

## EM and Me: Near-Peer Mentoring in an Emergency Department

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### Abstract

Near-peer mentoring (NPM) is increasingly considered a positive means through which junior physicians can be supported. While some research has been done on the value of NPM in other settings, there are limited studies on the benefits to Emergency Medicine (EM) doctors.

#### *Aim*

This study aimed to design a pilot near-peer mentoring program in an Emergency Department and to assess mentees' experience of it.

#### *Methods*

Junior doctors were mentored by near peer mentors during their placement in EM and were subsequently surveyed. This was a cross-sectional, retrospective survey design and descriptive statistics were carried out on the survey data.

#### *Results*

33 junior doctors were mentored by 13 mentors over a six month period. Participants' experiences were broadly positive and highlighted that they found it useful for their professional development. Meetings were focused on the development of professional skills with a lesser emphasis on their wellbeing. Respondents reported feeling more comfortable meeting with a colleague that was closer to them in grade, rather than a senior grade, which highlights the importance of NPM. 90% of respondents agreed that the programme should be continued in the future.

#### *Discussion*

Near-peer mentoring has the potential to be beneficial to junior physicians in the Emergency Department.

## Introduction

Physician wellbeing is a key priority for all those involved in healthcare management. In Ireland, recent surveys of physician wellbeing have found that 90% of doctors have experienced some form of mental distress related to or made worse by work<sup>1</sup>. Emergency Medicine (EM) is a particularly high-pressure specialty within the broader medical field and global resourcing, long work hours, and staffing issues contribute to the high stress and burnout rates within the discipline<sup>2-4</sup>. There is also some evidence that junior doctors are more likely to suffer from burnout than their more senior colleagues<sup>5</sup>.

However, there are certain protective factors that can counteract this possibility to experience burnout. Support from colleagues has been shown to be protective of resilience in physicians across specialties<sup>6</sup>. In a survey of EM doctors, when asked what helps when feeling overwhelmed the main response was “the clinical team on shift with me”<sup>7</sup>. Hence, facilitating support between colleagues could bolster EM doctors’ wellbeing. With the isolation of physicians from many of their peers during the COVID-19 pandemic<sup>8</sup> and the negative impacts of working through the pandemic itself<sup>9</sup>, it is possible that providing structured interactions with colleagues could support wellbeing<sup>10,11</sup>. In fact, encouraging peer support has been recommended as a priority by the Irish Medical Organisation’s recent doctor wellbeing survey report.<sup>1</sup>

A formal mentoring framework exists for EM doctors who are part of a training scheme<sup>12</sup> but doctors who are not on training schemes (52% of these being Non-EU doctors<sup>13</sup>) do not currently have access to formalised mentoring programs.

One way of reducing the challenge of providing adequate mentoring support to many junior grades with relatively short placements and diverse learning needs could be to introduce a near-peer mentoring (NPM) programme. Very little is written on mentoring in EM with fewer papers again specifically on NPM, however in other specialties of medicine it has been viewed positively<sup>14,15</sup>. Mentoring has been written about specifically in relation to women physicians in EM and has been found to be beneficial for personal and professional development<sup>16</sup>. While many papers focus on the benefits to the mentees, there are also significant benefits for those who decide to be mentors, such as recognition from peers, academic career benefits and the opportunity to share knowledge and experience<sup>5</sup>. Mentors play an active role in developing physicians’ careers, as opposed to taking a more passive role model position, and this can develop their own interpersonal and leadership skills<sup>17</sup>. This study aimed to design a pilot NPM program in an Irish ED.

## Methods

This pilot study was set in the Emergency Department in University Hospital Galway (UHG), an Irish Model 4 Hospital. The study started in January 2022, in the context of a COVID-19 surge in the winter season.

In December 2021, one author (LH) designed the “EM and Me” near peer mentoring program. At changeover in January 2022, the EM SHOs (Senior House Officers) and interns were all allocated Registrar mentors. The programme ran for six months, ending at changeover in July 2022. The ethos of the program aimed to provide holistic support to the mentee by a near-peer mentor who may consider both the personal and professional aims of the mentee in a friendly and approachable manner.

