Quebec College of Family Physicians' new formal mentorship program

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Abstract

Problem addressed The stresses that arise during the first years of practice can discourage future physicians from choosing family medicine. Quebec is experiencing challenges in recruiting clinical family physicians to replace those nearing retirement. Mentorship is a promising approach that supports future family physicians.

Objective of program To help family physicians at the beginning of their practice to adequately cope with the issues and challenges that come with professional integration and their personal and professional development.

Program description A 12-month program that pairs mentors with mentees, on the mentee's initiative; it provides supports for mentors (such as a community of practice), and it comprises meeting formats that encourage the participation of mentees and mentors from different geographic regions across Quebec.

Conclusion Engaging and supporting mentees and mentors are essential to success, but might also present organizational challenges to sustaining formal mentorship programs for new family physicians in Quebec.

Editor's key points

- In 2016, the Quebec College of Family Physicians implemented a formal mentoring program (PdM), the general objective of which is to help family physicians at the beginning of their practice (5 years or less) to cope with the issues and challenges inherent in professional integration and their personal and professional development.
- The Quebec College of Family Physicians PdM is generally appreciated by more than 80% of mentees and mentors and the rate of appreciation is higher for cohort 2 (2017-2018) compared with cohort 1 (2016-2017).
- A good relationship between mentees and mentors (with respect to the needs and interests of the mentees) is essential to the usefulness and effectiveness of a mentorship program based on voluntary participation, like the PdM. As the needs of mentees vary greatly, it appears that allowing mentees to initiate the relationship can often prove difficult, even if the PdM coordinator plays a substantial role in facilitating the pairing process.
- Mentee and mentor engagement is essential to the success of a program like the PdM. Determining the level of engagement needed requires knowing how to manage the lack of available time, which is inevitable because of mentee and mentor workloads, not to mention personal and family obligations.

Several articles and studies in the domain of management and academia, particularly in medicine,[1-13] show that the mentoring relationship between a person with little experience (mentee) and a person with more experience (mentor) is an important component of strategies that support the development of professional identity, career choice, and professional integration. Mentorship is generally defined as voluntary and free support that contributes to the professional development of the mentee. This support rests on an interpersonal relationship that might last only a few months or up to several years wherein the mentor shares their knowledge and expertise to help the mentee achieve his or her objectives. The mentor acts as a kind of "transmitter of knowledge."[3]

A recent survey conducted by the College of Family Physicians of Canada's (CFPC's) First Five Years in Family Practice Committee[14] of early career family physicians indicated that more than half of the 525 respondents (7% overall response rate) did not have a mentor or role model while beginning their practice, and that if a formal mentorship program (PdM) had existed, most (more than 75%) would have participated under certain conditions.

The conditions linked to the success of mentorship programs, regardless of domain, are well documented.[1-4,7,10,11,15-17] The most important factors include having a clearly defined program direction and well-defined roles and responsibilities for the individuals involved (eg, coordinator, mentees, mentors), a high-quality pairing system and mentor-mentee communication (eg, sharing personal and professional interests; establishing a trusting, respectful, and empathetic relationship; clear and natural communication), training and support for mentors, organizational support, and ongoing program evaluations.

Program objective and description

In 2016, the Quebec College of Family Physicians (QCFP) implemented a PdM with the general objective of helping family physicians in the first years of their practices (5 years or less) to adequately cope with the issues and challenges that come with professional integration and their personal and professional development. The PdM is coordinated by the mentorship program committee, lasts for a period of 12 months (the PdM pilot project lasted 14 months [November 2016 to December 2017]), and consists of 3 primary characteristics.

Mentor-mentee pairings initiated by the mentees. The pairings are founded on voluntary participation and are initiated by mentees rather than determined, for example, by a third-party matching system. The decision to pursue this approach is based on the fact that the literature on mentorship identifies voluntary participation as important to the success of a mentorship program. Mentees choose a family physician either from within their own professional environment or elsewhere, and based on reciprocal personal or professional interests. A mentee must, therefore, initiate the conversation with a potential mentor. The PdM program committee and coordinator provide support in facilitating the match as needed.

