

Preparing Faculty to be Humanistic Mentors across the Continuum of Medical Education

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***Who is in the
audience***





“WE MUST ACKNOWLEDGE... THAT
THE MOST IMPORTANT, INDEED
THE ONLY, THING WE HAVE TO
OFFER OUR STUDENTS IS
OURSELVES. EVERYTHING ELSE
THE CAN READ IN A BOOK.”
DC TOSTESON



Today's Objectives

Participants will be able to:

1. describe the theoretical background and evidence base for humanistic mentoring for their intended audience

2. describe how mentoring & role modeling are linked skills

3. Reflect on how the concepts presented can support humanistic mentoring at their own institution

Agenda Today

20 min: think, pair and share

- Read teaching & learning moment narrative-does this speak to you?
- Participants in response to the question: what is a positive experience with mentoring at your home institution, write for 5 minutes, share
 - Brief report out.

20 min: theoretical background/evidence base large group presentation

- Introduction on mentorship as a core value across the continuum of medical education (5 min)
- Theoretical Framework of humanistic teaching and mentoring and data from Branch study (15 min)

Self-Reflection

- “Mentors are guides. They lead us along the journey of our lives. We trust them because they have been there before. They embody our hopes, cast light on the way ahead, interpret arcane signs, warn us of lurking dangers and point out unexpected delights along the way¹.”
- **Think about being mentored or having a mentor:**
 - *Describe success (appreciative inquiry approach).*

What are your adjectives
that describe a mentor?

Wordle



Terminology Clarification

Mentoring

- In a mentoring program, the relationship between mentor and mentee is reciprocal.
- The mentor listens and stimulates reflection in the mentee to promote career development, professional growth or satisfaction

Advising

- In an advising program is the advisor is in control of the relationship.
- The advisor answers questions and gives advice, sharing their expertise and knowledge with the advisee.

Professionalism & Medical Education

“Medical Education (practice) goes beyond learning (practicing) medicine; it is fundamentally about becoming a dedicated physician.” This forging of a professional identity, or formation, is both a process of personal development and a social enterprise, a process of becoming and contributing.”

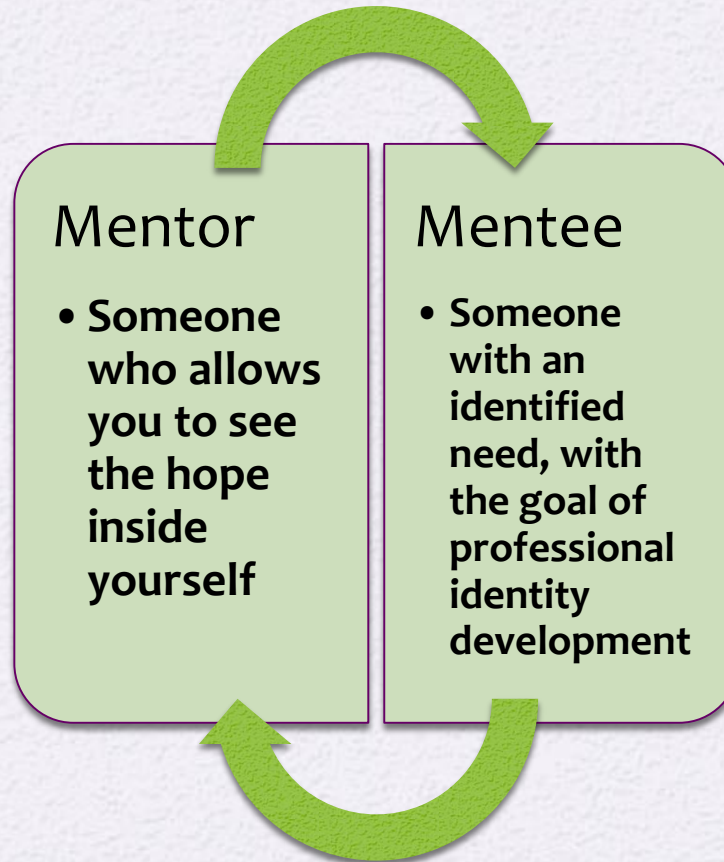
Cook, Irby, O'Brien (2010)

Integrated Professional Identity Formation

Involves the process of becoming a professional...

