

# New to Rural Practice Physician Mentoring Pilot Program

## Evaluation Summary



Rural



Mentoring



### Introduction

Physicians beginning careers in rural communities face many new challenges, both medical and non-medical. Evidence has shown that new to rural practice physicians adjust more easily to their communities if certain personal, professional, and community-level needs are fulfilled. Mentorship is one form of support that may smooth the transition into rural practice by enhancing overall career satisfaction, comfort, and confidence to practice—all factors that influence long-term retention.

### Program Overview

International Medical Graduate (IMG) and Canadian Medical Graduate (CMG) mentees (n=19) were paired with mentors (n=18) in a formally structured eight-month program. The UBC Rural Continuing Professional Development (RCPD) Program's formal mentoring program utilizes best practices to enhance resilience and encourage physicians to thrive in their communities. Participants were encouraged to engage with the following activities and tools:

- ▶ *Mentor selection*: provided a choice for mentees to choose from a selection of mentor profiles
- ▶ *Program orientation*: mentor training and mentee information sessions
- ▶ *Mentoring and confidentiality agreements*: formally defined mentorship expectations and boundaries, and promoted trust
- ▶ *Individual development plan*: provided guidance for mentee goal-setting
- ▶ *Meetings and check-ins*: created the opportunity to discuss any issues during the participation of the program
- ▶ *Flexible communication*: connected mentors and mentees through a variety of options (phone, email, video or in-person)

### Methods

The evaluation study employed a pre- and post-program design that used online surveys and one-on-one semi-structured interviews for data collection. The study explored the role of mentoring in supporting BC physicians new to rural practice by evaluating the following themes:

- ▶ Benefits of mentorship and participant satisfaction
- ▶ Impact of physician mentoring relationships on indicators of retention in rural communities
- ▶ Importance of program formality on mentorship
- ▶ Lessons learned: improvements future iterations of the program

### Findings

#### A. Benefits of mentorship

92% of mentees (n=12) indicated that mentorship provided a beneficial impact to their lives and/or practice, including:

- ▶ *Personal reflection*
- ▶ *Support through communication*: mentees were able to talk with a trusted colleague in an open, non-judgmental, and empathetic environment, which enhanced feelings of professional and social support
- ▶ *Networking with peers/colleagues* counteracted feelings of isolation
- ▶ *Resiliency*: mentees cited a higher level of comfort in dealing with challenges in the workplace and their wider community
- ▶ *Improved knowledge* needed to perform clinical skills
- ▶ *Community integration*: 64% of mentees indicated they felt more supported to integrate into rural practice (n=9)
- ▶ *Additional support* in overcoming professional and personal challenges

*One drawback [to working rural] is feeling alone, isolated, and separated from colleagues, so anything that makes people feel more comfortable and connected – that is filling a need."*

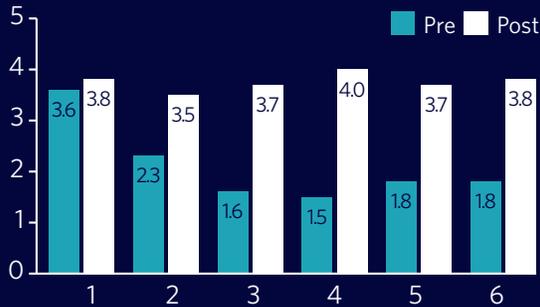
–Mentee, IMG

## B. Retention

We identified six indicators of retention:

1. Comfort and confidence performing clinical skills
2. Satisfaction with medical career
3. Preparedness to live in a rural community
4. Preparedness to practice in a rural community
5. Social support
6. Professional support

### Indicators of Retention



Mentees indicated their level (1=very low, 3=moderate, 5=very high) of comfort, satisfaction, or preparedness before participating in the program (Pre) as well as after (Post).

While the program's evaluation findings cannot confirm a direct correlation between mentorship and physician retention in rural communities, the six indicators have been identified as factors that affect and ultimately support retention.

The likelihood of a new to rural practice physician remaining in his or her community depends on the degree to which individual-, professional-, and system-level (or community-level) needs are met. Some examples of needs include familiarity with his/her surroundings, community involvement, access to information/knowledge of resources, place integration, and self-actualization.<sup>1</sup>

## C. Formal programming

Formality helped to jump-start relationships, build trust and set boundaries—elements that participants may not have been comfortable initiating informally. Mentees felt more at ease contacting their mentors knowing that mentors were being compensated for their participation in the program. Forms and paperwork were consulted at the beginning of mentoring relationships and became less important as relationships developed.

*"[The program] served what I was hoping it would...It help[ed] to close the gap of rural docs feeling alone and isolated. This [was] one way to fill it....hopefully [the program] can keep going."*

—Mentee, IMG

## Discussion

Program evaluation results indicate that mentees were more comfortable living and practicing in a rural community after completing the mentorship program. While this increased comfort and confidence is most likely multifactorial, including influences from the passage of time and on-the-job learning, a mentorship relationship has the potential to provide mentees with an added boost of support needed to improve their experience adjusting to rural practice.

*"At different levels, [my mentor] helped me to stay focused and continue to learn. Through this year, I feel that I have been able to rebuild my confidence and that is part of it—through the mentoring program I know there is always someone to ask a question."*

—Mentee, CMG

## Lessons Learned

In the next iteration of the RCPD mentoring program (spring 2016), we plan to incorporate the lessons learned from the pilot to build an improved program. Some of the key lessons include:

- ▶ "Tools not rules" approach: providing paperwork and guiding tools for establishing and maintaining effective mentor-mentee relationships, but not making them mandatory
- ▶ Promoting face-to-face interactions early-on
- ▶ Encouraging mentor-mentee co-location when matching the pairs
- ▶ Guidance/training for mentors on how to build a relationship with mentees in an authentic way using tools provided in the program
- ▶ Utilizing a robust evaluation process that is adaptable to participant preferences, for example post-program evaluations administered through online survey and having an alternative option of a phone interview

*"Working in emergency is different. For me it was good that I had this support. Also being from another country trying to integrate, it was important to have this support. Sometimes when you have questions, it is better to have answers from someone you trust."*

—Mentee, IMG

1. Hancock C, Steinbach A, Nesbitt TS, Adler SR, Auerswald CL. Why doctors choose small towns: a developmental model of rural physician recruitment and retention. *Soc Sci Med.* 2009;69(9):1368-76. doi: 10.1016/j.socscimed.2009.08.002.