

## Chapter x.x.x

### **MENTOR-MENTEE PROGRAMME: MENTORING IN AREAS WITHOUT ESTABLISHED RURAL TRAINING PATHWAYS**

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#### **Mentoring in rural medicine**

Mentoring is a dynamic and protected relationship between a mentor and a mentee in which learning occurs on both sides. It is a well-established practice within medicine and has been found to have an important influence on personal development, career guidance and career choice, as well as increasing research productivity.<sup>1</sup> Mentoring has proven to be beneficial at all stages of mentees' training.<sup>2,3</sup>

The mentee is the centre of the relationship, while the mentor's role is to stimulate reflection based on the mentee's interests and concerns. This needs to take into account other issues which affect the relationship, such as alignment of goals and expectations as well as cultural and personal factors.<sup>4</sup>

Table 1 below briefly describes the various professional roles in medical education, illustrating the specific role and contributions of mentoring.

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**Table 1:**  
**Roles of professionals in medical education**  
 (adapted from Botti S and Rego S, 2018)<sup>4</sup>

Main roles	Main settings	Main requirements
<b>Preceptor</b>		
<ul style="list-style-type: none"> <li>• Teach clinical knowledge by means of formal instruction with specific aims and targets</li> <li>• Integrate the concepts and values of curricula</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical environment where knowledge and ability to perform clinical procedures can be assessed</li> </ul>	<ul style="list-style-type: none"> <li>• Pedagogical competence</li> </ul>
<b>Supervisor</b>		
<ul style="list-style-type: none"> <li>• Observe the exercise of a certain activity and ensure the individual is competent in the performance of that activity</li> <li>• Review the professional practice</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical environment</li> <li>• Situations outside the work environment</li> </ul>	<ul style="list-style-type: none"> <li>• Competence in technical skill performance</li> <li>• Ability to provide reflection on daily practice</li> </ul>
<b>Tutor</b>		
<ul style="list-style-type: none"> <li>• Facilitate a learner-centred approach in the teaching</li> <li>• Review the professional practice</li> </ul>	<ul style="list-style-type: none"> <li>• Academic environments</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical competence</li> <li>• Pedagogical competence</li> <li>• Understanding of professional practice</li> </ul>
<b>Mentor</b>		
<ul style="list-style-type: none"> <li>• Guide and advise on the achievement of personal goals</li> <li>• Guide and advise on educational and professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Outside the immediate clinical environment</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to serve as a guide for mentees and provide support when necessary</li> <li>• Ability to stimulate the development of critical reasoning</li> <li>• Ability to listen, question and stimulate self-reflection</li> </ul>

The global shortage of medical professionals in rural areas negatively affects access to health care. While this situation would be improved by finding ways to attract professionals to rural areas, medical schools and residency programmes in most countries do not have effective strategies to motivate students to pursue work in rural areas through structured training pathways. Given the difficulties of recruiting and retaining professionals in rural and remote areas, alternative strategies need to be developed.<sup>5,6</sup>

The Mentor-Mentee Programme is an initiative started by Rural Seeds - or 'World Rural Doctors in Training' - a network of students and young doctors with an interest in rural medicine who collaborate closely with experienced doctors and other health professionals. The aim of the Programme is to provide a possible solution to the problems of recruitment and retention of healthcare professionals in rural and remote areas.

### **Mentor-Mentee Programme: Learning to fly**

The Mentor-Mentee Programme aims to connect rural medical professionals in training with more experienced colleagues to help them achieve their potential. It also aims to reduce isolation and create more equitable access to training opportunities around the world.

One of the main motivations for starting the Mentor-Mentee Programme was the frequent complaints about the lack of a defined training programme expressed by medical students and young doctors interested in rural medicine. While training in rural family medicine varies from country to country, some countries, such as Australia and Canada, lead the way with structured training programmes.<sup>7,8</sup> These provide medical students with opportunities to explore rural family medicine as a career and also provide a pathway as they transition to becoming young doctors.

The Mentor-Mentee Programme was inspired by discussions held during the 2017 Wonca World Rural Health Conference on ways to reduce professional isolation. It became apparent that for countries without structured training programmes, young doctors working in a rural setting were usually left to struggle alone in unfamiliar settings.

