

RESEARCH LETTERS

Mentoring of Physicians at a Community-Based Health System: Preliminary Findings

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BACKGROUND: Mentoring has been suggested as 1 way to reduce physician stress and improve professional satisfaction, yet mentoring programs for physicians have focused principally on faculties of academic medical centers. Recently, a formal mentoring program for physicians in full-time clinical practice was created at a regional health system in western Connecticut. We describe the results of a survey of mentees' impressions of the program after its first year.

METHODS: We surveyed hospitalists and other physicians who had participated in the mentoring program to determine their reasons for participation, whether the program was helpful (and if so in what ways), and their recommendations for improvement.

RESULTS: Twenty-seven of the 39 participants responded to the survey (69%). Hospitalists were the most likely to par-

ticipate in the mentoring program (18 of 24) and to respond to the survey. Career planning (52%), balance among personal and professional life (43%), and leadership development (38%) were the most common reasons given for meeting with a mentor. All but 1 respondent felt the mentoring program met their expectations by setting goals (62%), planning next steps in their career (60%), and gaining new insights (52%).

CONCLUSIONS: Community-based health systems that seek to improve the professional satisfaction of their physicians should be interested in this description of the physician mentoring program of the Western Connecticut Health Network. *Journal of Hospital Medicine* 2013;8:642–643. © 2013 Society of Hospital Medicine

The literature focusing on physician mentoring is limited principally to programs at academic medical centers.^{1–5} Traditionally, physicians at academic medical centers who are engaged in research have one or more such advisors. However, many clinical faculties are not engaged in research. Further, little has been written about mentoring initiatives among physicians in full-time clinical practice.⁶ Such initiatives have been suggested as one way of reducing physician stress and improving professional satisfaction, issues of great concern among practicing physicians, particularly hospitalists and primary care physicians.⁷

A mentoring program was initiated at the Western Connecticut Health Network (WCHN) in January 2012. WCHN is a healthcare system comprised of the Danbury and New Milford Hospitals, with 371 licensed beds and a network of salaried primary care and specialty physicians. At Danbury, residency programs are in place in all specialties, and medical students from the University of Vermont rotate through the major clinical specialties.

This article describes the mentoring program at WCHN and gives a preliminary assessment of its value based on a survey of the participants after the first year of the program.

PROGRAM DESCRIPTION

Although the mentoring program was offered to all physicians of the WCHN, the principal groups of interest were the salaried primary care physicians (n = 46) and the hospitalists (n = 24). The program is a formal system of mentorship and career support, whose goal is to maximize the potential and career satisfaction of each member of the medical staff.

Eight senior physicians from the Departments of Medicine and Surgery served as mentors in their free time. They were selected based on their high regard as members of the medical staff who reflected the attributes of satisfactory mentors—good listeners who are supportive, nonjudgmental, practical, and enthusiastic.⁸ They received informal training through meetings with the program consultant (corresponding author) who had previously established mentoring programs at Massachusetts General Hospital, Boston, Massachusetts and the University of Rochester Medical Center, Rochester, New York.

Mentees were principally hospitalists and primary care physicians in full-time clinical practice. Practice experiences varied from 2 or 3 to 20 years or more. All hospitalists and some primary care physicians were engaged in teaching residents and/or medical students. Mentees were asked to complete a 1-page form indicating their goals for the coming year, what issues

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they would like to discuss with a mentor, and which mentor they wish to meet with. The sessions were scheduled during free time of both mentor and mentee, held in a quiet setting, were confidential, and lasted an hour or more. At the end of each session, mentee and mentor agreed on what was discussed and what next steps each had responsibility for. The mentor subsequently wrote up a summary of the meeting and reviewed it with the mentee for accuracy. Ongoing contacts were in person, phone, or e-mail initiated either by the mentor or the mentee. Examples of next steps included helping a mentee obtain further training, observe and comment on the mentee's teaching skills, sponsor the mentee for advancement to fellowship in his/her specialty society, or assist the mentee in the preparation of an article for publication. Frequency of meetings varied from a single session on a self-limited issue to multiple sessions throughout the year.

At the end of the first year of the program, the participants were surveyed by e-mail about their perceptions of the program. The survey was a structured instrument asking them to indicate what the principal issue or issues were that led them to seek a mentor, whether they felt the mentoring program had been helpful, if so in what way, and if not why not.

SURVEY RESULTS

Twenty-seven of the 39 participants responded to the survey (69%). Hospitalists were the most likely to participate in the mentoring program (18 of 24) and to respond to the survey. Career planning (52%), balance among personal and professional life (43%), and leadership development (38%) were the most common reasons given for meeting with a mentor. Twenty percent of mentees had no agenda. They simply wanted to talk. Fifteen percent had a specific project in mind about which they needed advice and counsel. All but one survey respondent felt the mentoring program met their expectations by setting goals (62%), planning next steps in their career (60%), gaining new insights (52%), completing a long-deferred goal (30%), reducing stress (19%), and improving self-confidence (19%).

Without exception, mentees indicated that their mentors met the criteria used to define a good mentor.⁸

DISCUSSION

One marker of the program's success is that all but 1 of the respondents felt the mentoring sessions met their expectations. Planning next career steps was a principle interest among the hospitalist group. This is

not surprising given that many hospitalists are recent graduates of training programs, and their long-term career plans may not be well defined. The mentoring program helped 3 hospitalists obtain fellowship training. About 1 in 5 mentees indicated that a reduction in stress was an outcome of their mentoring sessions. Recent studies of physician burnout have shown that physicians of first contact are at greatest risk of burnout.⁹ Two-thirds of the physicians participating in the mentoring program fell into this category. In a recent survey of physicians from all specialties across the country, mentoring was suggested as 1 of a number of strategies that organizations could provide to reduce stress and burnout.⁷

Important lessons learned over the first year of the program were that (1) mentees should have protected time to participate; (2) mentor and mentee should be in touch no less often than every 3 to 6 months, even if there is not an ongoing issue they are working on; and (3) substantive improvements in the program resulted from frequent (eg, every 2 months) meetings of the mentors.

In conclusion, although the survey sample in our study was small, the findings suggest directions and strategies for similar hospitals and health systems. Health systems that seek to improve the professional satisfaction of their physicians should be interested in this description of the physician mentoring program at the WCHN and its perceived value by the participants.

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