



Bureau d'équité en
matière des sexes



Office of Gender and
Equity Issues

Resident Mentoring Handbook



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A. Introduction

Welcome to the mentorship program for residents.

Why be involved in a mentorship program?

The mentoring relationship is one that provides guidance and support to trainees. A successful mentoring relationship has a number of benefits. The resident gains from advice and expertise from someone who's "already been there." A mentor can help provide a supportive work environment, offer advice on career development, function as an advocate for the resident, and be a role model. From the mentor's perspective, he or she has a unique opportunity to encourage the professional and personal development of an individual in training, and help contribute to the strengths of our medical community.

The residency training program in pediatrics at the University of Ottawa has had a successful mentorship program running for more than 10 years. We recently conducted a survey of our mentorship program, in the hopes of improving the program to better meet the needs of our residents. This survey generated some of the guidelines that you will find in the handbook.

So now that you have agreed to participate in the program, what exactly is it that you're supposed to do? There are no rules for how to mentor, or be mentored, and different individuals have different needs. The key ingredient, however, appears to be a genuine commitment from both parties. This handbook is meant to provide mentors and residents with information on mentoring, suggestions for how to structure your time with your mentor/resident, and what you can hope to expect from the relationship. The bottom line - whatever works for both of you is just fine. Feel free to use any of the information in this handbook that you find helpful, it is simply meant to be a guide.

Do not hesitate to contact me if you have questions about the program.

Mentorship Program Coordinator

B. Information on Mentoring: Guidelines and Helpful Hints

Step 1: The First Meeting

It does not matter where or when this takes place (over coffee, lunch, on or off site, whatever works for both of you), as long as it happens early in the year. We suggest the mentor be responsible for setting up the first meeting, and that it take place within 2 months of the resident starting his/her training program..

Set aside at least 30 minutes for this initial meeting. The main purpose of the meeting is to get acquainted - background? interests? hobbies? Be sure to exchange telephone numbers, e-mail addresses, and if possible indicate the best times for each of you to be reached.

Step 2: Subsequent Meetings

Regularly scheduled meetings help to establish a strong mentoring relationship. The results of our survey suggest that both residents and mentors preferred regularly scheduled meetings. We are recommending monthly meetings, at least for the first 4-6 months. This is an important part of the mentoring process because if residents and mentors are not meeting regularly, it becomes difficult for residents to approach their mentors when problems arise. After the first 4-6 months, feel free to individualise. Some residents will prefer to continue with regularly scheduled meetings. Others may be comfortable contacting their mentor as needed.

Scheduling can be difficult with 2 busy individuals, but try to make an effort to commit to mentoring time, which can be as valuable as any teaching session or other hospital activity in which the resident participates.

What to talk about?

Some areas you may want to explore include:

- the resident's academic achievement and performance, reviewing rotation evaluations, and discussion of upcoming rotations and objectives.
- the resident's career goals, and how to achieve them.
- any symptoms or signs of emotional distress or difficulty coping (see enclosed references on resident stress).
- achieving a balance between professional and personal life - time management.
- difficult clinical, ethical, or research problems.
- conflict resolution.

Remember that:

- It is worthwhile trying to define your expectations for the mentoring relationship from the start.
- Like any relationship, this one takes time and commitment from both parties to evolve successfully.
- The mentor need not be "all knowing" in all areas, but should function as a facilitator. This means that the mentor should be able to assist the resident in gaining access to needed help or expertise, without necessarily providing it first hand. Feel free to refer to other faculty when appropriate.
- Mentoring does not require a time consuming personal relationship (see reference: Mentoring at Every Moment, Townsend, Fam Med 1994). The mentoring relationship may evolve into a friendship, which is fine, but a close friendship is not necessary for a mentoring relationship to work.

- Involvement in the program is voluntary. Mentors and residents are not expected to spend time chasing down one another (e.g., if you are having trouble keeping scheduled meetings). If things aren't working out, let the mentoring program coordinator know - there is the option to have mentors and residents reassigned.
- If the time commitment seems too great, you are likely trying to do too much. Do not let trying to be a perfect mentor get in the way of being a good one!
- Residents need realistic role models, and mentors should attempt to model an appropriate balance between personal and professional lives.
- If the mentor is to be away for an extended period, we suggest arrangements be made for another individual to be available to the resident should the need arise.
- Your evaluation of the program is valuable so that the process can continue to improve. Please fill out the evaluation forms enclosed and return to the program coordinator.
- The program coordinator is available to you for any questions or concerns. Feel free to call for help if needed.

