

# How to do reverse or reciprocal mentoring



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## 1. What is reverse mentoring?

The term ‘reverse mentoring’ was coined in 1999<sup>1</sup> by Jack Welch, CEO of General Electric, and emerging practice has spawned a small body of relevant literature<sup>2</sup>. Ordinary mentoring positions senior, older and more experienced staff as mentors to their younger, less experienced colleagues who take on the role of mentee for a specific period of time, perhaps 6-12 months<sup>3</sup>. At The Hartford during work time, “mentors were expected to need an hour for research and for meetings with other mentors, an hour to prepare the session, an hour to conduct the session, and an hour for notes and other follow-up.”<sup>4</sup> The process was overseen by tracking attendance and completion of the pre-booked meetings and agenda content of each dyad.

While supervision is a required relationship in which the supervisee is held to account by their supervisor, mentoring relationships are voluntary and depend on both parties freely choosing to engage. The goal is a nurturing relationship that is intended to support the professional and personal development of the mentee. It sometimes pays particular attention to the skills needed at specific transition moments, so that a mentor may be sought when an employee is seeking promotion, for example. Mentors permit their own life to be scrutinised whilst supporting the mentee to develop their own goals and strategies.

Reverse mentoring switches the direction by inviting the senior person to admit their need for help and find it in unlikely places. It disrupts traditional power dynamics and has more of a focus on personal development rather than professional development, although it does lead to professional benefits<sup>5</sup>. Rather than attending to the skills needed to navigate exceptional times of transition, it focuses on everyday values, priorities and relationships. Learning arises from the mentor’s struggle and vulnerability as well as their knowledge and achievements. The following sections offer examples of mentoring in general and reverse mentoring in particular to illustrate different aspects of the approach and raise questions for further reflection.

It can be helpful to positively identify the gifts that younger, less experienced people or those who hold less power in the organisation can bring to their role as mentor. These might include:

- People using health and social care services bring lived experience that has a unique, personalised impact on their lives that may be beyond textbook descriptions or generalisations and is always vivid, intense and authentic.
- Access to social networks and connections, especially to specific communities that may be closed to people holding traditional power roles.
- As digital natives born after 1995, younger people have an affinity with the use of technology and especially social media which can be a vital skill that older people lack<sup>6</sup>.
- Where the service offer is not attractive to the young people it was originally designed to serve, young people can provide insights into current generational perspectives and outlooks and so help to shape a better offer.
- Openness to the possibility of change, creative solutions and innovation which asks 'why not?'
- As the pace of change has accelerated, senior staff can quickly lose touch with contemporary challenges in navigating healthcare, social care, access to welfare benefits and more, assuming that these things remain largely unchanged. People on the frontline can bring managers up to date – for example with the number of public service organisations that confine their customer response to online media and so disenfranchise digitally excluded persons.
- The challenge of establishing effective communication and rapport with another person. For example, people with dementia have become mentors for student healthcare professionals in Philadelphia<sup>7</sup>, using their interest in art as common, neutral ground and thereby focusing on their wider life rather than merely healthcare. Similarly, the mentoring scheme at The Hartford<sup>8</sup> included hobbies in the list of factors under consideration when matching people to strengthen the chance of building rapport between mentor and mentee and sustain relationships beyond the end of the formal mentorship programme into an alumni group, informal mentoring or, on an even more informal basis, friendship.

## 2. Reverse or reciprocal?

Reverse mentoring has been criticised as an approach that can encourage the mentor to relive traumatic experiences for the benefit of the mentee while leaving background positional power unaffected. In contrast, research<sup>9</sup> into the experiences of Peer Support Workers in mental health services finds that telling one's own story can have real benefits in reframing distress as an experience that can impart hope to others, as well as enhancing self-worth by contributing to other people's recovery journey, and empowering progress on one's own journey<sup>10</sup>. Curiously, examples of reverse mentoring where people who use health or social care services mentor staff have not yet been found<sup>11</sup>.

It is interesting to note that the approach taken in Philadelphia mentioned above does not focus on the trauma but rather on positive aspects of the mentor's life. An alternative is 'reciprocal mentoring'<sup>12</sup>, in which the relationship is played out in a deliberate attempt to

create a level playing area for the dyad, while responsibility for leveraging change in the organisation is not loaded onto the mentor, thereby increasing frustration and resulting in net harm rather than benefit<sup>13</sup>. This arrangement recognises that there is a background power gradient within the dyad, but deliberate steps can be taken to create as much equality as possible within the relationship. However, one must wonder whether permitting the powerholder to take up their familiar role of guide and sage in any part of the meeting will colour all of it, effectively eclipsing all attempts to reverse the mentoring relationship. It is perhaps only by insisting that the traditional powerholder occupies the role of mentee throughout that there will be a chance for both members of the dyad to settle into their unaccustomed relationship.

