



Original Contribution

A survey of residency program directors in anesthesiology regarding mentorship of residents[☆]



Laura Shank Gonzalez MD (Resident Anesthesiologist)^a,
Melanie J. Donnelly MD, MPH (Anesthesiologist)^{b,*}

^aDepartment of Anesthesiology, University of Wisconsin, B6/319 CSC, 600 Highlands Ave, Madison, WI 53792-3272, USA

^bDepartment of Anesthesiology, University of Colorado

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Abstract

Introduction: Mentorship of residents has been extensively studied within many academic specialties, but not anesthesia. The purpose of this study is to determine the prevalence of formal mentorship programs among anesthesia residency programs accredited by the Accreditation Council for Graduate Medical Education in the United States by surveying residency directors. The secondary goals of the study are to describe the programs that exist and identify areas that residency directors think should be the focus of mentoring.

Methods: Our survey was designed based on previous surveys administered to residency program directors from other specialties. After determination of exempt status by our institutional review board, the survey was administered via e-mail to program directors of Accreditation Council for Graduate Medical Education–accredited anesthesiology residencies.

Results: Response rate was 34% (45/131). The sample consisted of mainly university-based programs (93%). Most (88%) had a mentorship program in place. There was little consistency between methods of forming faculty–resident mentor pairs. Most mentors (84%) and mentees (79%) did not evaluate their programs. Nearly all program directors agree that mentorship is an important tool for resident development (90.6%) and that it is important to have a mentor during training (90.6%). Program directors identified the areas of career planning, professionalism, and achieving a balance between personal, career, and family demands to be the most valuable subjects to address in a mentoring relationship.

Conclusion: Anesthesiology is currently underrepresented in the trainee mentoring literature. There is significant support for mentorship during resident training; however, the low rates of training for faculty and minimal evaluation by residents and faculty raise the question as to the efficacy of the existing programs. There is a need for more investigation of anesthesia residents' goals and perceptions of mentorship, and a more detailed evaluation of existing mentorship programs to determine the ideal structure of a mentoring program.

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* Corresponding author at: University of Colorado Hospital, Mail Stop B113, 12401 East 17th Ave, 7th Floor, Aurora, CO 80045-2545, USA. Tel.: +1 720 848 6752.

E-mail addresses: Lshank10@gmail.com (L.S. Gonzalez), Mdonnelly4@gmail.com (M.J. Donnelly).

1. Introduction

Positive mentoring relationships in postgraduate training have been linked to more favorable outcomes in terms of career success, career preparation, productivity, job satisfaction, and greater confidence as educators [1,2]. Mentoring

relationships between faculty and residents have been explored in many specialties including medicine [3–5], radiology [6,7], physical medicine and rehabilitation [8], otolaryngology [9], psychiatry [10], and orthopedics [11]. There is a scarcity of literature exploring mentoring of residents in anesthesia. Flexman and Gelb [2] wrote an editorial titled “Mentorship in anesthesia: How little we know” in 2012 exploring the enormous gaps in the literature surrounding this issue and outlining a blueprint for how to approach further research on the topic. The authors propose that the “first step is to identify the prevalence of mentorship in anesthesiology.” The purpose of this study is to determine the prevalence of formal mentorship programs among anesthesia residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States by surveying residency directors. The secondary goals of the study are to describe the programs that exist and to describe what areas residency directors think should be the focus of mentoring relationships.

2. Materials and methods

The survey design was based on previous surveys of residency program directors (RPD), mentors, and mentees [3,6,9,12]. The survey also obtained basic information about the residency programs, including geographic region, university or community hospital affiliation, and number of residents in the program.

In the survey, the definition of mentorship was purposefully broad to allow for characterization of existing programs. A *mentor* was defined as a “faculty anesthesiologist who takes an interest in a resident’s development and provides support and guidance to help the resident achieve one or more sets of goals”. A *mentorship program* was defined as a “formal program in the residency training program that provides opportunities for residents to establish resident-faculty mentoring relationships [12]”. In one survey question, the term “underrepresented in medicine” was used, and is defined by the American Association of Medical Colleges and in the survey as “refers to those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population”.

This study was granted institutional review board exemption. The surveys were administered electronically and anonymously to all program directors of US-based, ACGME-accredited anesthesiology residencies, using an online survey platform (website). Program directors’ names and contact information were obtained via the ACGME accreditation Web site and publicly searchable university e-mail databases. Reminders were sent via e-mail and telephone calls at 4- and 6-week intervals. The first question of the survey was a question verifying the participant consent to participate in the study. If the RPD indicated that their program had a formal mentorship program in place, they were then asked additional questions about the program. If the participant indicated their

residency did not have a formal mentoring program in place, they were directed to the last part of the survey and asked to contribute opinions to the questions about what areas of guidance should be addressed in mentoring relationships. The survey is included in [Appendix A](#).

Descriptive statistics were performed on the survey results. Survey responses in the form of a 5-point Likert scale (1, strongly agree; 2, agree; 3, neutral; 4, disagree; 5, strongly disagree) were analyzed with percentages. Responses that required the respondent to rank a number of options were calculated by assigning a numeric value to each rank position (1, highest; 10, lowest) and calculating the median rank position for each possible response, then placing them in an aggregate rank order, starting with the lowest median rank value.

3. Results

3.1. Respondent demographics

Overall, 45 (34%) of 131 RPDs completed the survey. Thirty-five percent of respondent programs were from the New England/Mid-Atlantic area of the country, followed by 21% from the Midwest, 14% from the Pacific/Mountain region, and 12% from both the South Atlantic and South Central region. Most (93%) of respondents oversaw programs at university-affiliated institutions. The average program size was 36 residents in the Clinical Anesthesia 1 through Clinical Anesthesia 3 years (range, 4-98). On average, programs comprised 36% female residents (range, 10%-79%) and had an average of 19% of residents from medically underrepresented racial or ethnic groups (range, 0-69%). Program directors reported that on average 54% of residents entered fellowship after training (range, 30%-94%). Slightly more than one-third (35%) of program directors had participated in a formal mentoring program during their own residencies.

3.2. Existing mentorship program characteristics

Most respondents (88%) had a formal mentoring program in place. [Table 1](#) reviews characteristics of the residency mentorship programs surveyed. A small minority of programs have been created within the last 5 years (8%), and most use individual faculty mentors (79%) rather than groups (3%) or a combination of the 2 (18%). There is variability in the method of resident-faculty pairings, with a similar number of programs assigning residents to faculty mentors and programs using a combination of methods to make the pairings. Most programs are also using multiple mechanisms for mentor-mentee pairs to decide how often to meet, with the majority (55%) including both program guidance and individual choice to influence the frequency of meeting. In most programs (55%), gender and racial/ethnic background do not play a role when a program assigns mentors. Most of mentoring programs were not formally evaluated by either residents (79%) or faculty (84%). Slightly more than a third of programs (37%) provided

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