



Mentoring Residents and Fellows

Erlyn A. Sana, PhD

For the Philippine Pediatrics Society Pre-Conference

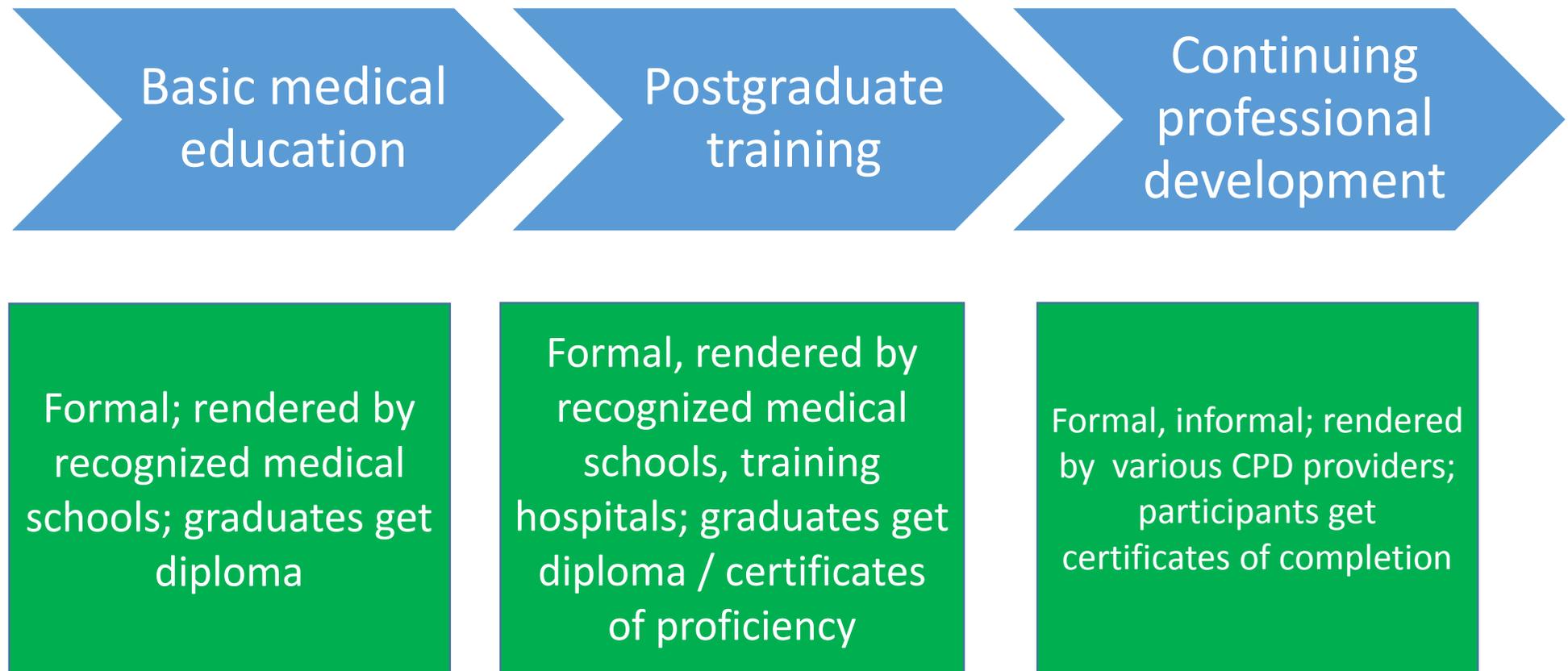
2 April 2017, Sofitel Hotel



Session outcomes

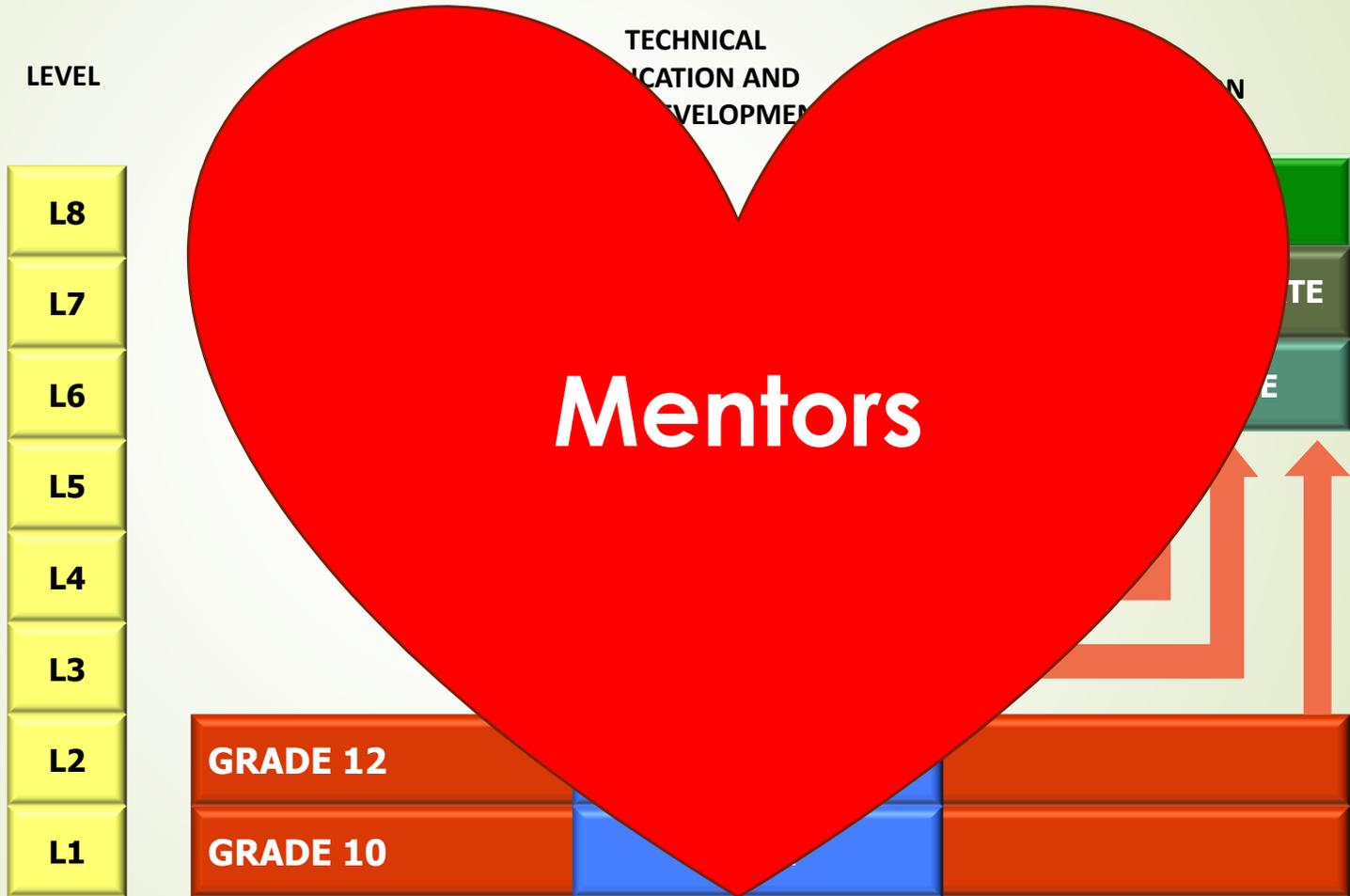
1. Discuss best practice mentoring roles appropriate to 21st century medical professionals
2. Given problems encountered in practice, recommend practical and applicable mentoring solutions

Continuum of Educating the Physicians (Sheps, et al., 1965)



