Resident Mentoring and Advising: A Framework for Managing Roles and Challenges

Roger Garvin, MD

Vice Chair for Education
OHSU Department of Family Medicine

Joe Skariah, DO

Program Director Portland Residency Program OHSU Department of Family Medicine

Jinnell Lewis, MD

Inaugural Program Director Three Sisters Rural Training Program OHSU Department of Family Medicine

April 28, 2022 RTT Collaborative

Objectives

By the end of our time together, you should be able to identify:

- Key elements of resident advisors and mentors
- Resources that are needed for successful advisors
- •A framework for assessing learners in difficulty

New program, new faculty areas for development

Assessing Skills/Comfort

ASSESSING YOUR STYLE AS A MENTOR

Place a rating in the appropriate box next to each question according to the following scale:

- 1. Rarely behave in this way/significant development need.
- Sometimes behave in this way/could do more.
- 3. Often behave in this way/ competent in this area.
- 4. Continually demonstrate skill in this area/significant strength.

	Rating of 1-4
Personal style	
I build rapport and establish trust.	
2. I maintain confidentiality.	

https://hr.ucdavis.edu/departments/learning-dev/toolkits/mentoring

- Personal Style
- Giving Feedback
- Questioning
- Setting objectives and direction
- Being open and accessible
- Supporting colleagues
- Active listening
- Flexibility
- Awareness of culture

New program, new faculty areas for development Our experience—feedback about the process

- How can I assess myself?
- Am going to be getting constant evaluations?

New program, new faculty areas for development Our experience—how our faculty see themselves

General areas for growth:

