

## Building a Relationship with a Mentee

Building an effective relationship of mutual understanding and trust with the mentee is a critical component of effective mentoring. Mentors can establish rapport with their mentees by using effective interpersonal communication skills, actively building trust, and maintaining confidentiality. This document contains information and advice to help mentors build rapport and create positive relationships with mentees so that both parties can achieve the greatest benefit from the mentoring experience.

### Interpersonal Communication

Interpersonal communication is a person-to-person, two-way, verbal and nonverbal sharing of information between two or more persons. In the context of clinical mentoring, good communication helps to develop a positive working relationship between the mentor and mentee by helping the mentee to better understand directions and feedback from the mentor, feel respected and understood, and be motivated to learn from the mentor. Mentees learn best from mentors who are sincere, approachable, and nonjudgmental. These qualities are communicated primarily by facial expressions, and, to a limited extent, by words. People often remember more about *how* a subject is communicated than the speaker's knowledge of the subject.

There are two types of communication: verbal and nonverbal. Verbal communication is the communication that occurs through spoken words. Nonverbal communication is when communication occurs through unspoken mediums, such as gestures, posture, facial expressions, silence, and eye contact. It is important for mentors to remember that they are communicating to mentees when they are speaking *and* when they are not speaking. In fact, up to 93% of human communication is nonverbal.<sup>1</sup> This includes body language, which tells those with whom we are communicating a great deal about what we are thinking and feeling. Examples of positive or open body language include:

- Eye contact (depending on the culture)
- Open or relaxed posture
- Nodding or other affirmation
- Pleasant facial expressions

Examples of negative or closed body language include crossed arms, averted eyes, and pointing fingers. The mentor needs to be aware of what he or she is communicating nonverbally as well as what the mentee is communicating nonverbally.

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<sup>1</sup> Mehrabian, Albert. *Nonverbal communication*. Chicago: Aldine-Atherton, Chicago; 1972.

Verbal communication is a component of most mentoring activities, which include one-on-one sessions (where the patient may or may not be present), meetings between a team of mentors and a team of mentees, email or phone conferences, or training sessions between mentors and mentees. When mentoring, effective communication involves more than just providing information or giving advice. It requires asking questions, listening carefully, trying to understand a mentee's concerns or needs, demonstrating a caring attitude, remaining open-minded, and helping to solve problems. There are many communication skills that mentors can utilize to effectively communicate with mentees, including the following:

- Active listening: Be sure to really listen to what a mentee is saying. Often, instead of truly listening to what the mentee is saying, the mentor is thinking about his/her response, what to say next, or something else entirely. It is important to quiet these thoughts and remain fully engaged in the task of listening.
- Attending: Listen while observing, and communicate attentiveness. This can include verbal follow-up (saying "yes," or "I see") or nonverbal cues (making eye contact and nodding the head).
- Reflective listening: Verbally reflect back what the mentee has just said. This helps the mentor to check whether or not he/she understands the mentee, and helps the mentee feel understood as a health care worker. Examples:
  - "So it seems that you're overwhelmed with your workload."
  - "It seems that you are concerned about starting this patient on antiretroviral drugs [ARVs] at the moment because of his family situation."
- Paraphrasing: Determine the basic message of the mentee's previous statement and rephrase it in your own words to check for understanding. Examples:
  - "You're interested in developing a system for better tracing defaulters."
  - "It sounds like you're concerned about conducting a complete physical exam because of the number of patients waiting in the queue."
- Summarizing: Select main points from a conversation and bring them together in a complete statement. This helps to ensure that the message is received correctly. For example, "Let me tell you what I heard, so I can be sure that I understand you. You said that the main thing bothering the patient today is a headache that won't go away and is worse at night. Is that right?"
- Asking open-ended questions: Ask mentees questions that cannot be answered with a simple "yes" or "no." Open-ended questions encourage a full, meaningful answer using the mentee's own knowledge and feelings, whereas closed-ended questions encourage a short or single-word answer. Examples:

*Close-ended question:* “You didn’t think this patient should be started on ARVs today?”

*Open-ended question:* “What factors led you to your decision not to start the patient on ARVs today?”

*Close-ended question:* “Did you understand what we discussed today?”

*Open-ended question:* “Can you summarize what we discussed today?”

- **Probing:** Identify a subject or topic that needs further discussion or clarification and use open-ended questions to examine the situation in greater depth. For example, “I heard you say you are overwhelmed; please tell me more about that.”
- **Self-disclosure:** Share appropriate personal feelings, attitudes, opinions, and experiences to increase the intimacy of communication. For example, “I can relate to your difficult situation, I have experienced something similar and recall being very frustrated. Hopefully I can assist you to figure out how to move forward.”
- **Interpreting:** Add to the mentee’s ideas to present alternate ways of looking at circumstances. When using this technique, it is important to check back in with the mentee and be sure you are interpreting correctly before assigning additional meaning to their words. For example, “So you are saying that when your patients stop taking ARVs it is usually because they feel better? That is likely one reason, but have you also considered the long wait time at the clinic to refill ARVs?”
- **Confrontation:** Use questions or statements to encourage mentees to face difficult issues without accusing, judging, or devaluing them. This can include gently pointing out contradictions in mentees’ behavior or statements, as well as guiding mentees to face an issue that is being avoided. Example:  
“It’s great that you are so committed to helping your patients adhere to their ARVs. However, I’m confused about the lack of information your patients receive about the side effects of their medications. Understanding side effects is key to successful adherence.”

