

Table of Contents

Introduction	1
What Happened?.....	2
Feelings?	4
Evaluation.....	6
Conclusion.....	10
Action Plan.....	12
References	13

Introduction

In the 1930's, Dewey (1933, p.27) offered one of the first definitions of reflection, for which he described the process of reflection as the 'active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends.'

Accordingly, this work will use Gibbs' (1988) cycle of experiential learning in order to address the question - what is the role of a mentor in developing and supporting professional education in the speciality of non-surgical facial aesthetics? In doing so, this work will critically reflect upon strategies that promote an effective learning environment, and which is developed through interprofessional collaboration and underpinned by evidence- based practice. This will also include the analysis of pertinent health and educational policy frameworks that are supportive of such practice development. A range of context specific strategies which foster personal and professional growth and development

of self and others within professional practice will be critically appraised, demonstrating a conceptual evaluation of the facilitation of learning. The mentor's role in the implementation of assessment of theoretical and practical components will also be critically appraised, as a means of maximising the learning of others. Finally, the work will critically reflect upon strategies that can be employed to ensure an effective learning environment within the context of interprofessional collaboration and evidence-based practice; and once again via the analysis of health and educational policy frameworks that are supportive of such practice development.

What Happened?

In 2018, I was asked to be a Programme Lead at an institute who were implementing a new course concerning the provision of non-surgical facial aesthetics. This is a level 7 course, comprising of two modules entitled Botulinum Toxin and Dermal Fillers. The course integrates the '*Competency Framework for Aesthetic Practice*' published by Joint Council for Cosmetic Practitioners (JCCP, 2018), as well as the professional standards provided by the Cosmetic Practice Standards Authority (CPSA, 2019). Consequently, I enrolled on the Mentorship in Professional Practice course, in order to equip myself with the skills and knowledge required to become an effective mentor - as a crucial responsibility of the Programme Lead job role. This course has involved learning about the theories behind learning, assessment and outcomes. This I believe to be important in providing the best outcome to my students.

The mentoring course has offered a curriculum which has equipped me with a sound understanding of the theories of mentoring, learning and teaching in clinical practice. Tasks have included the creation of curriculum with the production of supporting lectures, all aimed to support students who are studying at level 7. Aligning with my future responsibilities as the Programme Lead in my workplace, I focused on the topic of non-surgical facial aesthetics, producing curriculum and supporting lectures for the modules of botulinum toxin and dermal fillers. I believe that throughout these endeavours as part of

the mentoring course, I have indeed been able to apply the aforementioned theories, knowledge and practical mentoring strategies to deliver effective lectures and practical sessions for my students. Importantly, I also believe that during the delivery of these modules, I have demonstrated my ability to appreciate how my mentoring approach can be tailored to promote my students' opportunities to learn, assessing their behaviours and progression as required.

For example, during the delivery of these two modules, I sought to establish effective mentor-mentee relationships with all of my students, as I have a strong appreciation of how this relationship is fundamental to their potential to learn. In order to do so, I sought to embody the transformational approach to leadership with the belief that this enables mentors to set high expectations for their students' learning. Similarly, I aimed to use both verbal and non-verbal communication skills to convey my intentions, as well as ensuring that the information required for my students' learning was being successfully received. I also used strategies such as feedback to ascertain both areas for development for myself and my students. I strove to examine how factors such as my motivation, and that of my students, was impacting on the learning environment and also ensured that the modules I created utilised practical, as well as theoretical elements to enhance my students' potential to learn.

