Towards a Practice Guided Evidence Based Theory of Mentoring in Palliative Care

(henceforth mentoring theory) becomes mandatory to guide and standardize mentoring approaches and ensure a consistent and transparent process.

To our knowledge there are no mentoring theories that account for mentoring in an interprofessional setting much less in clinical palliative care [11]. Forwarding a mentoring theory in interprofessional palliative care to address this gap and streamline mentoring practices, however, necessitates a clinically relevant and robust framework that can account for the varied settings that mentoring takes place within palliative care [10,11]. In addition any mentoring theory within the palliative care setting must also consider its interprofessional and clinical nature.

To forward an evidenced based mentoring theory we draw upon Wu et al.'s review of mentoring programs entitled "Toward an interprofessional mentoring program in Palliative Care – a review of undergraduate and postgraduate mentoring in medicine, nursing, surgery and social work" [10] and Wahab et al.'s review "Creating effective interprofessional mentoring relationships in Palliative Care-lessons from medicine, nursing, surgery and social work" [11] that focused upon mentoring relationships in systematic and literature reviews of undergraduate and postgraduate mentoring programs in medicine, surgery, nursing and social work involving senior clinicians and junior clinicians and/or undergraduates. We opted for the use Wu et al. [10] and Wahab et al. [11] reviews given that they represem ']m hat th .'s r Mgery of underder m@l ı ʊɹM m ions
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Review

Summary

such as the learning environment may modify the mentees motivation [32].

T e cognitive apprenticeship model

Wahab et al.'s [11] analysis of mentoring relationships sees them propose the adoption of the cognitive apprenticeship model to explicate their f ndings.

the relationship, congruence of mentor and mentee needs and their sensitivity to diversity [10,11,44-46].

The third face of Krishna's Mentoring Pyramid focuses on mentor-related factors. These include the mentor's motivations, their ability to engage mentees and sustain mentees' interest and motivations, the mentor's availability and ability to support mentees and how effective the mentor is at detecting, assessing and providing this support [10,11,44-46]. It also necessarily considers the mentor's character, commitment and ability to meet the multiple roles expected of them. Prior Palliative Medicine training [10,11] that empower the mentor to provide holistic review of the mentees and support mentees within a team-based setting are also considered.

The fourth face of Krishna's Mentoring Pyramid highlights organizational factors, like the culture of the medical department and the importance given to the program by the major stakeholders in the clinical setting [9]. This aspect of the Mentoring Pyramid considers the support for the mentoring program, whether it is a formal routine established in the curriculum or exists as an informal entity. This affects the resources given to the mentoring relationship, and thus also determines the degree of availability of mentor training and support.

The base of Krishna's Mentoring Pyramid represents the fuidity of the mentoring process as well as the interactions and impact of each face of the Pyramid on one another. This base represents the maturity of the mentoring relationships, the changes in the mentees' practice, knowledge and behaviour as a result of their mentoring experiences and interactions with the patients, fellow health care professionals, and senior clinicians including the mentor as mentees progress through different stages of the project [47-50]. This aspect of Krishna's Mentoring Pyramid underscores the need for a fuid learning theory for mentoring, which makes up the foundation of the mentoring framework for building blocks of the pyramid to be built upon.

Krishna's Mentoring Pyramid emphasizes the need to consider multidimensional, ethically sensitive, culturally relevant, context specifc and organizationally aspects of mentoring when forwrading a mentoring theory [51-52].

Forwarding an evidenced based mentoring theory

A mentoring theory is necessary for advancement of mentoring practice and training of the next generation of hospice and palliative care clinicians, researchers, and leaders. Both Wu et al.'s [10] proposal of a mentoring theory based upon the principles of adult learning and Wahab et al.'s [11] advocacy of Cognitive Apprenticeship do encapsulate elements within Krishna's Mentoring Pyramid and do within their specifc confnes have their own merits. Broadening considerations to include both aspects of mentoring requires more than simple melding of the two ideas. To effectively consider the various aspects of mentoring we begin by considering Taylor and Hamdy's [15] evidenced- based Multi-theories Model of adult learning (Multi-theories model).

Melding the Multi-theories model

Taylor and Hamdy [15] represent an evidenced based evolution of the traditional adult learning theory. Taylor and Hamdy's [15] Multi-theories model builds upon the six assumptions underpinning the adult learning theory [12,13] which are that mentees are motivated to learn and see the relevance and importance of what they are learning, mentees accept that they are responsible for their own learning and are

Wahab et al. [11]. Whilst this framework does ofer a good starting point for an efective mentoring theory further studies need to be carried out within the specifc context of mentoring involving senior clinicians and junior clinicians and/or undergraduates within the nursing, medicine, surgery and medical social work settings. Further studies should also be carried out to compare the mentoring process in

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