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Mentorship in Arab Board Pediatric Residency Training Program: A Questionnaire Based Study - Qatar Experience

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Abstract

Background: Mentorship is defined as the developmental assistance offered to a junior employee or trainee by someone more senior and experienced in the field or work place. Mentorship in our pediatric residency training program has existed for years. However, no auditing or research studies have been done to evaluate perspectives, attitudes and practice of mentorship in this accredited residency program.

Objectives: To assess faculty consultants and residents perspectives and views towards the mentorship process in pediatric residency training program. Accordingly, we are trying to come out with some recommendations in order to improve the program performance.

Methodology: A survey was conducted using two parallel sets of questionnaires to both residents and staff faculty members involved in mentorship in the pediatric residency training program. Results were recorded, plotted into bar graphs and then analyzed.

Results: There is big discrepancy in views of residents and faculty staff in regard to their perception and practice towards mentorship. Particular differences have been highlighted in regard to mentorship time, agendas, involvement style and expectations

Conclusions: Teaching and direct meeting sessions are obviously needed to train both faculty and residents about the appropriate mentorship culture and implementation. Adopting trainee-centered mentorship program might be an ultimate module to be tried.

Keywords: Mentorship; Mentors; Mentees; Education

Introduction

The need for mentorship and supervision has been always a fundamental procedure in evolving any successful educational project. Historically speaking however, the roots of the practice seem to be lost in the antiquity. The word (mentor) itself was probably inspired the first time by the character of Mentor in Homer's Odyssey [1]. Though the actual Mentor in this ancient story was a somewhat ineffective old man, the goddess Athena took on his appearance in order to guide young Telemachus in his time of difficulty [1].

Though several descriptions exist, mentoring is traditionally defined as developmental assistance offered to a junior employee or trainee by someone more senior and experienced in the field or work place. From language point of view, mentoring is defined as "A process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger) individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development [2]. The mentor, who often (although not necessarily) works in the same organization or field as the mentee, achieves this by listening or talking in confidence to the mentee." [2]

Other words and terminologies are being used alternatively more or less to describe the same concept. Those can include terms such as supervision, coaching, counseling and tutoring. Nevertheless, mentoring is considered as a cost-free career-promotion strategy based on a personal relationship in a professional context [3].

Since the 1980s, mentoring programs have been introduced in various medical professions, most frequently in the field of nursing [4]. Formal mentoring programs for medical students and doctors, however, have not been well developed until the late 1990s [5]. It is obvious that clinical supervision in postgraduate medical training is vital in producing competent and safe health-care practitioners. Effective communication between supervisors and trainees at an interpersonal and professional level determines the quality of the supervision process. Mentorship has several models, such as one-to-one, group, team, online, peer to peer and others.

Study Goal

The study`s proposed primary general goal is to assess the prospective and views of mentors and mentees regarding mentoring process in arab board pediatric residency training program at Hamad Medical Corporation, Doha, Qatar.

Specific objectives

- To assess residents` and faculty` attitudes and expectations towards mentorship.
- To assess residents` satisfaction regarding their mentors` supervision.
- To evaluate current mentorship procedures and assessment tools.
- To highlight obstacles and challenges facing mentorship from both sides.
- To explore potential solutions and suggestions for mentorship improvement.

Methods and study design

All residents and faculty consultants involved in mentorship were surveyed. Two sets of mirror-sided questionnaires were prepared, consisting of 15 items each. The questionnaires were designed with a mixture of open-ended and close-ended questions. Questionnaires were set to assess the three major aspects of mentorship, academic achievement, role modeling and psychosocial aspects.

Questionnaires were mailed and emailed to all participants. A special collecting box was arranged with the department secretary office, with checklist to follow responders to ensure best response rate. Reminder mails were needed in few participants. Names were deleted immediately and response envelopes were dispatched away so only anonymous survey responses were collected. Data were then charted into a single data collection sheet. Results were analyzed and graphed into bar-charts excel sheets.