Various forms of assessment were used to maximise the achievement of my students, including supporting students to self-assess their own progression, in addition to peer-assessments and mentor assessment. On reflection, supporting my students to engage in self-assessment was one of the more challenging of these tasks, but also appeared to be the most valuable in terms of promoting learning. Additionally, the mentoring course equipped me with a sound understanding of how the learning context and environment is important in supporting effective learning. For example, as the learning context denoted that interprofessional and multi-professional working is essential in the field of non-surgical aesthetics, this is something that I sought to explore with my learners. I aimed to create discussions where we discussed potential differences in approaches to care. I then attempted to prompt conversations regarding whether any such variations may arise due to factors such as professional training and education, or variations in the professional status

of the health care professionals and subsequently, how these can be used to foster collaboration. Finally, throughout the structure and delivery of the two modules, I ensured that all learning was consistently grounded in both the JCCP's (2018) and CPSA's (2019) standards for the delivery of non-surgical aesthetic procedures, in order to ensure that learners had a clear understanding regarding the purpose and value of their learning.

Feelings?

When I first enrolled on the mentoring course and accessed the learning content and aims, I had feelings of trepidation regarding the sheer volume of knowledge and skills that I would be required to achieve. Prior to doing so, I believed that I had a fairly strong appreciation and good level of experience in terms of the mentoring role due to my current job role as a dental surgeon. Of course, the nature of this medical role means that as a student, I was regularly supervised by a mentor and once qualified, I have increasingly been tasked with mentoring other students seeking qualification in this field. However, this was my first experience of mentoring education and thus, in fact, much of the course content was unfamiliar – my previous approach to mentoring was based entirely based in work-based learning.

Accordingly, as I increasingly engaged in the mentoring course, some of the theories and strategies resonated with these work-based experiences and I found that my confidence in terms of achieving the required outcomes grew – I did indeed already possess some of the knowledge and skills I would be required to demonstrate. For instance, the value of using various forms of assessment was evident in terms of enabling my students to identify areas of improvement, as well as bolstering their confidence and motivation to learn by affirming how they had already progressed. Notably, on reflection, this was a highly satisfying aspect of the mentoring role and importantly, witnessing this effect bolstered my own motivation to use self-assessment as a tool for my own learning.

Similarly, I recognise that I perceived that one of the most rewarding aspects of the mentoring role arose from being able to stimulate and guide conversations regarding how

differences between factors such as education and professional status affected my students' own working. As we discussed these differences during group discussion, my students then began to recount past experiences from their own practice, and expressed how this learning improved their own understanding, in retrospect. I vividly remember an overwhelming sense of satisfaction – I perceived that I had facilitated the students to self-evaluate their own behaviours and then, they immediately applied this learning in a way to promote improvements in their practice for the future.

Although, perhaps the most challenging aspect of the course was fostering my own ability to receive and then use feedback to examine my own practices and behaviours in order to develop my ability to be an effective mentor. At times, this was a somewhat uncomfortable experience and where feedback was somewhat negative, my natural instinct was to become somewhat defensive. Subsequently, this defensiveness hampered my level of motivation as a mentor. However, with each feedback encounter, my sense of defensiveness lessened and instead, I took a more analytical approach to the information that was being conveyed, recognising the opportunity to learn from such encounters. For instance, one of my students conveyed that at times, my responses to questions sometimes appeared to be abrupt and in turn, this led to them being less motivated to ask questions to seek clarity in future sessions.

Finally, the mentoring course left me with an overwhelming motivation to ensure that I remain focused on demonstrating the purpose of learning to any student, by linking learning material to the frameworks provided by the JCCP (2018) and CPSA (2018). Amongst a number of students, I sensed that the content of the modules and purpose of learning appeared to be somewhat abstract and in turn, this affected their motivation and engagement in learning. However, when I verbally connected the module content to these professional standards, it was clear that this provided a sense of purpose amongst learners and then, their heightened engagement and motivation was incredibly rewarding.

Evaluation

On evaluating my initial feelings of being overwhelmed on discovering the extent of the mentoring course, across the evidence base, there is no universal definition of mentor (McLaughlin, 2010; Rolfe, 2016). Some simply define a mentor as 'a wise and trusted counsellor or teacher' (Ratnapalan, 2010, p.198); while other definitions stress the functions of an effective mentor, as a person who 'provides guidance, support, and encouragement to a less experienced person' (Allen et al., 2004, p.127). Nonetheless, it is clear that mentors have a profound effect on the students' ability to learn (Joubert and De Villiers, 2015; Sibiya, Ngxongo and Beepat, 2018).