One place where this inequality is sometimes played out is in the process of matching mentors and mentees. In traditional mentoring, the comparatively powerless mentee may submit their application and then, if they are successful, be allocated to a mentor – a process that locates all the decisional power elsewhere. In contrast, mentors could be required to submit profile information to the mentee, who could then select the most appropriate mentor for themselves.

### **3. Mentors within an Experts by Experience programme**

In Sussex Partnership Mental Health NHS Trust, an Experts by Experience (EbE) team supports people who have used mental health services to contribute to the work of the Trust. Experts by Experience sit on recruitment and selection panels for staff appointments, clinical management groups and elsewhere. In 2021, the service is establishing a mentoring scheme in which experts by experience who have been taking up these opportunities for some years are paid to provide mentoring support to newcomers. This will inevitably include a focus on the appropriate use of personal disclosure, so that experts by experience share their own journey in a helpful way. The Trust has also been encouraging staff to develop coaching skills and this has begun to create a culture that is supportive of mentoring, so some meetings take place from time to time where hierarchies appear flattened, it is not clear who is occupying more senior roles and coaching/mentoring interventions can arise from anywhere in the group<sup>14</sup>.

This example helps to tease out some of the differences and synergies between the following roles:

- Employer, who selects and dismisses the employee.
- Line manager, who holds the employee accountable for their daily work.
- Client (or patient), who depends on the professional for access to support and resources.
- Mentor, who shepherds learners through critical career transitions or changes in approach.
- Coach, who seeks to improve performance in specific competencies.
- Sponsor, who connects individuals to key persons and career opportunities.<sup>15</sup>
- Role Model, who permits another person to see how they fulfil the role, often conveying tacit knowledge as well as explicit material.
- Consultant, who responds to issues and questions brought to them<sup>16</sup>.

- Coproducer, who works with others to produce a specific output.

Schemes will use many of these relationships in combination, such as at The Hartford, where each reverse mentoring dyad is supported by a coach from the Human Resources Department<sup>17</sup>.

The Sussex programme highlights the merits of near-peer mentoring rather than dyads that link people positioned at polar opposites of a diagonal line through the organisation<sup>18</sup> so that several layers of management and working in different service lines or business functions reduce conflicts of interest.

The distinctions are further illustrated by reflecting on specifics, such as the matter of confidentiality. In general, mentoring relationships are much more confidential than line management accountability, although the limits to this may need to be worked out both within and beyond the dyad so that whistleblowing and the general duty of care is not compromised. Further examples include the need for the host organisation to define the purpose of each type of relationship, establish criteria for periodic review and capture metrics about its adoption and impact<sup>19</sup>, so that all participants know why they are meeting, what is expected, what success looks like and how to end well.

#### 4. Mentors address institutional racism

The death of George Floyd in 2020 sparked international recognition that institutional racism is a continuing injustice. The Rotherham, Doncaster and South Humber NHS Foundation Trust established a reverse mentoring scheme in June 2020 and the entire Trust Board signed up to be mentored by frontline BAME employees<sup>20</sup>. The aim is to educate leaders in diversity issues and expose them to lived experience and challenging dialogue which they might not otherwise encounter and is driven by the values of diversity and equality. The reverse mentoring relationship is played out through 1:1 meetings, shadowing, observations and other opportunities as they arise (and we might add the use of social media in distance mentoring to this list<sup>21</sup>). Both mentors and mentees receive training and support throughout the programme.

There are many interesting aspects of this project. One is the risk that the Board and other back-office staff will be assumed to be out of touch with people on the frontline of services. This may be true for some, but others will have relatives using services, friends who work on the frontline and or they themselves will also be involved on the frontline of other organisations. They may have used services or worked on the frontline in the past and be as passionately committed to the spirit and aspirations of the organisation as anyone with professional training in health or social care.

Secondly, it is noteworthy that this project introduces reverse mentoring to the Trust as a response to a vital but sensitive topic, thereby underlining the importance of training and support to the programme. Elsewhere, reverse mentoring schemes have begun small<sup>22</sup> and with safe topics, such as social media (where young people are more knowledgeable than older, senior staff), and then moved on to ethnicity, disability<sup>23</sup> and sexuality, where even more sensitivity and challenge may be required<sup>24</sup>. Commentators advise project teams to recruit mentees first and then seek mentors, rather than the other way round.