Results

A total of 40 residents and 21 faculty staff responses have been gotten. One faculty response has been disregarded due to faulty questionnaire filling error. Results are prepared in the following graph in Figure 1.
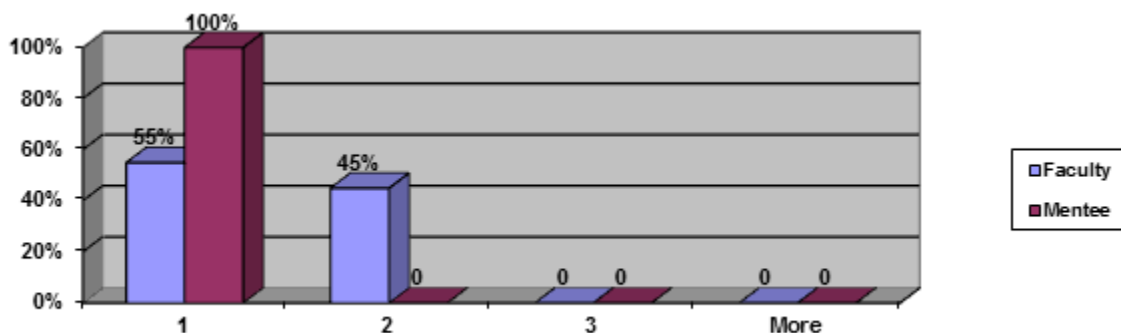

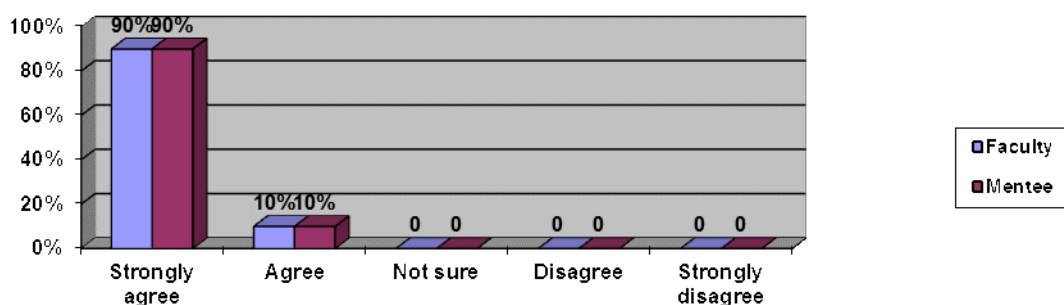**Figure 1:** No of mentees under faculty's supervision.

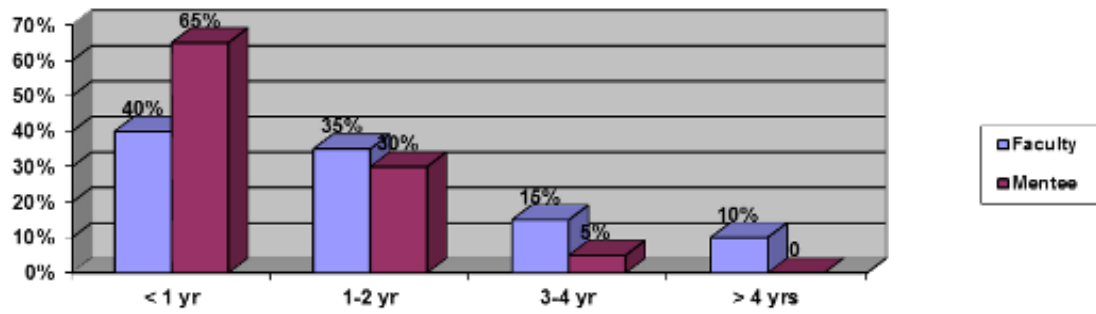**Figure 2:** Agreement on mentoring importance.

