

General Surgical Trainee Experiences of Mentoring: A UK Regional Audit

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OBJECTIVE: Mentoring is advocated as an essential adjunct in work-based learning providing support in career and noncareer related issues. This study aims to investigate trainee experiences and satisfaction with mentoring arrangements.

DESIGN: E-mail survey of surgical trainees from the East of England Higher Surgical Training Deanery, UK.

MAIN OUTCOME MEASURES: Factors affecting presence of a mentoring relationship and satisfaction with mentoring arrangements were analyzed.

RESULTS: Of all respondents, 62.85% stated that they were not sure or did not have a mentor; 34.29% said that they had had a meaningful meeting with their mentor; 57.14% said that they were aware of the responsibilities of a mentor; 34.29% strongly agreed or agreed that mentoring had been useful; 25.71% said that mentoring had been useful in career development; and 20% found it useful in noncareer related issues. Of those with a mentor, only 31.43% were satisfied with mentoring. Factors affecting satisfaction with mentoring included having had a meaningful meeting, having clear objectives set, and help in job transition and noncareer related issues. Knowledge of a mentor's responsibilities was also associated with satisfaction. The only factor associated with the presence of a mentoring relationship was having a mentor appointed.

CONCLUSIONS: We advocate the establishment of a mentoring matching scheme for mentors and mentees together with mentor training to improve mentoring provision for surgical trainees. (*J Surg* 67:19-24. © 2010 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: mentoring, trainee, satisfaction

COMPETENCY: Professionalism, Interpersonal and Communication Skills, Practice Based Learning and Improvement

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INTRODUCTION

The advent of the European Working Time directive and subsequent reduction of junior doctors' working hours has resulted in a reduction of experience and an apparent skills gap. This problem is particularly felt in the practical-based specialties such as surgery. Junior doctors often need guidance as to strategies that can be employed to overcome these hurdles. Mentoring is a way in which surgical trainees may be helped through these difficulties, maintaining a high quality and consistent service to patients.

Gregory K. Luna, in a presidential address to the North Pacific Surgical Association reflected on characteristics of great mentors: (1) Their priorities were obvious; there were no hidden agendas. Patient care took priority over administrative or other nonclinical duties; (2) Teaching was not hurried or interrupted for personal convenience; (3) They were skilled technical surgeons who were open minded and fascinated by learning; (4) Their egos were overshadowed and contained by their intellectual honesty; (5) They viewed complications as personal failures, not variations on expected outcomes; (6) They respected their patients and colleagues. Their respect and adoration was universally returned.¹

The Royal College of Surgeons of England suggest in their policy document on mentoring that mentoring is strongly advocated in all stages of training (<http://www.rcseng.ac.uk/support/mentoring>).

The Standing Conference on Postgraduate Medical and Dental Education (SCOPME) describes mentoring as "the process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee."²

A survey of American female medical students reports that being influenced by a mentor has a significant impact on final career choices.³ The roles of the mentor are many and varied as are the needs of the mentee.⁴ These are discussed below.

Advisor

With the new patterns of junior doctors working, we are experiencing a greater throughput of junior doctors. This could potentially cause problems in the day to day running of the service and also a great deal of stress in the junior doctors who are expected to get to grips with new roles frequently.

To overcome this challenge, the advisory role of a mentor for new inductees is vital to the work they are expected to perform. A formal timetable should be discussed and an explanation given of common practices in the department. The induction process is a phase rather than a 1-off event and frequent contact is maintained daily supplemented by *ad hoc* meetings when required during the working day.

Coach

Mentors commonly coach mentees in performing practical skills. This may take the form of an initial theoretical discussion. When the learner is comfortable with the practice, they are supervised in performing the procedure and eventually perform it independently. This approach may ease much of the anxiety of being “thrown in at the deep end” in a new post.

Counselor/Guide

Surgical trainees often face problems including those of career progression, time management, work related stress, or issues to do with working away from home.

A mentor may help with advice by keeping abreast of the support services available through the hospital, including formal counseling services and professional bodies to deal with specific problems. Many issues can be dealt with by developing plans with colleagues as to potential solutions to the problems they face together with setting a date for reviewing the effectiveness of these measures. Some evidence exists regarding the importance of mentoring in the mentee achieving his/her goals.⁵

Role Model

A good mentor may have knowledge and awareness of the difficulties the mentee may experience. As someone who has successfully negotiated some of these hurdles, a mentor may offer motivation, hope, and advice for the mentee. A mentor who is enthusiastic in their work and has a regard for the patients under their care may exemplify appropriate attitudes towards patient care. Such attitudes are difficult to teach in a formal way, and so having role models is very important in creating the correct “corporate culture” for efficient and friendly healthcare.

CURRENT MENTORING ARRANGEMENT FOR SURGICAL TRAINEES

Clinical Supervisor

Trainees in the UK should work with an assigned a clinical supervisor. Their purpose is to supervise training during that

particular post. The clinical supervisor will be a consultant (senior clinician) for whom the trainee works. The purpose of the clinical supervisor is to set educational and developmental objectives together with the foundation doctor at the beginning of the post. The pair meet on at least 2 further occasions, typically in the middle and at the end of the post. The purpose of these meetings is to provide formative and eventually summative feedback at the end of the post.

The clinical supervisor maintains vigilance as to how the trainee is progressing by informal interview with the doctor and also by interviews with colleagues working with the doctor. The clinical supervisor may be able to deal with certain personal or financial problems that the trainee might have, but more importantly is able to refer the doctor to specialist counseling services available.

Educational Supervisor/Royal College Tutor

Trainees in the new Specialty Training (ST) scheme in the UK are assigned an educational supervisor at the beginning of ST. The new ST scheme is administered by training deaneries and these assign educational supervisors. This person will continue this role for the full 2 years of training, taking on a mentorlike role.

The educational supervisor may be of the career pathway that the trainee has expressed an interest in pursuing. Alternatively, if no clear preference is known, the clinical supervisors acting for the first post takes on the additional responsibility of educational supervision.

The educational supervisor’s role is vital in advising trainees of the steps and strategies that need to be implemented for career progression. As progression is dependent on proving commitment to a specialty, the education supervisor advises on appropriate courses to attend, and learning through portfolio development. This role overlaps with the role of the Royal College tutors who have been established in all hospitals with surgical trainees. Both educational supervisor and Royal College tutor provide support on how and when to take professional examinations. Typically the college tutor organizes speciality-specific teaching for trainees.

The educational supervisor can also be a useful intermediary in cases where there is a communication difficulty between a trainee and the clinical supervisor.

Training Scheme Program Director

It is the director’s role to ensure that all trainees are being provided with appropriate supervisors and to ensure that they are completing the appropriate numbers of evaluations during their posts. The director receives copies of reports from the clinical supervisor meeting and has access to information regarding completion of assessments. Where deficiencies are highlighted, the director investigates and implements plans to remedy problems.

The director has responsibility for organizing the generic teaching sessions for all surgical trainees, in accordance with national guidelines.

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