

Functional Mentorship in one Learning Community: Inception, Growth, and Continuity

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Inception

The McCowen Learning Community conducted a needs analysis in 2008 and determined that medical students lacked access to physician mentoring. Our aim with the mentoring program design was to strike a balance between a proscriptive and a laissez-faire approach. The current study addresses how we created a functional and sustainable mentoring program within the learning community (LC).

Program structure

Since 2008, the McCowen Physician Mentor Program has paired medical students with faculty mentors based on individual student interests. Participants are invited to three structured meetings; individual meetings are scheduled independently throughout the year by each pair.

Meet and Greet Luncheon

Mentors and mentees are introduced and encouraged to develop goals for the mentoring relationship.

Mid-year Luncheon

Mentors and mentees are invited to participate in a round-table discussion. Topics include progression of the mentorship, challenges, valuable experiences, and goals for the remainder of the year.

Wrap-up Luncheon

Mentors and mentees are brought together to share their experiences with other participants and discuss ways of maintaining their mentoring relationships.

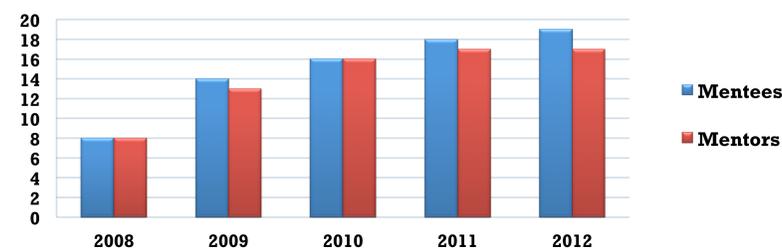
Newly-elected LC leaders for the upcoming year are invited to the final meeting so they can listen to the student and faculty feedback, thus facilitating continuity between academic years.

Evaluation

An initial survey sent to students assessed individual interests and expectations for the mentoring program. A second survey sent to students and faculty at the end of the year garnered feedback on perceived benefits, satisfaction, and recommended changes to the program. Feedback and discussion was also encouraged during each group meeting.

Growth

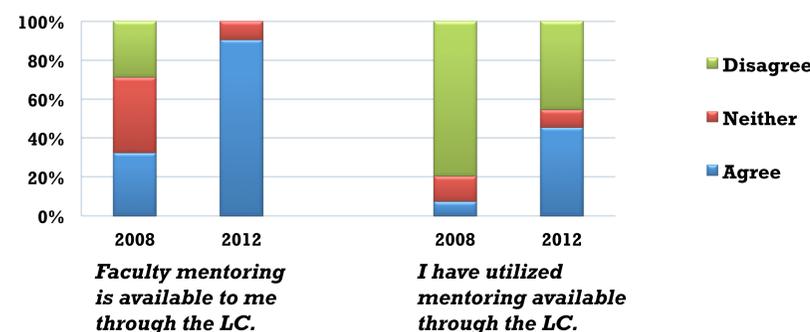
Growth in the mentoring program has matched faculty recruitment.



Faculty attrition has been tracked at approximately 1 per year, with reasons focused on retirement or career progression.

Survey results

Perceived access to and utilization of faculty mentoring by McCowen M2s have increased since implementation of the mentoring program.



Compared to the M2 class in 2008, McCowen M2s in the fall of 2012 report improved access to mentoring and greater utilization of these services.

Faculty comments

- Appreciate flexibility, but guidance in mentorship program.
- I appreciate the scheduled meetings...
- Attending these meetings [far from] the clinical sites [is] difficult during patient care hours.

Student comments/recommendations

- Great program! Hope it can continue.
- More organized meetings with mentors.
- Suggest readings/literature on mentorship relationships.
- Allow for mid-year reassignment for mentees whose mentor relationship is not panning out.

Students' perceived benefits

- Clinical shadowing
- Guidance and advice
- Networking

Continuity

Overall, the three structured meetings were perceived as beneficial for encouraging continued communication between mentors and mentees throughout the year.

The wrap-up meeting encouraged discussion about how to foster continuation of the mentoring relationships as well as generated ideas for improvement of the program.

Participation of the newly-elected LC leadership at the final meeting should help with program continuity between years.

Recommendations

The Physician Mentor Program is a niche program with a small cohort magnitude, which poses a challenge to performing educational research. Mixed methods of survey data and unstructured feedback sessions may be the best way to engage in continuous quality improvement with LC mentorship programs.

Should they adopt similar programs, other colleges may want to consider including time spent mentoring as a data point in faculty review. Faculty reviews do not always formally acknowledge mentoring activities (teaching, research, and service on collegiate committees are the three factors typically included). If mentorship is valued by medical schools, then it should feature in faculty review systems.

Although 71% of survey respondents agreed that the number of structured meetings was reasonable (not shown), faculty attendance at the group meetings tended to be low (20%). Holding the meetings in rooms closer to or within the hospital may enable greater faculty participation in these meetings.

Conclusions

Unique aspects of this program include interest-based matching of mentors and mentees, a structure which tends to the growth of the mentoring relationships while allowing for individual relationships to evolve, and the program's housing within the learning community.

Engagement and active recruitment of mentors was a challenge that we tried to address by keeping the number of group meetings low. A bigger issue, moving forward, is incentivizing this program through recognition of mentor participation within the college of medicine.