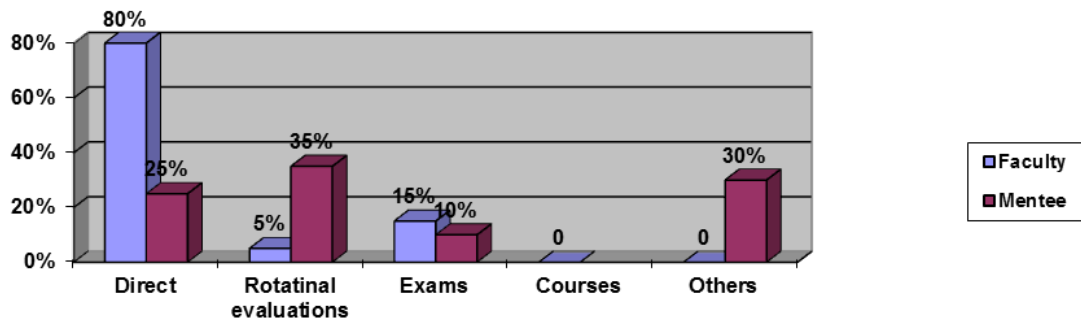**Figure 3:** Duration of involvement in mentorship.
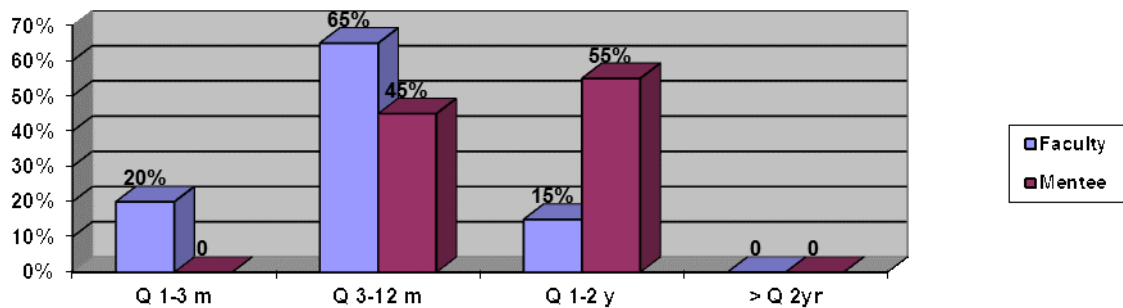

