

Mentorship for early career family physicians

Is there a role for the First Five Years in Family Practice Committee and the CFPC?

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Having mentorship when starting out in practice has been of interest to the First Five Years in Family Practice (FFYFP) Committee and the CFPC for at least the past 5 years. The FFYFP Committee conducted needs assessments in 2013 and 2016, which demonstrated that more than half of FFYFP respondents (56%) did not identify having a mentor or role model when starting out in practice. However, most FFYFP respondents (75% to 77%) reported that they would have participated in a mentorship program at the beginning of practice if one had been available.

In late 2016, the FFYFP Committee decided to explore the need for mentorship for early career physicians in more depth, as we believed the CFPC could play a role in physician mentoring programs. Recent initiatives at the provincial level had not been met with overwhelming success, although interest in these initiatives is still strong. Among the FFYFP Committee members, we could not clearly identify the mentoring needs of early career family physicians nor their ideas around mentor-mentee relationships. Thus, a mixed-methods investigation involving a literature review and gathering qualitative and quantitative information through a survey was conducted to help the FFYFP Committee understand how the CFPC could play a role in physician mentoring programs.

Literature review

Mentorship can be interpreted in a number of ways. Because we were interested in looking at mentorship through the lens of a formal mentoring program, the following definition was adopted:

Mentoring is the process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor ... achieves this by listening and talking in confidence to the mentee.¹

Four models of mentorship relationships were identified²:

- Peer mentoring model: The mentor and mentee are at the same level of training.
- Apprenticeship model: The mentor has more professional experience than the mentee.
- Cloning model: The mentee is being groomed to take over the role the mentor has.
- Nurturing model: The mentor acts as a resource and facilitator (creates a safe, open environment in which mentees can discuss personal issues, learn, and try things for themselves).

Potential benefits and challenges were identified and are described in **Table 1**.³⁻⁵

Survey design and delivery

Based on the literature review, a survey was designed with 18 questions, which included a mix of closed, descriptive, and Likert-scale questions. These delved into what models of mentoring relationships currently existed, what physicians' ideas and feelings were around these relationships, and the demographic characteristics of those responding to the survey. The survey was delivered on the SurveyMonkey platform. A survey link was sent by e-mail to those members with a "First Year in Practice" flag in the CFPC membership database within the past 5 years, with an additional mailing to physicians who received their Certification (CCFP) in 2017 who were not captured in the first group. The survey link was e-mailed in July 2017 and the survey was open for 1 month. The highlights of the survey are outlined in the infographic in **Figure 1**.

Discussion and next steps

The literature shows that mentorship is beneficial for both mentees and mentors.³⁻¹³ This investigation looked into how the CFPC could play a role in early career mentorship programs. Creating a formalized mentorship program might benefit some but not all early career physicians, as just under half of our respondents have already identified starting a mentor relationship organically. For those who do not have a mentor, about half of them think they would benefit from a formalized mentorship program and about one-third are unsure. Through this survey we were able to identify potential benefits, perceived challenges, important match criteria, and an ideal amount of structure for a formalized mentorship program. A formalized program might be better suited to implementation at the provincial level, possibly through the provincial chapters, medical associations, and government, as these groups

Table 1. Potential benefits of and challenges to mentorship

POTENTIAL BENEFITS	POTENTIAL CHALLENGES
<ul style="list-style-type: none"> • Increased confidence in personal and professional success • Networking opportunities • Career coaching and support • Research guidance 	<ul style="list-style-type: none"> • Time commitment required • Unclear on roles and expectations • Personality differences • Perceived (or real) competition with mentor • Conflict of interest • Lack of experience from mentor • Confidentiality concerns

Data from MacLeod,³ Straus et al.,⁴ and Taherian and Shekarchian.⁵

Figure 1

Mentorship Survey Highlights

Response rate:
525 responses
7% response rate

**57% do not have a mentor**

- ▶ 74% do not know an available mentor or how to find one
- ▶ 10% do not want a mentor

**43% have a mentor**

- ▶ 75% of these mentor-mentee relationships started organically
- ▶ 83% report an apprenticeship model*
- ▶ 50% report a nurturing model*

**46% think they would benefit from a formalized mentorship program****36% were unsure if it would benefit them****Identified benefits (top 3):***

- ▶ 90% Career coaching and support
- ▶ 74% Increased confidence in personal and professional success
- ▶ 73% Networking opportunities

**Perceived challenges (top 3):***

- ▶ 72% Time commitment required
- ▶ 63% Personality difference
- ▶ 60% Unclear roles and expectations

**Worthwhile incentives (top 3):***

- ▶ 79% Ability to report Mainpro+ credits for participation
- ▶ 35% An honorarium for participation
- ▶ 32% No incentive needed

**Beneficial mentorship models***

- ▶ 83% Apprenticeship
- ▶ 68% Nurturing
- ▶ 26% Peer mentoring
- ▶ 14% Clone

**Preferred mentorship program**

- ▶ 36% want one-to-one mentorship
- ▶ 52% want both one-to-one mentorship and group mentorship

**Structured vs unstructured**

- ▶ More structure in formal mentorship programs
- ▶ Less structure in peer mentoring relationships

**Most important match criteria**

- ▶ Similar personalities and values
- ▶ Same geographic area
- ▶ Similar practice makeup

*Select all that apply.

would have the best knowledge of their local resources. The ability to report Mainpro+ credits for participation was a heavily favoured incentive, which would be an avenue for the CFPC to facilitate physician mentorship programs. The FFYFP Committee could look into creating a template or guide for early career physician mentorship, if there is interest from our CFPC community. We continue to look at ways to support early career mentorship programs and would appreciate any feedback or suggestions (firstfive@cfpc.ca).

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Competing interests

None declared

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La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de novembre 2018 à la page e509.

First Five Years is a quarterly series in *Canadian Family Physician*, coordinated by the First Five Years in Family Practice Committee of the College of Family Physicians of Canada. The goal is to explore topics relevant particularly to new-in-practice physicians, as well as to all *Canadian Family Physician* readers. Contributions up to 1500 words are invited from those in their first 5 years in practice (www.cfp.ca/content/Guidelines) and can be submitted to **Dr Stephen Hawrylyshyn**, Chair of the First Five Years in Family Practice Committee, at steve.hawrylyshyn@medportal.ca.