Methods of supporting mentors. Different mentor supports are in place, most notably an educational webinar provided at the beginning of the PdM and regular contact with the coordinator throughout the duration of the program. In addition, mentors participate in a virtual community of practice (CoP).[18,19] The CoP consists of individuals who have chosen to engage in knowledge- and experience-sharing activities related to a common area of expertise or practice to learn from others and improve their practices, and, in this case, to mentor other family physicians.[20] In other words, participants share positive and challenging experiences they have encountered as mentors and discuss related questions. It is worth noting that mentors and mentees from the third cohort (2018-2019) can now include up to 40 continuing education Mainpro+ credits in their continuing professional development portfolios. The program was recently accredited by the CFPC.

Methods that encourage the participation of mentees and mentors from different regions across Quebec. As the PdM is aimed at all practising family physicians across Quebec, we use a variety of methods to encourage mentee and mentor participation regardless of geographic location. For example, when establishing their pairs, participants are asked to determine the approximate frequency and meeting format most convenient for them, including in-person meetings, telephone calls, Skype, FaceTime, e-mails, or a combination of these formats. We recommend that verbal conversations be prioritized. Finally, we use GoToMeeting for CoP mentor meetings to avoid travel time and related costs.

Program evaluation

Since 2016, 3 cohorts have participated in the PdM: 6 mentor-mentee pairs participated in the pilot project in 2016 to 2017 (cohort 1), 7 pairs in 2017 to 2018 (cohort 2), and 9 pairs since fall 2018 (cohort 3—still in progress). We have evaluated the first 2 cohorts. For the pilot project, we conducted a qualitative study using a participatory action research method. This research is based on a series of activities constituting data collection "loops." These activities are structured and refined following each cycle of exploration-reflection-evaluation.[21] Our 2 primary research questions were the following: Did the PdM, particularly participation within the mentor-mentee pairs, meet the needs of the mentees? and Did the PdM, particularly participation within the mentor-mentee pairs and the mentor CoP, meet the needs of the mentors?

For cohort 1, the evaluation data came from several sources: mentees, mentors, the chair, and the PdM coordinator. It was collected using 2 methods: an online individual questionnaire made available 3 months after the start of the program and again after 6 months; and an individual telephone interview at the end of the project. The online questionnaire and interview primarily consisted of open questions. The thematic analysis of response content[22] was conducted independently by 2 individuals (L.C., É.H.). For cohort 2, the same questions were posed to mentees and mentors at the 3- and 6-month marks and during the individual telephone interviews at the end of the project. However, the chair and coordinator of the PdM did not participate in data collection. Principal data analysis was conducted by only 1 individual (G.B.) for feasibility reasons. Final data analysis was performed by 3 individuals (L.C., É.H., G.B.).

Primary results

Here are the primary results of the interviews with mentees and mentors from cohorts 1 and 2, conducted at the end of the project.

Table 1 indicates that a total of 13 mentees and 13 mentors participated in the PdM between 2016 and 2018, with women making up most of the mentees. There were between 2 and 10 interactions per pair using a variety of meeting formats and discussing a range of topics, such as work-life balance. Mentors participated in approximately 3 meetings with their CoP, out of 6 and 5 possible meetings for cohort 1 and cohort 2, respectively. In addition, 12 mentees (92%) and 12 mentors (92%) participated in the individual evaluation interview at the end of the program. **Table 2** summarizes the highlights.

Table 2 indicates that 58% of mentees and 50% of mentors believed they had met all the objectives they set as a pair. The primary facilitators for these objectives reported by both mentees and mentors were mentor selection (by the mentee) and common mentor-mentee interests. Mentees also reported availability, quality of listening, and pertinence of advice as facilitators, while among the mentors, the level of motivation and involvement from mentees were mentioned as facilitators. Additionally, the lack of time to prepare for and participate in meetings was the primary factor limiting their ability to achieve their objectives, according

Table 1. Socioprofessional characteristics of cohorts 1 and 2 from the Quebec College of Family Physicians' formal mentorship program