Figure 4: Evaluation tools.
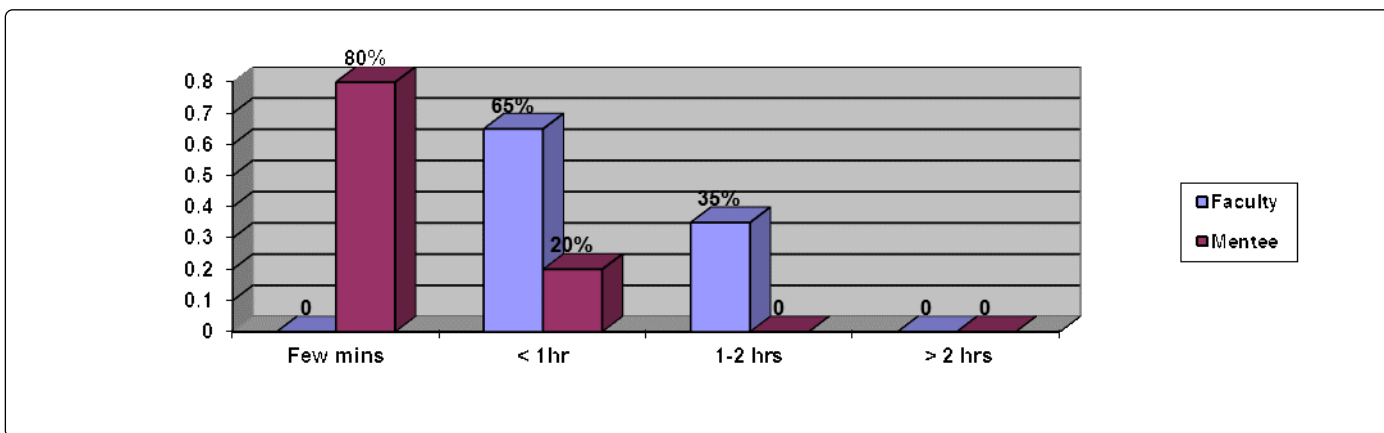

Figure 5: Meeting frequency.
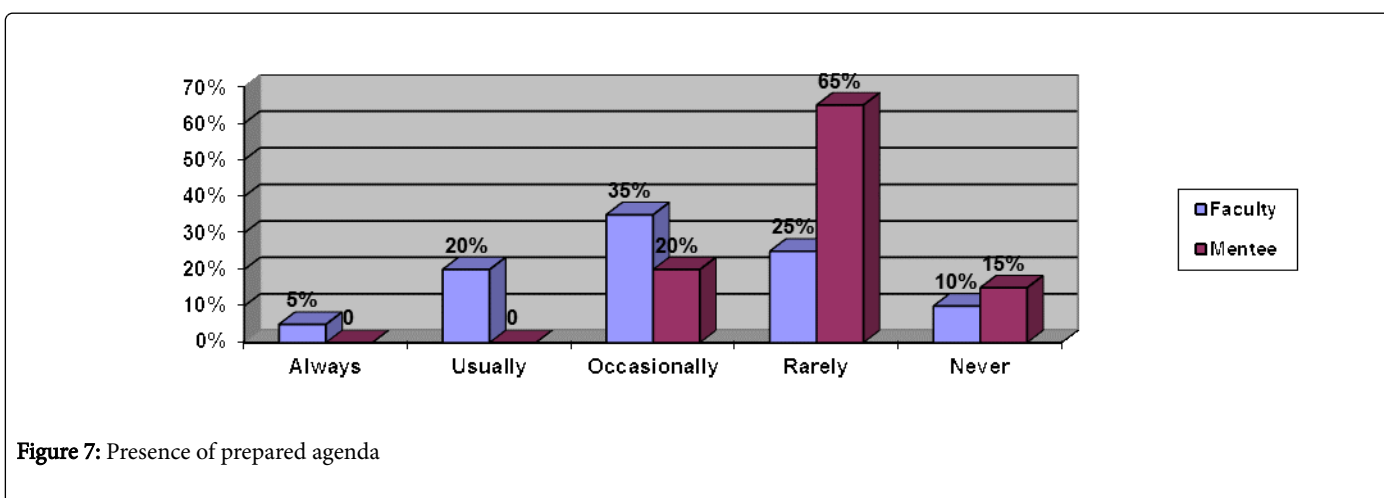
Figure 6: Meeting duration.

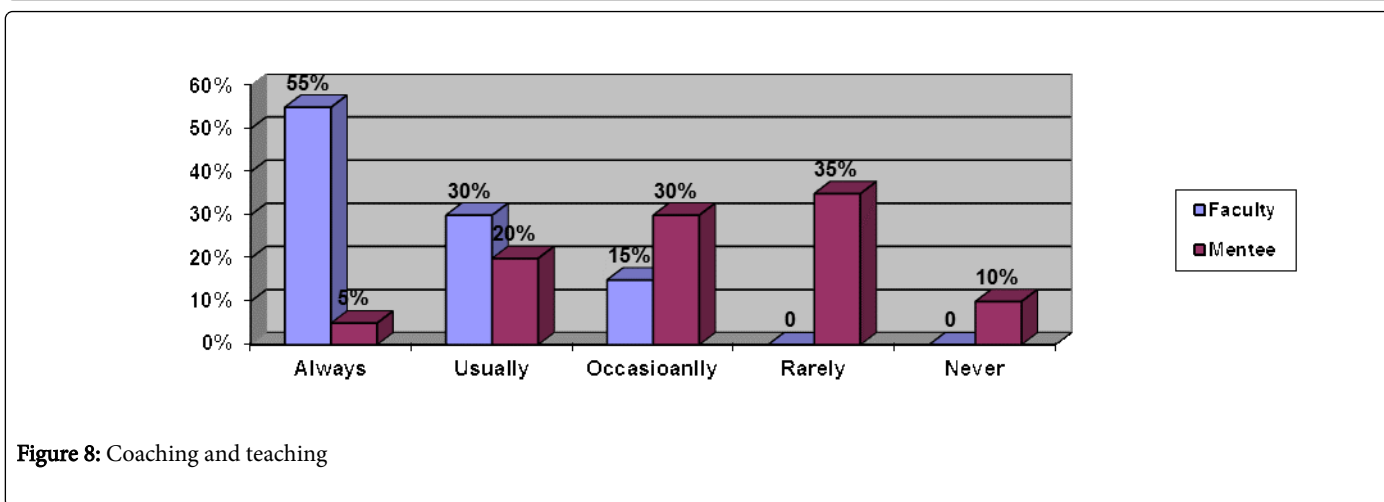**Figure 7:** Presence of prepared agenda