THE PHL QUALIFICATIONS FRAMEWORK

The Mentee
as
Trainee



Mentors of the Filipino Pediatricians

Dr. Fe Del Mundo

**1977 Ramon
Magsaysay Awardee
for Public Service**

1980 National Scientist

(<http://www.rmaf.org.ph/newrmaf/main/awardees/awardee/profile/190>)



Mentors of the Filipino Pediatricians

Dr. Perla D. Santos Ocampo

**1988 Outstanding Pediatrician
of Asia**

1994 National Scientist

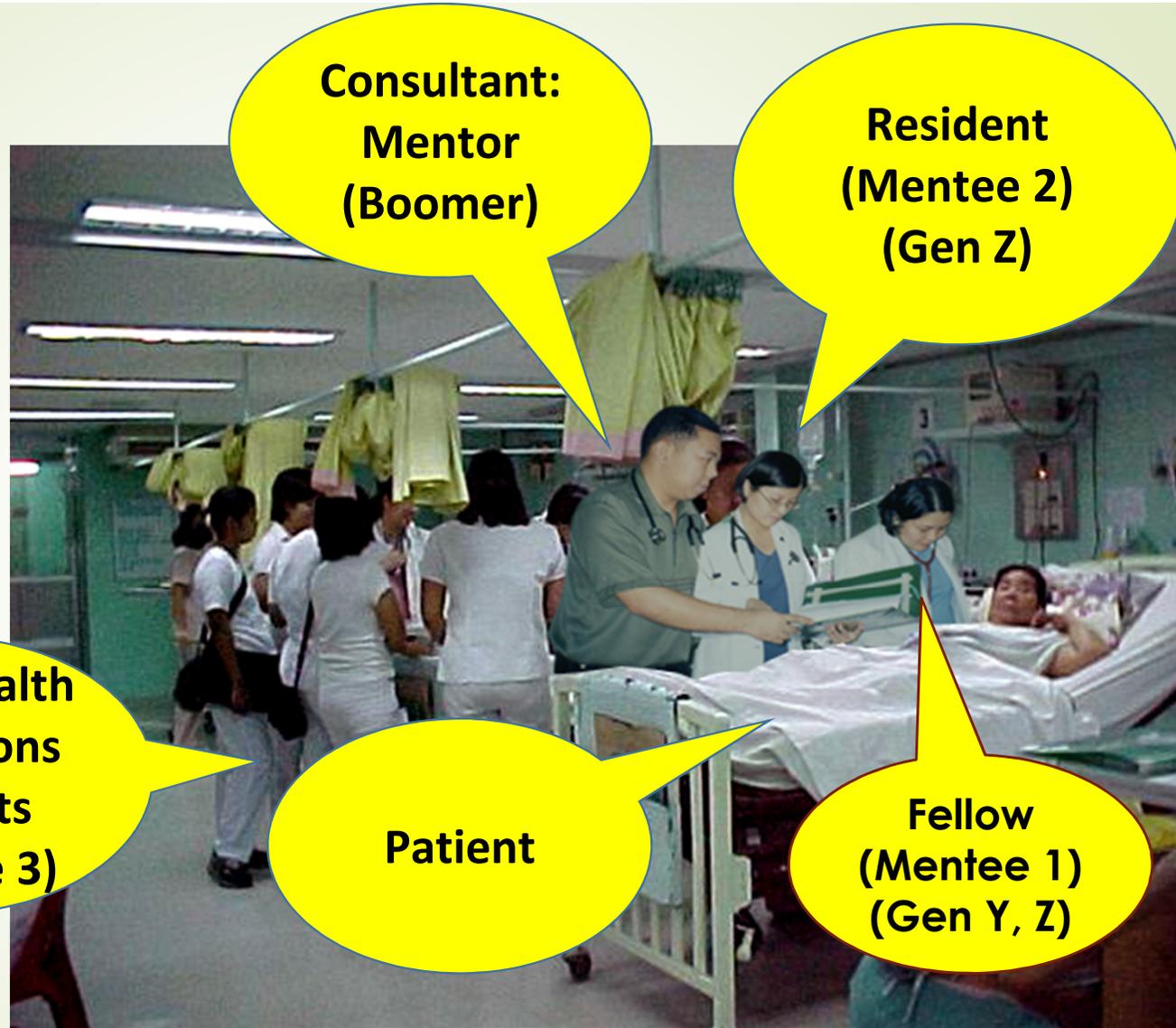
(<http://www.gov.ph/2012/07/03/pediatrics-expert-and-national-scientist-perla-d-santos-ocampo-80/>)