CHARACTERISTIC	COHORT 1 (2016-2017)	COHORT 2 (2017-2018)
No. of participants		
• Mentees	6	7
• Mentors	6	7
Sex, n		
• Mentees	5 F, 1 M	4 F, 3 M
• Mentors	3 F, 3 M	4 F, 3 M
Mean (range) time in practice, y		
• Mentees	2.5 (0-4)	1.6 (0-4)
• Mentors	21.5 (11-35)	17.0 (7-40)
Mean (range) no. of discussions within pairs	5 (2-9)	6 (3-10)
No. of Meeting formats used by pairs, n		
• In-person	2	2
• Combined in-person, telephone, e-mail, Skype, and FaceTime	4	4
• Skype or FaceTime only	0	1
Primary discussion topics within pairs	• Work-life balance • Organizing a practice • Professional identity (deciding on domains of interest) • Managing work stress • Managing personal issues	• Work-life balance • Organizing a practice • Professional identity (deciding on domains of interest) • Developing relational competencies • Developing leadership skills as a managing physician
Total no. of CoP meetings	6	5
Mean (range) no. of CoP meetings mentors participated in	3.3 (1-6)	2.8 (1-5)

CoP—community of practice, F—female, M—male.

to both mentees and mentors. Approximately 50% of those who participated in their CoP indicated that they appreciated it. Overall appreciation of the PdM was 83% among both mentees and mentors. Approximately 60% of mentees intended to continue the mentoring relationship at the end of the program. Finally, a variety of recommendations to improve the PdM were formulated, primarily better promotion for the PdM and continuing to emphasize the quality of the mentoring relationship as the foundation of the PdM.

Discussion

Implemented in 2016, the QCFP's PdM was appreciated by more than 80% of mentees and mentors, and the rate of appreciation was higher in cohort 2 (2017-2018) compared with cohort 1 (2016-2017). These results are very encouraging. They can primarily be attributed to the fact that the PdM program committee integrated several success factors related to innovation and organizational change[23,24] into its planning and implementation:

- The committee raised awareness among key players in the QCFP, especially members of the board of directors, and convinced them of the potential advantages of a mentorship program within their organization.
- The QCFP allocated the necessary human, organizational, and financial resources to pilot the PdM, notably by hiring a coordinator.
- The committee created a clearly defined mentorship program, relying on the most recent evidence from existing scientific literature on mentorship to guide its development plan.

Table 2. Highlights from the evaluations by mentees and mentors at the end of the Quebec College of Family Physicians' PdM (cohorts 1 and 2)

ASPECTS EVALUATED	MENTEES (N = 12)*	MENTORS (N = 12)*
Achievement of objectives set by pair, n (%)		
• Complete	7 (58)	6 (50)
• Partial (in progress)	5 (42)	6 (50)
Primary factors that facilitated achievement of objectives	• Ability of mentee to select mentor (n = 11) • Common mentor-mentee interests (n = 10) • Availability, listening skills, and pertinence of advice from mentor (n = 10) • Regularity of meetings and follow-up (n = 5)	• Ability of mentee to select mentor (n = 11) • Common mentor-mentee interests (n = 10) • Level of motivation or engagement from mentee (n = 10) • Regularity of meetings and follow-up (n = 6)
Primary factors limiting achievement of objectives	• Lack of available time to prepare for and participate in meetings (n = 7) • Geographic distance did not permit in-person meetings (n = 3)	• Lack of available time to prepare for and participate in meetings (n = 6) • Occasionally diverging interests (n = 4)
Mean (range) mentor appreciation of CoP meetings (scale of 0 to 10)	NA	5.2 (2-8)
Mean (range) overall appreciation of PdM (scale of 0 to 10)†		
• Cohorts 1 and 2	8.3 (7-9)	8.3 (6-10)
• Cohort 1	8.1 (7-9)	8.0 (6-9)
• Cohort 2	8.4 (7-9)	8.4 (7-10)
Intent to pursue mentoring relationship at the end of the program, n/N (%)		
• Cohort 1	3/5 (60)	2/5 (40)
• Cohort 2	4/7 (57)	5/7 (71)
Primary recommendations	• Improve promotion of PdM • Continue promoting the quality of the mentoring relationship as the fundamental principle of the PdM • Maintain pairings initiated by the mentee, with support from the coordinator • Importance of maintaining longitudinal follow-up	• Improve promotion of PdM • Continue promoting the quality of the mentoring relationship as the fundamental principle of the PdM • Ensure that participants fully understand their roles and obligations when participating in the PdM • The number of CoP meetings should vary between 3 and 4 according to need

