

‘See one, do one, teach one’: The role of mentoring in an age of professional humanitarian action



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When I was a student nurse in the early 1990s, we had a joke about the path to competence when performing clinical procedures – ‘see one, do one, teach one’. Like many jokes, the aspect that made it simultaneously funny and appalling was that it contained a strong element of truth. Achieving excellence in one’s professional practice requires knowledge and experience, as well as a commitment to continuous learning and accountability – and mentoring can play an important role to this effect.

My learning environment was one of semi-structured chaos. Against a backdrop of dramatic hospital reorganisation, fiscal cutbacks, and overcrowding, we experienced high workload and stress, rapid staff turnover, and long hours. There was a very low ratio of expert nurses to support the students, new graduates, and junior and casual staff that bore enormous responsibility for patient care that clearly outweighed our collective knowledge and experience. The reality was that there simply was not enough time or human and technical resources to ensure that we learned to perform new skills or make decisions with proficiency and confidence. When learning a new clinical procedure, we could quite literally see how it was done once, practise it once under supervision, and then find ourselves teaching someone else – regardless of whether or not we were performing it with sufficient competence. I still remain slightly astonished that the overall quality of patient care was maintained as well as it was, but it could have been a lot better.

I was trained on the cusp of intense change in the professional and educational environment for nurses, when entry into the profession was transitioning from vocational-based training in hospitals to a fully tertiary-based education. Unfortunately, during those early days, education providers did not get the balance between classroom and practical experience right and in 1995 I emerged a fully qualified registered nurse with a Bachelor’s degree, but with less than twelve weeks of hospital-based experience behind me.

Thankfully, by the time I left the nursing profession a decade later, the learning environment for emerging practitioners had changed dramatically. Students spent a far greater proportion of their time gaining practical experience instead of sitting in classrooms, and most nurses now experienced supported entry into the workforce through participation in internships or graduate programmes. New graduates received an in-depth orientation to their new work environment as well as teaching through compulsory study days and 1:1 practice supervision. Importantly, a ‘preceptor’ or mentor frequently supplemented the more formal aspects of training with mentoring, coaching, and guiding new nurses in structured reflection of their practice.

Part of the underlying rationale for a mentoring programme is that knowledge and experience on its own is not enough to ensure professional practice. Rather, professional practice is a process, which requires a commitment to continuous accountability and learning throughout the duration of a career.

In my opinion, the humanitarian sector sometimes fails to distinguish experience from expertise, with the amount of time spent ‘in the field’ frequently portrayed as the only legitimate indicator of capability. Of course, time spent in humanitarian situations is vitally important, and the greater the depth and breadth of experience, the greater likelihood a person will develop stronger expertise. However, in my experience, while quantity of time spent in a particular role or field location is necessary, it is not sufficient to produce an expert practitioner. Most people who have spent any time in humanitarian emergencies can probably recall at least one ‘experienced’ humanitarian with 10 or even 20 years field experience but very low levels of competence, proficiency, or excellence.

So what, then, apart from field experience, enables a practitioner to become excellent or expert in their practice? In reflecting on this question, I was drawn back to my original roots in nursing theory and Dr. Patricia Benner's seminal work on the transition from novice to expert in achieving excellence in practice.

Dr. Benner introduced the idea that expert nurses develop their expertise over time through a combination of education and accumulated experience. She outlined five levels of experience: novice, advanced beginner, competent, proficient, and expert. As an individual progresses through the different levels, they move from following general rules and performing basic tasks (novice) to applying principles based on learning from recurring experience (advanced beginner). Next, they move towards developing their own perspectives and planning and organising their own actions based on analytical thinking (competent). Some practitioners, although not all, will continue to develop a more holistic approach to their practice. By learning from their experiences, they know what to expect in certain situations and plan and adapt their actions accordingly (proficient). A highly proficient practitioner no longer relies on principles or rules because they have an intuitive grasp of new situations and can perform with flexibility, agility, and confidence (expert). An expert is willing to use their professional judgement to take calculated risks in situations of uncertainty, knowing that decisions have to be made in dynamic, rapidly evolving contexts, without full information on which to base them.¹

In reflecting on my own journey from novice towards expert practitioner in two distinct professions (nursing followed by humanitarianism), one recurring theme became apparent: the role of mentoring. Mentoring frequently conjures an image of an older person, usually male and possibly on the brink of retirement, sitting down with a junior employee to impart wisdom, out of the goodness of his heart. However, in reality, mentoring comes in many different forms, and when used intentionally, can provide a dynamic forum for reciprocal learning and mutual benefit. Below are some ideas about mentoring, based on my experience.

1. Choose a mentor who has a lifelong commitment to learning

If your mentor is someone who believes they have settled at the top of their career, then think carefully before engaging them as a mentor. The best mentors are people who thirst for new knowledge and continually strive to find ways to improve their own performance. They invest time in reflecting and critiquing their own work and that of their organisation. In doing so, they try to link the realities of humanitarian action to humanitarian principles, theory, and research. Importantly, they remain ready to learn at any opportunity, including from people with less or different experience than themselves.

