

Residents as Mentors: The Development of Resident Mentorship Milestones

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ABSTRACT

Background Mentorship of residents by more senior colleagues has been identified as important for stress management and creating an ideal learning environment.

Objective We set out to define the attributes of an ideal resident mentor and explore ways to develop these attributes during residency training.

Methods A 28-member, multi-specialty council of residents and fellows used 2 phases of a small group exercise. In the first phase, the group developed desirable attributes of resident mentors and explored means of developing these attributes. In the second phase, the group identified trends in the results, and in a second small group exercise with participants at a major national conference, refined these trends into Resident Mentorship Milestones.

Results The exercises identified 3 common themes: availability, competence, and support of the mentee. We defined milestones for mentorship in each of these areas.

Conclusions The Resident Mentorship Milestones, developed by a national panel of residents, describe 3 key dimensions of mentorship: availability, defined as making time for mentorship; competence for and success in mentoring; and support of the mentee. These milestones may serve as a novel tool to develop and assess successful resident mentorship models.

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“Better learn balance. Balance is key. Balance good, karate good. Everything good. Balance bad, better pack up, go home. Understand?”

—Mr Miyagi, *The Karate Kid*

Introduction

The incidence of burnout, depression, and suicide in both physicians and trainees is at alarming levels.¹ Stressors that include daily work demands, caring for sick patients, and learning and working in a stressful environment contribute to resident burnout and depression.² Teaching faculty, program directors, and institutional leaders continue to search for ways to improve resident well-being. Models for work-life balance and decreasing work hours have been initiated, but do not appear to have alleviated the effects of these stressors.^{3,4}

Another potential way to reduce resident burnout and increase satisfaction could be effective mentorship,

particularly mentorship by near-peers—more senior residents who understand the challenges of the residency years. A systematic review found mentorship to be an important influence on personal development, career guidance, career choice, and productivity in academic medicine.⁵ Mentorship in residency has been shown to play a crucial role in academic success, professional growth, and development.⁶ Mentorship from more senior residents has been identified as key for stress management and for creating an ideal learning environment.¹

The Accreditation Council for Graduate Medical Education's (ACGME's) Council of Review Committee Residents (CRCR) is a 28-member council composed of residents from all accredited specialties who serve as resident members of the individual specialty Review Committees (RCs). In addition to providing a resident voice on the RCs, the CRCR meets twice a year to discuss pertinent issues, explore resident and fellow perspective on topics in medical education, and advise the ACGME Board of Directors on matters relevant to residents and fellows and their learning and working environment. Previous work by the CRCR has highlighted residents' perspective on physician well-being; development of progressive autonomy and transition to practice; supporting leadership education within residencies; and most recently, enhancing meaning in training through a Back to Bedside initiative. At the September 2016

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TABLE
Mentor Competencies

Milestone	Level 1	Level 2	Level 3	Level 4
Availability	Willing to participate in a mentoring program	Dedicates time and schedules mentoring sessions	Has an “open-door” policy and schedules ad hoc meetings with mentee	Mentoring ability transitions to relationships beyond training
Competence	Provides 1-on-1 mentoring to an individual	Mentors multiple individuals	Organizes and teaches other mentors	Considered an expert in the field; often supported by mentoring-related recognitions or awards
Altruism	Focused on the mentee’s needs	Gives timely, constructive feedback to the mentee	Provides career advice and assists with networking	Recognizes that own ambitions may differ from mentee’s ambitions and supports mentee to succeed regardless

CRCR meeting, members explored the topic of developing residents as mentors, with the aim to identify the qualities of effective resident mentors, highlight the components of an optimal mentorship environment, and explore and overcome barriers to mentorship in graduate medical education. The opinions of the CRCR reflect the opinions of the membership, which spans different specialties and levels of training, and is representative of the larger resident stakeholder group.

Methods

At the CRCR meeting in September 2016, a total of 28 residents from 13 medical, 10 surgical, and 5 hospital-based specialties participated in a 2-phase discussion designed to address the following objectives:

1. Describe their current mentor and mentee roles and explore what makes a good resident mentor;
2. Develop practical methods to improve their ability to mentor other trainees; and
3. Examine institutional systems that encourage residents to become better mentors.

The first phase of the exercise asked each member to create a picture using a variety of craft items (construction paper, pipe cleaners, markers, glitter, pens/pencils) of 1 of their most effective mentors. In creating this image, participants were asked to think about a characteristic of mentors that made them most effective, and highlight these attributes in a concrete way in the image. For example, large ears were used in the images to characterize a good listener. Members then shared their images with a

small group and discussed the trait they chose to highlight. This resulted in a list of “skills” or “traits” that an effective mentor should have.

