

Resident  
Doctors  
of Canada



Médecins  
résidents  
du Canada



# POSITION PAPER

## Mentorship in Residency

June 2013

Resident Doctors of Canada (RDoC) represents over 10,000 resident doctors across Canada. Established in 1972, we are a not-for-profit organization providing a unified, national voice for our membership. RDoC collaborates with other national health organizations to foster excellence in training, wellness, and patient care.

Mentorship is a key component of the educational, training and professional development of resident physicians. Residents often regard mentors as essential resources for advice and guidance pertaining to topics outside of the regular academic curriculum, such as research, career planning, networking, maintaining a healthy work-life balance, and transition into practice.

Mentoring requires deliberate intention on the part of the mentor and mentee to cultivate and establish a meaningful relationship. Residents in Canadian training programs place great value on mentorship, which signifies this as a vital component of a successful residency experience and satisfaction in their future careers.<sup>1,3</sup> Despite the fact that mentorship is successfully established between physicians and residents in some specialties, it is inconsistently applied across all specialties. In addition, a significant number of residents do not have an identified mentor.

The purpose of this position paper on Mentorship is to increase the awareness of the importance of mentorship in residency. We advocate that program directors consider establishing a formal or informal mentorship structure within their residency program and as part of their residency curricula. As a precursor to the development of this position paper, RDoC's Education and Professionalism Committee conducted a literature search on mentorship in medicine. This led to the retrieval and review of approximately 700 titles and abstracts which resulted in 40 papers which were reviewed in detail. Mentoring is an important part of academic medicine and we hope that this position paper will lead to the development of a more structured approach to mentorship in residency education.

## Recommendations

1. We encourage Postgraduate offices, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and Program Directors to work together to establish mentorship opportunities for all residency programs.
2. Medical schools and their postgraduate departments should establish a culture that values and promotes mentorship by providing incentives for mentors, such as:
  - a. Formal recognition for activities related to mentorship contributing to academic promotion
  - b. Awards and recognition for mentoring
  - c. Protected time for mentors
  - d. Professional development funding
3. Senior residents spend 25% of their time teaching and mentoring fellow junior learners whether they are residents or medical students<sup>4</sup>. As such, we recommend that residents who assume such roles, be provided with formal training in mentoring and teaching.

## The Definition of Mentorship

Mentorship has been an integral part of academic medicine for centuries. The apprentice system, which was the most common form of medical education until the early 20<sup>th</sup> century, was a philosophy cultivated and practiced by the founding fathers of academic medicine.

Historically the word *mentor* comes from the Greek for *advisor*. Many definitions of mentorship have been described in the literature. One of the most comprehensive definitions comes from Berk et. al.<sup>5</sup>

*A mentoring relationship is one that may vary along a continuum from informal/short-term to formal/long term in which faculty with useful experience, knowledge, skills, and/or wisdom, offers advice, information, guidance, support, or opportunity to another faculty member or student for that individual's professional (and personal) development.*

Mentorship therefore generally involves three areas of development for the resident - professional, personal and educational.

## Background – What is the problem?

Mentorship is universally important to residents across many disciplines. In the past thirty years, there has been an increasing emphasis on the role of mentorship in medical education. This importance closely parallels the rapid evolution in medical knowledge, sub and super-specialization and the globalization of medicine.<sup>6</sup> The consequence of this progress, with respect to the diagnostic and therapeutic applications of technology in medicine, is that the training of physicians now involves numerous clinicians and multiple disciplines and no longer resembles mentorship of years past.<sup>7</sup> Hence, the sharing of knowledge and transmission of attributes such as professionalism, leadership and altruism has become much more complex in the academic clinical academic environment.<sup>6</sup> The lack of effective mentorship has also been identified as one of the most important factors hindering career success in academic medicine.<sup>8</sup> The literature demonstrates an increasing correlation between residents who have a mentor and career satisfaction and productivity.<sup>1</sup>

## Why is mentorship necessary?

The Royal College formally adopted the *CanMEDS Physician Competency Framework* in 1996. Since then, this competency-based framework, which describes the core knowledge, skills and abilities of specialist physicians, has become a cornerstone of postgraduate medical education in Canada. Mentorship is integral to this competency-based framework. Mentors collaborate with residents to provide feedback on their professionalism, communication and collaboration skills. The mentor-mentee relationship is aimed at supporting the resident in his/her personal and professional development to becoming a compassionate and confident physician.

