Chapter 2.3.2

THE ART OF MENTORING LEARNERS IN RURAL HEALTH SETTINGS

Barbara J Doty

University of Washington Family Medicine Network, United States of America

David Schmitz

Family Medicine Residency of Idaho, United States of America

Introduction

The purpose of this article on mentoring in family physician¹ training is to

- discuss the value of mentoring;
- discuss the characteristics and qualities of an effective mentor;
- identify the purpose and benefits of having a mentorship programme;
- identify different types of mentorship relationships and programmes;
- identify and distinguish the roles of a mentor and an academic advisor
- review a plan for evaluation of a mentorship experience;.

Mentorships are felt to be helpful regardless of an individual's stage of development in a profession. Mentoring can be effective in solving questions of work-life balance and has been proven to be particularly effective in role modelling for women who are addressing issues of family and career integration.

In the rural medical education context, those being mentored may be students interested in a medical profession, medical students, medical residents completing specialty training, junior faculty², and physicians new to rural practice. Mentors are often medical school faculty, clinical preceptors, experienced rural physicians, senior faculty members. Mentors may or may not also be formal educators in the mentee's programme.

A 'physician' here (in North America more broadly) is another term for 'doctor' or general practitioner, while in countries like South Africa and Australia, a 'physician' is a specialist in internal medicine.

² 'Faculty' is another terms for members of academic staff.

Mentors and mentorship

A mentor is a wise or trusted counsellor, guide, or teacher; an influential senior sponsor.

Mentorship is a process whereby the mentor - an experienced, highly regarded, empathetic person - guides another (usually younger) individual (the mentee or protégée) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor, who often (but not necessarily) works in the same organisation or field as the mentee, achieves this by listening or talking in confidence to the mentee. It is a dynamic, *reciprocal* relationship in a work environment between an advanced career incumbent and a beginner aimed at promoting the development of both.

Successful mentors tend to be available, knowledgeable, empathic, personable, encouraging, supportive and passionate and educated in diversity issues. An effective mentor should have the competencies and time to

- be respectful, including respect for confidentiality;
- do consistent preparation and follow-through;
- value timeliness and is available regularly and on an ongoing basis;
- adopt an approach that empowers and encourages the mentee;
- employ fair judgement, focused on positive development of the mentee;
- give useful feedback, including appropriate discouragement of the mentee when indicated:
- be committed to the mentee's professional and personal development;
- provide guidance toward building an appropriate professional network; and
- provide an appropriate role model though their own by action; and
- supply referrals to additional resources when necessary.

Mentoring can also provide a feedback loop for the mentor themselves, who can use the experience to update and hone their skills as educators.

Mentoring

Mentoring is a process in which the relationship between the mentor and the person being mentored evolves and matures over time for the benefit of the mentee, with the desired outcome of facilitating their optimal professional maturation.

Mentors help to normalise learners' fears, answer questions and provide milestones in development while providing correction and encouragement in areas needing improvement and growth. Mentoring benefits the learner/mentee by helping to clarify professional roles, consolidate pathways to career evolution, promote career success, and provide reassurance of normalcy in the evolution of their entrance into their specific profession. Sharing failures and mapping recovery to success can play a crucial formative role in preventing resignation or failure.

The mentoring process has three elements:

- 1. Guiding the trainee/mentee to 'fall in love with' the topic, idea or discipline.
- 2. Instructing the trainee/mentee in the knowledge, skills, and values of the discipline.
- 3. Assisting the trainee/mentee to apply his or her passion and technical mastery in the creation of a unique and individualized professional style (1).

There are two main forms of mentoring relationships.

- **Traditional mentoring,** referred to as a 'duo relationship', involves a seasoned professional who serves as role model or mentor for a new trainee. The mentor serves in a complex role as teacher, supportive advisor and coach.
- Peer mentoring, undertaken by a more advanced learner, usually comprises a
 sustained (long-term), often formalised (i.e. programme-based), developmental
 relationship. These relationships are more structured than a spontaneous
 friendship, with the goal being for the more advanced learner to promote one or
 more aspects of the less advanced learner's development.

The compatibility of the mentor and mentee is a factor that should be taken into account when identifying pairs. Mentors and mentees may benefit from having similar backgrounds, interests and life experiences. Age, gender, ethnicity, language preferences and education may all be considered when pairing mentors with mentees.

