

The Buddy System: Near Peer Mentoring During a Pandemic

D. Eves¹, BD. Power², A. Foran¹

1. Children's Health Ireland at Temple Street.
2. National Maternity Hospital.

Abstracts

Aim

Near-peer mentoring (NPM) is an effective educational model for personal and professional development. We aimed to develop, implement and evaluate a NPM programme for NCHDs in a paediatric hospital during the Covid-19 pandemic.

Methods

This was a prospective, questionnaire-based initiative. Registrars (mentors) were paired with senior house officers (mentees) for 6 months of mentorship. A mentoring template was created. This outlined 4 core themes: paediatric training, career development, professional skills and work-life balance. Questionnaires were distributed following the period of mentorship to evaluate the effectiveness of the programme. Both quantitative and qualitative data were collected. Thematic analysis was used to provide insights on the mentorship programme.

Results

All NCHDs (n=99) wished to participate in the mentorship programme. Nineteen NCHDs responded to the survey (response rate 19.2%). 89% of respondents (n=17) felt the programme could be useful to NCHDs in general, but only 21% (n=4) felt it was of personal benefit. Thematic analysis revealed that the programme provided a positive opportunity for mentorship. The interdepartmental rather than intradepartmental nature of the pairings was identified as a negative feature, affecting both the accessibility and value of the encounters.

Conclusion

This study highlights the benefits of a successful NPM programme for paediatric NCHDs in Ireland. Support for the programme was high amongst both mentors and mentees. Simple modifications are required to further improve this mentorship initiative.

Background

Life as a non-consultant hospital doctor (NCHD) can be emotionally draining. A recent National Survey of wellbeing of 1,479 hospital doctors in Ireland highlighted that 50% of doctors are emotionally exhausted and overwhelmed by work and reported that one-third of respondents were experiencing burnout, which was significantly associated with younger age and lower years of practice ¹. This is higher than our international counterparts in the UK, Canada, the USA and Australia. Work dissatisfaction amongst junior doctors in the UK and Ireland has also been well described in recent years with key issues being working conditions, training, career opportunities, lack of support, loss of respect and value, reduced investment in training and lack of consistent teamwork ^{2,3}. Retention of hospital doctors has been a critical issue for healthcare services in Ireland for many years, as hundreds of Irish-trained doctors emigrate overseas each year to continue their postgraduate training. Poor working conditions in Ireland has also been identified by the Royal College of Physicians in Ireland as a key factor in the emigration of junior doctors ³.

COVID-19 pandemic has had a significant negative impact on the health and wellbeing of healthcare professionals ⁴. Exam cancellation, family displacement, health anxiety and modification of work responsibilities were some of the extra stresses involved. Reduced training exposure has been highlighted as an issue, for surgical trainees in particular, with peer mentoring suggested as part of the solution to address this ^{5,6}. Social isolation during this period may impact on minority groups more than others, widening inequality ⁷. During this critical period, efforts must be made to improve supports for NCHDs in Ireland to encourage them to stay. Multiple studies have found that Near Peer Mentoring (NPM) programmes introduced during this challenging pandemic era have had positive impacts on medical students including their coping and mental preparedness and enhancing social supports ^{8,9}. Similar positive results have been found in the areas of academic medicine ¹⁰. It has also been suggested that mentors must change their approach to meet the new challenges of the COVID-19 era ¹¹. This unique environment provides an ideal opportunity for brief NPM intervention.

Near-peer mentoring (NPM) describes a mentoring relationship between individuals 'closer in age, experience and rank' ¹². The importance of peer/near-peer mentoring for doctors has been acknowledged as a successful educational model for personal and professional development in the medical literature ^{13,14}. NPM has advantages over traditional faculty-trainee mentoring programmes both regarding approachability and impartiality. It has also been found to be more accessible to women and minority groups ¹⁰. It is recommended that mentors should not be the educational supervisor of the mentee, and likewise should not be involved in the assessment or appraisal of their mentee. Eisen et al. described the results of a NPM programme aimed at junior paediatric trainees in the UK ¹², and a study by Okereke et al. found that junior doctors perceive senior non-consultant doctors to be more accessible and approachable as mentors than consultant colleagues ¹⁵. Mentoring has been reported to positively influence faculty retention and to reduce burnout risk highlighting its potential value in NCHD wellbeing and retention of the medical workforce ¹⁶. Thus, the NPM structure is an attractive model to guide personal and professional development among junior doctors at this point in time.

Similar programmes have been rolled out across UK and Ireland in universities and healthcare settings. Benefits to mentees in the literature include social benefits, professional benefits, academic benefits and emotional benefits¹⁷. A recent study by Ong et al. highlighted a positive association between the mentoring of core medical trainees in the East-London Deanery and better training outcomes and Membership of the Royal College of Physicians (MRCP) examination pass rates¹⁸. Mentors have learned key transferrable skills such as communications skills, responsibility, and problem solving¹⁷.