All middle-grade doctors were contacted via the Registrars WhatsApp group to explain the premise of the project and recruit volunteers as mentors for junior-grade doctors (interns and SHOs). The entire middle grade group opted-in to be allocated mentees. The EM and Me program was designed to encourage mentees to approach their mentor at least twice during their EM placement. The program was reviewed by the EM Consultants while it was in its design stages and they were supportive of the scheme as an additional resource to supplement the existing Consultant mentoring.

In January 2022, the “EM and Me” program was launched. An education session was delivered both in-situ and online by the author at the weekly departmental teaching session. This outlined the ethos of the program, the allocation of mentees (two per mentor) and suggested areas to set goals (such as personal goals, practical skill based goals, professional development and research based goals). Mentees were advised to introduce themselves to their mentors early in their placement. A follow-up email was sent containing the key points about the “EM and Me” program and the allocation list of mentors to mentees.

“EM and Me” packs were also supplied to the mentors containing the names of their mentees, an “EM and Me” advisory leaflet (as an optional resource to aid setting goals) and coffee vouchers (to support the informal nature of the meetings and encourage mentor-mentee pairings to take some time away from the shop floor).

Follow-up texts were sent at six-weeks to both the Registrars WhatsApp group and the complete EM Doctors WhatsApp group to encourage mentors and mentees to arrange to meet. The program had a second launch in April 2022 with the changeover of those on 3-month placements and 4-month placements.

The mentee group was surveyed via anonymous survey on Google Forms which was sent via email following the completion of their EM placement. Therefore, this was a cross-sectional, retrospective survey design. Descriptive statistics were run on the data collected from the online survey. As this study was small, it was not appropriate to carry out inferential statistics. Following consultation with the clinical research ethics committee in the hospital, the study was exempt from ethical approval as it was run as an audit within the hospital.

## Results

### *Demographics*

Two rounds of mentor allocations were facilitated during the six month period of mentoring, as doctors rotating through Emergency Medicine have differing dates and durations of placement. A total of 13 mentors took part across the January and April intakes. All mentors had worked in the hospital for more than 6 months and were familiar with the hospital and the Irish health system. In the January intake, 25 mentees took part in the program. The April intake comprised of 27 mentees (with 19 of these continuing from the January intake). As such, a total of 33 SHOs and interns were mentored under the EM and Me programme. A detailed breakdown of the mentees can be found in Table 1 below.

**Table 1. Mentee Demographics**

<b>Mentee Placement</b>	<b>January Intake <i>n</i></b>	<b>April Intake <i>n</i></b>	<b>Total <i>n</i>(%)</b>
Intern	2	2	4 (12%)
SHO	23	6	29 (88%)
<i>GP Trainee</i>	4	4	8 (24%)
<i>EM Trainee</i>	2	0	2 (7%)
<i>Stand-alone post</i>	17	2	19 (57%)
Totals	25	8	33

### *Survey results*

#### *General background*

A total of 10 mentees responded to the survey (33% response rate) regarding their experiences of the EM and Me programme. Of the respondents, seven (70%) were male and 60% were of non-EU background ( $n=6$ ). This was broadly representative of the mentee group (which was 60% male and 60% non-EU). It was identified that 50% ( $n=5$ ) of respondents had

no prior experience in Emergency Medicine. Furthermore, of these five mentees, four indicated that they were worried that they would find their rotation through EM difficult.

### *Mentor preference*

Only one respondent had a gender preference for their mentor and this was an Irish female mentee who expressed a preference to be mentored by a female mentor. Ethnicity was not a concerning factor and no respondents expressed a preference for the ethnicity of their mentor. The seniority of a mentor was important to mentees, with 60% of respondents (n=6) feeling more comfortable approaching a Registrar rather than a Consultant with their concerns.

### *Mentor-mentee interactions*

From the survey, 70% of respondents agreed that their mentors were approachable and that they were supportive and encouraging. This included one respondent who reported not having met their mentor in person. 40% of respondents (n=4) reported not meeting their mentors to discuss their goals or concerns. Each of the mentees who did meet their mentors met them on the “shop floor”, that is, in the Emergency Department or its tutorial room. No one reported meeting their mentor outside of a clinical setting, despite being encouraged to do so using provided coffee vouchers.