C. Assessment Form

i) Residents

1. Do you have a preference for?

- a mentor who is: on site
 off site
 no strong preference
 male
 female
 no strong preference

2. Any other comments regarding your involvement in the mentorship program?

Please return to the program coordinator:

C. Assessment Form

ii) Mentors

1. Do you have a preference for?

- a resident who is:
- male
 - female
 - no strong preference

2. Any other comments regarding your involvement in the mentorship program?

Please return to the program coordinator:

D. Evaluation Form (to be completed yearly)

i) Residents

1. Name (optional): _____

2. Year of graduation from medical school: _____

3. Year of residency training: _____

4. In the past year I met with my mentor:

- Weekly
- Monthly
- Other

6. The frequency of meetings was:

- Not at all appropriate
- Not very appropriate
- Appropriate
- Very appropriate

7. I would like to meet with my mentor:

- Weekly
- Monthly
- Other

8. The time commitment involved in meeting with my mentor is:

- Excessive
- Not excessive

9. How helpful do you feel your mentor has been in the following areas?

a) acting as an advocate for you:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

b) emotional support surrounding professional or work related issues:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

c) emotional support surrounding personal or nonwork related issues:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

d) career counseling:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

e) conflict resolution involving other residents or staff members:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

f) academic achievement:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

g) balance between career and family:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

10. Overall, the mentoring programme is:

- Not at all useful
- Somewhat useful
- useful
- Very useful

11. Any suggestions for improvement of the mentoring system are appreciated.

12. Any additional comments?

Please return to the program coordinator:

D. Evaluation Form (to be completed yearly)

ii) Mentors

1. Name (optional): _____
2. Year of graduation from medical school: _____
3. In the past year I met with my resident(s):
 - Weekly
 - Monthly
 - Other
4. The frequency of meetings was:
 - Not at all appropriate
 - Not very appropriate
 - Appropriate
 - Very appropriate
5. I would like to meet with my resident(s):
 - Weekly
 - Monthly
 - Other
6. The time commitment involved in meeting with my resident(s) is:
 - Excessive
 - Not excessive
7. How helpful do you feel your resident(s) has been in the following areas?
 - a) acting as an advocate for the resident(s):
 - Not at all helpful
 - Somewhat helpful
 - helpful
 - Very helpful
 - N/A

b) emotional support surrounding professional or work related issues:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

c) emotional support surrounding personal or nonwork related issues:

- Not at all helpful
- Somewhat helpful
- helpful
- Very helpful
- N/A

d) career counseling:

- Not at all helpful
- Somewhat helpful
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- Very helpful
- N/A

e) conflict resolution involving other residents or staff members:

- Not at all helpful
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f) academic achievement:

- Not at all helpful
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g) balance between career and family:

- Not at all helpful
- Somewhat helpful
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- Very helpful
- N/A

8. Overall, the mentoring programme is:

- Not at all useful
- Somewhat useful
- useful
- Very useful

9. Any suggestions for improvement of the mentoring system are appreciated.

10. Any additional comments?

E. Resource Material

Mentoring at Every Moment. J.M.Townsend. Family Medicine, Sept 1994: 474-475

Examining What Residents Look for in Their Role Models. S.Wright. Academic Medicine, 1996;71:290-292

Stress and Resiliency Among Residents. J. Toews et al. Annals RCPSC 1994;27 (5):272-274

Emotional Well-Being of House Staff. Comparison of residency training programs. Y. Steinert et al. Can Fam Physician 1991;37:2130-2138

Satisfaction and Stress Among Internal-Medicine Residents. S.L.C. Kane et al. Annals RCPSC 1996;29(4);223-227

Alcohol and Other Substance Abuse and Impairment among Physicians in Residency Training. R.D.Aach et al. Ann Int Med 1992;116(3)245-254

The Mystique of Medical Training. Is teaching perfection in medical house-staff training a reasonable goal or a precursor of low self-esteem? S.L. Dubovsky. JAMA 1983;250(22):3057-3058

Information from the following sources was used in the writing of this handbook:

1. Evaluation of a mentoring program for Pediatric residents, University of Ottawa, 1996
2. Mentoring at Every Moment. J.M.Townsend. Family Medicine, Sept 1994: 474-475
3. Stress and Resiliency Among Residents. J. Toews et al. Annals RCPSC 1994;27 (5):272-274
4. The Mentoring Handbook, University of Arkansas
5. A Formal Mentoring Program in a Pediatric Residency. J.A. Curtis et l. Acad Med 1995;70(5).
6. Mentorship in Medical Education. J.R. Swenson et al. Annals RCPSC 1995;28(3).