A number of attitudes and/or behaviors can serve as barriers to communication – these can be verbal or nonverbal. Verbal barriers to communication that should be avoided include the following:

- **Moralizing:** Making judgments about a mentees’ behavior, including calling it “right” or “wrong,” or telling them what they “should” or “should not” do.
- **Arguing:** Disagreeing with instead of encouraging the mentee.
- **Preaching:** Telling the mentee what to do in a self-righteous way.
- **Storytelling:** Relating long-winded personal narratives that are not relevant or helpful to the mentee.

- Blocking communication: Speaking without listening to the mentee's responses, using an aggressive voice, showing impatience, showing annoyance when interrupted, or having an authoritative manner. These behaviors often lead to the mentee feeling down, humiliated, scared, and insecure. As a result, the mentee may remain passive and refrain from asking questions, or distrust the mentor and disregard his/her recommendations.
- Talking too much: Talking so much that the mentee does not have time to express him or herself. As a mentor, it is important not to dominate the interaction.

Examples of nonverbal barriers to communication include shuffling papers, not looking directly at the mentee when he/she is speaking, and allowing interruptions or distractions. These barriers may have consequences for both the mentor and the mentee. They may lead to a lack of information shared, fewer questions being asked by the mentee, difficulty in understanding problems, uncomfortable situations, and a lack of motivation on the part of the mentee.

### **Establishing Trust**

Establishing trust is an essential component in building rapport with a mentee. Trust is the trait of believing in the honesty and reliability of others.<sup>2</sup> Some mentees may be nervous about working with a mentor. To put them at ease, create a trusting relationship by empathizing with their challenges, sharing knowledge without being patronizing, and remaining nonjudgmental. Along with the other communication skills listed above, establishing a trusting dynamic is essential for a productive and positive mentor/mentee relationship.

The following list provides some ideas for how the mentor can build trust with the mentee:

- Share appropriate personal experiences from a time when they were mentored.
- Acknowledge mentee strengths and accomplishments from the outset of the mentoring process.
- Encourage questions of any type, and tell the mentee that there is no such thing as a bad question.
- Take time to learn culturally appropriate ways of greeting and addressing peers.
- When appropriate, consider how local medicine and knowledge can be incorporated into the mentoring experience.
- Acknowledge the mentee's existing knowledge, and incorporate new knowledge into existing knowledge.
- Ask for and be open to receiving feedback from mentees; apply constructive feedback to improve mentoring skills.
- Eat a meal with the mentee to get to know him/her in a non-work setting.

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<sup>2</sup> WordNet. Princeton, NJ: Princeton University, Cognitive Science Library; c2006 [cited 2008 5 June]. Available from: <http://wordnet.princeton.edu/perl/webwn?s=trust>.

## **Maintaining Confidentiality**

Maintaining confidentiality is a critical component of the mentor-mentee relationship. In such relationships, confidentiality refers to the mentor's duty to maintain the trust, and respect the privacy of the mentee. Without appropriate confidentiality, mentors will find that it is very difficult, if not impossible, to establish trust and build rapport with their mentees. Note that at the beginning of the mentoring relationship, it is very important for the mentor to explain to the mentee any circumstances in which confidentiality may be broken. Such circumstances include when a patient's life is in danger, or if the mentee is engaging in illegal activity.

To maintain confidentiality with their mentees, mentors need to be sensitive to when and where to have conversations with and provide feedback to their mentees. Some mentees may feel shame if they are corrected in front of their supervisors, peers, or patients, so make efforts to offer feedback in a private setting whenever possible. In many clinic settings this can be difficult, so the mentor should become familiar with locations within the clinic that offer more privacy as well as times when there are fewer people present in the clinic. Additionally, the mentor should refrain from sharing details of mentor-mentee conversations with the mentee's peers or superiors at later times.

Confidentiality is especially important when the mentor-mentee pairing does not match traditional cultural hierarchies. For example, ensuring confidentiality is especially critical when the mentor and mentee are not of the same gender, the mentor is younger than the mentee, the mentor is a nurse and the mentee is a physician, the mentor is of a different ethnic group than the mentee, or the mentor is not the same ethnicity as the mentee. In these situations, mentoring can still be a positive learning experience for both parties. Establishing a relationship in which confidentiality is a top priority can help alleviate any tensions associated with such differences between the mentor and mentee.

## **Conclusion**

Using effective interpersonal communication skills, establishing trust, and maintaining confidentiality are key components of building a strong, effective relationship with mentees. Good mentors take care to utilize effective communication skills from the beginning of the mentoring experience to ensure their mentees' comfort; they also make trust and confidentiality the foundation of their mentor-mentee relationships. By practicing these approaches, mentors will build rapport with mentees and both parties will gain from the clinical mentoring experience.