OVERVIEW OF MENTORSHIP IN MEDICAL EDUCATION

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OUTLINE

• Introduction
• Terminologies
• Objectives
• Methodology
• Findings
• Discussion, Conclusion,
• Recommendations
Introduction

- Mentorship evolved from the business sector in the 70’s and 80’s before finding favor in the medical profession.
- Use of the term mentorship is now perverse
- Limited uniformity in understanding
- This diversity, non uniformity and challenges in measurement tools has hindered the growth and perfection of mentorship as a critical concept in continuous improvement to excellence
- This study was undertaken to generate information which can drive the dialogue on how to mainstream and strengthen mentorship in Kenya and the region
Knowledge Gap

• What is the current status of mentorship?
• What programs experiences are adaptable for Kenya context?
• Which TMP elements are scalable nationally?
# CONCEPTUAL FRAMEWORK

## CONTEXT

- Policies e.g. Education Reforms, Philosophies
- Demographics
- S-Economic
- S-Cultural
- Technological transition
- Physical Environ

## Inputs- Processes/procedures

- **Program Components**
  - Courses
  - Workshops
  - Tutors-Mentors
  - Materials
- **Management System**
  - Monitoring & assessment system
  - Professional learning

## Effects: Outputs- Outcomes

- **Outputs**
  - Learning
  - Knowledge
  - Attitudes
  - Skills development
- **Outcomes**
  - Attitudes
  - Aspirations
  - Behavior, Practice
- **Impacts**
  - Goals
**EMERGENT MODEL**

- **CONTEXT**
  - Policy
  - Social
  - Environment
  - Technology
  - Demographics

- **Organizational /Program**
  - Content
  - Process
  - Strategies, Activities

- **Effects**
  - Attitudes
  - Aspirations
  - Skills (Soft, hard)
  - Practice
  - Behaviour

- **Relationships**
  - Mentee perspectives
  - Mentor perspectives
  - Mentee-Mentor dynamics (e.g., Trust)
Proposed Intervention

Undertake a rapid survey and use the information to inform dialogue, policy advocacy and the design of model(s) useful in a National Medical Training Reform program
Objectives

1. Review the current status of mentorship
2. Describe the experiences of programs to identify adaptable elements for Kenya context
3. Describe the TMP, identifying scalable elements.
4. Propose key elements for dialogue in moving the mentorship agenda forward
Design & Methods

Cross sectional study design, using literature/desk review and individual interview using electronic semi structured questionnaire.

Sampling of information sources, materials, respondents purposive and facilitated by ‘snowballing’ technique.
RESULTS

72 names were listed from the official records, out of which 30 had active and regular contacts with each other and with the school.

These 30 formed the study population to which electronic questionnaires were sent after preliminary email explaining the study and seeking consent.

Out of 30 tools sent out, 18 were returned completed.
Launched 8 years ago with the Goal of providing a platform to attract and develop faculty by inspiring them to undertake and conduct, publish and dissemination of scientific research while engaging in teaching, supervision and program work.
TMP Project Description

It is structured around regularized writing and capacity building workshops/retreats. Participants are encouraged to take charge of incrementally complex tasks in research and consultancy work, and are given time off for proposal writing, research and external attachments.
Graduates from the masters in CHD program are invited to apply and join the mentorship program. This invitation is also extended to new faculty, and those joining the PhD CHD program. A minimum subscription fee is levied for admin. Formal joining of the program occurs during the immediate succeeding commissioning retreat.
The commissioning entails sworn personal commitment to community and public service.

The new mentee joins a ‘cell’ that is structured through a ‘360 degree’ concept.
Mentee is expected to teach and supervise students entering master degree program, and is encouraged to plan and achieve seven key deliverable targets listed in the Table 1 below.

Upon graduation gets a certificate, promotion & raise in remuneration

<table>
<thead>
<tr>
<th>TARGET</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>2 funded proposals</td>
<td>2</td>
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<tr>
<td>2 technical evaluation proposals</td>
<td>2</td>
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<tr>
<td>Publish 1 peer reviewed paper</td>
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<td>Manage one program</td>
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<tr>
<td>1 External attachment</td>
<td>1</td>
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<tr>
<td>Present 4 scientific seminars</td>
<td>4</td>
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<td>Present in 2 scientific conferences</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
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</table>
Mentorship is overall rated as important and beneficial.

But Gaps identified that include: ‘time investment; lack of regularization of mentorship; lack of incorporation of mentorship in the JD.

There is good participation of mentee in decision making on mentee-mentor pairing, and the mentorship pairing is satisfactory to most.
Quality of technical Guidance

Only 61% of respondents rate the technical guidance as above average
## Clear gaps in Networking and induction of mentors