The European Working Time Directive has resulted in reduced working hours for junior doctors in Ireland. As a result, sustained, positive relationships with more experienced colleagues may be harder to initiate, and informal mentoring relationships perhaps less likely to develop in this clinical environment. The National Model of Care for Paediatrics in Ireland describes mentoring as 'an essential service' to promote paediatric research¹⁹. Although mentoring is a core skill specified by the Royal College of Physicians in Ireland for Higher Specialist Trainees in Paediatrics, formal universal mentoring programmes for trainees are lacking. The demand for NPM amongst junior doctors in Ireland has not been established, nor have the potential benefits of NPM relationships been elicited. The effectiveness of this model among paediatric trainees within this cultural context is not yet clear.

The aims of this NPM programme were 1) To implement a near peer mentoring programme for all NCHDs in CHI at Temple Street, a tertiary paediatric hospital. 2) To improve mentor management experience. 3) To improve mentee understanding of the importance of work-life balance, to support mentees with decisions around audit and research, training scheme applications, examinations, and skills acquisition.

Methods

This was a prospective, questionnaire-based quality improvement initiative. All NCHDs in the hospital were included (N=99). This was an opt-out program, with no NCHDs asking to withdraw from the project. Two registrars (mentors) were teamed up with one senior house officer (mentee) to provide mentorship over a 6-month study period. Information was communicated via NCHD WhatsApp group and via email. A mentoring template was created to provide a framework for the mentorship meetings. The template was based on four key themes: 1) Paediatric Training in Ireland: Mentee career objectives, Basic and higher paediatric specialist training, professional competency schemes, job application processes, interview techniques. 2) Research and Audit: Research and audit skills, publication advice, presentation skills. 3) Professional Skills: Clinical, procedural and communication skills. 4) Work-Life Balance: Avoiding burnout, eliciting mentee concerns, lessons learned by mentors. These themes were chosen to reflect key areas of professional life as a junior doctor, while also exploring overall physician well-being. The chosen themes had also been highlighted by Eisen et al in their study of NPM amongst UK paediatric trainees¹². Mentor-mentee groups ('Buddies') were advised to meet 4-6 weekly and to explore the above themes. Reminders were sent every 2 months to the mentors and mentees.

No formal training was provided; this decision was made due to a combination of time constraints, burden of other meetings and trainings, the sustainability of the project with future groups of NCHDs, and the hypothesis that the Buddy programme would have beneficial effects on mentors and mentees even without mentorship training.

A mixed-methods survey collecting both quantitative and qualitative data was used to explore the research objectives. Quantitative data on NCHD participation in the programme was collected, along with qualitative data on NCHD attitudes to the overall impact of the NPM programme including management experience, work-life balance, audit and research, training scheme applications, examinations, and skills acquisition. The questionnaire was modified from two previously validated and published tools for mentoring relationships: The Munich Evaluation of Mentoring questionnaire (MEMeQ) and the Mentoring Competency Assessment tool^{20,21}. In addition, free text responses were provided to elucidate deeper insights into NCHD individual attitudes and perspectives towards mentoring. The questionnaire was developed through the Survey Monkey application and distributed to all mentors and mentees at the end of this 6-month NPM programme. Distribution was via WhatsApp group and email. Responses were collected through the same application, and data interpretation was performed through Microsoft Excel and through the application's own software.

Formal ethical approval was not sought for this study due to its lack of patient contact, and lack of any perceived negative outcome on patient care or staff wellbeing. As mentoring is a regular occurrence in the hospital setting in a less structured manner, the interventions in this study were not new ones, and therefore formal ethical approval not deemed to be necessary. The format of the study, the aims of the programme, and any potential issues were discussed with the clinical director and the NCHD committee who approved the commencement of the programme. Following discussion with the NCHD committee, it was agreed that pathways should be clearly developed to guide mentors and mentees who encountered issues during their meetings. These pathways were developed based on current staff supports including the COVID-19 support line, the occupational health department, the wellbeing department, and the professionalism group.

Results

In total, 99 NCHDs participated in the mentorship programme over the 6-month study period (66 participants were mentors, and 33 were mentees). The response rate to the questionnaire was low at 19.2% (n=19). 78.9% (n=15) of respondents met at least once with their buddy, with most (68% respondents, n=13) meeting only once. Exact reasons for limited meetings were unclear from the data gathered but a number of factors are likely to have contributed including the lack of perceived interest in the programme, lack of time to participate, and lack of confidence to participate in the programme. The thematic analysis below also reveals contributory information.

