

## **“Let’s Get Talking”: An NCHD Mentorship Pilot-Program**

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Dear Editor,

The concept of ‘mentoring’ has been rooted in medical education since the historical days of apprenticeship (Platz and Hyman, 2013). However since the advent of formal training curricula and structured clinical appraisals, more informal educational methods such as peer mentoring are often under-utilized. With increasing physician burn out, demanding workloads and high attrition rates it has never been more important to nurture and develop Irish junior doctors both personally and professionally (Hayes et al., 2019). In addition to perceived career benefits, peer-mentoring programs have been shown to promote social connectedness, self-care and physician well-being (Chanchlani et al., 2018, Eisen et al., 2014).

A pilot mentoring program was developed at the Department of General Paediatrics in CHI Tallaght in April 2021. Twenty non-consultant hospital doctors (NCHDs) were recruited to the program including Paediatric registrars (n=10), General Practice Senior House Officers (SHOs) (n=6) and Paediatric SHOs (n=4). Each Registrar was assigned a junior trainee (SHO) as a mentee and pairings were encouraged to meet informally.

Six weeks following the implementation of the pilot program, participants were asked to complete a questionnaire examining attitudes and opinions regarding the mentorship program. Areas explored included: participant engagement, preference for topics discussed (personal life, personal development, career choices, financial concerns, traumatic work experiences), and preference for continuation of similar mentorship programs.

The results show that the preferred discussion topics between the mentor and mentee included traumatic work experiences (92%) and career choices (77%). Just under half of all respondents wished to discuss personal development and only one third would want to discuss their personal life. Less than 10% wanted to discuss financial concerns with their mentor.

As expected, 84% of the trainees would prefer to discuss personal problems with friends or relations outside of work. In contrast mentees with career issues would turn to either their mentor (28%) or consultant (37%) with less than one fifth turning to friends/relations for this issue. When asked, both mentees and mentors would feel comfortable discussing personal issues. All of the respondents agreed that the mentorship program was a positive method of promoting well-being in the workplace. All of the registrars would welcome a non-supervisory consultant for mentorship.

Through implementing this pilot mentor program, we have demonstrated that peer mentoring is welcomed by paediatric trainees. The vast majority of respondents valued having a mentor to 'debrief' after a clinically-related traumatic experience. Overall, individual attitudes toward the program were very positive. Trainees enjoyed having an additional support network to discuss topics that are causing stress or concern. In addition, the majority commented that this was a fantastic initiative to help support colleagues going forwards. It is planned that the mentorship program will continue and expand in the future and we suggest that the implementation across other CHI hospital sites may be beneficial to promote the well-being of NHCDs.

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