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## ***A novel approach to medical mentoring***

### **Abstract**

#### **Introduction**

Mentoring is integral to the development of doctors in complex, pressured, work-based environments. At the Royal Children's Hospital (RCH), mentoring was anecdotally successful in informal relationships but a formalized small group program was not seen as effective by junior doctors (residents). Drawing from corporate and medical literature, as well as considering survey data from our junior and senior doctor cohorts, we surmised that a self-selected online approach would empower both the mentor and mentee.

#### **Method**

Junior resident medical officers (JRMO, post-graduate Year (PGY) 2-4) at RCH are invited to participate in a self-selected dyad mentoring program. The mentors volunteer their time and knowledge and come from the registrar (PGY3,4) and fellow (PGY5,6) cohort. This program ran in 2017 for ten months and mentees were advised to be in contact with their mentor every 6-8 weeks. Thirty JRMO mentees and 36 mentors opted in to the program resulting in 30 matched pairs. The group participants were able to access a range of online tools when establishing and conducting their mentoring relationship.

#### **Results**

The self-selected dyad model utilising mentor videos and online resources housed on the RCH learning management system was designed to maximise flexibility, sustainability and

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accessibility. A brokering and support system for the mentors and mentees is part of the model.

## **Conclusion**

An opt-in, self-selected online mentoring program for junior residents at a tertiary paediatric hospital is an effective and sustainable model of mentoring.

## **Introduction**

The word 'mentor' has a variety of meanings.(1) In medicine it often refers to the Standing Committee on Postgraduate Medical Education description, which defines mentoring as "The process whereby an experienced highly regarded empathetic person (the mentor), guides another individual (the mentee) in the development and examination of their own ideas, learning and personal and professional development." (2) Mentors are considered an important element in the personal and professional development of doctors. (3,4) Junior doctors (qualified doctors who are working whilst undertaking post-graduate training) are entering a profession where they are consolidating newly acquired skills, knowledge and attitudes in a complex and sometimes stressful system. (1) Mentor relationships are seen to contribute to improved career satisfaction, reduced stress, increased motivation and work-life balance. (5)

Mentoring in a medical hierarchical hospital system can be challenging to implement in a way that is meaningful as traditionally the mentor has been someone of influence and authority such as a consultant (specialist). The benefit is their knowledge and experience. (6) Conversely, the consultant can potentially make decisions about the mentees' working future, which could influence or obstruct the full potential of the relationship to being open, transparent and honest. This may result in a superficial relationship that fails to promote meaningful reflection in either party.

Mentoring can be provided in a variety of models - dyad, peer-on-peer, small groups and large groups. (7) Historically, at the Royal Children's Hospital the mentor model was a consultant allocated as a mentor to a small group of junior resident medical officers (JRMO, doctors in their first year of paediatric training). There was little structure to the model, which was based on assumptions that a senior consultant would be an effective mentor, know what was needed and always be onsite. However, this model was neither sustainable nor embraced by mentees. When developing a new mentoring approach for our context, a 24-hour hospital operation with a multi-site junior doctor training program where JRMOs rotate, both on and off site, four times a year, the design and tools had to be flexible and robust to accommodate and support non face-to-face delivery.

This paper describes the design, and evaluates the outcomes of, a JRMO mentoring program one year following implementation, in relation to feasibility, uptake, engagement and participation satisfaction. It highlights novel online components of this program, which contributed to its success.

## **Method**

To determine the best model for a JRMO mentoring program we conducted a literature review of mentoring in medicine and approaches from non-medical literature, in conjunction with an online survey of past JRMOs to understand their mentoring needs. We established that JRMOs preferred a model using a near-peer mentor in a dyad relationship. We allowed mentees to choose their mentor based on their personal priorities including gender, subspecialty or particular skills such as research, as the literature indicates that matching for these attributes adds to the strength of the relationship.

To incorporate these choices, we developed an opt-in, self-selected dyad mentoring program utilising an online delivery approach for flexibility and sustainability.

The program is supported by

1. A mentoring coordinator who recruits mentees (JRMOs) and near-peer mentors (doctors in years 3-6 of post graduate training) and brokers mentoring relationships.
2. A newly created voluntary position of deputy chief resident of mentoring (year 3-6 post-graduate) to support the mentors in collaboration with the mentoring coordinator.

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3. An online tool kit incorporating mentor profiles, an eLearning module, and written resources to structure mentoring conversations and guide goal setting. (Figure 1) The eLearning provides underpinning knowledge, encompasses the mentor and mentee perspectives and addresses challenges mentors and mentees may encounter. It follows the mentoring journey from meeting a mentor, to setting goals, managing challenging conversations and maintaining the relationship in the future. Resources are housed on the hospital's learning management system to maximise flexibility, sustainability and accessibility for both mentors and mentees. (Figure 2)

Mentor profiles comprise of a smart-phone filmed video, a photo and short biography. To develop these profiles, mentors are asked to answer five questions in their video. (Figure 3) Online profiles were classified under sub-headings: work-life balance, travel, or research. (Figure 4) Mentees view mentoring profiles and submit preferences for mentors to the mentoring coordinator. The mentoring coordinator then brokers relationships on a first-come first-served basis.

The program structure recommends that mentors and mentees meet every six to eight weeks utilising a range of communication modes (e.g. face-to-face, online). It is the responsibility of the mentee to drive the relationship. At the conclusion of the 10 months, the program formally concludes, although the mentoring relationship may continue informally.