And the Mentoring Continues....



The 21st Century Clinical Setting (Atienza, 2016)



**Consultant:
Mentor
(Boomer)**

**Resident
(Mentee 2)
(Gen Z)**

**Other health
professions
students
(Mentee 3)**

Patient

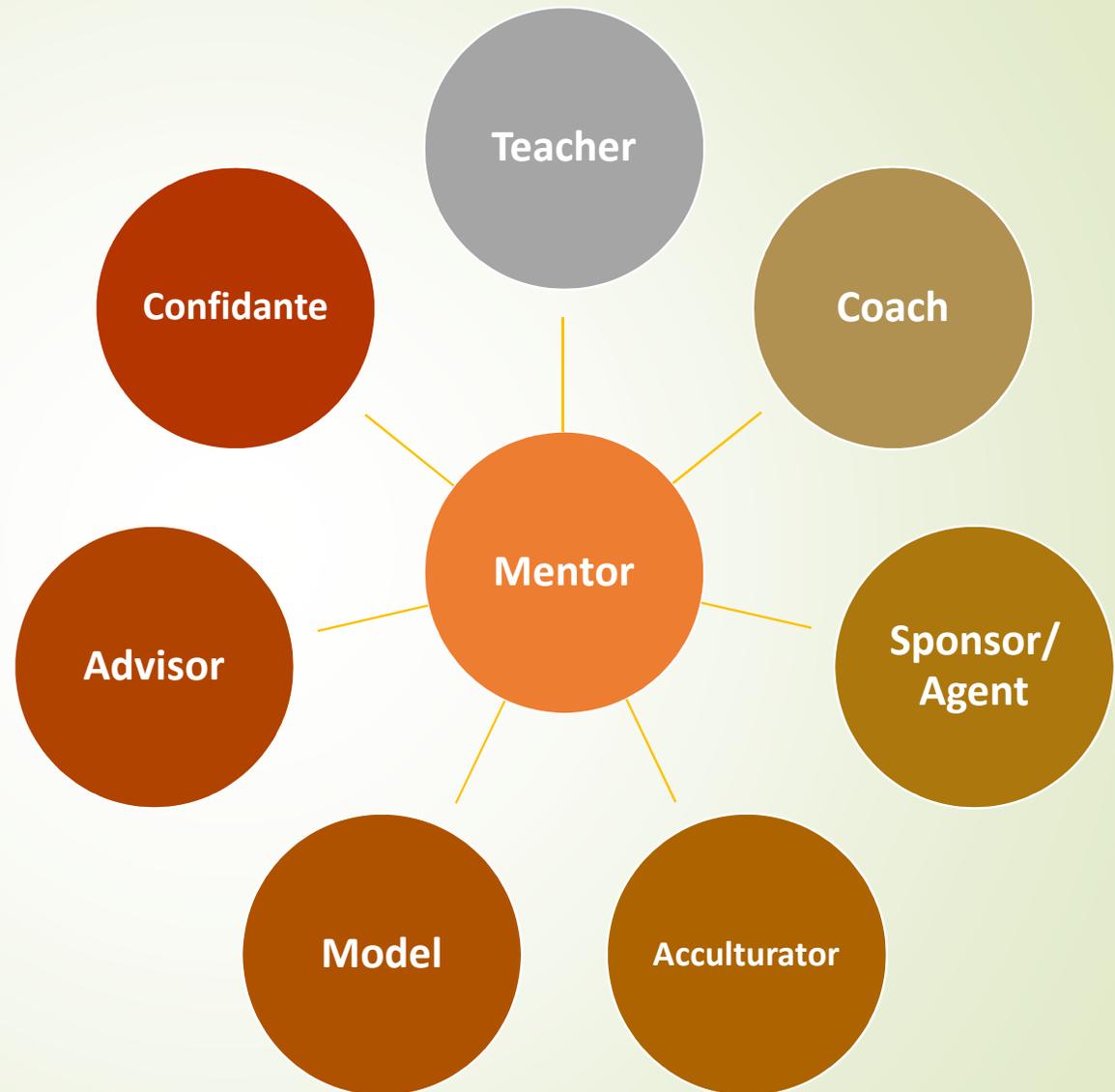
**Fellow
(Mentee 1)
(Gen Y, Z)**



Mentoring (Standing Committee on Postgraduate Medical & Dental Education [SCOPME], 1998)

- The process whereby an experienced, highly regarded, emphatic person (the mentor) guides another individual (the mentee) in the development and examination of their own ideas, learning, and personal & professional development. **The mentor, who often but not necessarily, works in the same organization or field of the mentee, achieves this by listening and talking in confidence to the mentee.**

**Roles of the
mentor
(USCF
Mentoring
Toolkit,
2007)**





Common Areas Covered in Mentoring (Frei, Stam, Fischer, 2010)

1. Clinical competence
2. Career development
3. Socio-psychological support
4. Research proficiency