Mentorship also helps to prepare the next generation of physicians for positions in academic and clinical leadership. In fact, the success of residents in the competitive academic environment of modern medicine, demands the need for mentoring and exposure to mentors in all disciplines. Recent factors which have changed the field of medicine, and which makes mentorship even more important, are restrictions on resources in the form of time, a lack of commitment to teaching from consultants, duty hour restrictions and a shortage of identifiable mentors.<sup>4</sup>

## Who is responsible for establishing the mentoring relationship?

More often than not, the responsibility for finding a mentor is left up to the resident. Given the demonstrated benefit to residents, this task should not be left to the resident alone. A successful mentorship relationship requires a mutual admiration and commonality between the involved parties. These aspects cannot be forced. Involving a mentee in the selection process could be accomplished by having the residency program provide the residents a list of names of available mentors who are motivated and committed. Program directors have an important role to create a structured environment that encourages mentorship of residents and should be provided with additional support and training in this role.<sup>9</sup> The literature provides

us with evidence that program directors do feel that it is important for residents to have mentors and even though many of them may not have participated in formal mentorship programs, they are able to identify mentors who have impacted their own career path. More attention needs to be paid to creating authentic mentoring opportunities for consultants and the lead should be taken by all stakeholders in residency education to implement a mentoring plan and strategy that is unique for each program.<sup>10</sup>

## Benefits of Mentoring

The benefits of mentorship are broad, multigenerational and extend well beyond one's individual influence on a mentee.<sup>11</sup> The benefits of mentorship can be divided into three general categories - benefits to the mentee, benefits to the mentor and benefits to the organization.<sup>12</sup> The benefits to the mentees have been discussed previously, but also include learning about networking, negotiation skills, conflict management, academic writing and guidance on shaping one's career path. Good mentoring is a facilitative, developmental and positive process, which requires good interpersonal skills, adequate time, and an open mind on the part of the mentor with a willingness to support the relationship. In keeping with this, the benefits to the mentor include the personal satisfaction of sharing in the experiences and learning of junior colleagues. Mentoring can help doctors feel valued and this promotes a positive and successful work environment. Benefits to the organization include retention of mentees in academics and positions of leadership within the medical community at large. An individual residency program for example, could benefit from having a reputation for offering integrated services to their residents with respect to their personal and professional development.

## Challenges of Mentorship

In spite of all the benefits of mentorship, challenges do exist. These could stem from poor implementation of mentoring and a lack of feedback on the mentoring relationship.<sup>12</sup> It is also important to recognize that there are differences between a mentor, an advisor and a role model. The mentor relationship is ongoing, personal and implies active participation on the part of the mentor in the mentees' personal and intellectual development.<sup>13</sup> A mentoring relationship includes a mutual exchange of communication and guidance, whereas (with) an advisor, the relationship is often formal and unidirectional. A role model, on the other hand, is a passive relationship through which an individual learns through observation and imitation.

## Barriers to Mentorship

The most commonly sighted barrier to effective mentorship is the perceived lack of time due to increasing clinical, research and administrative responsibilities.<sup>14</sup> This speaks to the importance of the creation of a working environment that fosters mentorship.<sup>9</sup> In order for mentoring programs to be successful, there needs to be a culture of mentorship, which is supported by both the faculty and administration.

Faculty promotion in academic medicine has historically been based on research output and clinical productivity. It is important to recognize mentorship as an important teaching activity and reward physicians who are committed to this endeavor.<sup>15</sup> In contrast to other academic roles such as the clinical researcher or educator, there is also the challenge of isolation in that mentors may feel isolated from other mentors and therefore not able to benefit from sharing experiences. This can also impact the mentors' perception of lack of preparation and clarity about their role. More formalized recognition of their role and support for training in this context, would be important.

