Reflect, Advise, Plan: Faculty-Facilitated Peer-Group Mentoring to Optimize Individualized Learning Plans

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THE CONCEPT OF self-directed, lifelong learning is a highly regarded tenet of medical professionalism. Accordingly, the Accreditation Council for Graduate Medical Education (ACGME) has recently adopted a milestone to assess a learner's ability to "identify strengths, deficiencies, and limits in one's knowledge and expertise."[1] Many experts believe that self-assessment and the ability to be a self-directed learner are not innate, but rather skills that need to be learned through practice and training.[2] Individualized learning plans (ILPs) represent a unique opportunity to develop residents' skills in self-assessment and self-directed learning.

In fact, the ACGME requires all pediatric residency programs to provide "a system to assist residents in [the] ILP development process, including: faculty mentorship to help residents create learning goals; and, systems for tracking and monitoring progress toward completing the ILP".[3] Unfortunately, residents often struggle to develop attainable goals,[4] especially within competencies that are less integrated into everyday training, such as systems-based practices.[5]

Effective mentoring strategies are essential to the success of the resident ILP development process. Academic faculty are typically most familiar with the dyadic model of mentoring, in which an experienced mentor is paired with a less-practiced mentee on the basis of common interests.[6] The dyadic model has drawbacks, including time constraints, limitations of one mentor's individual perspective and skill sets, and incongruent expectations between mentor and mentee.[7] Consequently, many innovative mentoring models are now appearing in the literature and might be more successful.[8–12]

Peer mentoring, a model in which the mentoring relationship occurs between individuals equal in experience and rank, is known to benefit the mentor and the mentee.[13,14] Facilitated peer group mentoring (FPGM) is a subset of peer mentoring in which group members serve as peer mentors to each other while facilitated by a senior mentor, who works with the group members in meeting their goals.[11] FPGM helps mentees make progress in formulating specific plans relevant to achieving career goals.[8] Building on existing literature, we have developed a process that uses FPGM to help residents enhance their ILPs. The aim of this article is to describe our novel FPGM ILP process; we believe that this approach will lead to advancement in the skills needed for self-assessment and self-directed learning. On the basis of resident feedback, our institution changed the name from "FPGM ILP meetings" to "reflect, advise, plan (RAP) sessions," a title that is more memorable and emphasizes the core principles of this novel process.

DESCRIPTION OF RAP SESSIONS

We, the residency program leadership, made the change from dyadic mentoring of ILPs to FPGM teams in 2010. An FPGM team consists of 2 faculty members and 6 residents, 2 from each year of training. The faculty members are arranged so that each team has a junior and a senior faculty member, one of whom is a generalist and the other a specialist. These faculty members become the primary mentors to facilitate the group process. Residents remain on the same team with faculty mentors throughout their 3 years of residency.

Recognizing that the needs of individual learners change over time, we designed RAP sessions to be an iterative process by requiring trainees to develop an ILP and then review, modify, and present it to their team at least twice a year. Meetings are scheduled in the autumn and spring for group discussion of each resident's ILP. Before a meeting, every resident is required to complete a PediaLink electronic ILP worksheet, which includes sections on self-assessment of strengths, weaknesses, and career goals, generation of goals, development of well-written objectives to accomplish goals, assessment of progress, and revision of goals.[15] PediaLink is the American Academy of Pediatrics'