Giving Feedback

Forthright, constructive, and challenging when giving feedback

Questioning

Spend time questioning and probing others in order to understand problems fully

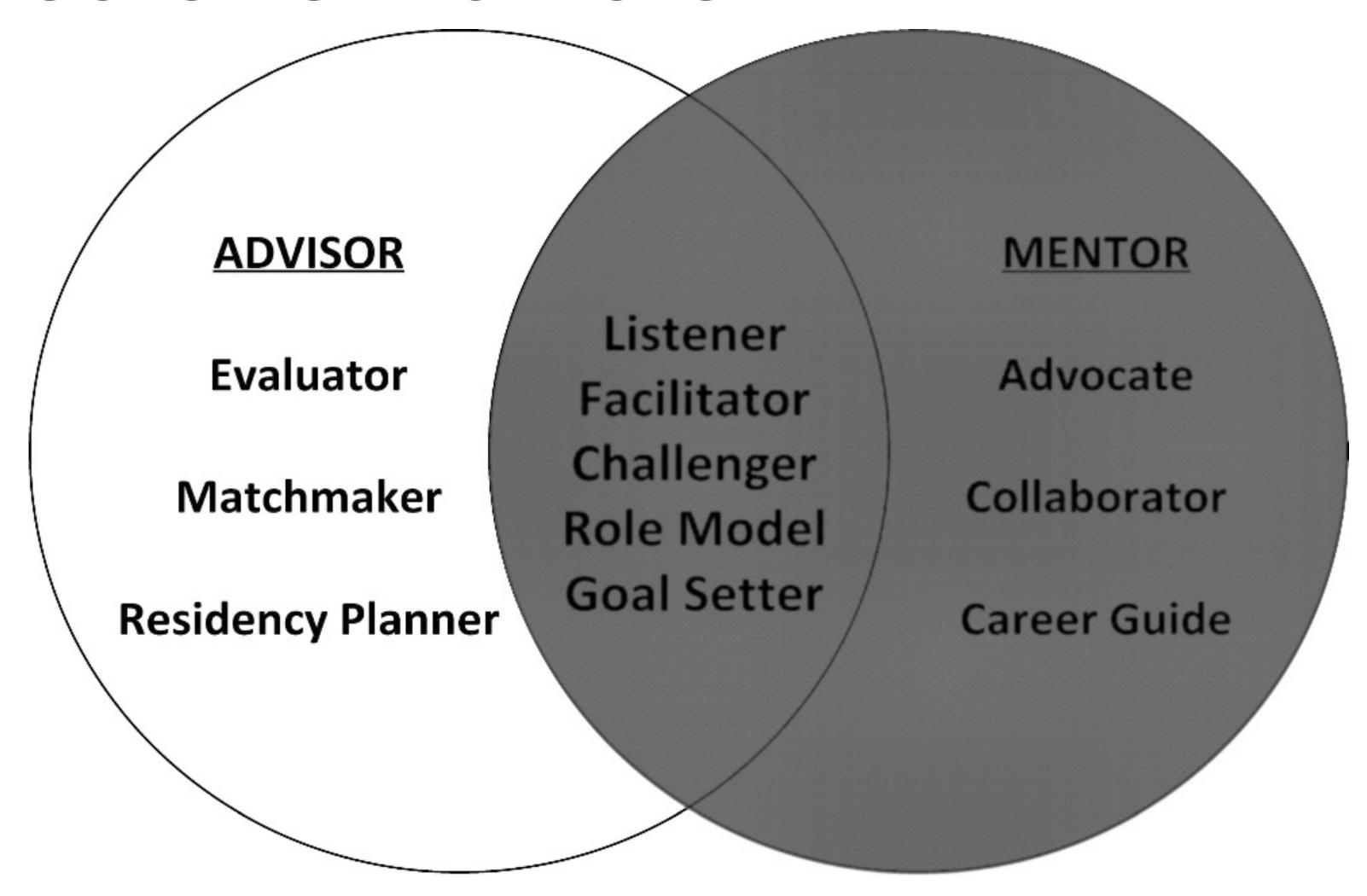
Mentors

Table 1. Desired Characteristics of Mentors

Dimension	Characteristic
Personal	Altruistic ³¹
	Understanding ³¹
	Patient ³¹
	Honest ³¹
	Responsive ²⁵
	Trustworthy ²⁷
	Nonjudgmental ²⁷
	Reliable ²⁷
	Active listener ³⁰
	Motivator ²⁵
Relational	Accessible ^{25,27,31}
	Sincerely dedicated to developing an important relationship with the mentee ²⁵
	Sincerely wants to offer help in mentee's best interest ²⁴
	Able to identify potential strengths in their mentees ³⁰
	Able to assist mentees in defining and reaching goals ³⁰
	Holds a high standard for the mentee's achievements ²⁵
	Compatible ("good match") in terms of practice style, vision and personality ²⁷
Professional	Senior ³¹ and well-respected in their field ²⁵
	Knowledgeable ²⁵ and experienced ²⁷

Sambunjak D, Straus SE, and Marusic A. A Systematic Review of Qualitative Research on the Meaning and Characteristics of Mentoring in Academic Medicine. *JGIM*. 25(): 72-8.

Advisors vs Mentors



Woods SK, Burgess L, Kaminetzky C, McNeill D, Pinheiro S, Helfin M. Defining the Roles of Advisors and Mentors in Post Graduate Medical Education: Faculty Perceptions, Roles, Responsibilities, and Resource Needs. *JGME*. 2010: 195-200.

Assessing Learners

Take Home Points:

All residents have some difficulty.

Decision involves:

- What domain is involved;
- Involve the appropriate resources early;
- •Problems of laws, professionalism and disability should be referred immediately.

Who is a learner in difficulty?

One who fails to meet the performance goals for their level of training

Difficult learner or learner in difficulty?

- Style vs Substance
- Personality conflicts
- Unclear goals

The question to answer: Above or below the line?

Answer implicates if it is the prerogative of the program to require correction

- Above the line—resident can decide to address
- Below the line—program is required to address

- Competence issue?
- Legal questions?
- Disability?

- Competence issue?
- Legal questions?
- Disability?

Competence

- Resident as a student learning the skills of being a physician
 - Cognitive (knowledge, memory, reading skills)
 - Non-cognitive (hand skills, teamwork, accurate record keeping)
- Descriptors of positive behaviors (what we do)
- Can involve 6 core competencies

- Competence issue?
- Legal questions?
- Disability?

Legal Questions and Professionalism

- Resident as employee and member of a profession
- Frequently proscribed behaviors (what not to do)

- Competence issue?
- Legal questions?
- Disability?

Disability

- Boundaries are important
 - Doctors want to diagnose and fix things
 - Can be an area of trouble
- Program's Role: Uphold standards of the profession
 - Refer up the ladder very quickly

Scenarios

We have scenarios we would like to review with you

- Using the framework:
 - 1.we'd like to have you think about the educational diagnosis;
 - 2.decide above the line vs below the line; and
 - 3.recommend resources for the learner

Terry

- PGY2 who has been noted to be more withdrawn and hostile. Terry's
 performance during the first year was among the best of the class. Terry's
 evaluations were excellent and Terry was well liked by peers, faculty and staff.
 Terry participated in a number of residency committees and displayed a mature
 leadership style even as a first year resident.
- •Complains bitterly about the workload and long hours on the medicine service. Terry feels that too much is expected and the attending is not available or helpful enough. Terry thinks that a half day of clinic is not feasible during this rotation and has asked to be excused from clinic on a number of occasions.
- •Terry's spouse has had difficulty finding work since they moved to the area. Terry generally gets along well with nursing staff, but some of the nurses have criticized Terry's short temper and anger. Terry often blames them when things don't run smoothly during clinic sessions. Some of Terry's fellow residents feel Terry is working too much and stays in the hospital too long.

