Defining the Roles of Advisors and Mentors in Postgraduate Medical Education: Faculty Perceptions, Roles, Responsibilities, and Resource Needs

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Abstract

Background Residency program directors rely on an informal network of faculty mentors to provide guidance for residents. Faced with increasingly sophisticated competency-based evaluation systems and scrutiny of patient safety and resident well-being in today's environment, residency programs need more structured mechanisms for mentoring.

Objective To clarify the role of resident advisors and mentors so that residents receive the right combination of direction and oversight to ensure their successful transition to the next phase of their careers.

Methods The Duke Internal Medicine Residency Program undertook a formal assessment of the roles, responsibilities, and resource needs of its key faculty through a focus group made up of key faculty. A follow-up focus group of residents and chief residents was held to validate the results of the faculty group assessment.

Results The distinction between advising and mentoring was our important discovery and is supported by literature that identifies that mentors and advisors differ in multiple ways. A mentor is often selected to match resources and expertise with a resident's needs or professional interests. An advisor is assigned with a role to counsel and guide the resident through the residency processes, procedures, and key learning milestones.

Conclusion The difference between the role of advisor and that of mentor is of critical importance and allowed for the evolution of faculty participants' role as resident advisors, including the formulation of expectations for advisors, and the creation of an advisor toolkit. Our modifiable toolkit can enhance the advising process for residents in many disciplines. We saw an improvement in resident satisfaction from 2006 to 2009.

Introduction

The challenges and complexities of graduate medical education in internal medicine have increased exponentially in recent years. In 3 years of training, residents must gain proficiency in the diagnosis and treatment of a vast array of illnesses, master multifaceted communication and documentation skills, and learn to provide care in a variety of complex medical systems.[1] Concurrently, residents may also strive to prepare for subspecialty careers and acquire advanced skills in research and teaching. Residents need the right combination of direction and oversight to ensure the successful transition to the next phase of their careers.[2,3]

In the past, residency program directors have relied on an informal network of faculty mentors to provide guidance for residents.[4,5] Little data currently exist to inform residency program directors of how to accomplish this task and, more specifically, how to develop faculty to meet this need. Faculty who aid in this effort have been historically labeled advisors and mentors. Like many internal medicine training programs, the Duke internal medicine residency program faces this challenge of designing a system to provide adequate advising. With the implementation of the Educational Innovation Project in the internal medicine residency program, the Duke program leadership recognized an opportunity to improve resident advising. The first steps involved identifying a core group of educators from the departmental faculty to assist the residency program director. The program director tasked each of these highly invested faculty members to meet

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BOX 1 **Initial Focus Group Questions**

Category: role definition

- How would you define your role in the residency program? (What are your functions vis-à-vis the residents?)
- What constitutes effective mentoring/advising in this role?
- What do you find most challenging in this role?

Category: resource needs

- What specific knowledge and skills does one need to become more effective in your role as a residency program advisor?
- What might we do as a department to support faculty in the role of residency program advisor?
- What specific tools and/or resources would you like to have available to assist faculty in your residency program advisor role?

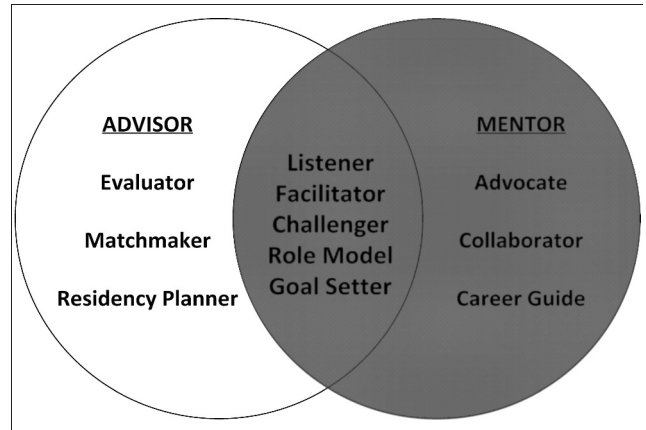

FIGURE 1 **Advisor and Mentor Role Comparison**

regularly with a panel of 8 to 25 residents to provide support and guidance in their training. Expectations included developing training and career objectives for individual residents, identifying academic and clinical experiences to meet these objectives, monitoring performance evaluations, and completing residency requirements and competency assessments.