CoP—community of practice, NA—not applicable, PdM—mentorship program.
*1 mentee and 1 mentor from cohort 1 (2016-2017) did not participate in the evaluation interview.
†Overall organization of the PdM and support provided by the coordinator were very highly appreciated by both mentees and mentors.

- The committee decided that the PdM would first be implemented as a pilot project, which contributed to initiating organizational changes.
- The committee integrated an ongoing rigorous evaluation process, contributing to the program's credibility.
- The mentees and mentors believed in the potential of the PdM and decided to participate.

However, a mentorship program based on voluntary participation, like the PdM, raises many questions and challenges. First, a good relationship between mentees and mentors (with respect to the needs and interests of the mentees) is essential to its usefulness and effectiveness. Furthermore, as the needs of mentees vary greatly (without taking into account that finding the "best" mentor is a considerable challenge, especially because of geographic disparities), it appears that allowing mentees to initiate the relationship can often prove difficult, even if the PdM coordinator plays a substantial role in facilitating the pairing process.

To prevent or address matching problems, it will be necessary to follow mentee and mentor recommendations—namely, better promotion of the PdM, not just within the QCFP but across residency programs and professional family medicine environments, as well as through the CFPC. Raising awareness among experienced family physicians of the importance of mentorship deserves particular attention, as mentorship is not an established component of their professional culture. We believe that the more the PdM becomes known, the more it will attract the interest of more senior physicians. At the same time, we must continue to impress upon mentees the importance of detailing their needs and expectations with respect to their mentors to maximize the chance of a match based on professional and personal affinities that actually reflects their needs. It is also essential to continue training mentors, once selected, to ensure that they properly understand their role, that they are adequately able to fill it, and that they have fun doing it.

In addition, mentee and mentor engagement is another condition essential to the success of a mentorship program like the PdM. The level of engagement needed requires knowing how to manage the lack of available time, which is inevitable because of mentee and mentor workloads, not to mention personal and family obligations. Here we distinguish between the time dedicated to discussions within pairs and the time mentors spend meeting with their CoP. Within pairs, we noted that communication between mentees and mentors was infrequent among some and more frequent among others. Causes of this, identified by participants, included difficulty in setting aside time or inability to find times that worked within both schedules. While this is not a new problem, it is a reminder of the importance of PdM participants fully understanding that a mentoring relationship requires substantial commitment, which includes reserving time for regular discussions adapted to need.

Concerning the CoP, we believe it is an important factor in mentor support. However, the number of meetings and discussion topics must be better adjusted to meet participant needs. This is especially important in a context where there is an overall lack of availability.

Finally, the coordination team must consist of several leaders who put their competencies to use to accomplish the following primary tasks: develop a vision for the PdM and promote it over time, convince and motivate decision makers and collaborators, recruit and offer support to pairs, and promote the PdM. These tasks, primarily performed by the chair (approximately 1 day per month) and coordinator (approximately 2 days per week) of the PdM, require time but are necessary activities.

Conclusion

The QCFP's PdM is the first step toward a new professional socialization culture between generations of physicians. We have noticed that this organizational innovation appears to respond to important needs among new family physicians in Quebec. While the results of the first 2 years are exciting, adjustments must still be made and implemented within the third cohort currently in progress. The QCFP will continue its leadership in this domain by dedicating the resources required to consolidate the program's strengths and implement improvements as deemed necessary.

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Contributors

All authors contributed to the concept and execution of the study, preparing the manuscript for submission, and revision of the manuscript.

Competing interests

None declared

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