For example, qualitative findings reported by Eller, Lev and Feurer (2014) revealed that students perceived the relationship with their mentor to be one of the most influential factors in determining their ability to learn. Where they perceived the relationship to be positive, students stated that they felt more confident and prepared to engage in their learning and subsequently, experienced greater success in achieving the required components of their course. Notably, these findings also revealed a number of traits and behaviours which students cited to be the key components of a positive mentor relationship and crucially, these appear to align well with the approach that I sought to embrace. For example, students cited that mentors who demonstrated effective communication that was two-way, was essential. Accordingly, as mentioned, I sought to engage students in open discussions where they also had the opportunity to convey their thoughts and experiences. As also mentioned, this included openly seeking feedback from students regarding my own performance, Similarly, Eller et al.'s (2014) participants also cited that mentors who were supportive of their learning needs, by being accessible when needed, was another attribute of a positive mentor.

On further reflection, as mentioned, I strove to embody the transformational approach to leadership and perhaps, this was pivotal in my ability to act as an effective mentor during the course. For example, being supportive and available to followers is one of the defining characteristics of a transformational leader, as is their ability to recognise, value and respond to their followers' experiences and perceptions (Choi et al., 2016; Saravo, Netzel

and Kieseewetter, 2017). In further support of this use of leadership theory, there are a number of studies which affirm that mentors who embody the transformational approach are cited to be perceived favourably by their students (Shaw et al., 2018; Steinmann, Klug and Maier, 2018). Beauchamp et al. (2016) examined how mentees perceived transformational mentors and explored how this then affected their current experiences of learning. The researchers reported that students conveyed improvements in motivation, self-confidence, a greater sense of hope and overall well-being regarding their ability to succeed. Additionally, they also conveyed a sense of being able to relate to their mentor and what Beauchamp et al. (2016) termed 'a redefined sense of their limitations', in addition to greater engagement in their learning activities.

In yet further support, transformational leaders are those who can demand high expectations of their followers as they act as role models, acting in a manner that embodies their expectations for their followers (Jacobson and Sherrod, 2012; Martin Ginis et al., 2018). On further reflection, my commitment to seek feedback from the students regarding my own performance was perhaps one of the best examples of this – I expected my students to use my feedback to drive their own learning and thus, I had to demonstrate that I was also willing to do so. In turn, such feedback is essential in the learning environment as one of the key mechanisms for enhancing learning, but only where the learner uses feedback constructively and incorporates this as a tool for guidance (AlHaqwi, 2012; Krishna et al., 2019; Watling and Ginsburg, 2018).

Therefore, it would seem that this choice of leadership approach was evidently an important decision in facilitating my ability to be an effective mentor, as well as justifying my awareness of how important my own behaviours were in promoting my students' learning. Indeed, this is also reflected in the learning outcomes of the mentoring course, whereby mentors must have a good awareness of the factors that are likely to impact on their students learning.

Additionally, this observation concerning the importance of feedback as a communication strategy to enhance learning, and the importance of my own ability to respond to feedback (Krishna et al., 2019); highlights the necessity for me to have overcome my initial feelings if

defensiveness when feedback was not wholly positive. Moreover, failing to do so was indeed contrary to both the transformational leadership approach I was seeking to embody and the requirements for mentors to also seek to learn and develop within their mentoring role. Accordingly, once I overcame this feeling of defensiveness and began to be accountable for the feedback I was receiving, I recognise that I developed positively as a mentor. Interestingly, on further reflection, once I made this transition, I also now recognise that my students subsequently also responded to feedback in a manner that appeared to enhance their learning outcomes. In further support, there is a plethora of studies which cite that where students perceive their mentors to be open to feedback, they also perceive mentor feedback to be constructive (Anderson, Silet and Fleming, 2011; Duffy, 2013; Gandhi and Johnson, 2016). This is opposed to feedback mechanisms being a demotivating interaction that is counterproductive to both a students' perceptions of their mentor, as well as their subsequent learning outcomes (Straus et al., 2013). Although, on further reflection of the way in which I sought feedback, this was largely achieved on an informal basis – I simply posed the question of whether there was anything I could do to improve the manner in which I was providing mentorship.