In the process of recruiting and orienting faculty for their mentoring role, questions arose regarding role definition, specific responsibilities, and resource identification. A focus group of key faculty was convened to respond to these questions. The aim of the focus group was to conduct a needs assessment of the program from the perspective of participating faculty members. The objectives included clarification of their specific roles and responsibilities and identification of resources to support their efforts. As a result of the inquiry, program leadership sought to create a refined advisor job description and define tools needed for their success.

Methods

Focus group participants consisted of current and prospective associate program directors, previous associate program directors, and other key faculty. Ten of the 12 invited faculty members attended the group, which was led by a trained facilitator. Prior to the discussion, a committee consisting of the program director, a professional educator, and 3 key faculty members constructed a list of questions based on collective experience and reviews of the literature on resident training and faculty development (BOX 1). In formulating these questions, the committee initially labeled the advisor role as "residency program mentor/advisor." Early in the focus group discussion, however, participants began to differentiate the roles of *mentor* and *advisor*, and consensus emerged that the role of the faculty members was more consistent with the latter. For purposes of this report, we use the term *advisor* when describing focus group results regarding specific responsibilities and resource needs of this position.

The group responded to questions from 2 general categories: role definition and resource needs (BOX 1). A transcriptionist recorded and logged responses into a database, maintaining participant anonymity. A group of 4 faculty raters reviewed the results independently to identify specific themes and then conferred in person to compare themes and resolve differences. At a follow-up meeting, participants from the focus group confirmed the clarity and accuracy of themes derived from the initial review. Approximately 1 month after the initial focus group convened, a parallel focus group with residents and chief residents was performed using the same questions. Reviewers used these data to validate faculty responses and identify additional themes.

Results

Evaluation

Four core themes emerged from the focus group responses regarding advisors including (1) role definition and differentiation, (2) characteristics of effective faculty, (3) core competencies for faculty, and (4) key resource needs. The parallel resident focus group provided no new themes but strongly validated faculty perceptions of role definition and essential characteristics of effective faculty advisors. This summary focuses on the results of the faculty focus group.

Role Definition and Differentiation

According to focus group participants, faculty members assume both advisor and mentor roles (FIGURE 1). The group defined key similarities and differences between an advisor and a mentor. Several tasks were viewed as unique to the role of advisor. Notably, the advisor should work with the advisee in the areas of planning, administrative organization, and assessment and feedback. Advisors were described as liaisons to the residency program director, presumably for the purpose of monitoring individual and programmatic progress.

BOX 2 **Competencies of a Postgraduate Medical Education Advisor**

Advisors will be able to:

- Clearly articulate their role with respect to the program organization and evaluation structure
- Exhibit high-level time management and organizational skills
- Provide meaningful feedback to residents
- Assist and support the resident's goals and objectives creation, progress, and attainment
- Collaborate with other advisors and program faculty to build relationships and improve the overall program

A mentor, per the group, serves as a career guide for residents throughout training. As this relationship develops, participants asserted that a deeper level of understanding, support, and nurturing exists between mentor and mentee, versus advisor and advisee. Although most residents are assigned an advisor, a mentor-mentee relationship can be serendipitous or initiated. Finally, residents usually have 1 advisor during training but could have multiple mentors.

Although participants acknowledged their dual roles as advisors and mentors for many residents, they clearly identified themselves as advisors in their work as key faculty in the program. They cited their roles as evaluators, monitors, and administrators to define aspects of their function as advisors. Key aspects that distinguished the advisor role included assessing or evaluating competency, matching career goals and objectives to curricular offerings, formulating remediation plans, and communicating with the program director. Participants emphasized the administrative nature of the advisor job, using terms like portfolio manager and compiler of paperwork. The term *advisor* more accurately captured the work of key faculty in their work for the residency program at large.

Characteristics of an Effective Advisor

The focus group participants identified certain traits that both advisors and mentors should embody including honesty, integrity, enthusiasm, and patience. Notably, this individual should be open-minded and experienced and have the respect of residents and faculty. Participants asserted that advisors need a very high level of emotional intelligence and well-developed organizational and time management skills. To use and develop these traits and skills, advisors must have a clear understanding of their roles and responsibilities, as well as those of others in the program, and a familiarity with programmatic rules, resident opportunities, and requirements.