5. Personal development



Forms of Mentoring (Gutierrez, 2016)

Formal

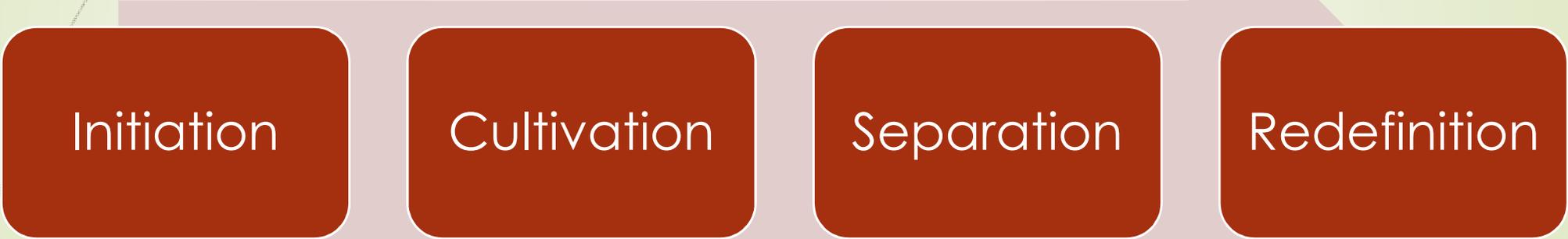
- Connection to a strategic business objective of the organization
- Established goals
- Measurable outcomes
- Open access for all who qualify
- Strategic pairing of mentors and mentees
- Mentoring engagements lasting 9-12 months
- Expert training and support
- Direct organizational benefits

Informal

- Unspecified goals
- Unknown outcomes
- Limited access to the program
- Self-selection of mentors and mentees
- Long-term mentoring
- No expert training or support
- Indirect organizational benefits



Phases of mentoring (UCSF, 2007)



Initiation

The diagram illustrates the four phases of mentoring as a sequence of four red rounded rectangular boxes. These boxes are arranged horizontally and are contained within a larger, light purple arrow shape that points to the right. The phases are: Initiation, Cultivation, Separation, and Redefinition. The text is white on a red background.