However, further examination of this research suggests that where mentors seek to gather feedback in a formal manner, scheduling mentor feedback as part of the standard assessment process, students feel more comfortable to be honest and open. In turn, this clear expectation that a mentor will also be willing to receive and respond to feedback further strengthens the students' perceptions this key component of a positive mentor (Gong and Li, 2019; Sheri et al., 2018). Thus, this would suggest that I may further enhance the way in which I use mentor feedback to the benefit of the student-mentor relationship. Additionally, other work suggests that students may have individual preferences regarding whether any form of feedback is conveyed in written or, verbal form (Carapinha et al., 2016; Fallatah et al., 2018). Consequently, by seeking to establish my students' individual preferences to either form, this may also heighten the effectiveness of this evidence-based, valuable communication strategy (Gandhi and Johnson, 2016).

Being accountable for my assessment decisions and respecting an individual student's preferences for these decisions is also clearly an important element of the effectiveness of a

mentor for enhancing learning (Houghton, 2016; Tiew et al, 2017). As previously mentioned, I used formal, mentor delivered assessments of learning, as well as encouraging both group discussions, practical assessments and student-led self-evaluations to facilitate assessment. Across the evidence-base, it is cited that while formal, mentor-led assessments are necessary to meet the standards outlined by organisations such as the CPSA (2019); where students can be supported to self-assess their learning, this also enhances their ability to demonstrate critical thinking (Amin, Kaliyadan and Al Muhaidib, 2011). Furthermore, such alternative means of assessments align with learning theory such as that proposed by Honey and Mumford (1992). For instance, kinesthetic learners are more likely to both acquire knowledge and then perform in environments that are practical in nature, whereas visual learners are more likely to enhance their knowledge acquisition and perform better when lectures are supported by written handouts and during written assessments, respectively (French, Cosgriff and Brown, 2007).

On reflection, this also suggests that I was justified in feeling a growing sense of confidence regarding the way in which I chose to design the delivery of the two modules, which contained varied means of delivery (i.e. lectures supported by handouts and practical sessions). Furthermore, this duty for mentors to design curricula and lessons in a way that caters to the individual needs of a wide variety of learners is essential for a mentor being accountable for the achievement of learning outcomes. Similarly, where assessments can be delivered using a variety of different techniques, this is highly influential in determining a student's opportunity to perform to their greatest potential (Bennett and McGowan, 2014; Houghton, 2016). Thus, in future mentoring endeavours, I will continue to demonstrate a commitment to tailoring both learning activities and assessments to each student, seeking to establish any preferences early on in the course.

Finally, as mentioned, the most satisfying experience during my mentoring activities arose when engaging the students in group discussions regarding how interprofessional and multi-professional collaboration may sometimes be affected by factors such as education, clinical training and professional status. Accordingly, across the evidence-base, these are all factors which are cited to be barriers to effective collaboration in such settings (Green and Johnson, 2015). This knowledge is something that I possessed prior to engaging on the mentoring

course, but I began exploring this with my students by asking open questions to prompt discussion and self-appraisal amongst the students. In short, my aim was to guide discussion in a manner that led the students to identify and explore these factors independently. Accordingly, this appeared to be successful and as described, this was evidenced by the students openly conveying how they now interpreted past experiences of such collaboration in a very different way. A number of the students then explicitly stated that with this newly acquired knowledge, they identified how they could have behaved differently, and I then felt an overwhelming sense of satisfaction.