Mentoring can be offered through face-to-face communication as well as through a virtual electronic format – the latter having the advantage of overcoming timing and scheduling constraints, providing immediate and ready access and the possibility of quick response times as well as the ease of addressing specific topics. Virtual or electronic-based mentoring may not be effective if no initial face-to-face relationship between mentor and mentee has been established, however, but where there is a solid bond of trust the use of communication other than face-to-face can be quite successful.

Mentorship programmes

The purpose of a mentorship programme is to provide optimal opportunities for talent development in student trainees. The advantages of a programme include:

- improved productiveness in a shorter amount of time;
- access to valued advice from a colleague with more training/experience;
- opportunities for idea exchange, brainstorming, vetting of ideas;
- access to seasoned experience in research methods skills;
- increased confidence and sharing of identifiable successes;
- development of personal adaptation skills;
- access to research and publishing opportunities;
- protective influence from the emotional distress triggered by career pressures;
- broadened social/professional network facilitating connections that mentees could not make on their own and which produce enhanced professional visibility;
- career advancement guidance; and
- promotion of career success.

Mentoring has been positively associated with successful career outcomes.

Medical school programmes

Some medical school programmes offer mentoring through a 'college' system within the medical school. Here students are assigned a paid faculty mentor who has been charged with overseeing the professional growth and development of a specific cohort of incoming students. College systems are a structured longitudinal approach to addressing questions of career development, academic performance oversight, shared decision making and exploratory inquiry.

Family physician training

The following six areas - for which documentation of competency is required by American family physician training - can be enhanced by a mentorship programme:

- patient care;
- medical knowledge;
- practice-based learning and improvement;
- interpersonal and communication skills;
- professionalism; and
- systems-based practice.

Family residency training programmes

Within family residency training programmes, there is often a distinction between the roles of a mentor (usually a faculty member or possibly a senior resident³) and that of a faculty advisor. When these roles are defined separately, they may be distinguished in the following ways:

- **Advisor:** A senior sponsor who is assigned the task and responsibility of guiding the learner to successful competency and completion of levels of attainment (for example, graduation). They are typically assigned by the school or sponsoring institution of the programme.
- Mentor: A senior sponsor who is typically chosen by the learner for guidance, support and functioning as a role model. While the mentor is usually also associated with the sponsoring institution, the responsibilities of the mentor are to nurture and guide the trainee in their professional development, offer encouragement and redirection when appropriate, and serve as a confidant for questions and concerns related to the professional developmental journey of the mentee.

Thus learners may have an assigned advisor in their training programme, but may also have several mentors within a programme, perhaps including their advisor.

Defining and clarifying these roles allows for increased separation between academic programme achievement and interpersonal support, and can help avoid conflicts for programme review when learners are in difficulty.

A qualified doctor who is part of a structured training programme.

Establishing a mentoring programme/relationship

Steps for establishing a meaningful mentoring programme/relationship are as follows:

Identifying and training mentors

- 1. Identify qualifying criteria for mentors. These might include characteristics such as professional reputation; continuity-based practice; experience in a broad scope of practice; experience as a preceptor⁴; reliability; communication skills; passion for teaching; commitment to the mentoring process; physical availability, willingness to commit appropriate time needed for mentoring, and enthusiastic attitude. Prior student evaluations may help guide mentor selection. (See Appendix A for an example of an evaluation tool.)
- 2. Develop a diverse portfolio of available mentors who meet the qualifying criteria and who express a desire to participate in a mentorship relationship.
- 3. Provide support, guidance and training for prospective mentors, including training and support for intellectual challenge techniques, performance evaluation, prestige and participation recognition, financial remuneration when appropriate, and flexibility for timing and frequency of participation.

Setting up the relationship

- 4. Provide a structured but flexible means to initiate and establish the mentorship relationship mutually agreed upon by both parties. This should include exchange of individual mentor and mentee/protégé profiles; input from both parties regarding mentor and mentee selection; setting of goals for ways of working together including communication and expected outcomes, regular feedback /communication/assessment of the mentorship relationship with opportunity for timely implementation of suggested improvements.
- 5. Encourage a match with someone with the mentee's/protégé's particular practice interests, gender preference, ethnic preference, language familiarity, work experience, practice style and location preference if possible.

Also referred to as a clinical instructor or adjunct faculty, a preceptor is a clinician (person who has core clinical skills) who does clinical teaching at a rural (distant) site. They may work full-time or part-time for the medical school / training institution in a paid or honorary capacity.

6. If considering separating the roles of advisor and mentor, advisors should be assigned with great care by the programme, changed only if needed, and sustained. Mentor relationships can be much more fluid, with mentors chosen by the learner and with programmes offering encouragement and support for mentor-learner relationships.

