

Inculcation of Professionalism in House Officers Through Mentoring by Senior Residents; A Pilot Project in Obstetrics & Gynecology

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Author's Contribution

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ABSTRACT

Objectives: To evaluate the effectiveness of mentoring of house officers on their transition towards their professional life, preparation for the workplace, and improving their learning through standardized training and assessment during their rotation in Obstetrics & Gynecology.

Methodology: The project mixed method study was implemented in Gynae C Unit of Ayub Teaching Hospital, Abbottabad from 1st May 2022 to 31st May 2022. A mentorship program was initiated as a one-month pilot project to train house officers of Obstetrics & Gynecology and inculcate professional values and practices relevant to the discipline. Thereafter, a mixed method study was conducted to evaluate the program having qualitative semi structured interviews from mentors and mentees as well as quantitative formative assessment.

Results: House officers appreciated the program for acquiring knowledge and overcoming difficulties at work, as well as relieving stress and anxiety and suggested formal training of mentors. Mentors said that the program helped to develop their leadership and communication skills.

Conclusion: Mentoring had a positive effect on house officers learning and overall satisfaction despite some challenges and limitations.

Keywords: Mentoring, Professionalism; Education, Professional, Interviews

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Introduction

According to Homer's odyssey, in ancient Greece Odysseus entrusted the education of his son Telemachus to a friend. This trusted and good friend "Mentor" became the counsellor, guide, tutor, coach, and sponsor for Telemachus.¹ Mentoring has been defined as "a deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed-upon goals of having the lesser skilled person grow and develop specific competencies".²

Mentoring relationships are thought to be important to career development in many professional fields such as business, education, and law. Medicine is no different.³ Certainly, in nursing, mentoring as a concept and its practice has been widely accepted as an important aspect of clinical supervision⁴. Formal mentoring programs have been introduced in medicine for undergraduate students with few specialties specific mentoring for residents.⁵ However, there is paucity of work on mentoring of house officers. Literature has shown that mentoring can have a

positive effect on mentees in terms of their clinical training, choice of specialty, professionalism, and personal growth. Mentoring is also beneficial to mentors in terms of their professional grooming and recognition.⁶

House officers are newly qualified medical doctors practicing under supervision in hospitals during the first year after graduation. It is a transition time for young graduates from student life to clinical career and may be a daunting and demanding change for them. However, there is paucity of work on mentoring of house officers in literature.

House officers in our setup are less exposed to faculty due to time constraints so mostly their informal mentoring is done by residents they work with but there is no set curriculum and structure, and no single resident is responsible. Due to this not all house officers are benefitting in terms of their clinical and professional learning. Senior residents serve as team leaders and are supervised by registrars in patient care and team management that is why formal mentoring of house

officers by senior residents can be more beneficial. Formal mentoring is more challenging to develop and execute because it does require a strict selection and training process, the signing of formal agreements, a curriculum that explains the explicit rules and responsibilities, goals and expectations, and scheduled reviews but it can be more beneficial for mentees.⁷

On the basis of needs assessment performed a pilot project of formal mentoring program for house officers by senior residents was implemented with the aim to help them develop a nurturing relationship beneficial for both their professional and personal development, to assist house officers in their transition from student life to practical life, to enhance preparation for the workplace and, to improve learning of house surgeons through standardized training and assessment during their rotation in Gynae ward. This program was not meant to replace existing spontaneous coaching by residents and faculty but to fill the gap in existing learning environment.

Methodology

The project (mixed method study) was implemented in Gynae C Unit of Ayub Teaching Hospital, Abbottabad for the period of one month from first may 2022 to 31st may 2022. Ethical approval was taken from the hospital ethical committee. Existing resources were enough for the execution of the project as it was implemented in the already ongoing program. Expertise in the form of faculty and senior residents was also available. Administrative support and permission were taken from the head of the unit after discussion of the program. Two senior residents were selected who were team leaders of the two batches of residents. Both were briefed about the mentorship program. Scope of the project in terms of workplace integration, psychosocial support, skills development, and assessment of the mentees were discussed. Mentors were explained about their roles and responsibilities as trainers and counsellors, curriculum to be covered, assessment of mentees, communication schedule of weekly formal meetings and feedback. Formal agreement was signed by them, and they ensured their availability for the period of the project. House officers were briefed about their responsibilities as mentees and it was emphasized that they need to be proactive in establishing a meaningful relationship with their mentor, effectively communicate and ensure to take lead in setting up meetings with mentor. As we had four house officers each mentor was assigned two house officers, who were already working in their

teams. House officers had no objection as they were familiar and comfortable with their mentor.