**Figure 1: Mentor-mentee logo**

The concept of the Mentor-Mentee Programme can be illustrated by birds learning to fly, shown in Figure 1. When a fledgling learns to fly, there is usually a more experienced bird setting an example and supporting the fledgling.



Mentoring aims to be a process that is person-centered, development-oriented and driven by the dynamics of the mentor-mentee relationship. It is a process of exchange between the experienced mentor and the novice mentee, resulting in both the mentor and mentee participating in learning.<sup>9</sup>

**Experiences from participants**

Two mentors and two mentees agreed to share their experiences of a mentoring programme. Their quotes below have been edited to protect their anonymity.

**Box 1: Mentee perspectives**

*“I want to start by saying that the Mentor-Mentee Programme was beneficial to me. I initially found it difficult to contact my wonderful mentor ... but after several attempts we finally got talking through skype and WhatsApp. Recently, we have not really been in touch.*

*[My mentor] has always kept me informed on the latest happenings in family medicine around the globe. He has also been of immense help in my dissertation. It has been a wonderful experience and I look forward to meeting with my mentor some day.”*

- Mentee 1

“I joined the Mentor-Mentee Programme ... with the plans of joining a general practice training programme with opportunities in rural general practice. I was given a choice of three potential mentors from around the world and I chose [my mentor] as I felt he would be the most helpful with my career planning. .. I had an initial telephone conversation where we went over what I wanted to get out of the programme and what he could assist me with and we established the best form of communication for us both.

*As time went on, I was able to ask ... questions about a career in rural general practice and about the benefits of a rural-focused training programme. The most useful thing I gained from the Mentor-Mentee Programme was being able to discuss difficult patient cases with someone who was not directly part of my training programme and who could also give me added perspective.*

*Although not a requirement of the Mentor-Mentee Programme, being in contact ... gave me the opportunity to visit ... During my visit I was able to observe what it would be like to live and work in a rural setting. I also got to discuss the rural general practice training programme ... with a current trainee and find out more about general practice as a career.*

*The Mentor-Mentee Programme was very useful in helping me make decisions for my future career, particularly as my career aspirations are focused on general practice ... Having someone to access for support and to help me gain perspective was invaluable. I found this useful even within [my] ...defined ...programme ”*

- Mentee 2

## **Box 2: Mentor perspectives**

*“My experience as a mentor has been very enriching. Although at the beginning the communications were difficult for technical reasons, we soon established a fluid correspondence with email and WhatsApp.*

*The person I've been mentoring has been a person who was finishing medical school. I have helped him especially in his final project, making contributions to the project and giving my opinions. Since research is one of my areas of expertise and I am used to bringing end-of study projects, I have been very comfortable accompanying my mentee. In addition, we have talked about his future projects and career plans. I am very happy because he finished his medical studies with very good grades. He invited me to his graduation, unfortunately due to the distance I could not go. It is an experience that I would like to repeat in the future.”*

- Mentor 1

*“I learnt about the Mentor-Mentee Programme whilst attending a Wonca Rural Conference and volunteered... After several attempts, we established a skype connection and exchanged a lot of information. We agreed to set up a WhatsApp line. Over the time we exchanged numerous WhatsApp messages as well as telephone calls and video catch ups. We exchanged information about my work, my conference attendances etc. I learnt from him about his progress at the hospital., his long shifts and some interesting cases. We did exchange a lot of information regarding his dissertation and we settled on the subject of back pain. I sent him some pathways that we use ... to manage back pain.*

*The biggest hurdle we faced is the time difference. We had many missed calls and messages because of this. In addition, I was travelling internationally a lot and that made the time difference even more complicated.”*

- Mentor 2

## **Structure and evaluation of the Mentor-Mentee Programme**

The Mentor-Mentee pilot programme started in July 2017 and ran for just over a year until September 2018. An open call for mentors and mentees, which included a two-page leaflet explaining the programme, was sent via email using the Rural Seeds and Rural Wonca Google groups.

A programme co-ordinator matched mentors with mentees based on their areas of interest, spoken language and expectation from the programme. Mentees were given a selection of three potential mentors and potential matches were checked by both the mentor and mentee before a match was confirmed. Once a match was agreed, an email introducing the co-ordinator, mentor and mentee was sent. Mentors and mentees could then discuss their expectations of the programme, the best method of communication and how frequently they wanted to interact. On-line platforms – like video conferencing, WhatsApp, email to Google hangouts – were used to bridge the gap between mentors and their mentees.

