What is the transfer or the change process? How does this organization work? What do I do when I'm in Canada? How do I deal with a colleague of mine who may not understand what I need to do, or what I need to practice, or how I need to dress, or how I need to pray?

Daniela Beckford, Hamilton Health Sciences:

And this is where the role of the clinical integrator being a formal mentor comes. We're moving right now in creating a much bigger sphere—like an IEN network. The criteria for us is for them to be working for at least one year in Canada so they have that work experience. And anybody can be a clinical integrator. It could be—they could be nurses, they could be managers, they could be clinical educators—we have some of those.

Waheeda Rahman, The Scarborough Hospital:

Staff really are very much engaged in mentoring. And it really leads to an added bonus of really increasing staff engagement. And so it's a ripple effect that you might be actually trying to support the IEHP through a mentoring program, but by way of the ripple, you're actually also supporting the engagement and value of transferring that knowledge.

Gurwinder Gill, William Osler Health System:

We have our senior leaders, in particular, who have come forward to be the mentors, and we have, for example, a women's group that has been formed, and they will interview our senior leaders so that others can learn from them.

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

I'm an educator and an Assistant Professor of Medicine at the University of Toronto. I'm faculty; I'm there. We have senior IMG residents who—and they and I are mentoring the junior IMG residents. I got another scholarly grant to study the effectiveness of the mentor program. So there's a lot of research about mentor/mentee relationships, and different models of mentoring. So one is the traditional dyad model: there's a mentor and there's a mentee. Then there is group mentoring—like group mentoring works well for those mentees who have similar needs—for example the IMG Mentorship Program which I've designed. That's why it's working well because we have similar needs from a group of residents. However, I think one thing important to understand is not one thing could be sufficient. So we may have a group mentoring, or we may have a collaborative mentoring model, but we do need a dyad or individual mentoring on top there as well.

It has to be confidential; it has to be open. You can be very—it has to be a good sharing of things as well. And the other important thing for mentoring is a person who is your boss cannot be your mentor. A person who has the authority to evaluate you should not be your mentor. I think many organizations, they confuse both of them, the role of coach, the role of mentor; or role of supervisor, role of mentor. A mentor—mentoring has to be separate from supervising or coaching. That's where the one distinction needs to be made. And the other piece is, it has to be a buy-in from a mentee that this is going to work for my benefit and for my professional growth. So I think that's the two things which are needed for a good mentor/mentee relationship.