

**MOTION FORM**  
**Canadian Medical Association - General Council 2013**

**Please indicate motion category:**

- Delegates' Motion**
- Strategic Session # 2: Physician Resources: Realigning the Post-Graduate System to Support the Future of Health Care Delivery in Canada**
- Strategic Session #3: Clinical Decision-Making: Appropriateness and Accountability**
- Please check box to indicate if motion should be placed on the **Consent Agenda** for the above noted session.

*\* Note: Strategic Sessions #1 entitled "End of Life Care in Canada" will be held in committee of the whole format*

**MOVER** Dr. Jesse Pasternak

**MOVER CONTACT INFORMATION** (phone/email where mover can be reached on **15-16 Aug**)

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**SECONDER** Dr. Gillian Shiau

**SECONDER CONTACT INFORMATION** (phone/email where mover can be reached on **15-16 Aug**)

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**MOTION** (maximum approx.150 words – please refer to **2013 Guidelines** for Motions in the attached procedures)

The Canadian Medical Association supports the development of more structured mentorship programs that feature a formal career counselling component as part of the residency curricula across all Canadian residency programs.

**Please indicate motion type:**

- Policy Motion** (describes the position the CMA is taking on an issue or a standard or a belief that the CMA will support on behalf of the medical profession - e.g., *The CMA supports the development of a national strategy for improving the health literacy of Canadians.*)
- Directive Motion** (describes a specific strategic direction/action that the CMA will explore/initiate on major items – e.g., *The CMA will develop guidelines for physician involvement in the governance of health information systems.*)

**EXISTING POLICY CHECK**

- Please check box to confirm that the CMA policybase on [cma.ca](http://www.cma.ca/policybase) has been checked and the submitted motion does not duplicate existing CMA policy. The link for the CMA policy base is <http://www.cma.ca/policybase>

**ADDITIONAL CONTACT PERSON/INFORMATION** (phone/fax/email etc.)

Ms. Cheryl Pellerin, tel:613-234-6448, email: [cpellerin@cair.ca](mailto:cpellerin@cair.ca)

**Note: Items listed under the motion rationale are not binding to the motion and serve to inform only.**

**1. SUBSTANTIVE RATIONALE** – Include: **a)** why this motion should be considered **b)** supporting scientific evidence (if a scientific/clinical motion); and **c)** previous motions from GC (if applicable) (approx 250 words)

Mentorship is an important aspect of the educational training experience and professional development of resident physicians, who often depend on mentors for advice and guidance pertaining to topics outside of the regular academic curriculum (research, career planning, healthy work-life balance). Mentoring requires the deliberate intention of both parties to cultivate and establish a meaningful relationship.

Despite the great value placed on mentorship and its contribution to residency and future career satisfaction, a significant proportion of residents still do not have an identified mentor. The 2013 CAIR Resident Survey found that 28% of residents didn't have a mentor but would have liked one, 30% had a formal mentor assigned to them and 26% found their own. When asked about career counseling, only 13% were satisfied with the resources available in their program, and 26% were not satisfied. More than half (53%) received only informal career counseling and 28% received none; however, when asked about their preference for career counseling settings, 62% said they would prefer formal career counseling (either 1-on-1, or integrated into medical school and/or residency curricula).

By raising awareness of the importance of mentorship in residency CAIR hopes to improve the quality of the residency experience and encourage program directors to establish and continuously monitor mentorship programs and integrate them as part of their residency curricula.

This motion reflects CAIR's "Position Paper on Mentorship" (June 2013, Appendix 1) and supports the Calls for Action under Principle 4 "Career counselling throughout medical training" outlined in CAIR's Resident Principles on HHR (Appendix 2).

**2. KEY STAKEHOLDERS** - Include: suggested key stakeholders involved/engaged with implementation e.g., federal government, provincial/territorial medical associations, affiliates, associates, national medical organizations, etc. (approx 50 words)  
 CFPC, Royal College, CMA, CAIR, PG Deans, Program Directors (stakeholders involved in the delivery, oversight, accreditation and evaluation of residency training programs, in particular formal mentoring components of these programs)

**3. SUGGESTED IMPLEMENTATION** – Include: any particular direction to the CMA Board on how the motion should be implemented (approx 200 words) Note: all items in the motion rationale may assist to inform the motion

All stakeholders involved in residency training programs are encouraged to promote and establish a structured approach to mentorship in Canadian residency programs that includes a formal career counselling component (current Royal College/CFPC/CMQ B1 Standards 3.6) and incorporates the following five basic steps:

1. Structured organizational and program support, including opportunities for multiple mentors
  2. Clarification of roles, responsibilities, and goals for both mentors and mentees
  3. Matching of mentors and mentees
  4. Training for both mentors and mentees
  5. Monitoring and ongoing evaluation of mentoring program/relationship
- Ehrich et al.

**4. RELEVANCE TO CMA MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES.** See CMA strategic plan at <http://www.cma.ca/aboutcma/history-mission-vision-values> (approx 250 words)

Mentoring is an important facet of medical education and professional development. Structured mentoring programs will help unite physicians together to achieve the highest standards of health and health care, and encourage a vibrant medical profession. This motion is highly relevant to the CMA values of Excellence (We strive to be the best in everything we do for physicians and their patients and we are committed to continuous learning and improvement), Professionalism (We strive to unite physicians around the fundamental tenets of high quality standards, patient safety, professional autonomy, accountability, responsiveness and physician health and well-being) and Compassion (We foster an individual and corporate culture of caring for physicians, their patients and each other) in that mentoring contributes to continuous learning and improvement, professional autonomy, physician well-being and caring for physicians.

**5. ESTIMATED RESOURCES REQUIRED** (money, time, human) please check the relevant boxes.

HR less than one person week	HR more than one person week – less than one person month	HR over one person month	Under \$5,000	\$5,000-\$25,000	Above \$25,000
X			X		

**6. ADDITIONAL COMMENTS** (approx 200 words)

Citation: Ehrich LC, Hansford B, Tennent L. Mentoring in medical contexts. (Paper presented at the British educational research association annual conference, 2003, Edinburg)