A similar approach was adopted several years earlier by the University of Gloucestershire<sup>25</sup>, although they have positioned the reverse mentoring as only one half of a reciprocal mentoring relationship. The mutual exchange was made explicit – senior managers would gain an insight into the cultural experiences of BAME students while the students would receive career guidance and the chance to develop employment-related skills such as speaking ‘truth to power’. The whole project was designed to reduce the attainment gap between BAME and white students at the university. This opens up two questions. First, whether a genuine relationship will only ever deliver one-way benefits or whether it is best to see all healthy relationships as reciprocal. Second, the extent to which the mentoring relationship has a specific purpose, such as highlighting the effects of institutional racism or other power differentials in the organisation, such as that between patients and staff in healthcare. Some schemes define timescale, structure, process and objectives and so are labelled as formal mentoring.

Work at Guy’s and St Thomas’ NHS Trust has created triads rather than dyad’s, so that two BAME frontline staff mentor one senior manager<sup>26</sup>. As well as meeting together, the mentors observed the manager at work and used this material in their conversations.

## 5. Mentors provide feedback

Consultants at a UK teaching hospital were given feedback about their working practices by junior doctors who had previously met to generate generalised observations and comments<sup>27</sup>. Consultants agreed to meet on a one-to-one basis with one of the junior doctors to hear the feedback and discuss their response. All participants found it a useful exercise. While mentoring is normally a medium or long-term relationship which involves numerous meetings between the mentor and the mentee, this example raises the question of how many meetings are necessary, since this initial commitment was for a single meeting only. Secondly, this example shows the link with feedback approaches, such as 360° appraisal. Thirdly, this example poses a question about the initiation of the agenda for one-to-one discussion – here it is the mentor who has feedback which they wish to give, while in other mentoring relationships, the mentee has an issue that they wish to explore with their mentor.

A further example from Elfassy and colleagues (2020)<sup>28</sup> found benefits of casting patients as the teachers and medical students as the learners but confines the encounter to half an hour of clinical care and history taking. A variety of benefits were identified by the researchers despite the brevity of this interaction and the example invites us to discriminate between the role of teacher and mentor.

## 6. Mentors operate across organisational boundaries

Advice is available on a specific version of mentoring which works when the mentee engages with a mentor who is involved in an entirely separate organisation. Amongst other things, this highlights the absence of formal accountability and reporting obligations within the mentoring relationship and often obscures the sense in which mentor and mentee are positioned on a single ladder of seniority. Advice is available, which highlights three elements that are of interest to this paper. First, records may be kept as an aide-memoir

between successive one-to-one meetings, and the partners need to decide on the status of these records. Second, it may be important to set out the rare circumstances where the mentor would speak to the mentee's line manager. Third, the arrangements for winding up the relationship at its natural end need to be clarified.

## 7. Mentors know they are doing it

Similar outcomes to those that derive from reverse mentoring relationship may arise in other relationships. For example, at the University of Surrey, student nurses are linked to a patient with dementia for the whole of their undergraduate training and visits count as part of their practice placements. The person with dementia has the potential to motivate, challenge and inspire the student even though she does not consider herself to be mentor. These relationships are more like the role of the muse in which the artist is captivated and inspired to become creative by a muse who permits the artist to observe but is a passive rather than operating as an active mentor.

In a second example of related but distinct approaches, in some organisations, even the most senior professionals maintain a small caseload and this contact with people using the service is helpful to the manager. This is a client:professional relationship that provides some contact with the frontline but is principally for the benefit of the client, not the worker. In medical training, an individual patient may be selected for intensive study by the student with an experienced professional providing mentorship to the student as they learn about the life of the patient<sup>30</sup>, but this sort of case study or case review approach is not mentoring by the patient.

## 8. What is the status of this paper?

Most of the documents we read are finished pieces of work, carefully crafted and edited in private before being shared with anyone else. This is a different kind of paper – it was shared online [here](#) from the first day, when the initial handful of ideas were incomplete, poorly phrased and tactless. I hope that the work will be edited many times, and on each occasion a revised version will replace the earlier material online. This process has hardly yet begun and so this paper may still be lacking crucial concepts, evidence, structure and grammar. As readers continue to provide feedback<sup>31</sup>, further insights will be used to update it, so please contact [peter.bates@ndti.org.uk](mailto:peter.bates@ndti.org.uk) with your contributions.

It is one of a suite of documents that try to open up debate about how to empower disabled people and share decision-making in health and social care services – in research, implementation and evaluation.