In justification of this sense of satisfaction, firstly, there are also many different studies that support how group discussions between professionals, as a means of shared learning, is likely to promote a student's ability to overcome such barriers and work in a collaborative manner. Where mentors can create a positive environment whereby students from across professions engage in shared learning activities, their ability to collaborate in the future is then improved (Lash et al., 2014; O'Reilly et al., 2017). Interestingly, Bridges et al. (2011) cite that while there are various models that may be adopted in order to achieve such collaborative learning environments, these all share the feature of mentors supporting students to explore their professional identity – as I encouraged by prompting discussion regarding professional status, and variations in education and training. Therefore, these findings certainly provide strong evidence towards my perceptions of this element of the modules being highly successful in supporting the students to be able to meet the competencies of all professionals working within the field of non-surgical aesthetics (CPSA, 2019; JCCP, 2018). Similarly, irrespective of any individual's chosen clinical speciality, such multidisciplinary working is of course an important competency, as outlined by national policy (NHS England, 2014) – thereby suggesting that the achievement of this learning outcome amongst my students will have a positive, wider impact in any of their professional endeavours.

Conclusion

This essay has explored my ability to be an effective mentor, during the mentoring course, as well as the implications that arise for my future mentoring activities, as a Programme

Lead longer-term. As described, I believe that I have been largely successful in acquiring the skills and behaviours that are required of any mentor working within a health care setting. For example, I chose to seek to embody the transformational theory of leadership during all of my mentoring endeavours. This form of leadership prioritises the requirement to demonstrate individual consideration for each of my students, to act as a role model in order to have high expectations of my students, and to be supportive to their individual learning needs.

Accordingly, across the evidence base, the transformational approach to leadership is cited to be efficacious during mentoring activities, as attested by positive perceptions of such mentors amongst different student groups. Furthermore, such evidence elucidates that where students perceive their mentors to be supportive and that their mentors act as role models, students report greater motivation and engagement with learning. Students also cite that transformational mentors heighten their perceptions regarding their ability to achieve and that crucially, this translates to greater success in subsequent assessments.

During the course, I also developed and executed the skills and knowledge required to design a curriculum that was supported by lessons and assessments that were delivered in many different forms, as a means of tailoring learning to different types of learners. For instance, as described, practical and student-led assessments were included in the modules, in addition to those solely delivered by me - as their mentor. Once again, this use of different forms of learning delivery and assessment is supported by the evidence-base, with students citing their ability to be more confident and assured when their preferences are met.

Additionally, it is important to highlight that my ability to identify how my initial defensiveness towards receiving feedback from my students was essential in promoting my skills to develop into an effective mentor. Ultimately, my initial lack of receiving feedback constructively was a significant barrier both to my own development and my expectation that students would respond to the feedback I gave to them. Consequently, continuing to seek feedback and embrace this information in a positive and constructive manner will be important for my ongoing development.

Action Plan

In turn, this leads to the first learning goal of my ongoing, professional development plan as a mentor. Going forward, I will ensure that I am mindful of how I emotionally respond to feedback from students, ensuring that I always receive this information in a constructive, analytical manner. In doing so, this will ensure that I continue to act as a transformational, role model, thereby supporting my ability to expect students to do the same. Additionally, feedback is clearly crucial in signposting my own areas for learning and ultimately, my students' perceptions are the most important indicator of my success as a mentor.

Secondly, there is an opportunity for me to better tailor my mentoring activities to the preferences of my students, in order to further enhance their ability to learn and then perform, during assessments. Wherever possible, both learning and assessments must continue to be delivered in a variety of different ways and in future, I will ensure that I directly seek to identify these preferences by eliciting which forms my students prefer. For example, as mentioned, students may prefer to both deliver or receive feedback in written versus verbal form.