2. Having more than one mentor with diverse skills and experience can maximise the benefit

Mentoring does not have to be a 1:1 long-term relationship with a senior person in the same profession. Rather, the perspective of someone outside the humanitarian sector can be invaluable. While the context of humanitarianism and disaster response is unique, the competencies used in carrying out the role are not, and there are many useful and transferable concepts and skills that can be applied from outside the sector. Most of the core skills I use when leading protection assessments in humanitarian settings, for example, I learned on the floor of a busy metropolitan hospital emergency department. Different mentors can be chosen for their different skill sets. For example, you may choose one mentor with extensive experience in humanitarian response management and another with proven leadership and conflict resolution skills. The duration of mentorship can also vary from just one or two interactions to several years and can occur face-to-face or remotely. Often, it can be useful to have a mentor from outside your own organisation, as it typically facilitates a more objective analysis of practice. Mentors can also be of different ages and levels of experience, although generally a mentor should have at least two to three years of experience in the humanitarian sector. But be open to learn from someone with a level of experience similar to your own. Some of my best learning has occurred following stimulating discussions with peers.

3. Mentoring achieves better results when it includes structured reflection on practice

It's all very well to use mentoring as a forum for networking and career progression, but to maximise benefit, it should include reflection on practice. I am a great advocate for praxis, the linking of theory with practice. In humanitarian contexts, it can be as simple as routinely taking time to reflect on how our intended actions might affect the operationalization of humanitarian principles and the concept of 'Do No Harm'.² Structured reflection involves more than what typically occurs at "lessons learned" workshops organised by a non-governmental organisation or the United Nations because, as well as reviewing what could have been done better, it involves considering how those experiences relate to existing knowledge and evidence in the literature. A good mentor should encourage their mentee to seek out relevant principles and evidence and reflect on their practice in light of those findings.

4. Mentoring can yield benefits for both mentee and mentor

Good mentoring is mutually beneficial, not a one-way knowledge transfer. In many ways, I have learned far more from being a mentor than from having one. Newer practitioners can inject fresh perspectives into organisations if there is an established culture of learning and willingness to innovate.

5. Mentoring across different cultures can add an extra challenging dynamic, but potentially increases the learning outcomes for both mentor and mentee

Effective and respectful cross-cultural communication is an essential component of humanitarian response, whether within an organisation, between two or more different organisations, or between organisations and affected populations. Cultural sensitivity is about understanding difference – in the form of knowledge about different cultures, their protocols, communications styles, and etiquette – and is frequently heralded as an important attribute. I prefer the term cultural safety – another piece of my New Zealand nursing experience that has found its way into my humanitarian practice. The term cultural safety goes further than the notion of sensitivity, which implies a one-way linear association (most often that an expatriate should be "sensitive" to the culture of local staff and communities). Instead, cultural safety involves a two-way relationship between people of different cultures. It encourages explicit recognition of the role that identity and power have in the relationship, and that the different histories of the people involved may result in the adoption of different values, understandings, and ways of making decisions. Importantly, it confers responsibility on both parties to appreciate those differences and work collaboratively with the intent to understand how culture may be influencing actions and activities in a particular situation. Some of my most rewarding mentoring experiences have been with colleagues overseas, where a genuine effort has been made to understand each other's histories and explore elements of culture and tradition that we think find their way into how we each understand, act, and interact in the field.

These ideas about mentoring are now helping to shape a new initiative linking national and international consultants, initiated by Humanitarian Advisory Group. Humanitarian Advisory Group is a partnership of experienced humanitarian practitioners and policy makers offering research and services in the area of humanitarianism and human rights to entities such as the United Nations, non-governmental organisations, and corporations. The aim of this initiative is to strengthen linkages between national and international consultants to deliver higher quality results for clients. The rationale is that not only will such partnerships produce more contextually relevant outputs and recommendations, but it also just makes good developmental sense by creating opportunities for supporting and strengthening local capacity and increasing the talent pool of expertise available to international donors.

The initiative is currently in an early planning and design phase, and we welcome PHAP member contributions about what you think – both of the idea generally of establishing a support, mentoring, and networking programme between national and international consultants, and what elements it should include. We especially welcome the contributions of any members who have or are currently working as national consultants. To have your say, email us at info@humanitarianadvisorygroup.org with the subject line “Mentoring” and [discuss it in the PHAP forum](#).

About the author

[Louise Searle](#) has a Master of Human Rights Law, a Postgraduate Diploma in Development Studies and a Bachelor of Nursing. She has 17 years experience working in the health and humanitarian sectors with her most recent work as a technical advisor for protection programming and policy issues in humanitarian emergencies and fragile contexts. She has a particular interest in the evolving professionalization of humanitarian action and supporting and mentoring emerging practitioners. Louise is a founding partner of [Humanitarian Advisory Group](#), an independent partnership of experienced humanitarian practitioners and policy makers committed to promoting excellence in humanitarian practice

Notes

¹ Based on and adapted from Patricia E. Benner, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Addison-Wesley (1984).

² A helpful example of how to use humanitarian principles and ‘Do No Harm’ in decision-making can be found in chapter 7 of the following report: Dr. Edwina Thomson, *Principled Pragmatism: [NGO Engagement with Armed Actors](#)*, World Vision International.