Cultivation

Separation

Redefinition



Initiation (UCSF, 2007)

- Usually takes 6-12 months
- Mentor is admired and respected for competence and ability to provide support and guidance
- Mentee represents someone with potential, can provide technical assistance and can transmit mentor's values



During Initiation: (Harvard Business essentials, 2004)

- Come prepared
- Talk about the big picture
- Discuss the protégé's needs
- Seek mutual agreement on goals and expectations
- Set a timetable
- Agree on meeting times and who will set them
- Insist on confidentiality
- Agree to be candid



Challenges during Initiation (Clark & Andrews, 2009)

- Tardiness
- Discomfort between sexes, among gender orientations
- No focus: both mentor and mentee not ready for the meeting



Cultivation (UCSF, 2007)

- Usually takes 2-5 years
- Positive expectations are tested against reality
- Career functions emerge first; psychosocial functions emerge as the interpersonal bond strengthens



During cultivation: (The SAGE Handbook of Mentoring and Coaching in Education, 2012)

- Refinement of goals
- Continuous feedbacking
- Regulation of learning of mentee
- Career support
- Psychosocial support
- Models good practices
- Interdependent learning
- Self-regulated learning
- Cultivation phase is the enabling phase of mentoring



Challenges during Cultivation (Ramanan, Taylor, Davis, & Phillips, 2006)

- Mentoring during the early stages of a career has been associated with high career satisfaction and may guide development of professional expertise. Little is known about mentoring experiences during residency training.
- Our purpose was to describe mentoring relationships among internal medicine residents, and to examine the relationship between mentoring and perceived career preparation



Mentoring Challenges During Cultivation Phase (Ramanan, Taylor, Davis, & Phillips, 2006)

1. Regular meetings (at least once a week)
2. Balancing between personal and professional relationships
3. Genuine interest of mentors to nurture the mentee
4. Genuine desire of mentee to learn and develop into a self-directed learning



Mentoring Challenges During Cultivation Phase

- Quality of consultant supervision especially in the development of colonoscopy skills (Atienza, 2001)
- Physical fatigue and burn out among residents (Pumanes, 2001)
- Conflict in priorities of faculty consultants due to their other preoccupations (Tanbonliong, 2001)



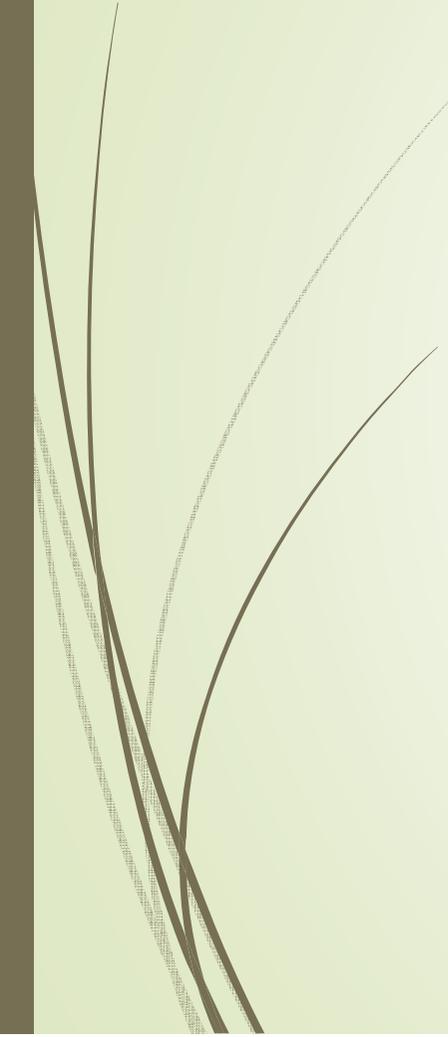
Separation (UCSF, 2007)

- Relationship is less central part of each individual's life at work; feelings of loss, anxiety
- Structural and emotional separation
- Provides opportunity for mentee to demonstrate skills and operate independently and for mentor to demonstrate that one has been successful in developing new talent