This way of writing is risky, as it opens opportunities to those who may misunderstand, mistake the stopping points on the journey for the destination, and misuse or distort the material. This way of writing requires courage, as an early version can damage the reputation of the author or any of its contributors. At least, it can harm those who insist on showing only their 'best side' to the camera, who want others to believe that their insights appear fully formed, complete and beautiful in their simplicity. It can harm those who are gagged by their employer or the workplace culture, lest they say something in a discussion that is not the agreed party line. It can harm those who want to profit from their writing, either financially or by having their material accepted by academic journals.

In contrast, this way of writing can engage people who are not invited to a meeting or asked for their view until the power holders have agreed on the 'right message'. It can draw in unexpected perspectives, stimulate debate and crowdsource wisdom. It can provide free, leading edge resources.

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<sup>1</sup> See <https://www.youtube.com/watch?v=Pux40FNW9Ik>.

<sup>2</sup> See, for example, Faint, George Richard, III. *Reverse Mentoring and Mentoring: A Limited Quantitative Analysis from the Mentor and Protégé Points of View* University of Alabama: PhD thesis. Also Greengard S (2002) Moving forward with reverse mentoring. *Workforce*, 81(3), 15. Also Chadhuri S & Ghosh R (2012) Reverse mentoring: A social exchange tool for keeping the boomers engaged and the millennials committed. *Human Resource Development*, 11(1), 55-79. Also Kaše R, Saksida T, & Mihelic KK (2019) Skill development in reverse mentoring: Motivational processes of mentors and learning. *Human Resource Management*, 58, 57-69. Also Murphy W (2012) Reverse mentoring at work: Fostering cross-generational learning and developing millennial leaders. *Human Resource Management* 51, 549- 573. Also Clarke AJ, Burgess A, van Diggele C, Mellis C (2019) The role of reverse mentoring in medical education: current insights. *Adv Med Educ Pract*. 2019;10:693- 701. doi:10.2147/AMEP.S179303.

<sup>3</sup> The scheme run by AXA for its staff has six sessions, each lasting around an hour.

<sup>4</sup> Diversity Best Practices (2020) *Reverse Mentoring Tips and Best Practices*. Available at [https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/attachments/2020/02/research\\_report\\_-\\_reverse\\_mentoring\\_tips\\_and\\_best\\_practices.pdf](https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/attachments/2020/02/research_report_-_reverse_mentoring_tips_and_best_practices.pdf).

<sup>5</sup> Kline CC, Park SE, Godolphin WJ, Towle A (2020). Professional identity formation: a role for patients as mentors. *Academic Medicine*. Sep 29;95(10):1578-86. <https://pubmed.ncbi.nlm.nih.gov/32618605/>.

<sup>6</sup> Frey TK, Tatum NT & Cooper TB (2021) Using the Basic Course to Prepare Digital Natives for New Role as Reverse Mentors *Basic Communication Course Annual* Vol. 33, Article 18. Available at: <https://ecommons.udayton.edu/bcca/vol33/iss1/18>. Also In press (2021) Psychological change strategies for neutralizing cognitive inertia: A humbling senior management journey into the technological capability of junior employees *Strategic Direction* Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/SD-12-2020-0216>

<sup>7</sup> Shifrin S, Gelo F, Mitchell A (2020) ARTZ @ Jefferson: How Arts-Based Experiences Support People With Dementia as Mentors and Aid in Dignity Preservation. *Innov Aging*. Dec 16;4(Suppl 1):842. doi: 10.1093/geroni/igaa057.3087. PMID: PMC7743415.

<sup>8</sup> Diversity Best Practices (2020) op cit.

<sup>9</sup> Roberts G et al. (2011) Steps towards "putting recovery at the heart of all we do": workforce development and the contribution of "lived experience". *The Journal of Mental Health Training, Education and Practice* 6(1): p. 17-28

<sup>10</sup> Salzer MS & Shear SL (2002) Identifying consumer-provider benefits in evaluations of consumer-delivered services. *Psychiatric Rehabilitation Journal*, 25(3): p. 281-288.

<sup>11</sup> An email sent out in March 2021 to NDTi staff and Associates and to Sally Warren, Director at Paradigm. No-one responded with any examples.

<sup>12</sup> See <https://www.leadershipacademy.nhs.uk/programmes/reciprocal-mentoring-for-inclusion-programme/>.

<sup>13</sup> Burdett J (2014) Reverse mentoring becomes a two-way street: case study of a mentoring project for IT competence. *Development and Learning in Organizations* 28 (3):13-16. doi:10.1108/DLO-01-2014-0001.