During the first year we evaluated the program using an online survey, comprising of both multiple choice and open-ended questions, sent to program participants at five months and then at the end of the year. Free text responses were analysed using directed qualitative content analysis(8) and analytics from our learning management system were utilised to determine the degree to which the online tools were accessed.

## Results

Nineteen out of 54 JRMOs responded to the pre-program survey to identify mentoring needs (response rate 35%). All respondents were interested in participating in a structured workplace mentoring program. Eighty-four percent of respondents (16/19) stated they would like to be mentored as an individual and 89% (17/19) believed participation should not be mandatory. Most JRMOs (17/19) did not have an existing mentor, around one

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quarter wanted to self-select their mentor and 84% (16/19) wanted this person to be a near-peer such as a registrar as they were deemed more “in touch” with their needs.

In 2017, 30 out of 54 JRMOs opted into the JRMO Mentoring Program and 36 mentors volunteered, of whom 30 were matched with mentees. At the end of the first year, 61% of the 30 mentoring pairs achieved the aim of meeting every 6 to 8 weeks. Most mentoring pairs used multiple means to meet, the most common being face-to-face (88%), followed by email (68%), phone (60%) and FaceTime (4%). The majority of mentors (84%) and mentees (96%) reported that the program enabled them to reflect on their clinical practice, personal and professional goals.

Fifty-six out of 60 participants (93%) responded to the end of year survey. The online tools and resources were used by 95% of respondents. The mentees found the mentoring profiles the most useful tool (89%), followed by “The First Meeting” document (56%) and the eLearn (37%). For mentors, “The First Meeting” document was most useful (62%), followed by the specific, measurable, attainable, realistic and time-guided (SMART) goals tool (58%) (9) and eLearn 46%.

The self-selection model was key for engagement of mentees. All mentors and mentees thought the self-selection process was successful. It allowed the mentees to get a ‘feel’ or holistic understanding of their prospective mentors through the video response of potential mentors to the profile questions - from the serious to the comical.

## **Discussion**

Mentoring is an important aspect of medical training and future career success. (6) Our work has demonstrated the value of a structured mentoring program, with half of our JRMOs opting in, and all who participated finding it beneficial. Mentees felt empowered by being able to opt into the program and self-select their mentor. Both mentees and mentors have seen benefit in being able to discuss career and work-related topics, work-life balance, gender and personal issues. Selection of mentors from among more senior doctors-in-training supported what has been written in the literature that junior levels prefer a near-peer mentor who is ‘closer’ to their own journey. (10,11) This has translated into many wanting to continue their mentor relationship outside the structured program.

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At the centre of dyadic mentoring approaches is the relationship and meetings between mentor and mentee – and in our program face-to-face interaction is still dominant. The innovation in our program is the demonstration of how program structure and appropriate use of technology can support these relationship processes. Online delivery offers flexibility in when and how people access program resources and overcomes geographical boundaries created by a rotating workforce. (12)

Fundamental to the success of our program are the mentors' video profiles. Their profiles provided 'stories', offering an insight into mentors' lives, activities and interests. The model provided a connectivity from the mentee perspective that was not foreseen when the program was designed. The use of video profiles mirrors that seen in unrelated activities – such as online dating - and would be generalizable to mentoring programs in other contexts.

The outcomes in this paper demonstrate the feasibility of our approach, high uptake of program tools by participants, high satisfaction from participants and early success, with the majority of mentoring relationships continuing. We now aim to gather further knowledge on the sustainability of our program and the broader impact of our mentoring program on both mentors and mentees, as well as hospital culture. A successful and sustainable program would see mentoring embedded in, but also influencing, the culture of the organisation and an expanding pool of mentoring alumni.

The limitation of this research was that mentees self-nominate to participate in the program. Thus these early findings are not generalizable to the broader junior medical workforce as it is unclear whether those that chose not to participate would have had the same level of engagement or benefit. A richer understanding of impact of the program on participating individuals could be gained from interviews or focus group discussions which were not utilised in this study.

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## Other disclosures

None

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## Medical Mentoring Program (2017)

Mentoring at RCH is the dynamic reciprocal relationship in a work environment between mentor and mentee aimed at promoting the development of both, professionally and personally.



Mentoring Profiles



eLearn Package



Resources

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Figure 2. Questions to provide a framework to the mentor profile

**Name** – Hi my name is....

**Specialty and areas of interest** - I work in Oncology as the fellow. I have had position here and in...(other locations). I am looking to

**Interest out of work or insight of self** (family etc.)

**Why did you volunteer to be a mentor?**

**What skills, knowledge and insights do you have that would be valuable sharing with your mentee?**

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## Meet James Liddle

James is a General Paediatric Advanced Trainee, and will be a part-time Community Paediatric Fellow in 2017. He has worked mostly at RCH and Sunshine, had some interesting non-clinical roles and is studying a Master of E-Health.

James asked to be a mentor because he remembers how it was to be new to paediatrics, and was lucky to have mentors of his own to get him through the hard bits. He is happy to help with interview practice, clinical exam tutorials and work/life balance, any of which can be conducted over coffee, a meal or a beer.

James is soon to be a first time dad, and wants to be at home as much as possible to spend time with his family and perfect his dad jokes!

Close

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Forging the relationship

Setting the goal

Challenging Conversations

To break up, or not

Exit

Come and explore mentoring through Kate and Joe's mentoring relationship. Flick on each icon to learn more.

Home About this program Online modules Topic 3 Feedback Topic 5

Topic 6 Resources All sections

The First Meeting 1601A8 PDF document

The Mentoring Agreement 1122B Word document

SMART Goals 1032B3 Word document

The Escalation Process 1579B3 PDF document

Telling Children's Impact Initiative

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