Separate session was arranged for house officers and team leaders to give briefing on Mentorship project. One month curriculum including knowledge and skills to be learned was provided to both the mentor and mentee. House officers were instructed to maintain a logbook of their learning activities, which was to be assessed at the end of project. They were required to meet once a week for formal discussion about achievement of goals, problems, and their solutions. Mentors were required to keep the documentation of all meetings and the work-based assessments she had performed during the project. Each house officer was given the task of presenting one topic of their choice which was marked by faculty. Final assessment was performed by taking MCQs test. At the end of project feedback was taken from the mentors and mentees in the form of semi structured interviews. Semi structured Interviews were preferred over focus group because small group risks limited discussion in focus group. Assessments performed by the mentors and final MCQs scores were included in the evaluation. Self-assessment by the mentees in form of logbook was part of evaluation. Feedback was also taken from the faculty members.

To evaluate the effectiveness of the project Kirkpatrick's model of evaluation was used. The strength of the model is that it uses simple language to define different outcomes and how information about these outcomes can be obtained.⁸“Kirkpatrick recommended gathering data to assess four hierarchical “levels” of program outcomes: (1) learner satisfaction or reaction to the program; (2) measures of learning attributed to the program (e.g., knowledge gained, skills improved, attitudes changed); (3) changes in learner behavior in the context for which they are being trained; and (4) the program's final results in its larger context.”⁹

Results

Regarding the overall success of the project, all mentees said their “expectations were partially fulfilled.”Mentees described orientation session as “pleasant and informative”. It helped them to know faculty and residents. They became aware of their role in teams and what was expected of them. All agreed on its usefulness and continuation in the future.

House officers were generally satisfied with their respective mentors and had no issues with team leader being their mentor. They described their mentors as “helpful”, “approachable”, and “supportive”. One mentee believed junior residents can also be involved in mentoring as they were also helpful. All mentees reported that meetings with mentors were held but not regular although informal interaction was there, and they approached mentor to “discuss problems” when they arose. All mentees agreed that mentors “helped them with difficulties of work”. None of the mentees were fully satisfied with the role of mentors, (60-70% satisfaction reported). One mentee mentioned “formal training of mentors” as a mandatory requirement for improved mentoring, while others (3/4) stressed on “personal nature and character” as determinants of a successful mentor; traits such as “being introvert”, “judgmental”, “showing superiority”, “not being proactive”, were considered detrimental to good mentorship. Two mentees mentioned that “willing person” should be given the responsibility. Lack of regular meetings and social interactions were identified as limiting factors in the success of mentoring relationship by three mentees.

All mentees found the program very “helpful in acquisition of knowledge and skills”. Mentors were instrumental in making them achieve their required learning objectives. One mentor had “regular teaching sessions” with her mentees on a topic of their choice, which was termed as most beneficial by house officers. “Logbooks” were mentioned as being particularly ‘helpful’ in keeping record of their learning and made them more proactive to seek opportunities to learn. All mentees reported they received maximum benefit from mentors in skills development, acquiring new knowledge, patient care and management.

Mentors were termed as “positive minded” and were able to provide “psychological support” when required. One house officer mentioned that her “stress” and “aggression” decreased after she was assigned a mentor. One house officer mentioned that they were “not treated as colleagues” and always referred to as “juniors” by the residents resulting in unpleasant work environment and demotivation. All mentees agreed that mentoring helped in transitioning to clinical career with its responsibilities, had positive impact on professional behavior and felt more “confident” in dealing with patients. One mentee mentioned that through this experience she “learned how I am supposed to behave as senior.”

Mentors described their mentees as “obedient” and “keen to learn”. One mentor mentioned that mentees take

advantage of the mentor relationship, effecting team dynamics. Overall, the program was found to be “easy to implement”. To achieve the learning objectives, they had to “motivate fellow residents” to be more responsive to the needs of mentees. They confirmed that meetings were not regular but opined that “mentees were not proactive in arranging meetings”. According to mentors, mentees did seek help for work related and psychological issues, but “none of them asked for career counselling”. Implementation of weekly MINI.CEX and DOPS improved their performance. All mentees achieved satisfactory scores on their final clinical assessments. The presentations of three mentees were satisfactory while one failed to satisfy the assessor and was given pertinent feedback. Final mean score of MCQs was 88%, all four mentees passed the exam. Logbook entries were found to be not very satisfactory with missing and incomplete entries. Both mentors agreed that “structured program improved learning of mentees” in terms of knowledge and skills, and they can entrust patients to their care.

Mentors were happy that their “leadership and communication skills improved”. They also felt more confident about their teaching and assessment skills which they think helped them in their “professional development”, however they felt that formal mentoring training is required.