### *Mentee goals and the roles of mentors*

Participants were asked what goals they had for their EM placement, with options including goals regarding their training programme, professional skills, research and audit, and personal life goals. The majority of respondents described professional rather than personal goals. Half of the respondents felt that their mentors motivated them towards achieving their goals. Table 2 below highlights some of the ways through which participants reported their mentors helping them to achieve their goals.

**Table 2. Mentee Feedback**

<b>Mentee Quotes</b>
“Always very helpful with practical instructions regarding emergency skills and appropriate onward referral”
“Gave advice on performance of practical skills and was happy to supervise at any opportunity to practice skills”
“By helping in choosing the right path and hard work”
“my mentor guide[d] me properly and share[d] data for further studies”
“Helped develop skills and advised [sic] on the EM course”

### *Mentee concerns*

Similarly to the goals, the majority of mentee concerns were related to the professional skills required in the EM position. Some of the mentees reported that their mentors helped them to deal with these concerns, with some being “open and approachable about any concerns” and giving “advice on who to talk to”.

### *Mentee perceptions of the mentorship programme*

Overall, mentees were satisfied with the mentoring programme. For those who were satisfied with the programme, they reported having “a friendly face on the coalface” and “someone interested in how I was getting on” as positive aspects. One mentee described the benefits of having a mentor as “someone who can guide you regarding your future ED selection...[and who would] share their experience but not imposed [sic] it”. Two participants reported being dissatisfied but did not clarify or elaborate on why this was. Neither of these participants met with their mentor throughout the programme, which may account for their dissatisfaction. Further, deeper exploration as to how the programme could be improved is needed for the future. Some participants identified areas for improvement, which included putting the programme in place earlier in the year, involving the Consultants more and scheduling the mentors and mentees on the same shifts to support the relationships. The vast majority of mentees ( $n=9$ , 90%) agreed that the programme should be continued.

## **Discussion**

The “EM and Me” NPM pilot program was met with almost universal satisfaction by mentees who partook in the trial. While this was a short, small scale pilot study, it clearly identified the potential values of NPM in Emergency Medicine and identified areas of improvement for future implementation of the programme.

Most of the respondents to the survey indicated that they found being assigned and meeting with their mentor to be a positive experience. This echoes the findings of other NPM studies<sup>14</sup>. The comments left by mentees about the process highlighted some of the specific benefits of NPM, such as receiving advice and helping them to deal with any concerns<sup>18</sup>. In a challenging specialty with high rates of burnout, these positive reactions to the programme are welcome. The fact that the mentees discussed professional issues within their sessions may also reflect that the NPM programme met a need within the department. The high proportion of NCHDs who are not on training schemes and as such do not receive formalised mentoring, could certainly benefit from a programme such as “EM and Me”.

Regarding limitations of this project, the sample size and response rate of the survey was lower than anticipated and limits the conclusions that can be made. The survey was sent out

following changeover in July, which meant that the participants had moved on to new roles in new departments and hospitals which likely negatively impacted the response rate. Future iterations of this program should aim to survey participants prior to their beginning a new job with care taken to reassure them that their feedback would not negatively impact their employment in any way. Also, there was varying levels of investment from the mentors. While all agreed to sign up, some did not meet with their mentees at all. This may be for several factors, including rota issues. Ideally, shift linking should be considered when planning future mentorship programmes.

Despite these limitations, the feedback from participants was largely positive with the majority wanting the programme to continue, even when they had not received satisfactory mentor support. The mentees also voiced satisfaction at having access to Registrar mentoring rather than exclusive Consultant mentoring, which is in keeping with other research on near-peer mentoring.

The “EM and Me” program managed to increase supports towards junior EM doctors during January 2022 when COVID-19 restrictions were still in place. Social distancing was ongoing which limited opportunity for social interactions. For example, there were limits on the numbers of staff allowed to use break areas. The coffee shops in UHG were open but without seating, which may explain why most mentee-mentor pairs continued to meet on the shop floor.

“EM and Me” required few resources to operate, which makes it an achievable project to expand nationally. Approximately 80 coffee vouchers were sponsored by a local Pharmaceutical Representative and distributed to the mentors, however with none of the mentees reporting having been brought to the hospital coffee shop, these authors can only speculate as to the fate of those coffees.