## Five basic steps for a successful mentorship program

The five basic components of a successful mentorship program, as adapted from Ehrich et al<sup>16</sup>, are:

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

It is essential that those identified in the *mentor* role, should be committed to the idea of mentoring, have the time to devote to this activity, be able to provide feedback and constructive criticism, and foster and support the intellectual development of the mentee. As a teacher, advisor, role model and coach, the mentor should have the capacity and capability to encourage and motivate their learner to succeed and reach their full potential as a patient care provider.

## References

1. Sambunjack D, Starus SE, Marusic A. Mentoring in academic medicine: a systematic review. *Jama*. 2006;296(9):1103-1115. DOI:10.1001/jama296.9.11
2. Reynolds HY. In choosing a research health career, mentoring is essential. *Lung*. 2008;186(10):1-6. DOI:10.1007/s00408-00709050-x
3. Buddeberg-Fischer B, Herta KD. Formal mentorship programmes for medical students and doctors—a review of the Medline literature. *Med Teach*. 2006;28(3):248-257. DOI:10.1080/01421590500313043
4. von der Borch P, Dimitriadis K, Stormann S, Meinel FG, Moder S, Reincke M, Tekian A, Fischer MR. A novel large-scale mentoring program for medical students based on a quantitative and qualitative needs analysis. *GMS Z Med Ausbild [Internet]*. 2011;28(2):Doc26.
5. Berk RA, Berg J, Mortimer R, Walton-Moss B, Yeo TP. Measuring the effectiveness of faculty mentoring relationships. *Acad. Med.* 2005;80(1):66-71. DOI:10.1097/00001888-200501000-00017
6. Tsen LC, Borus JF, Nadelson CC, Seely EW, Haas A, Fuhlbrigge AL. The development, implementation, and assessment of an innovative faculty mentoring leadership program. *Acad Med [Internet]*. 2012 Oct 22
7. Williams LL, Levine JB, Malhotra S, Holtzheimer P. The good-enough mentoring relationship. *Acad Psychiatry [Internet]*. 2004 Summer;28(2):111-5.
8. 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):328-344. DOI:10.1097/0001888-200303000-00020
9. Donovan A. Views of radiology program directors on the role of mentorship in the training of radiology residents. *AJR Am J Roentgenol [Internet]*. 2010 Mar;194(3):704-8.
10. Memon B, Memon MA. Mentoring and surgical training: A time for reflection! *Adv Health Sci Educ Theory Pract [Internet]*. 2010 Dec;15(5):749-54.
11. Aylward BS, Odar CC, Kessler ED, Canter KS, Roberts MC. Six degrees of separation: An exploratory network analysis of mentoring relationships in pediatric psychology. *J Pediatr Psychol [Internet]*. 2012 Oct;37(9):972-9.
12. Taherian K, Shekarchian M. Mentoring for doctors. Do its benefits outweigh its disadvantages? *Med Teach* 2008;30:95-9.
13. Hollenberg MD, King Edward Discussion Group. Medical scientist trainees and the mentorship maze. *Clin Invest Med [Internet]*. 2003 Jun;26(3):110-2.
14. Norby SM, Karniski LP, Schmidt DW, Kohan DE. Mentoring for subspecialty training program directors: An unrecognized, unmet need? *J Grad Med Educ [Internet]*. 2010 Jun;2(2):206-9.
15. Gurgel RK, Schiff BA, Flint JH, Miller RA, Zahtz GD, Smith RV, Fried MP, Smith RJ. Mentoring in otolaryngology training programs. *Otolaryngol Head Neck Surg [Internet]*. 2010 Apr;142(4):487-92.
16. Ehrlich LC, Hansford B, Tennent L. Mentoring in medical contexts. (Paper presented at the British educational research association annual conference, Edinburg).



402-222 Queen Street, Ottawa, ON K1P 5V9  
Phone: 613-234-6448 | Fax: 613-234-5292 | [info@residentdoctors.ca](mailto:info@residentdoctors.ca)

[residentdoctors.ca](http://residentdoctors.ca)