In the period July to December 2017, 18 mentor-mentees pairs were matched from all over the world, as seen in Table 2.

**Table 2:  
Participants by country**

<b>Mentees' countries</b>	<b>Mentors' countries</b>
India (1) Brazil (3) Ecuador (2) United Kingdom (1) Japan (1) United States of America (1) Canada (1) Australia (1) Burkina Faso (1) Rwanda (3) Nigeria (3)	India (1) Brazil (1) Uruguay (1) Wales (1) Scotland (1) Portugal (1) Spain (3) Japan (1) Nepal (1) Sri Lanka (1) United States of America (1) Canada (1) Australia (2) New Zealand (1)
<b>Total 18</b>	<b>Total: 17</b> (One mentor had two mentees.)

The progress of the Mentor-Mentee Programme was evaluated after three months and again after one year during which participants were asked to describe any positive or negative experiences with their mentor/mentee and to suggest improvements. They also rated the effectiveness of the process, the communication channels used, language barriers and how likely they were to recommend the Mentor-Mentee Programme to their peers. Their comments are given below.

***Evaluation of the pilot programme***

The pilot programme was completed in September 2018 with a final evaluation, the feedback from which will be used to develop a Mentor-Mentee 2.0 pilot.

Of the 18 matches, six pairs left the programme - possible reasons being cultural barriers, lack of engagement from both the mentor and mentee, time zone differences, problems with matching and selecting mentors and mentees, and difficulty understanding the role of the mentor. In some cases, the mentee or the mentor never responded to attempts made to contact them after the matching process. Mentors also noted that the lack of internet access in some areas made communication difficult.

### *Communication*

Mentors and mentees used email, video conferencing, and WhatsApp to communicate, with the preferred method being email. Two pairs also met in person and reported a positive experience. The frequency of contact between mentors and mentees varied from four times to more frequent contacts, using WhatsApp and phone calls.

In traditional mentoring, contact between the mentor and mentee becomes less frequent as the mentee becomes more confident overall. However, as the Mentor-Mentee Programme has demonstrated, pairs discussed a variety of topics and it is likely that the frequency of contact would remain constant as the goals of the mentees change.

Mentors and mentees discussed a wide range of topics, the most frequently discussed being clinical practice, research, career progression, career choice and public health. While career progression was a primary concern among the mentees, mentors focused more on clinical practice and career progression.

### *Evaluation: suggestions*

During the evaluation, mentors and mentees were also asked for feedback on the programme and to suggest improvements - summarised in Table 3 below.

### *Overall findings*

At the final evaluation, the mentors gave the programme an average grade of 7.42/10 (n = 7). The mentees gave it 8.7/10 (n = 11).

Of the eleven mentees who participated in the final evaluation, 10 were 'extremely likely' to recommend the programme to their peers and one was 'very likely'. The responses of the seven mentors were more heterogeneous regarding how likely they were to recommend the Mentor-Mentee Programme: four were 'extremely likely' to do so, two 'very likely' and one 'moderately likely'.



### **Mentees' suggestions**

- *"A follow-up schedule so that the conversation remains frequent."*
  - *"It should be important to let the participants know the action plan of the programme."*
  - *"The programme is very interesting. I just have difficulty communicating with my mentor because he is very busy."*
  - *"Longer time to allow further communication."*
  - *"Consider time zone."*
  - *"I chose my mentor because I knew he would understand my training programme. I would recommend this approach for young doctors because it helps your mentor give useful and practical advice."*
  - *"I thought it ran in a way that was very suitable for me and my mentor."*
  - *"It has to be available to everyone! This programme is just so important as to develop careers."*
- "It's a laudable programme."*

### **Mentors' suggestions**

- *"Discuss and plan in a better way."*
- *"We have to clarify what actually the mentee expects and form a format like agendas for each interaction."*
- *"I suggest a meeting among all programme participants."*
- *"More frequent contact."*
- *"Contacting only by email makes all the process slower, but by now [its] the best option I can offer."*
- *"It seems to me to be an interesting and pertinent programme. Maybe look for a greater linguistic connection."*
- *"Mentor and mentee speak the same language."*
- *"We will probably need a responsibility waiver, although the risk is low."*
- *"Maybe some specific health project is planned."*
- *"I would not take on two in the future. Mentor training at conferences."*
- *"Please continue."*

## **Challenges along the way**

The extensive communication was all done via email by the programme co-ordinator, who also carried out the matching of participants, email correspondence, and evaluations. This took significant time to co-ordinate and the need for a structured approach and additional personnel became apparent. To improve the Mentor-Mentee programme, a dedicated administration team and financial investment is vital, particularly as the programme expands. Among the improvements that have been suggested is a mentor-mentee website to allow better sharing of information between the programme co-ordinator and participants.