In the second phase of the small group activity, the groups moved such that each small group explored another group’s list of traits. Each group established its own criteria for “most important,” and answered a series of questions designed to explore why these traits were important, and how to best develop these skills in residents with consideration of the role of the program, the sponsoring institution, and the ACGME.

The CRCR leadership subcommittee then compiled the results of this focused discussion, and identified common 3 themes: availability, competence, and support of the mentee. These themes were further researched and clarified. This ultimately resulted in a preliminary set of resident mentorship “milestones.” These milestones were presented at the 2017 ACGME Annual Educational Conference in Orlando, Florida, to an audience of program directors, program coordinators, designated institutional officials (DIOs), and trainees. The presentation included 2 breakout sessions to gain the audience’s insights and suggestions to enhance the mentoring milestones.

Results

Our efforts resulted in the resident mentorship milestones listed in the TABLE, which identify 3 dimensions of optimal mentoring: availability, competence, and support of the mentee.

Availability

The first milestone identified was availability. To be an effective mentor, one has to make time for mentorship. A spectrum of availability was identified,

beginning with willingness to mentor, progressing to dedicating time to scheduling mentorship sessions, having an open-door policy, and translating mentorship into a long-term, potentially lifelong, relationship with the mentee.

Competence

The second milestone related to competence as a mentor, acknowledging that a range of competence exists in mentorship. Some residents have never mentored before, others have mentored mentees or groups of mentees in the past, and others are considered by peers to be great teachers and communicators. Highly successful mentors may already be recognized at the program or institution level for their mentorship commitment and ability.

Support of the Mentee

The third milestone relates to mentee support. This defines the relationship between the mentor and mentee. Support can range from providing timely and constructive feedback, to offering guidance in times of crisis, to career advice and opening doors for the mentee. Evidence of optimal mentee support is when the mentor recognizes that his or her own ambitions may differ from those of the mentee, and continues to work to support the mentee in his or her endeavors.

Discussion

The word *mentor* has been defined as a “role model, sponsor, and friend to less skilled or less experienced person for the purpose of promoting the latter’s professional and/or personal development.”^{6,7} Webster’s dictionary defines mentor as a “trusted counselor or guide; a tutor or coach.”⁸ The origins of the word lie in the ancient text of Homer’s *Odyssey*. Mentor was the servant of Odysseus and the human representation of the goddess Athena. Odysseus was married to Penelope, and they had a son named Telemachus. Odysseus entrusted the upbringing of his son, Telemachus, to Mentor when he sailed to war in Troy. Upon his return, 20 years later, Odysseus found Telemachus to be a brave, honest, and respectable man. Telemachus had fended off suitors for his mother and continued to believe in the survival of his father until his return to Ithaca.⁹ Mentor was more than a teacher. He supported Telemachus in the development of his emotional and intellectual growth. This ancient story of the role of a supportive teacher is relevant to the mentorship of resident physicians during a phase of professional, intellectual, and emotional growth.

Mentorship in medicine often takes the form of a senior physician taking interest in a mentee, and promoting the individual’s career and professional development.¹⁰ A good mentor in medicine is more than a teacher or a role model; he or she is an individual who transcends the role of educator and role model, to serve as a guardian and promoter of the resident’s personal and professional development.¹⁰ There is a need for mentorship to promote the development of young physicians.¹¹

Mentorship has been shown to enhance motivation and productivity and has a positive impact on physician and resident burnout.¹² Additionally, mentorship may assist in improving job satisfaction and career development by providing support structures for success.^{12,13} A recent study performed of otolaryngology residents showed significantly favorable changes in self-reported quality of life, satisfaction, and burnout and stress following implementation of a formal mentorship program.¹⁴

Throughout the process of this project, several things became apparent to the CRCR members. Graduate medical education requires interpersonal engagement between teachers and learners, and the very fabric of which residency education is built on relies on a successful mentorship model. We sought to define what characterizes effective mentoring relationships. By soliciting program director and DIO involvement, as well as input from a diverse resident group, the Residency Mentorship Milestones we developed are a path toward codifying a successful mentorship model. We hope that they will be used to stimulate discussion and add clarity to current mentorship relationships, as well as offer guidance to residents newly embarking on a role as a mentor. The mentorship milestones could also be used as a bridge to improve the culture and environment of residency training. The art of medicine and surgery cannot be taught from books and work hours alone,¹⁰ and mentorship will continue to be an essential part of the education of physicians.

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