Finally, I will also ensure that I make mentor feedback a formal element of the course delivery in my own workplace. Just as currently, student feedback sessions are scheduled at the beginning of the course - so will sessions be scheduled that are dedicated to students offering feedback regarding my mentoring. In turn, this should strengthen the impact of mentor feedback by demonstrating my continued commitment to responding to the experiences and perceptions of my students – thereby acting as a role model. Furthermore, this formalisation process is likely to increase my students likelihood of being forthcoming about my mentoring ability, in order to drive my ongoing development.

References

- AlHaqwi, A. (2012). Importance and process of feedback in undergraduate medical education in Saudi Arabia. *Saudi Journal of Kidney Diseases and Transplantation*, 23(5), p.1051.
- Allen, T., Eby, L., Poteet, M., Lentz, E. and Lima, L. (2004). Career Benefits Associated With Mentoring for Proteges: A Meta-Analysis. *Journal of Applied Psychology*, 89(1), pp.127-136.
- Amin, T., Kaliyadan, F. and Al Muhaidib, N. (2011). Medical students' assessment preferences at King Faisal University, Saudi Arabia. *Advances in Medical Education and Practice*, p.95.
- Anderson, L., Silet, K. and Fleming, M. (2011). Evaluating and Giving Feedback to Mentors: New Evidence-Based Approaches. *Clinical and Translational Science*, 5(1), pp.71-77.
- Beauchamp, M., Scarlett, L., Ruissen, G., Connelly, C., McBride, C., Casemore, S. and Martin Ginis, K. (2016). Peer mentoring of adults with spinal cord injury: a transformational leadership perspective. *Disability and Rehabilitation*, 38(19), pp.1884-1892.
- Bennett, M. and McGowan, B. (2014). Assessment matters—mentors need support in their role. *British Journal of Nursing*, 23(9), pp.454-458.
- Bridges, D., Davidson, R., Soule Odegard, P., Maki, I. and Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. *Medical Education Online*, 16(1), p.6035.
- Carapinha, R., Ortiz-Walters, R., McCracken, C., Hill, E. and Reede, J. (2016). Variability in Women Faculty's Preferences Regarding Mentor Similarity. *Academic Medicine*, 91(8), pp.1108-1118.
- Choi, S., Goh, C., Adam, M. and Tan, O. (2016). Transformational leadership, empowerment, and job satisfaction: the mediating role of employee empowerment. *Human Resources for Health*, 14, p.73.

CPSA (2019). *CPSA Clinical and Practice Standards*. London: CPSA.

Dewey, J. (1933). *How we think*. Boston: Heath & Company, p.27.

Duffy, K. (2013). Providing constructive feedback to students during mentoring. *Nursing Standard*, 27(31), pp.50-56.

Eller, L., Lev, E. and Feurer, A. (2014). Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today*, 34(5), pp.815-820.

Fallatah, H., Soo Park, Y., Farsi, J. and Tekian, A. (2018). Mentoring Clinical-Year Medical Students: Factors Contributing to Effective Mentoring. *Journal of Medical Education and Curricular Development*, 5, p.238212051875771.

French, G., Cosgriff, T. and Brown, T. (2007). Learning style preferences of Australian occupational therapy students. *Australian Occupational Therapy Journal*, 54, pp.S58-S65.

Gandhi, M. and Johnson, M. (2016). Creating More Effective Mentors: Mentoring the Mentor. *AIDS and Behavior*, 20(S2), pp.294-303.

Gibbs, G. (1988) *Learning by Doing*. Oxford: Further Education Unit.

Gong, Z. and Li, T. (2019). Relationship between feedback environment established by mentor and nurses' career adaptability: A cross-sectional study. *Journal of Nursing Management*, 2019.

Green, B. and Johnson, C. (2015). Interprofessional collaboration in research, education, and clinical practice: working together for a better future. *Journal of Chiropractic Education*, 29(1), pp.1-10.

Honey, P. and Mumford, A. (1992). *The manual of learning styles*. 3rd ed. Maidenhead: P. Honey.

Houghton, T. (2016). Assessment and accountability: part 3 – sign-off mentors. *Nursing Standard*, 30(49), pp.45-52.

