

GUIDELINES ON INTERNSHIP MENTORING PROGRAMS

Subject: *Mentoring programs for interns*

Guideline Name: *Guidelines on Internship Mentoring Programs*

Date Approved: *28 July, 2016*

Officer responsible: *Education Manager / Medical Advisor*

Many Victorian hospitals have highly-regarded mentoring programs for interns. These programs, in line with mentoring models, involve interns as a protégé and more senior doctors with expertise in the knowledge and professionalism of working in a healthcare setting. Mentoring arrangements can include “near to peer” mentoring (the intern is mentored by a resident-level doctor), through to more traditional mentoring where an intern is mentored by a consultant. Mentoring programs may also vary in their focus, from the mentor offering career advice and direction, to mentors whose primary purpose is to offer support to the mentee (intern) in day-to-day personal and professional matters.

These recommendations have been developed by consensus of junior doctors within the Postgraduate Medical Council of Victoria, Junior Medical Officer (JMO) Forum. They aim to provide suggestions for the further implementation and optimization of intern mentoring programs.

Mentoring Programs:

1. Are generally perceived as valuable by interns and should be well publicised to both junior and senior staff to encourage active participation and engagement.
2. Can encompass different facets of professional development including emotional support and guidance rather than just specific career advice. Health services may offer training to assist mentors to maximize the effectiveness of the mentoring relationship.
3. Should be flexible and adaptable; each intern and mentor should discuss and agree upon the aims of their mentoring relationship.
4. Should aim to encourage interns to understand the benefits provided by various mentor types, and not discourage or exclude interns from seeking other mentoring partnerships, eg. For specific career advice.
5. The mentoring arrangement should be confidential for the mentee and their mentors.

Mentors:

1. Should be available and accessible to interns.
2. Preferably should be clinicians in order to maximize their ability to relate to and understand the experiences of interns. In “near to peer” mentoring programs, residents and registrars can provide contemporary advice on practical aspects of the job.

3. Should have suitable experience to provide insight and advice into issues that interns may face. They should therefore preferably work at the same health service as the intern, including in hospital and community settings.
4. Can mentor more than one intern provided availability and accessibility to each intern is not affected; mentors should not feel pressured to mentor more than one intern.
5. Are encouraged to arrange at least one face-to-face meeting with their intern in the first three months of commencing internship.
6. Are encouraged to maintain contact with their intern via phone, email or social media if face-to-face meetings prove difficult to organize.
7. Mentorship arrangements should aim to avoid potential future conflicts of interest, which could result if the intern has a “career” mentor in their chosen specialty field; however, it is desirable that interns have mentors that are like-minded, which may involve them sharing broad career interests.
8. Consultant mentors are discouraged from providing references for their intern, and this should be discussed prior to entering the mentoring relationship. This suggestion may be difficult to reconcile in rural health services due the smaller number of staff available to be mentors.
9. May be reimbursed for their time and/or receive continuing medical education (CME) recognition for participating in mentoring programs and relevant training activities. Financial gain or CME recognition, however, should not be the primary motivation for participation in a mentoring program.

Interns:

1. Are encouraged to actively participate and engage in a mentoring program to maintain emotional and psychological wellbeing during their internship year.
2. Should arrange at least one face-to-face meeting with their mentor in the first three months of commencing internship.
3. Are encouraged to maintain contact with their mentor via phone, email or social media if face-to-face meetings prove difficult to organize.
4. Should be advised that the mentoring relationship is not limited to their intern year. Depending on the relationship formed, there may be the possibility that it extends informally beyond the year.
5. Are discouraged from using their mentors as referees for job applications.

Program Organizers:

1. Should ensure that interns have the opportunity to meet face-to-face with their mentor at least once in the first three months of commencing internship.



2. Should contact interns and mentors throughout the year to encourage regular communication.
3. Are advised to offer appropriate training to mentors, which may include face to face sessions, printed and/or online materials. Mentors should be aware of relevant resources and contacts in the event that an intern experiences emotional and workplace difficulties.
4. Are advised to organize shared mentor and intern social events as they are perceived to be of great benefit in strengthening relationships between mentors and interns.
5. Should conduct ongoing evaluation about the effectiveness of mentoring programs in an anonymous and confidential manner.

Initial endorsement date of Guideline: 22 October, 2010