Feedback from peers indicated that the program did improve learning and satisfaction of the house officers. They agreed on the need to improve training structure of the house officers. The gaps identified in training were endorsed by them. They acknowledged that mentoring by senior residents is a cost-effective method of improving house officers training and program should continue after further improvements.

Discussion

It is well documented that mentoring is an effective method for personal and professional development by assisting mentees to gain emotional and intellectual growth to become independent practicing physicians.¹⁰ Mentoring programs for medical students and residents are being practiced worldwide⁵, but mentoring programs for house officers are not in common practice.

House officers were satisfied with the program and were “happy” that such initiative was taken for their training. Before the program they felt ignored, as nobody took interest in their learning, and were not treated as colleagues. They felt major difference in learning,

confidence and satisfaction level after the program and considered this as valuable and beneficial addition to training. This is consistent with the findings in the literature.¹¹ Culture of “juniors” being treated as inferiors and taking advantage of seniority has been observed over the years and we need to develop a team culture for better interpersonal relations.

Mentees were partially satisfied with their mentors, however they identified that willingness and formal training is important for better relationship. A willing mentor realizes that the benefit is mutual and therefore is more able to foster better collaborative learning approach¹² Gandhi M (2016) concluded that formal mentoring training improved mentoring skills and may improve outcomes for mentees.¹³

Mentors' personality traits were also deemed important in developing a more nurturing relationship in our program. Literature also supports that honesty, selflessness, patience, good communication skills, nonjudgmental, and approachable are considered important traits by the mentees in an ideal mentor.¹⁴ Although mentors were approachable and supportive, but they were more introvert in nature which in my opinion was a barrier towards developing a more open and friendly interpersonal relation. This is also cited in literature that easy accessibility and open communication are important factors for a successful mentor-mentee relationship.¹⁵

Maximum benefit was reported in the acquisition of skills and knowledge by the mentees as was evidenced by their assessments. This may be due to that fact that age gap is less and house officers view residents as more approachable enabling them to voice areas of improvement and mistakes and more ready to accept feedback as was reported by Tolsgaard, MG.¹⁶ Designing curriculum and more structured program also contributed to better learning, as I believe it served as a motivation to achieve goals.

Psychological support was another aspect highlighted by the mentees where they found the program helpful. Bhagia,¹⁷ (2000) mentions that ideal characteristics of mentors may include the ability “to inspire, to support and to invest” in a mentee while providing career and psychosocial support. Knowing they have someone reliable to take their problems to, builds their confidence and improves performance.

Previous research recognizes that one of the foremost responsibilities of a mentee is being pro-active since this will go on to influence other responsibilities of the mentee

and the mentor-mentee relationship and success. Pro-activism is required with respect to keeping up with meetings and ensuring that steps are taken prior to those meetings to ensure that they are productive in furthering the mentees in achieving their goals.¹⁸ This was identified as a limiting factor in success of this program both by mentees and the mentors. We need to emphasize more the importance and benefits of planned regular communication between mentors and mentees.

Mentors although initially were apprehensive, felt a sense of achievement and personal satisfaction in being able to bring positive contribution to improve house officers training. They quoted that their communication, problem solving, and teaching skills improved, and they feel more confident. Studies also support the fact that mentors get multiple benefits from mentoring.¹⁴ Incentivizing the mentors by recognizing their role in the form of certification may help in motivation and improved role.

It was not possible to evaluate behavioral impact of the project, however inference can be made from the statements of the mentors and faculty peers that there were visible changes in mentees learning which reflected in their patient care and confidence. Statements of the mentors that “they can entrust patient to house officers care” and one house officer's comment that “I learned how I will behave as senior” also reflects on the behavioral impact. Level four long term impact on career choices and institutional impact needs more time for evaluation which is beyond the scope of this project.

Conclusion

A one-month pilot project of mentoring to inculcate professionalism among house officers of Obstetrics & Gynecology department of a tertiary care hospital had a positive effect on the learning and overall satisfaction of the mentees and mentors, despite some identified challenges and limitations.

Limitations: The study was a pilot project, hence cannot be taken as meeting all the goals of mentoring in developing professionalism among house officers. The mentoring program was not structured due to the lack of any defined curriculum for house officers by PM&DC.

Recommendations: Based on the challenges encountered during the project recommendations are suggested. Before a mentoring program is started formally, a three month curriculum should be designed according to the guidelines provided by the PM&DC. Mentors who are willing should be selected and formal training should be arranged for them. Mentees should be made aware of what is expected of them to avoid abuse of mentor-mentee relationship. All residents should also be briefed to develop a culture of teamwork and collaboration.

Involvement of faculty should be ensured for monitoring and guidance. Mentees should be followed for an extended period to evaluate long term impact of the initiative

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