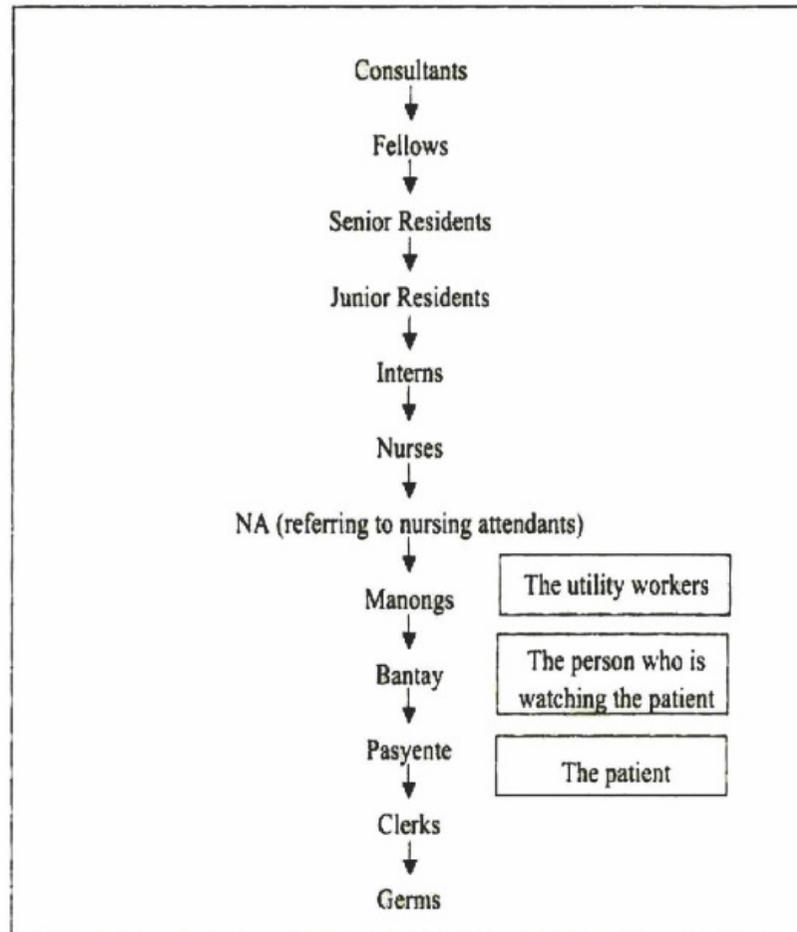


During separation:

(The SAGE Handbook of Mentoring and Coaching in Education, 2012)

- The mentee's independence is established and the mentor's support decreases
 - The mentor must know when to "let go" and the mentee must pursue own career track independently of the mentor
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Food Chain in Ward X (Sana, 2001)