Figure 8: Coaching and teaching
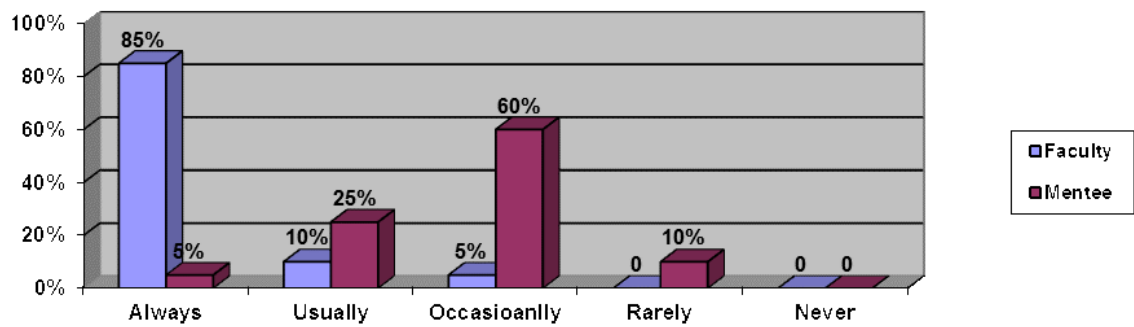
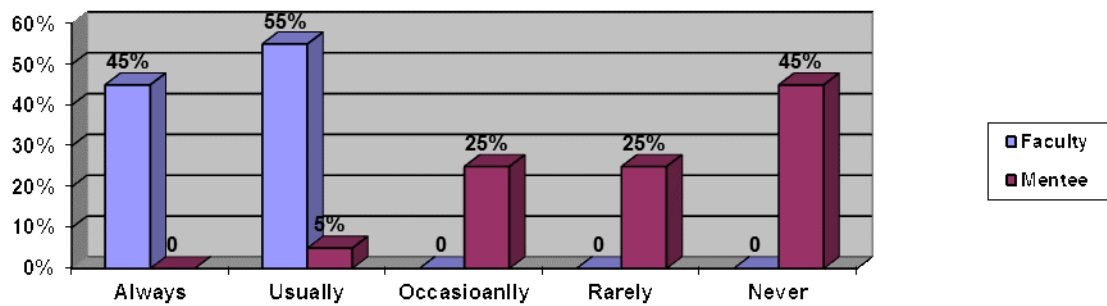**Figure 9:** Offering of academic and career advice.

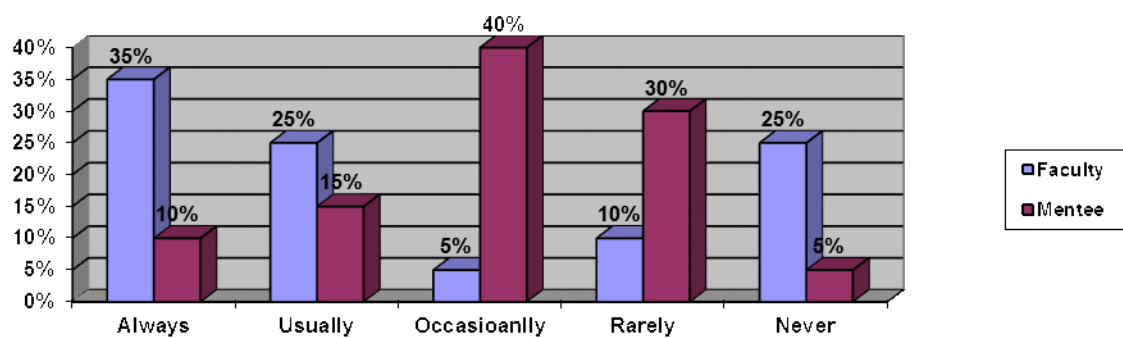**Figure 10:** Inspiring mentee by being a model.