Optimising the experience

- 7. Provide guidance to all mentees outlining how best to maximise their mentoring experience including how best to initiate and maintain dialogue with their mentor, identifying characteristics they would value in a mentorship relationship.
- 8. Provide an opportunity to adjust/change the mentorship relationship over time including re-assignment of mentors/mentees or re-defining the nature of the mentorship relationship.
- 9. Provide constructive, objective and timely feedback when a learner is identified as having difficulty. Mentors can often speak to the difficulties and deficits of a mentee in a way that is both constructive and compassionate, acting as advocate. Mentors have a dual role to play in both providing support and encouragement for the learner, but also, if needed, to provide a confidential report to a concerned advisor for the benefit of the mentee.
- 10. Provide an opportunity for formal evaluation of the programme, both periodic and ongoing. This feedback allows for assessment of the success of the mentoring program and 'just-in-time' implementation of changes to the programme for ongoing success.

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Further reading

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- 2. Detsky A, Baerlocher M. Academic mentoring: How to give it, how to get it. *JAMA*. 2007 May16; 297:192135-36.
- 3. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui T. 'Having the right chemistry': A qualitative study of mentoring in academic medicine. *Acad Med.* 2003; 78(3):328-34.
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Available/responsive/Engaged

Appendix A

Mentor Competency Evaluation Form 5

	Re	evision Date:	
Mentor:	Mentoring Period:	Date:	
Protégé/Mentee: MS4	Protégé Year of Trainii	ng: MS1 MS2 MS3 R-1 R-2 R-3	
Junior Faculty			
constructive feedback all score of "3" is considered	ew the performance of your mentor. ows us to continuously improve our placement. Please circle ONE numerange of behavior descriptions listed	orogram. Note that a eric score for each	
<u>TIMELINESS</u>			
Developing	Acceptable/Competent	Exemplary	
1 2	-	5	
		s formally> 2x/year	

Appropriate meeting times/duration

Meetings are too short/long

This form is a modified from the article by Fleming et al (1).

QUALITY OF FEEDBACK

Developing	Acceptable/Competent		Acceptable/Competent Exemplary		emplary
1	2	3	4	5	
Language confusing Intimidating	Explanations cl Gives quality c non-threa		Gives high qualit criticism Assists me to set	y productive	
Does not set useful goals Does not address progress	Assists me to s	et reachable goals ress made toward goals	positive cha	nge in my behavior ss in achieving goals	
Does not address competencies	Provides feedb expe	ack regarding ctations	•	eedback regarding	

CAREER DIRECTION

Developing A		Acceptable/Competent		Exemplary	
1	2	3	4	5	
Does not inquire/dialogous career plans Promotes me taking a pain my education	Assists ssive role educati	ts thoughts about future c me to use career plans to lonal goal-setting rages my "ownership" of n	direct my	Suggests experiences to help me explore career plans Connects me with people/ resources helpful for my career development	

RESPECTFULNESS

Developing		Acceptable/Competent		Exemplary	
1	2	3	4	5	
Lacks Understanding of r my Rude and Disrespectf Unengaged in process	ful	Listens to and respects my concerns Respectful and Considerate in Int Engaged and Interactive	eractions	ctively elicits my input and concerns Respectful beyond expected	

PREPAREDNESS/FOLLOW-THROUGH

3	_					
	4	5				
sared and has reviewed data ws through on tasks/ esponsibilities Seeks out additional data supporting pro Pursues additional sources of informatio Takes additional assignments upon her/himself Thoroughly reviews all performance data						
Overall, in your opinion is this mentor competent? YES NO						
Comments/recommendations for Individual/Programme Improvement:						
	as reviewed data on tasks/ies	as reviewed data on tasks/ Pursues additional day Pursues additional assignment/himself Thoroughly reviews alentor competent? YES No				

This article is a chapter from the **WONCA Rural Medical Education Guidebook**. It is available from www.globalfamilydoctor.com.

Published by: WONCA Working Party on Rural Practice World Organization of Family Doctors (WONCA) 12A-05 Chartered Square Building 152 North Sathon Road Silom, Bangrak Bangkok 10500 THAILAND



manager@wonca.net

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<u>Suggested citation</u>: Doty BJ & Schmitz, D. The art of mentoring learners in rural health settings. In Chater AB, Rourke J, Couper ID, Strasser RP, Reid S (eds.) *WONCA Rural Medical Education Guidebook.* World Organization of Family Doctors (WONCA): WONCA Working Party on Rural Practice, 2014. www.globalfamilyldoctor.com (accessed [date]).