A Proposed Model for an Optimal Mentoring Environment for Medical Residents: A Literature Review

Reference:

Author Institutions:
School of Behavioral and Organizational Sciences, Claremont Graduate University, Claremont, CA, USA

PubMed URL

Tags

Clinical domain
Scholar

Educational domain
Teaching and learning

Background

Driving force behind the paper is the American Medical Association’s (AMA) 2007 ‘Initiative to Transform Medical Education’ and its look at the learning environment.

Researchers have not identified the characteristics that distinguish a good mentor, from a good mentoring environment [the atmosphere in which the mentoring process activates the resident’s development of knowledge, skills, and attitudes (KSAs) to the fullest extent possible].

The authors propose that the optimal mentoring environment is dependent on (1) Interactional foundations (the elements of the mentor–protégé relationship that inform their interactions) that help a protégé to capitalize on the mentor’s strengths; (2) The protégé’s ability to engage in behaviors that best foster their development and growth.

Purpose

To develop a model of the optimal mentoring environment for medical residents.

Type of paper

Systematic review
Key Points on the Methods

Online literature review in 2007–2008
- Web of Science and Google Scholar (previous 15 years)
- Targeted sampling (resident to faculty focus)
- ? convenience sample - 30 articles
  a) mentoring process
  b) mentoring environment
  c) the effect both have on knowledge, skill and attitude (KSA) development
- One author reviewed all articles, discarding 10 for a total of 20 articles
- 2nd author reviewed only 5/20 articles (determined high inter-rater reliability)

Analysis
- looking for recurring attributes (interactional foundations that underlie an optimal mentoring relationship and developmental behaviors in protégés)
- further details not provided regarding analysis of papers
  ▪ ? coded for themes
  ▪ ? narrative review

NB: Reviewers felt that this methodology was unorthodox. Missing elements included mentorship between students to faculty, faculty to faculty, peer mentorship, allied health professional mentorship and non-health literature to name a few. Details of analysis also not provided to enable replication of work.

Key Outcomes

Model proposed for optimal process and context in which mentorship occurs.

Six interactional foundations that define the optimal mentoring relationship:
1. emotional safety
2. support
3. protégé-centeredness
4. informality
5. responsiveness
6. respect

These foundations enable protégés to engage in four key developmental behaviors:
1. exercising independence
2. reflecting
3. extrapolating
4. synthesizing

Practical examples provided within each of these 10 elements (see table 2)

Key Conclusions

- A practical model proposed for development and evaluation of an optimal mentoring environment
- Practical paper
  o Table 2 very useful and practical for potentially
    ▪ Developing a faculty development program on mentorship
    ▪ Useful for educating protégés
    ▪ Curriculum design and implementation of a mentorship system

But:
- Methodology questionable – incomplete literature review, method of review and analysis
Additional Considerations

- Practical aspects of frequency, duration and quality of mentorship meetings also need to be considered
- Need to provide educational development for protégés as well not just mentors
- Good synopsis re future research questions in mentorship e.g. outcome-based research or third party assessment of mentorship success.
- Clinical mentor as part of author group may have further helped this group of non-clinicians ground their work in the clinical realm.

Spare Keys – other take home points for clinician educators