TIME TO INTRODUCE A MENTORING PROGRAM IN POSTGRADUATE MEDICAL TRAINING IN PAKISTAN

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Mentoring is an ancient, reliable method to ensure the transfer of knowledge and skills, where one or more trainees/learners are attached to a mentor, who guides them through all the different learning experiences. Mentoring for a long time is recognized to improve learning and transfer of skills, in all types of education, be it arts, social sciences, business, medical education, or any other technical specialty. Beyond doubt, mentoring is beneficial to both mentors and mentees. In medical education, mentorship at the undergraduate level is an integral part of teaching planners, providing not only guidance and supervision to students to pass their assessments but also helping them choose future careers. Researchers, academicians and program directors have talked about factors that influence and impact postgraduate mentoring programs.[1] However, the inception and utilization of a mentorship program in postgraduate training seems limited. Most of the training programs entrust the training of residents to the supervisors, where the role of the supervisor remains to keep the trainee on track to complete the required competencies involving knowledge, skills, and attitudes, through the entire training and finally facilitate them to get through the summative assessments and become a successful practitioner.

It may be argued that the supervisor acts as a mentor for the trainee, but in the true sense of mentorship, neither the supervisor nor the trainee fulfills the requirements of the process of mentoring. Mentors have to be committed to the professional and personal development of mentees without any favour or bias. Supervisor may be viewed primarily as a guide and adviser, but a mentor stands tall wearing the cap of a dependable, experienced senior who finds strategies to provide the mentee with the best possible support and solutions to help the mentee overcome challenges and advance in their careers.[2]

It seems the right time to introduce a structured and formal mentorship program within the residency training programs being run in Pakistan. The infrastructure of the mentorship program can be designed by the college or university running the program. These residency program mentorship practices can be compared to International Accreditation Council.[3] The administrative and financial support incentives for mentors can be predetermined. The supervisors can act as mentors after attending mandatory training workshops for their capacity building. Most of the mentors may do it free as an altruistic favor. Few studies are available from Pakistan, where departments have run informal surveys or a pilot study of short duration, whether to run a mentoring program or not.

Literature search on mentorship and leadership shows that postgraduate medical training can help in achieving clinical excellence, enhancement of academic productivity, career advancement, coping with stress, improving communication skills, effective team building, improving research culture and professional leadership.[4] The "Mentor Match" has been identified as an effective tool in developing a formalized mentorship program with positive results after one year of implementation.[5] Formal mentorship programs included in residency programs are reported to range from 50 % to 82 % in the United States and Canada.[6] The primary goals of these mentoring programs were to improve resident wellness, reduce burnout, enhance academic performance, increase resilience, and provide psychosocial support. These mentoring programs in residency were included only 15 years ago (approximately) in America and Canada, with mentors selected from staff physicians setting prior goals for mentorship, and evaluation of these programs was carried out through feedback and surveys at regular intervals. The

results were utilized in improving the implementation and outcomes of the program.

The postgraduate residency programs can make use of existing mentoring models according to the needs of the program and mentees. The traditional "one one-on-one" mentoring makes use of a single mentor guiding one mentee. In the group mentoring model, one mentor works with multiple mentees. In the peer mentoring method, colleagues or peers mentor junior and less experienced peers. Each model carries benefits and challenges. Each model can be tailored to a specific requirement. It seems that group mentoring is most appropriate for residency programs, as one mentor can support multiple mentees.[7] Moreover, the mentees can share and relate to each other's experiences and, in doing so, learn from one another as they face similar challenges. The mentor can help find solutions and endorse the positive approaches. All these models of mentorship are based on the philosophy of keeping the mentees physically, psychologically, and emotionally in health.[8]

The entire process of mentorship rests on the shoulders of the mentors. Most of the time, faculty members voluntarily opt to take on the role of mentors. Those who have good communication and leadership qualities are successful. Foremost requirement for an effective mentor would be to treat the mentees with respect, keep an open mind to listen and respond to their problems. At times, it may be limited to motivating positive behaviours, and at times, it could be teaching them a professional skill. The mentor needs to stay honest and generous at all times in helping the mentees. Similarly, the mentees must also take responsibility for making the mentorship program successful. They must understand the efforts made by the institute and mentors to help them. They must attend the meetings and complete the allocated tasks and assignments. Strategies to employ for group mentoring in residency programs include defining clear goals for professional and ethical development through a structured format. This can be designed by the institute according to the needs assessment. Scheduled meetings with a pre-decided agenda can be carried out. Regular feedback must be sought on the predesigned proforma with open suggestions on improving the process. Typical challenges to mentorship are time constraints on the part of the mentors, which can be overcome by prior planning, online meetings or mobile joint conversations. Mentor malpraxis (malpractice), where the mentor exploits the mentees by making them do work for the mentor's personal gains or stealing the mentees' research idea or data. This can be avoided by mentees being proactive towards this dishonesty and changing the mentor.

The ultimate and most powered value that can be inculcated in the postgraduate trainee through the mentoring sessions would be to make them lifelong learners and reflective practitioners, who are intrinsically motivated to keep themselves updated in knowledge and skills for the benefit of the patient and the community they serve Continuing professional development to foster behaviour change: from principles to practice in health professions education.[9]

Mentoring future mentors includes stages such as mentee initiation, mentee-mentor matching, and initial meetings.[10]

Finally, the question that needs to be answered is whether the supervisors can be the mentors in a residency program. The answer is yes. The intrinsic attributes within the supervisor, along with learnt skills through faculty/supervisor training workshops, may help supervisors to be the mentors. Evaluation of mentorship programs must be carried out to show their cost-effectiveness, positive outcomes on both the careers of mentees and mentors and improved health care services provided by the institution.

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