Feedback from mentors and mentees indicated that face-to-face meetings had the potential to facilitate further collaboration and learning. However, as an issue of potential liability arose during the pilot, particularly where mentees visited mentors, it was understood that meetings organised by participants were at their own discretion. The official stance of the Mentor-Mentee programme was that visits and face-to-face meetings were not a requirement of the programme.

Legal liability issues may arise in relation to perceived professional liability of mentors and mentees, as well as possible ethical and confidentiality concerns regarding information sharing. As the Mentor-Mentee programme does not provide legal cover, participants who may be concerned should refer to their own indemnity or professional guidance providers. As the programme is run online, it may be beneficial to include on the platform some guidelines for safe sharing of information with regards to confidentiality.

### ***Developing a Mentor-Mentee Programme 2.0***

To improve the programme, feedback from the participants and approaches proposed by other resources will be considered – including the eight steps proposed by the Scottish Social Services Council<sup>3</sup> and the ‘mentoring lifecycle’.<sup>11</sup>

### ***Suggestions for developing the Mentor-Mentee Programme 2.0***

- Improve the selection of mentors and mentees by designing an online platform for the programme and by being more mindful of language barriers, time zone, cultural differences.
- Identify and try to address language barriers and cultural differences.
- Provide formal mentor training in local and international conferences.

- Develop a manual for mentors and mentees.
- Develop a mentor-mentee agreement.
- Recommend a defined start time for mentors and mentees to begin communicating after selection and matching.
- Recommend a minimal level of communication e.g. at least one virtual/ telephone meeting at least every two months over a 12-month period.
- Develop an action plan for the programme.
- Have a dedicated programme co-ordinator /administrator and online platform.

### **Broader applicability**

Aligned with the 2018 Astana Declaration, the Mentor-Mentee programme aims to reduce the inequalities in rural medical training, and to improve the recruitment and retention of a primary health care workforce in rural areas.<sup>13</sup> With further development of the programme, it may be possible to use this model both at national and international levels to improve access to mentorship opportunities in rural areas.

It can be invaluable for mentees to have access to a mentor and colleague with rural medical experience to answer questions about challenging cases or situations, to provide guidance on useful learning tools and career development advice. In addition, however, mentors also have the opportunity to learn from their mentees; for those with an interest in improving equity in rural medicine globally, it can give valuable insights to the situation ‘on the ground’ in various regions of the world. Mentors can also encourage collaboration internationally and inter-professionally.

With the right support, young rural medicine professionals can lead the development of rural training programmes in their own countries. An example of this are the Rural Seeds members from Brazil who are currently working on developing a rural internship component in their family medicine residency programme, which is necessary for their region.<sup>14</sup> They started this as a result of having exposure to, and practical support from, more experienced health professionals who empowered them to move forward with this project.

We intend to further develop the Mentor-Mentee programme based on the feedback from this pilot programme and using resources from other mentoring programmes. With sufficient support and resources, we hope to have a new group of participants in the future and to continue supporting the development of rural health professionals.

## **What to do**

- Match the right mentor and mentee; be aware of cultural barriers, time constraints and expectations of both the mentor and mentee.
- Provide a clear structure for the programme; how to initiate communication, how often, aims for the year.
- Use feedback to improve the experience.
- Be flexible with mentoring styles and possible learning opportunities.
- Develop a guidebook about mentoring and create short courses to improve mentoring skills.
- Foster collaboration on projects and research.
- Emphasise that open communication between the mentor, mentee and programme co-ordinator is key.

## **What not to do**

- Don't assume mentors or mentees know what is expected of them.
- Be aware of language differences / barriers.
- Ensure the recognition of mentoring as an official part of professional training.
- Legal implications.
- Understand the financial and administrative challenges to running a mentor-mentee programme.

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