Figure 11: Helping social and personal matters

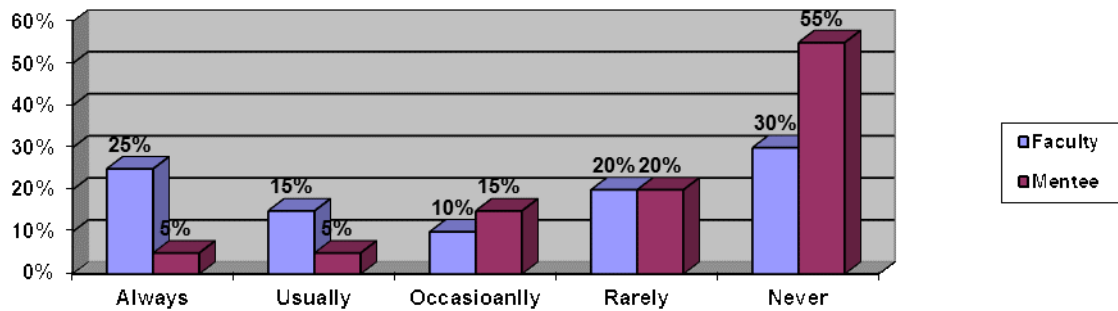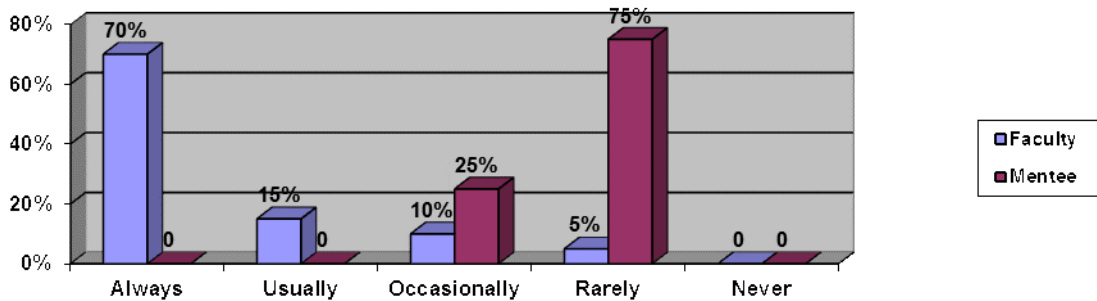**Figure 12:** Social involvement outside work setting.