- through expanding one's knowledge, understanding, and skillful performance
- through engagement with other members of the profession (i.e. mentors), particularly those more experienced
- by deepening one's commitment to the values and dispositions of the profession into habits of mind and heart

Mentoring is a Relationship



Developmental relationships in which both parties have a stake & good intentions

Types of Mentors

Content

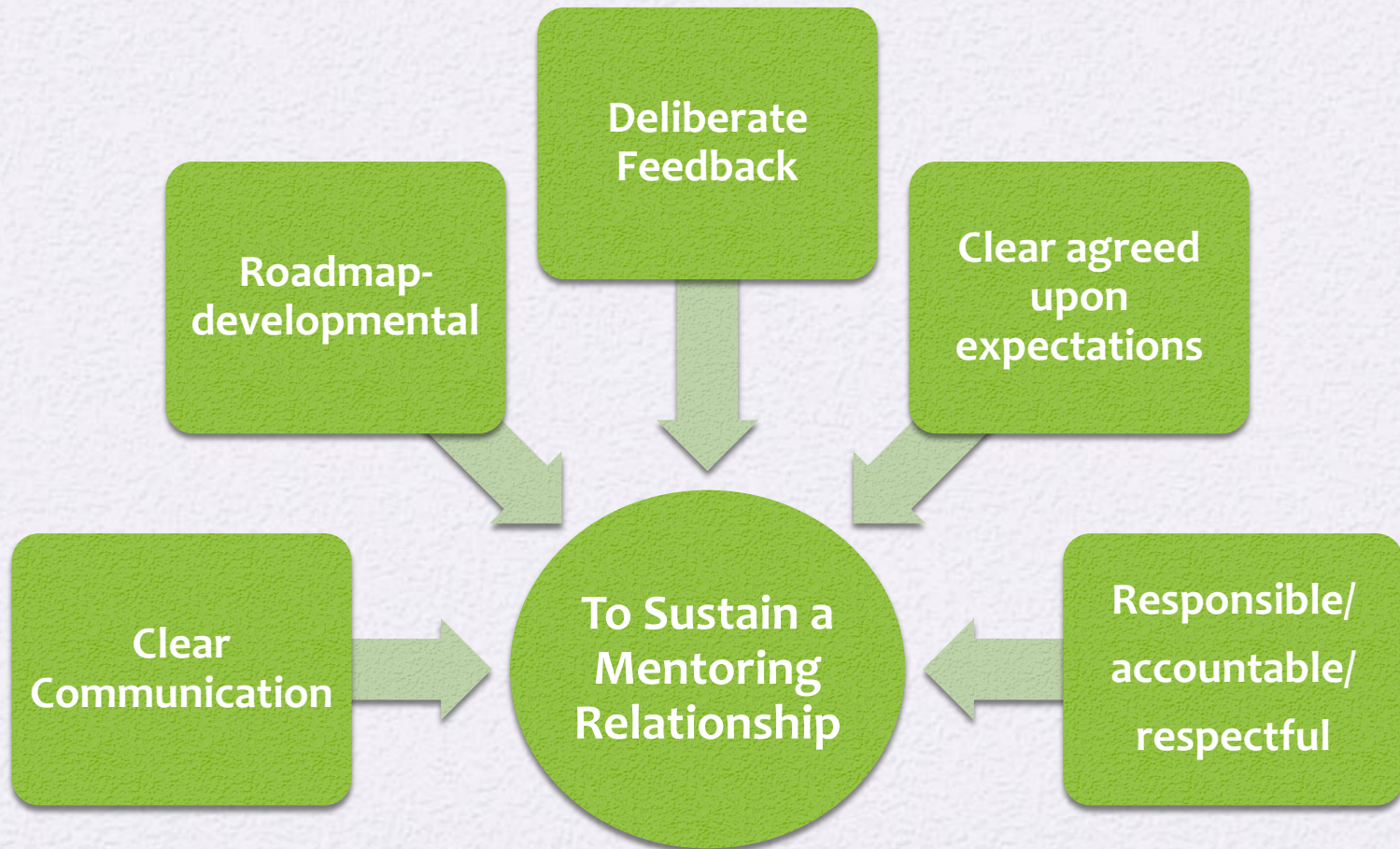
- Content
 - Intellectual scholarly/project aspect of mentee career
 - Facilitates new ideas
 - Guides productivity
 - Cultivates academic credibility
 - Connects to peers/experts to increase network

Career/Process

- Career/Process
 - Career guidance & support
 - Formulates goal(s)
 - Provides feedback
 - Guides academic promotion
 - Coaches on position negotiations

How many mentors do we need?

