

MENTORING MANIA

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“The mediocre mentor tells. The good mentor explains. The superior mentor demonstrates. The great mentor inspires.” Dr. Tom Cat

Students graduate from veterinary school and are told to find a good mentor for their first job. The academics don't tell them, and the students fail to realize, mentoring is NOT core subject in veterinary school, nor are there progressive continuing education courses specializing in making doctor-centered veterinarians acutely aware of what mentoring is all about in today's professional arena, nor are there course that teach the skills and attitude needed to be a great professional mentor.

THE TWO-WAY STREET

Mentoring is a two-way connection based on trust, honesty, and competencies. Agreed upon expectations and boundaries help manage the balance in the mentor-mentee relationship. My own understanding and experience for mentoring relationships started at the Academy of Health Sciences, in a one-month, full time, faculty development program, and has been honed over many leadership courses, as attendee, faculty, and course director; I have never been involved in a course or consult where I have not learned something new about mentoring and leadership. In short, mentoring relationships ensures that both parties are accountable, responsible, and engaged, and have a few basic "rules" for the process:

1. Only mentor people who take the commitment seriously and are action oriented.
2. Teach mentees how to think, not what to think.
3. Ask a lot of questions.
4. Listen carefully.
5. Keep advice simple.
6. Build on strengths to counter weaknesses.
7. Hold people accountable, e.g., "When will you . . . ?"
8. Set expectations, "What will success look like?" "What happens when you succeed?" "What does failure look like?"
9. Stay involved. respect appointments to meet, overlying schedules, and engage in Q&A, listening! Don't just commit the time - commit the energy!
10. Consider the whole person, including home life, hobbies, and outside interests. Are any affecting performance or concentration?
11. Hear their caring intentions, don't make them wrong when an idea is shared.

My favorite tool in mentoring is to use literature, and teach mentees how to research, challenge, and think for themselves. When assigning a project, refer to a history, or biography, and prepare yourself for some interesting revelations. Ideally, a mentor should always work on becoming a better mentee, and a mentee should work on becoming a great mentor. Different mentors, however, have different attributes - no one has all the answers. It is possible that you may be unable to provide the right guidance for any number of reasons. Look into yourself and acknowledge, if that is the case, that the maximum benefit is not there for the mentee. Give him/her permission and time to seek another relationship that may be of assistance.

Sometimes, having two mentors simultaneously can be of benefit to the mentee. One from inside the practice, and one from outside the practice (maybe from Rotary or elsewhere in the community). First and foremost, the mentee must be comfortable and relaxed with the in-practice mentor; the outside mentor may make the mentee uncomfortable, since they may not respect the paradigms and excuses found inside the practice. The tension in this arrangement keeps the mentee on their toes and makes them high conscious of personal behaviors, as well as highly focused on the discussion at hand. It will take an extra effort to address the assignment(s) and ensure the quality of the finished project or final discussion summary.

TELL-TALE SIGNS THAT INDICATE YOU ARE NOT A GOOD MENTOR

When he came out of surgery, no one was standing around; in fact, the entire staff had all disappeared. I was consulting in a two partner practice in Texas, and noticed that a busy inpatient team vanished when one partner was about to emerge from surgery. I finally found the staff gathered around a picnic table on the back of the property, and asked them about the exodus. They were honest, That partner would come out of surgery and reroute/retask everyone without even asking what they were doing. It made for a very fractured work day, not to mention a very poor practice culture. The other partner, who was a great outpatient clinician, when confronted with this syndrome, tried to make excuses, but when I would not accept the excuses, decided they needed to have a crucial confrontation (Patterson's second book after *Crucial Conversations*); I provided him the text.

Are you a mentor that loves to tell stories about your own successful cases, or maybe your hobby, or even your pets? Do your team members make lame excuses to avoid you? Have you tried empowering your trained and trusted people, just to revert and take back all decision making, returning to the traditional control-freak mode of a doctor-centered practice? Chances are, if these things are happening, you are the problem, not the solution. Here are a dozen various tell-tale signs (they all do not have to occur within your style for mentorship to be negated):

- People's eyes glaze over, they do not make eye contact, and some even yawn when you are pontificating.
- You notice that no one asks questions to clarify what you mean about any item or project.
- Colleagues invite others into the conversation with you, then soon disappear.

- You talk incessantly about your subject of choice, never asking of an opinion or input.
- You spend too much time in communal areas, like hanging out in the break area or around the front desk
- Staff members find a reason to leave when you enter the break area.
- You have a list of petty complaints about the practice operations, and never hesitate to air them publically.
- When not in surgery, you spend your day looking for ways to make your days more interesting.
- As a manager, you seem to delight in listening to practice gossip.
- You know very little about the staff members, but they know a lot about you!
- Staff members in the break area put on their ear-buds as soon as you enter the area, or pretend to be talking/texting on their phone.
- Staff brainstorming energy reverts to safe program tweaks, and the staff starts to wait for the new ideas to be issued by the owner again.

FEEDBACK LOOPS

When I ask any mentees what matters most when leading a project team, I often hear about connections between people, not the crunching of numbers. Successful leaders excel in empowering others to assume management/project leadership by asking, "What do you think needs to be done?", not "What do you want to do?" This type question sets the stage for mentee to prioritize milestones and success measures, not his/her own engagement.

Effective mentoring improves productivity; it strengthens skills by reinforcing lessons already learned. It helps others recognize their own special gifts and potentials; it builds confidence, and more often than not, it teaches both mentor and mentee new things about organizational behavior (see *Signature Series* monograph of that title in the VIN Bookstore, www.vin.com).

If your mentoring efforts are done with an honest commitment to others (sometimes called "servant leadership", a term coined by Bob Greenleaf in 1970, made popular by Blanchard & Hodges in 2003, and expanded by Sipe and Frick with the "7 Pillars" in 2009), you will find mentoring brings personal enrichment, revitalizes your day, and provides an enduring sense of accomplishment as you follow the personal growth of mentees and the practice team.