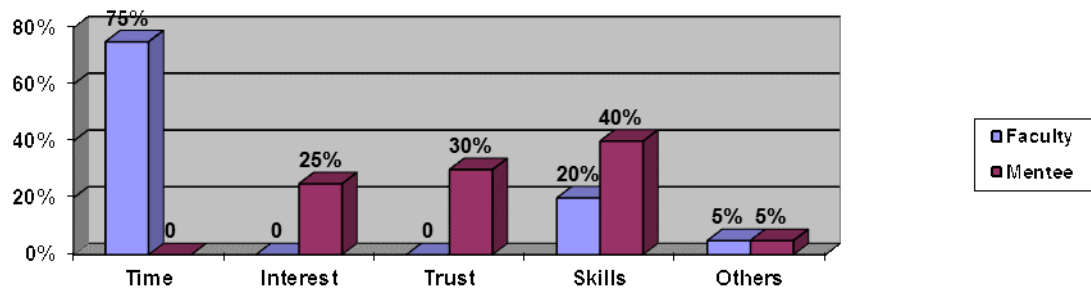**Figure 13:** Supervision satisfaction

Figure 14: Agreement on role of mentoring on improving residents' academic, mental, physical and/or psychosocial performance.
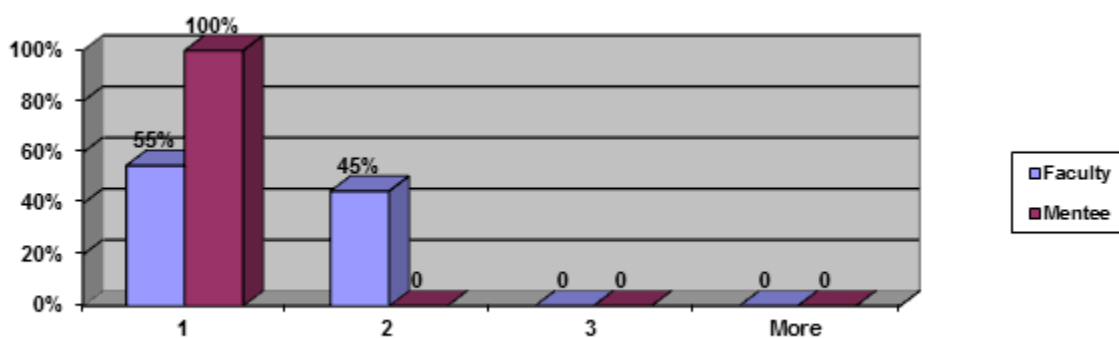
Figure 15: Barriers for successful mentorship.

Discussion

In Hamad Medical Corporation, pediatric residency training program has started in the early 80s of the last century. However, mentoring program has actually launched many years later. The current layout of the mentoring model is that every resident is assigned to one faculty member to be his/her mentor throughout the whole training program. Nevertheless, mentorship has always been under looked. Since the mentoring process has started neither surveys nor any other tool of assessment were conducted to check validity of such process in the department. This probably applies other training programs in the corporation.

In the era of medical education development, researchers have started to pay attention to the fundamentality of the concept of mentoring, mainly among medical students population. The medical/surgical residents have not had the same attention, though few papers tried to explore mentee/mentor relationship in few centers.

Although several authors have reported that mentoring is a key to a successful and satisfying career in medicine, there is a surprising lack of mentoring programs for medical students/resident doctors in most countries. Freilich and his group have found that mentoring was the 2nd more common factor influencing postgraduate doctors to choose urolgy as residency/career [6]. Stamm in his study has confirmed the positive impact of mentoring on career success in a cohort of Swiss doctors in a longitudinal design [7]. In our study there has been no better agreement about the importance of mentorship in our residency program (Figure 2).

Our institution is adopting a one to one style of mentorship. A resident is assigned to only one mentor. On the contrary half of mentors do supervise more than one resident (Figure 1). Interestingly, less than 10% of mentors continue to supervise the same mentee for more than 3 years (Figure 3). Jeffersies has tried to explore the feasibility of the old style of one-to-one mentorship as a standard medical education practice [8]. His work was among university-conducted residency and medical students programs in University of Toronto, Canada. He has concluded that in a multi-site training program, collaborative mentorship was effective in overcoming many barriers encountered with one-on-one mentorship [5]. His conclusions are comparable to our multi-site training program and seem to be worth considering.

The way the mentor is assessing the progress of his mentee is another debatable dilemma. We have found that more than 80% of mentors believe that direct interaction is the best primary tool to assess how the mentee performance and satisfaction (Figure 4). In the contrary, only one fourth of mentees believe in that as a realistic assessment tool (Figure 4). Literature has suggested that improved academic grades, knowledge and skills learned, attendance rates, enhanced self-esteem, improving communication skills, and decreasing incidents of questioning and warning letters are all possible measure tools that could be used in mentorship process [9]. The bottom-line is that success of the mentee is always an indicator of successful mentorship [10].

Another interesting discrepancy found was the difference of subjectivity in regard how long and frequent meetings were being conducted. Overall significantly less numbers of mentee felt that meetings with their mentors were frequent or long enough to address their concerns (Figures 5 and 6). Moreover, two thirds of mentees felt that mentors used to come to such meeting without any prepared agenda, though only one fourth of mentors had agreed on such perception (Figure 7). It is worth mentioning that we could not find any evidence based recommendations in medical education literature in regard to suggested duration and frequency in mentorship meetings.