<sup>14</sup> Organisations such as the European Mentoring and Coaching Council (EMCC Global) treat coaching and mentoring as close cousins – see <https://www.emccglobal.org/>.

<sup>15</sup> Ahmadmehrabi and colleagues provided definitions for mentoring, coaching and sponsorship, with other items added by the author. See Ahmadmehrabi S, Farlow JL, Wamkpa NS, et al. New Age mentoring and disruptive innovation—Navigating the uncharted with vision, purpose, and equity. *JAMA Otolaryngol Head Neck Surg*. Published online February 04, 2021. doi:10.1001/jamaoto.2020.5448.

<sup>16</sup> Winstone N & Parker M (2018). "The role of students in pedagogical research projects: Subjects, participants, consultants? ." *Advance HE*. <https://www.heacademy.ac.uk/role-students-pedagogical-research-projects-subjects-participants-partners-consultants>.

<sup>17</sup> Diversity Best Practices (2020) op cit.

<sup>18</sup> Akinla O, Hagan P & Atiomo W (2018) A systematic review of the literature describing the outcomes of near-peer mentoring programs for first year medical students. *BMC Med Educ*. 18(1):98. doi:10.1186/s12909-018-1195-1 Also Haggins A, Sandhu G & Ross PT (2018) Value of near-peer mentorship from protégé and mentor

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perspectives: a strategy to increase physician workforce diversity *J Natl Med Assoc.* 110(4): 399-406. doi:10.1016/j.jnma.2017.09.001.

<sup>19</sup> Potential metrics include (1) Participation numbers and demographics (2) Drop-out rate (3) Match satisfaction (4) Mentee goal achievement (5) Programme satisfaction (6) View of the organisation (7) Retention, promotion and turnover of participants leaving the organisation (8) leadership qualities (9) Overspill of mentoring practices into informal mentoring and coaching behaviours (10) target problems and issues that triggered the launch of mentoring have been addressed.

<sup>20</sup> <https://www.rdash.nhs.uk/wp-content/uploads/2020/06/RDaSH-COVID-19-Newsletter-25-06-20.pdf>.

<sup>21</sup> Ahmadmehrabi 2021, op cit.

<sup>22</sup> In contrast, AXA had 1500 alumni by the end of year 3 of their scheme – See

<https://www.delltechnologies.com/en-us/perspectives/is-reverse-mentoring-a-lever-for-digital-transformation/>.

<sup>23</sup> Proctor & Gamble introduced a reverse mentoring scheme that engaged frontline employees with disabilities as mentors to senior managers. See Diversity Best Practices (2020) op cit.

<sup>24</sup> Diversity Best Practices (2020) op cit.

<sup>25</sup> Peterson C, Ramsay D (2021) Reducing the gap! Reciprocal mentoring between Black, Asian and minority ethnic (BAME) students and senior leaders at the University of Gloucestershire. *Perspectives: Policy and Practice in Higher Education.* Jan 2;25(1):34-9.

<sup>26</sup> See <https://www.hsj.co.uk/comment/reverse-mentoring-a-road-to-black-and-minority-ethnic-staff-empowerment/7026222.article>.

<sup>27</sup> Raju SA, Ching HL, Jalal M, Lau M, Rej A, Tai FW, Tun G, Hopper A, McAlindon ME, Sidhu R, Thoufeeq M (2021) P400 The first reverse mentoring in a clinical setting: can you teach old dogs new tricks? Available at [https://gut.bmj.com/content/gutjnl/70/Suppl\\_1/A247.1.full.pdf](https://gut.bmj.com/content/gutjnl/70/Suppl_1/A247.1.full.pdf).

<sup>28</sup> Elfassy MD, Duncan LJ, Green A, Sun H, Guimond T, Tzanetos K & Nyhof-Young J (2020) Patients as teachers: Evaluating the experiences of volunteer inpatients during medical student clinical skills training. *Canadian Medical Education Journal.* Dec;11(6):e8.

<sup>29</sup> <https://peterbates.org.uk/wp-content/uploads/2017/04/4n.pdf>

<sup>30</sup> Stanton RC, Mayer LD, Oriol NE, Treadway KK & Tosteson DC (2007) The mentored clinical casebook project at Harvard Medical School. *Academic Medicine,* 82(5), 516–520. <https://doi.org/10.1097/acm.0b013e31803eae9>.

<sup>31</sup> Contributions and challenges have been offered by Rebecca Ryan and Paul Thompson although all errors and weaknesses that remain in this document are the responsibility of the author.