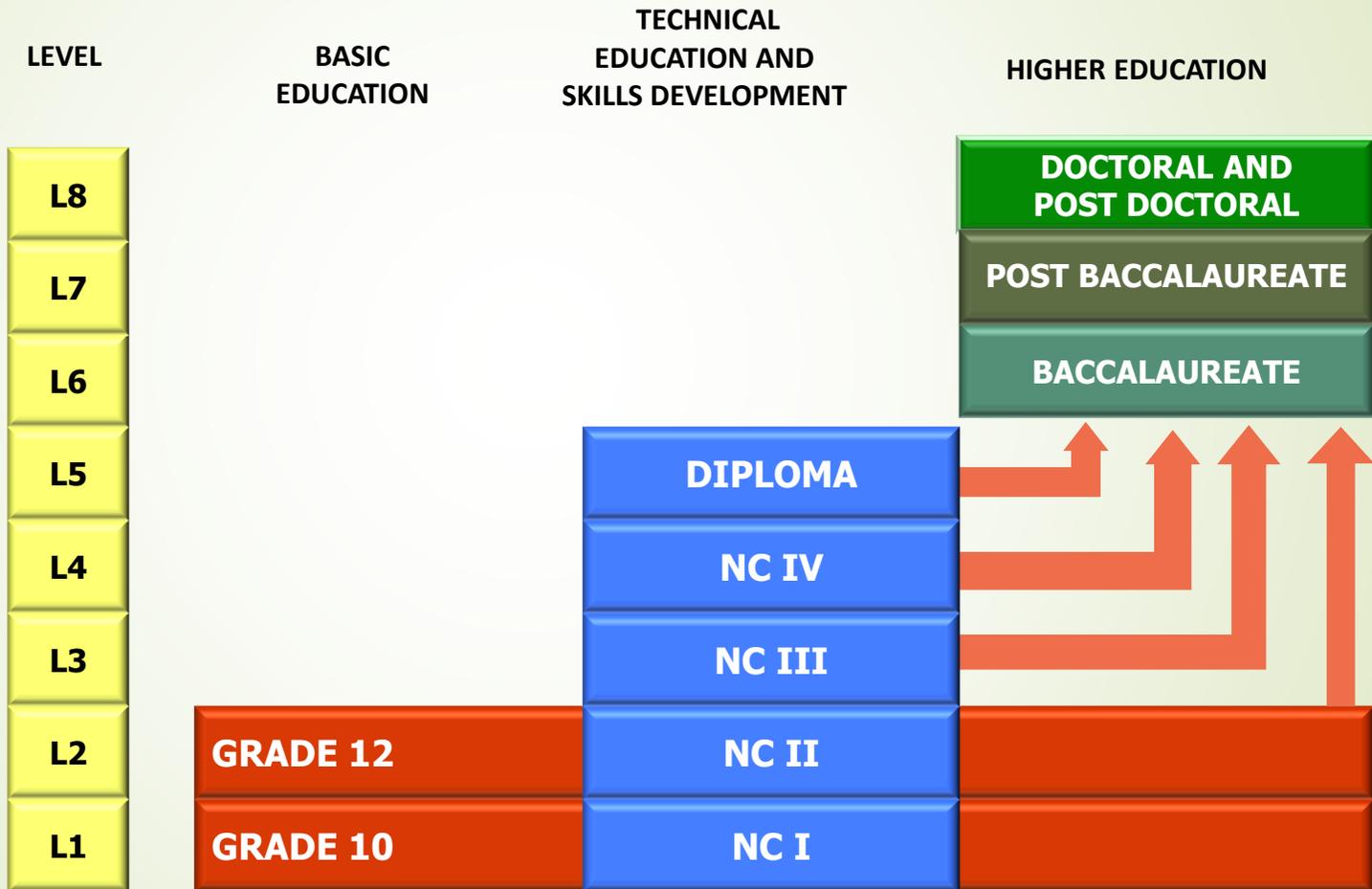


Redefinition (UCSF, 2007)

- Relationship becomes, primarily, a friendship
- May have ambivalence, discomfort
- Mentee pursues own career and invents oneself independently of the mentor

THE PHL QUALIFICATIONS FRAMEWORK

The Mentee
as
Professional



Best Practice Mentoring

- ▶ Moiler and Soshan. 2017. Medical students' research productivity and career preferences; a 2-year prospective follow-up study.
<https://www.ncbi.nlm.nih.gov/pubmed/28253880>
- ▶ Steven, Oxley, Fleming. 2008. Mentoring for NHS doctors: perceived benefits across the personal–professional interface.
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2586857/>)



But in the end (Marsh, 2009):

- “Curriculum starts as a plan. It only becomes a reality when TEACHERS implement it with real students in real classrooms. Careful planning and development are obviously important, but they count for nothing unless TEACHERS are aware of the product and have the skills to implement the curriculum in their classrooms.”

John 21:17

He (Jesus) said to him (Peter) the third time, “Simon, son of John, do you love me?” Peter felt hurt because he said to him the third time “Do you love me?” And he said to him “Lord you know everything: you know that I love you.” Jesus said to him, “Feed my sheep.”