Encouragingly, a second iteration of “EM and Me” commenced in July 2022 under the supervision of current Registrars following the departure of the lead author from the department.

“EM and Me” was designed as a pilot study of near-peer mentoring and was not expected to fulfil all mentoring needs of junior doctors within the department in its pilot stages. It did however succeed in clarifying the needs of junior doctors for future iterations of the project. “EM and Me” highlighted the positive attitude of mentees towards formalised colleague support, especially by near-peers. It is also a mutually beneficial programme, helping junior doctors in EM by providing holistic support and middle-grade EM doctors by expanding their

leadership skills. It is clear from this study that NPM is an area that should be further expanded within an EM context.

**Declarations of Conflicts of Interest:**

Galen Pharma Ireland sponsored 80 coffee vouchers for participants.

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**References:**

1. Hayes B, Walsh G, Prihodova L. National study of wellbeing of hospital doctors in Ireland. 2021.
2. Lin M, Battaglioli N, Melamed M, Mott SE, Chung AS, Robinson DW. High Prevalence of Burnout Among US Emergency Medicine Residents: Results From the 2017 National Emergency Medicine Wellness Survey. *Annals of Emergency Medicine*. 2019;74(5):682-90.
3. Stehman CR, Testo Z, Gershaw RS, Kellogg AR. Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I. *West J Emerg Med*. 2019;20(3):485-94.
4. Yi-Kung L, Ching-Chih L, Chien-Chih C, Chun-Hing W, Yung-Cheng S. High risk of 'failure' among emergency physicians compared with other specialists: a nationwide cohort study. *Emergency Medicine Journal*. 2013;30(8):620.
5. Yeung M, Nuth J, Stiell IG. Mentoring in emergency medicine: the art and the evidence. *Canadian Journal of Emergency Medicine*. 2010;12(2):143-9.
6. O'Connor P, Lydon S, O'Dowd E, Byrne D. The relationship between psychological resilience and burnout in Irish doctors. *Ir J Med Sci*. 2021;190(3):1219-24.
7. Irish Association for Emergency Medicine. Developing Emergency Medicine in Ireland – Strategic Objectives for the Irish Association for Emergency Medicine. 2020.
8. Anish A, Hareena S, Amanda D, Anthony S, Rachel G, Jacob G, et al. Emergency medicine resident perspectives on well-being during COVID-19: a qualitative study. *Emergency Medicine Journal*. 2023;40(2):92.



9. Shaukat N, Ali DM, Razzak J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *International Journal of Emergency Medicine*. 2020;13(1):40.
10. Billings J, Ching BCF, Gkofa V, Greene T, Bloomfield M. Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC Health Services Research*. 2021;21(1):923.
11. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*. 2020;368:m1211.
12. Royal College of Surgeons in Ireland. *Emergency Medicine 2023* [Available from: <https://www.rcsi.com/surgery/training/emergency-medicine>].
13. Tyrrell E, Keegan C, Humphries N, McAleese S, Thomas S, Normand C, et al. Predictors of career progression and obstacles and opportunities for non-EU hospital doctors to undertake postgraduate training in Ireland. *Human Resources for Health*. 2016;14(1):23.
14. Eves D, Power B, Foran A. The buddy system: Near peer mentoring during a pandemic. *Irish Medical Journal*. 2020;114(5):357-65.
15. Quinn A, Moore D. Establishing a mentoring system for anaesthetic trainees. *Irish Medical Journal*. 2017;110(4):553-.
16. Welch JL, Jimenez HL, Walthall J, Allen SE. The Women in Emergency Medicine Mentoring Program: An Innovative Approach to Mentoring. *Journal of Graduate Medical Education*. 2012;4(3):362-6.
17. Garmel GM. Mentoring Medical Students in Academic Emergency Medicine. *Academic Emergency Medicine*. 2004;11(12):1351-7.
18. Hellowell HN, Kyriacou H, Sumal AS. Twelve tips to maximise medical student learning during emergency medicine placements. *Medical Teacher*. 2021;43(2):148-51.