Mentoring is a Relationship



Twelve Tips for Developing Effective Mentors

- 1: Mentors need clear expectations of their roles & enhanced listening and feedback skills
- 2: Mentors need awareness of culture & gender issues
- 3: Mentors need to support their mentees but challenge them too
- 4: Mentors need a forum to express their uncertainties and problems
- 5: Mentors need to be aware of professional boundaries
- 6: Mentors also need mentoring
- 7: Mentors need recognition
- 8: Mentors need to be rewarded
- 9: Mentoring needs protected time
- 10: Mentors need support
- 11: Encourage Peer Mentoring
- 12: Continuously evaluate the effectiveness of the mentoring programs

Ramani, Subha, Gruppen, Larry & Kachur Krajic, Elizabeth M. (2006) Twelve tips for developing effective mentors. Medical Teacher. Vol. 28, (No. 5), pp.404-408

Why Humanistic Mentoring in Medical Education?

- To ensure professional identity formation of doctors who bring to patient care core values and virtues of the profession:
 - Integrity,
 - excellence,
 - compassion,
 - altruism,
 - respect,
 - empathy and
 - service

Supporting Evidence

Study I

Study Question:

Are faculty who receive an 18-month FD program that combines *experiential learning* with *reflection* better rated as humanistic teachers by students than controls?

29 intervention vs 47 controls from 5 medical schools

Branch, William T. et al, A good clinician and a caring person, Ac Med, vol 84, No1, Jan 2009, 177-126

Supporting Evidence

Results:

- Intervention group outperformed controls on all items on the Humanistic Practices Teaching Effectiveness Questionnaire ($p < .05$) with 8-13% differences

Study II: Repeat study with 8 medical schools:

$P=0.019$ in favor of experimental group
independent of gender, experience of faculty,
specialty area, and/or overall teaching skills

Branch et al., Faculty Development to Enhance Humanistic Teaching and Role Modeling: A Collaborative Study at Eight Institutions J Gen Intern Med 29(9):1250–5

Supporting Evidence

Study III: Long Term Follow Up Study

- **Method:** 1998 telephone interviews of 100 1989 and 1990 graduates (50 who had studied the Harvard New Pathway curriculum (NP), 50 who had studied the traditional curriculum)
- **Results:** Differences between NP and traditional students in the humanism domain first appeared during medical school and residency and remained significant well into practice, suggesting that humanistic medicine can be taught and learned

Peters AS; Greenberger-Rosovsky R; Crowder C; Block SD; Moore GT. Long-term Outcomes of the New Pathway Program at Harvard Medical School: A Randomized Controlled Trial, Academic Medicine. 75(5):470-9, 2000 May.

Role Modeling

- Teachers need to be aware of the conscious and unconscious components of learning from role modeling, so the net effect of the process is positive
- “Individuals admired for their ways of being and acting as professionals”

What makes for an effective role model?

- Clinical competence
 - KNOWLEDGE & SKILLS
- Teaching skills
 - TRANSMIT K & S
- Personal qualities
 - COMPASSION, INTEGRITY & HONESTY



WHERE DOES ROLE MODELING TAKE PLACE?

- FORMAL
- INFORMAL
- HIDDEN

KEY POINTS

- BE AWARE OF WHAT YOU ARE MODELING
- PROTECT TIME TO FACILITATE DIALOGUE, REFLECTION, AND DEBRIEF WITH LEARNERS
- ARTICULATE WHAT YOU ARE ROLE MODELING: MAKE THE IMPLICIT EXPLICIT

Conclusion

Formation of Humanistic Doctors is Possible

- A teaching/role modeling exists
- Study evidence supports its success
- Use it to train both mentors and students

Creating a Mentoring Culture

- Aligns department & institution strategic goals/pathways with individuals
- Recruits & retains talent
- Improves leadership & teaching skills
- Enhances career development
- Acclimates faculty-eases onboarding
- High potential individuals are fast tracked
- Supports diversity

Creating a Mentoring Culture

- Need a process to assign/seek mentors
 - Content/project mentor
 - Career mentor
- Faculty Development: mentor role & mentee role
- Leadership support (respect, accountable, responsible)
- Dedicated time to meet, respecting as part of work day

The Way It Is

~ William Stafford ~

*There's a thread you follow. It goes among
things that change. But it doesn't change.
People wonder about what you are
pursuing.*

*You have to explain about the thread.
But it is hard for others to see.*

*While you hold it you can't get lost.
Tragedies happen; people get hurt
or die; and you suffer and get old.
Nothing you do can stop time's unfolding.
You don't ever let go of the thread.*

~ William Stafford ~



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