The questionnaires showed that 89% of respondents (n=17) felt the programme could be useful to NCHDs in general, but only 21% (n=4) felt it was of benefit to them. When mentors and mentees were analysed separately, results were comparable with response rates of 12.1% (n=8) and 30.3% (n=10) respectively. 20% (n=2) from each group felt the programme useful to them, and 88% of mentors (n=7) and 90% (n=9) mentees felt it could be useful to NCHDs in general. Statistical analysis of the responses was not completed due to low response rate. It is interesting to explore the reasons why the programme was felt to have theoretical benefit, despite limited participation.

Limited NCHD participation in the programme may be due to lack of time or motivation but may also be reflective of core problems with the structure and delivery of the programme. The low response rate means that any assumptions regarding the reasons for poor participation must be deduced from the previously published literature rather than from this study. Reasons for low participation in NPM programmes are poorly documented in the literature but may include busy clinical setting or inadequate resources ²². Strategies to combat low participation rates are predominantly focused on addressing the aforementioned barriers, although one study used a financial incentive of a coffee voucher to encourage participants to meet ²³.

Thematic analysis was performed using an inductive method. Free text responses were gathered and the themes from them extracted. 3 rounds of thematic extraction were carried out, and 2 key themes were revealed. A) The project was felt to provide a positive opportunity for mentorship; “it was great to have someone to speak to” (mentee). B) The nature of the pairings (interdepartmental rather than intradepartmental) was raised as a negative feature by multiple respondents, with negative feedback regarding the ease of contacting mentees, the value of these encounters, and the lack of benefit when the mentee wasn’t from the same department or specialty; “It is... difficult to contact NCHDs outside your department” (mentor).

Discussion

This study demonstrates that a NPM can be implemented for NCHDs, but that its impact on mentors and mentees is unclear. The results show that NCHDs feel NPM programmes such as the Buddy System could be helpful to NCHDs, but only 20% of respondents found this programme to be helpful to them. This indicates that a NPM may be beneficial, but that it is not achieving its maximum potential impact in its current state. The impact of the COVID-19 pandemic on this NPM is difficult to tease apart from other external factors. However, the need for additional supports during this pandemic is compelling based on the aforementioned literature in terms of doctor retention, training, and wellbeing.

The thematic analysis reveals that the programme was viewed positively, but that the interdepartmental nature of pairings may have been counter-productive to the process. This brings to mind the evidence from some studies that peer mentoring is effective when colleagues share “ a location, interest, or goal” ¹⁰. The non-departmental pairing of NCHDs may have contributed to poor participation in the study, and also to poor response rates to the questionnaire.

Further efforts should be placed in developing a NPM that pairs mentors and mentees from within the same department, and analyse the effect that this change has on the success of the mentor-mentee relationship. Although not highlighted in the responses, the lack of formal mentoring training for participants may potentially have impacted the success of the NPM. The necessity for a mentorship training programme for NPM is not widely discussed in the literature, but evidence suggests that traditional mentorship programmes are enriched by the training process ²⁴.

Our study has a number of limitations. There was a relatively small cohort of doctors studied, and the response rate to our questionnaires was low. This fact is a limitation but also provides useful information about the perceived value of the programme by NCHDs; response rates to questionnaires are correlated with interest in the topic, and non-responder bias is likely to be significant here ²⁵. As discussed in the results section above, there are a multitude of potential reasons for low participation and response rates which must be explored and addressed in future studies. Due to the low number of respondents, the impact of this NPM on mentor acquisition of key transferrable skills such as communications skills, responsibility, and problem solving was not assessed. This is an important outcome that requires re-evaluation in a larger sample size. Secondly, it must be acknowledged that the doctors had a working relationship with the doctor involved in coordinating this study. Although the questionnaires were strictly anonymous, this may have led to some response bias when the doctors were completing the questionnaires.

In conclusion, NPM has the potential to reap numerous rewards for mentors, mentees and organisations. There is a scarcity of robust data evaluating the effectiveness of NPM programmes among NCHDs. Our study has highlighted the implementation of a simple, time effective NPM programme for paediatric NCHDs. Support for the programme was high among mentors and mentees, but further modifications are required to maximise NCHD involvement. We recommend further research on the effectiveness of NPM among NCHDs with department-specific pairings, incentives for regular meetings, consideration of the potential need for training, and evaluation of the specific impacts of the NPM on mentor skills and mentee wellbeing.

Declaration of Conflicts of Interest:

All authors declare no support from any organisation for the submitted work, no financial relationships with any organisations that might have an interest in the submitted work, and no other relationships or activities that could appear to have influenced the submitted work.

Corresponding Author:

Dr. Doireann Eves,
Paediatric Specialist Registrar,
Children's Health Ireland at Temple Street,
Dublin 1.
Email: Doireann.eves@cuh.ie

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