Mentorship styles might vary a lot depending in the mentees and mentors involved as well as the mentorship setup itself. A known style uses direct questioning of the mentor to the mentee to expose varieties of desired knowledge and skills [11]. Another style is the experimental style in which the mentor assigns some tasks to the mentee and then offers follow up. Tasks can then increase in complexity as per the desired skill and competency level [11]. Another more flexible approach has been formulated more recently aiming at having the mentees expressing their own ideas rather than be directed towards a specific line of thoughts [12]. The authors feel that such models and strategies are to be entertained in the future for comparison and improvement.

Based on these models it is very difficult to analyze the huge differences in our study in regard to elements of mentorship. While more than half of mentors believed that they offer coaching and teaching on continuous bases, only 5% of mentee had shared the same perception (Figure 8). It is very noticeable that the difference is even bigger when we had compared feeling towards offering future academic and career guidance (85% versus 5%) (Figure 9). Nevertheless, when it comes to the new emerging style of role modeling in which the mentor act as a role model himself in order to inspire the mentee indirectly, results were even having a bigger gap (Figure 10). While more than 90% of mentors thought that they inspire

their mentees by being role models themselves, almost none of mentees thought the same (Figure 10).

Social interaction between mentees and mentors cannot be obviously separated from the educational goals of mentorship as far as the mentees` benefits are concerned. A long-lasting debate is whether this involvement is invading the boundaries of professionalism has not had a conclusive end at the moment [13]. We have observed an obvious eager for social and personal interaction from mentees prospective in our study (Figures 11 and 12). Depending on personal views and expectations such differences are often seen in similar or comparable educational programs [13].

A big hole also exists in the level of satisfaction of the mentorship process. While 70% of mentors seemed always satisfied almost none of mentees were (Figure 13). Once again, different levels of attitudes and expectations are governing such subjective matter. The feeling of dissatisfaction probably starts with the choice of mentor itself. Involving mentees in selection of their mentors can tremendously improve their satisfaction level [14]. Few studies have explored the perception of supervisors towards mentorship. A study in Spain by Tomas and his group has tried to assess faculty staff views and perception of the tutor role [15]. His study has yielded some interesting feelings platform which can be used in any comparable post graduate training program.

When trying to explore the challenges that mentorship in our program is facing, results were interesting as well. Mentorship in our program is entirely a voluntary assignment and the mentors don`t get extra compensations for it. Most of the faculty staff had claimed that lack of time was the major obstacle that had jeopardized their ability to offer good mentorship; as agreed by none of the mentees (Figure 14). In fact, rather good percentage of mentees (40%) thought that the major obstacle was the deficiency of mentorship skills among mentors themselves (Figure 15).

Our residents had made some comments for improvement of the mentorship process overall, though it was difficult to include all of them in this article analysis. Most of mentees were asking for more involvement in mentorship across all aspects. Indeed, some of their requests have been supported with some literature as well. New modalities of improving the mentoring process will continue to emerge every now and then. Grad and others had tried a modifiable toolkit to enhance the advising process for residents in many disciplines and got a significant improvement in resident satisfaction from 2006 to 2009 in Duke University [16]. Generalization of such trials is to be a genuine challenge. Individualizing the tasks and curriculum of mentorship to comfort the assigned mentors and mentees can be the only way out to most of the mentioned obstacles [17].

Conclusion and Recommendations

Mentorship is essential for any educational program and our pediatric residency program in Qatar is not an exception. Although there is an ultimate agreement about importance of mentorship, we have found a great discrepancy in attitudes, expectations, satisfaction, perception of success and other elements between mentors and mentees. A more in depth research is needed to dissect some challenges brought to the surface by this study. Some suggested techniques to improve mentorship elements and implementation are worth considering. Inspiring other reputable and comparable mentorship programs might help improvement our own practice.

Funding

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