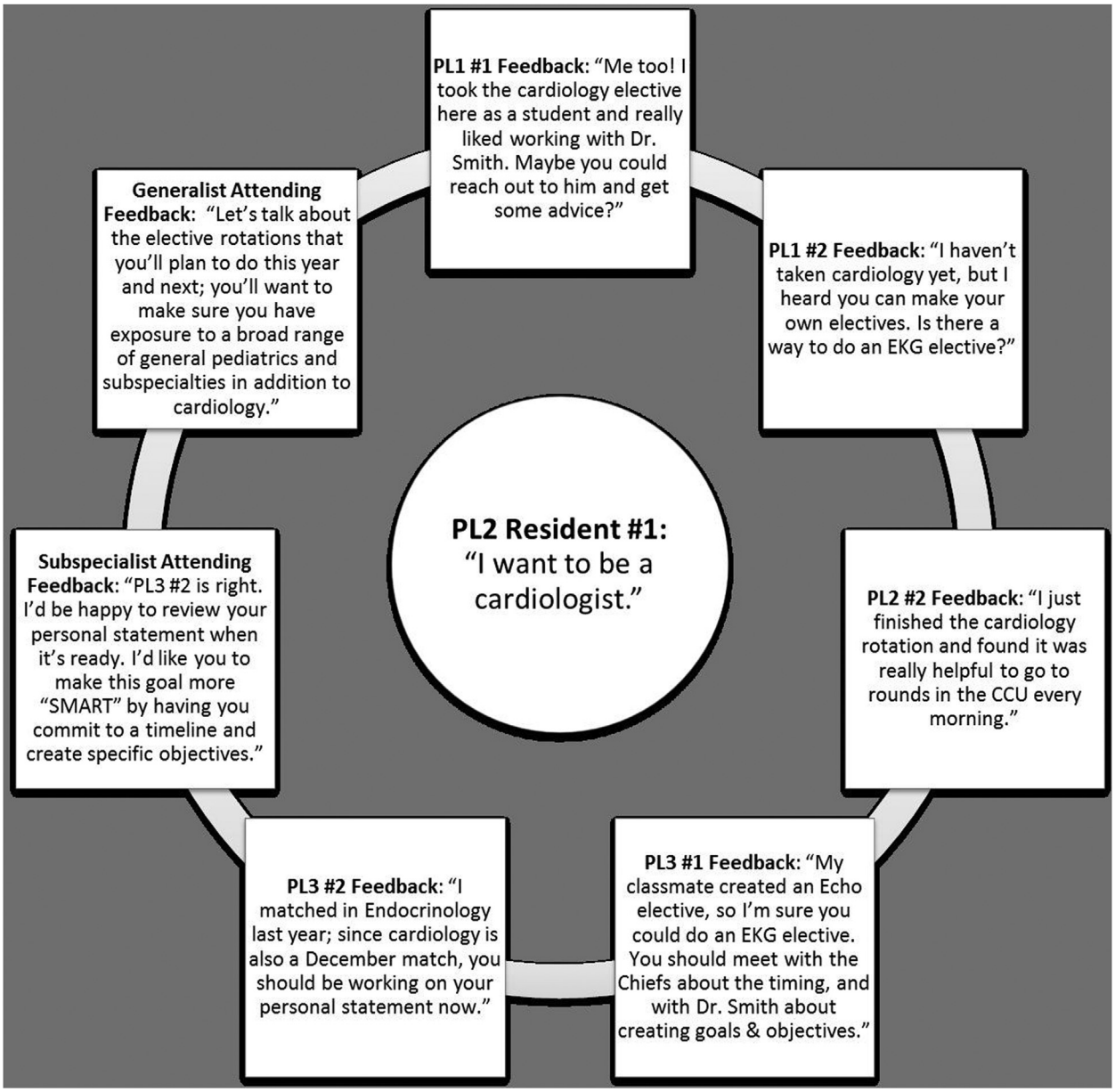

Figure 1. *Feedback about an individualized learning plan (ILP) goal during a RAP session. RAP indicates reflect, advise, plan; PL, pediatric level (equivalent to postgraduate year); CCU, cardiac care unit; Echo, echocardiography; and EKG, electrocardiography.*

online learning center that provides an electronic tool for creating, updating, and monitoring resident ILPs with an interactive interface for residency program directors.

RAP sessions begin with the program directors orienting the entire group and reviewing goals for the meeting before breaking out in small groups. During the fall meetings, residents share the content of their ILP worksheets with their teams (Fig. 1). The third-year residents present first to model the correct process. The ILPs include newly created goals and also goals from the previous session that the resident has decided to keep. The resident mentors then give the presenter feedback and brainstorm additional objectives to help the learner accomplish his or her goals. Faculty mentors are instructed to speak only after every resident has given feedback. Each session is scheduled for 1 hour, and it typically takes 2 sessions for a team to review all of its members' ILPs.

Teams then reconvene in the spring (Fig. 2). At this time, residents again share the progress they have made toward achieving their previously stated goals and present the new goals they have created. The residents also discuss any barriers that have arisen and how they have attempted to overcome those obstacles. Peer and faculty mentors offer suggestions for surmounting barriers. Finally, faculty mentors facilitate thinking about and planning the next stage in each resident's residency or career.

KEY STRATEGIES FOR SUCCESSFUL IMPLEMENTATION

PROFESSIONAL DEVELOPMENT

Successful implementation required faculty buy-in and familiarity with the process of FPGM. This was particularly important because to accommodate the number of