Jacobson, S. and Sherrod, D. (2012). Transformational Mentorship Models for Nurse Educators. *Nursing Science Quarterly*, 25(3), pp.279-284.

JCCP (2018). *Competency Framework for Aesthetic Practice*. London: JCCP.

Joubert, A. and De Villiers, J. (2015). The learning experiences of mentees and mentors in a nursing school's mentoring programme. *Curationis*, 38(1), p.1145.

Krishna, L., Toh, Y., Mason, S. and Kanesvaran, R. (2019). Mentoring stages: A study of undergraduate mentoring in palliative medicine in Singapore. *PLOS ONE*, 14(4), p.e0214643.

Lash, D., Barnett, M., Parekh, N., Shieh, A., Louie, M. and Tang, T. (2014). Perceived Benefits and Challenges of Interprofessional Education Based on a Multidisciplinary Faculty Member Survey. *American Journal of Pharmaceutical Education*, 78(10), p.180.

Martin Ginis, K., Shaw, R., Stork, M., Battalova, A. and McBride, C. (2018). Pilot study of a training program to enhance transformational leadership in Spinal Cord Injury Peer Mentors. *Spinal Cord Series and Cases*, 4(1).

McLaughlin, C. (2010). Mentoring: What Is It? How Do We Do It and How Do We Get More Of It?. *Health Services Research*, 45(3), pp.871-884.

NHS England, (2014). *Multi-disciplinary Team Handbook*. Leeds: NHS England.

O'Reilly, P., Lee, S., O'Sullivan, M., Cullen, W., Kennedy, C. and MacFarlane, A. (2017). Assessing the facilitators and barriers of interdisciplinary team working in primary care using normalisation process theory: An integrative review. *PLOS ONE*, 12(5), p.e0177026.

Ratnapalan, S. (2010). Mentoring in medicine. *Canadian Family Physician*, 56(2), p.198.

Rolfe, A. (2016). The mentor's role. *Korean Journal of Medical Education*, 28(3), pp.315-316.

Saravo, B., Netzel, J. and Kiesewetter, J. (2017). The need for strong clinical leaders – Transformational and transactional leadership as a framework for resident leadership training. *PLOS ONE*, 12(8), p.e0183019.

Shaw, R., McBride, C., Casemore, S. and Martin Ginis, K. (2018). Transformational mentoring: Leadership behaviors of spinal cord injury peer mentors. *Rehabilitation Psychology*, 63(1), pp.131-140.

Sheri, K., Too, J., Chuah, S., Toh, Y., Mason, S. and Radha Krishna, L. (2018). A scoping review of mentor training programs in medicine between 1990 and 2017. *Medical Education Online*, 24(1), p.1555435.

Sibiya, M., Ngxongo, T. and Beepat, S. (2018). The influence of peer mentoring on critical care nursing students' learning outcomes. *International Journal of Workplace Health Management*, 11(3), pp.130-142.

Sørensen, M., Stenberg, U. and Garnweidner-Holme, L. (2018). A Scoping Review of Facilitators of Multi-Professional Collaboration in Primary Care. *International Journal of Integrated Care*, 18(3), p.13.

Steinmann, B., Klug, H. and Maier, G. (2018). The Path Is the Goal: How Transformational Leaders Enhance Followers' Job Attitudes and Proactive Behavior. *Frontiers in Psychology*, 9, p.2338.

Straus, S., Johnson, M., Marquez, C. and Feldman, M. (2013). Characteristics of Successful and Failed Mentoring Relationships. *Academic Medicine*, 88(1), pp.82-89.

Tiew, L., Koh, C., Creedy, D. and Tam, W. (2017). Graduate nurses' evaluation of mentorship: Development of a new tool. *Nurse Education Today*, 54, pp.77-82.

Watling, C. and Ginsburg, S. (2018). Assessment, feedback and the alchemy of learning. *Medical Education*, 53(1), pp.76-85.