- Competence issue?
- Legal questions?
- Disability?

- Competence issue: non cognitive
- Legal questions: No
- Disability: No
- Above the line

Resources?

Chris

- •Chris actively seeks positive reinforcement and seems crushed when negative comments are made on chart reviews or rotation evaluations. ED attendings commented that Chris lacks decisiveness when managing acutely ill patients but always asks for help when needed.
- •Preceptors note that Chris precepts more often than other R3's and that Chris has difficulty making management decisions. Other faculty comment on how much they enjoy working with Chris because of the appreciation expressed for their help and support.
- •Chris would like to join a small group practice in a rural community. Chris is scheduling electives in Trauma Surgery and ICU medicine prior to graduation.

- Competence issue?
- Legal questions?
- Disability?

- Competence issue: cognitive skills
- Legal questions: No
- Disability: No
- Above the line

Resources? Career counseling, discussion of motivations, goals, dreams and hopes

Pat

- •Pat is an R1 who is often late to clinic sessions in the FHC. Pat claims that the workload on the wards is too much, the attending wastes time on rounds and gives Pat a hard time about leaving the wards to come to clinic.
- •Pat feels very strongly about providing patient education and spends a great deal of time teaching patients. Nursing staff are very frustrated because they stay 45-60 minutes late because of Pat's lateness.
- •Preceptors noted that Pat's case presentations are rambling and disorganized. There are concerns that Pat's data gathering is incomplete, notes are long and without clear assessments and plans except in regards to patient education documentation.
- •Hospital rotation evaluations have indicated that Pat has a good fund of knowledge, good clinical judgment and excellent rapport with patients. Pat is noted to be very hard working; often staying late to make sure that patients are well cared for.

- Competence issue?
- Legal questions?
- Disability?

- Competence issue: Non cognitive
- Legal questions: No
- Disability: No
- Below the line (affecting multiple others)

Resources? Engage the resident to agree on the problem and discuss options for assessing and addressing the problem. Refer up the line as needed

Morgan

- •Morgan is an PGY2 resident from a good medical school. During medical school Morgan was president of the medical student council, AOA and founder of a student-run clinic for the homeless. Morgan is an energetic and invested in the success of the program. Morgan actively recruits patients to the practice and sees more patients than many of the third year residents. Patients are very loyal to Morgan.
- •Rotation evaluations have been excellent, noting Morgan's command of the medical literature and aggressive pursuit of learning. Attention to detail, comprehensiveness and astute clinical decision-making are strengths, preceptors have noted that Morgan can be challenging and argumentative at times.
- •Medical student evaluations of Morgan have been outstanding with comments such as "knows everything" and "tells me what's expected of me." Residents praise Morgan's work ethic, fund of knowledge, organization and clinical skills. Staff applaud Morgan for seeing lots of patients but that Morgan can be condescending and short with staff.

- Competence issue?
- Legal questions?
- Disability?

- Competence issue: Non cognitive
- Legal questions: No
- Disability: No
- Above the line (nor ideal behaviors, but remain Morgan's prerogative)

Resources? Engage the resident—do they think it's a problem? Why not? What can you agree on? What can you measure or ask others to help with?

Justice

- •Justice is a PGY1, who is occasionally late for rounds but generally performs well.
- Justice is well liked by patients and staff.
- Peers find Justice to be a little unreliable.
- •One of the senior residents tells you that they think they smelled alcohol on Justice's breath.

- Competence issue?
- Legal questions?
- Disability?

- Competence issue: Non cognitive
- Legal questions: Yes
- Disability: No
- Below the line

Resources? Falls in the area of laws and professionalism. Needs to e investigated thoroughly

Reflections?

Take Home Points:

All residents have some difficulty.

Decision involves:

- What domain is involved;
- Involve the appropriate resources early;
- •Problems of laws, professionalism and disability should be referred immediately.

Objectives

- •Key elements of resident advisors and mentors
- •Resources that are needed for successful advisors
- A framework for assessing learners in difficulty

Resident Mentoring and Advising: A Framework for Managing Roles and Challenges

Roger Garvin, MD

Vice Chair for Education
OHSU Department of Family Medicine

Joe Skariah, DO

Program Director Portland Residency Program OHSU Department of Family Medicine

Jinnell Lewis, MD

Inaugural Program Director Three Sisters Rural Training Program OHSU Department of Family Medicine

April 28, 2022 RTT Collaborative