<table>
<thead>
<tr>
<th>Elements of mentorship</th>
<th>Inadequate</th>
<th>%</th>
<th>Adequate</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Networking between mentees</td>
<td>6</td>
<td>33.3</td>
<td>12</td>
<td>66.7</td>
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<tr>
<td>Networking between mentors</td>
<td>6</td>
<td>33.3</td>
<td>12</td>
<td>66.7</td>
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<tr>
<td>Induction of mentors</td>
<td>6</td>
<td>33.3</td>
<td>12</td>
<td>66.7</td>
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<tr>
<td>Shared Information about the mentor</td>
<td>4</td>
<td>22.2</td>
<td>14</td>
<td>77.8</td>
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<tr>
<td>Support for mentors</td>
<td>4</td>
<td>22.2</td>
<td>14</td>
<td>77.8</td>
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<tr>
<td>Interaction with the mentorship program coordinator</td>
<td>4</td>
<td>22.2</td>
<td>14</td>
<td>77.8</td>
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<tr>
<td>Shared Information about the mentee</td>
<td>3</td>
<td>16.7</td>
<td>15</td>
<td>83.3</td>
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<tr>
<td>Information about the mentorship program at the initial recruitment session</td>
<td>3</td>
<td>16.7</td>
<td>15</td>
<td>83.3</td>
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<tr>
<td>Encouraged work ethics</td>
<td>2</td>
<td>11.1</td>
<td>16</td>
<td>88.9</td>
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<tr>
<td>Encouraged balance social ethics/Good citizenry</td>
<td>2</td>
<td>11.1</td>
<td>16</td>
<td>88.9</td>
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<tr>
<td>Issue</td>
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<td>----------------------------------------------------------------------</td>
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<td>Inadequate identification of <strong>mentees needs</strong></td>
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<td>Some mentor feels he/she is an authority in the area or line of</td>
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<td>professionalism</td>
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<tr>
<td>Most of the institutions do not recognise the <strong>need for mentoring</strong></td>
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<tr>
<td>(Mention X2)</td>
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<tr>
<td>Limited <strong>time commitment</strong> of mentors to mentees (Mentioned X2)</td>
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<td>Lack of international <strong>exposure</strong> to higher learning teaching</td>
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<td>Inadequate <strong>tracking</strong> of progress of the mentees</td>
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<tr>
<td>Lack of <strong>long term networking</strong> &amp; relationship between the mentees</td>
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<td>and mentors</td>
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<td>Inconsistency in <strong>follow-up</strong> of mentees, interaction concentrating</td>
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<td>only during main meetings</td>
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Recommendations to improve mentorship

- Need for better **structure & Policy** guidelines incl. Inclusion in JD, and regularized mentoring courses, induction of mentors (Mentioned X4)
- Mechanisms to ensure maintenance of **relationships** between the mentors and mentees beyond work places (Mentioned X2)
- Regularize **Induction** of both mentor and mentee (Mentioned X3)
- Clear and **achievable goals** set by the mentees with close supervision by the mentors.
- Encouraging **scientific writing and publishing** of research work
- **Mainstream mentorship** culture in professional bodies and workplace (Mentioned X3)
The mentoring models and goals of the existing programs in the wider global context vary considerably.

There is more reported literature on clinical mentorship than that for health systems. Report of a study in Germany concludes that outcome data from controlled studies are needed to compare the efficiency and effectiveness of different forms of mentoring for medical students. [BMC Med Educ.](https://www.ncbi.nlm.nih.gov/pubmed/21969128) 2011 Sep 24;11:68
This review experienced limitation in accessing documented control studies on effectiveness of mentorship in Kenya & the EA region.
A CDC supported report of a fellowship program at Makerere University documents positive impacts of a fellowship program on the mentees, mentors and the host institution, but within the context of a funded HIV/AIDS Program management.

A few reports from SA were generated from the internet, but their strength of evidence on effectiveness of mentorship is limited.

http://www.globalhealthaction.net/index.php/gha/article/view/5815/7191
Discussion, Conclusion

There are multiple sources of descriptive information on mentorship program mostly in Europe & America, but very limited in Africa.

Scholarly evaluative study of mentorship remains a challenge in large part due to the nature of mentorship itself.

Several methodological issues remain to be addressed, and it is a long way before exacting research repertoire will be available to build the methodologies for ‘hard scientific evidence’ thro experimental designs.
Experience and information generated in this study provide inspiration to design a robust, credible and valid mentorship assessment and evaluation framework and use in a control or cohort study design.

It is possible and advisable to clearly define different mentorship types and compare their effectiveness.

Underlying all these is the need to identify and define clearly the measurable outcomes and how they are to be measured.
More need to be done in terms of networking between mentees and mentors.
The study shows that even mentors need support.
Institutionalization of mentorship is mentioned repeatedly.
Gaps identified are similar to those identified by Nakanjako et al in a program needs assessment at Makerere college of Health Sciences.
Committing mentorship time has to be weighed against other competing interests.
Who should drive the mentorship?
Some of the gaps identified arise from contextual realities and lack/gaps in policy guidance, and resource constraints.

Beyond internship most health/medical practitioners do not have an accountable structure that houses a mentorship program.

Medical personnel who are lucky to work in discerning institutions have CPD/CME programs, which some people erroneously call mentorship.
These CPD/CMEs in many instances also suffer from inadequate resource and time allocation because of competing interest with regular tasks that are written in job descriptions.

One may ask: Who is best suited to spearhead an accountable mentorship program? This paper posits that Professional Associations have legal mandate but also a professional and social responsibility to do so! FUNZOKenya may have some complementary ideas and funding at least to incubate the ideas some more.
Recommendation

1. Policy and structure
2. Resource allocation
3. Protected time for mentors
4. Review available information and design more precise study tools and methodologies
5. Design and conduct controlled, experimental studies on effectiveness of different models.
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