Competencies of an Advisor

Focus group participants emphasized the importance of identifying competency areas needed to provide capable, knowledgeable, and skilled advising within postgraduate medical education. Faculty identified their most basic goal as the continuous progression and growth of trainees throughout their residency. To fulfill this task, an advisor must use multiple skill sets with individual trainees to assess the core competencies, fulfill regulatory requirements, and support and develop goals for the advisee during residency training and beyond. Several key competencies were defined for an advisor (BOX 2) and were determined to be essential for the practice of advising.

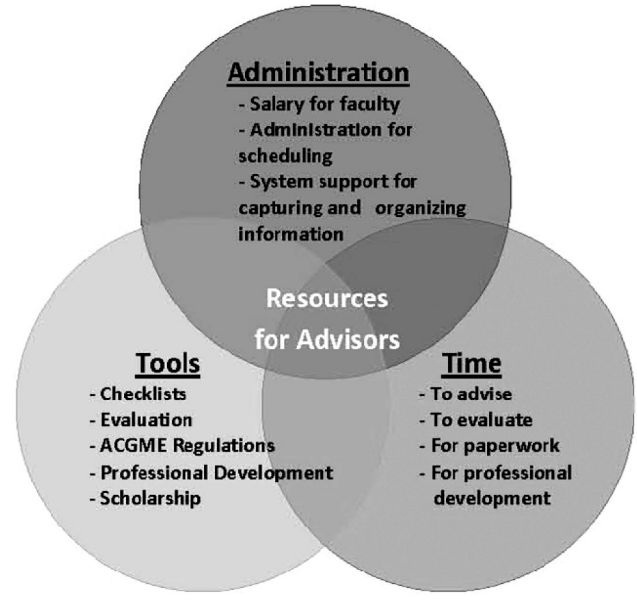

FIGURE 2 **Core Resource Areas for Advising**

Advising Resources

Participants identified key resources that would facilitate resident advising in specific situations (eg, checklists, institutional policies and guides, development of networks for fellowship application processes). The key resources fell into 3 basic categories: administration, tools, and time (FIGURE 2). For focus group members, administrative support encompassed salary support for the time spent advising and support for the administrative staff to assist the advisor. For the Duke internal medicine program, administration includes a staff member whose time is partially (approximately 0.3 full-time equivalent) funded to support advising processes and the advisors' needs. This administrative support includes organizing materials; creating scholarly products; analyzing data; communicating with residents; organizing advisor retreats; and creating, updating, and maintaining the advisee online individualized learning plan (ILP) database. Faculty members identified a need for mechanisms that enhance time management and organization, such as scheduling software and dictation support. Also, mechanisms to track the Accreditation Council for Graduate Medical Education requirements for residents were considered essential. Tools for the advisors now include the online learning plan database, an online virtual toolkit, checklists for tracking resident progress, evaluation and competency meetings, and

support for advisor professional development including workshops and faculty retreats.

Protected time, which is fundamental to the implementation of any successful programmatic innovation, was requested. Time is needed to advise residents individually and to assess the achievements and areas for improvement. The clinician-educator participants described their efforts to maintain a balance between their various faculty roles. Specifically, they were challenged to be clinically productive, excel in research efforts, and teach and contribute to the academic mission of the department while also advising residents. As such, protected time is imperative to the success of the overall advising process. Participants also recognized the importance of ongoing professional development to acquire the skills, resources, and tools central to advising trainees. Within the Department of Medicine at Duke, faculty receive equivalent support for advising as they do for serving as clinical educators. With 12 resident advisors, the time dedicated to education ranges from 10% to 75%.

BOX 3 **Tactical Questions for Initiating a Comprehensive Advising Program**

Programs should be able to answer the following:

- What is the vision for supporting the educational outcomes of residents through our resident advisory program?
- What resources are needed to support the program faculty involved in advising?
- Have we clearly defined the specific advisor role, responsibilities, and expectations?

Discussion

The focus group discussion offered faculty members a unique opportunity to explore their impressions of their roles in the residency program and voice challenges and needs. The distinction between advising and mentoring emerged as the most important discovery and has subsequently informed the participants' job title, the formulation of work expectations, relationships with residents, and resource needs. Data collected from both the advisees and advisors from academic years spanning 2006–2009 were reviewed. We assessed the satisfaction of both trainees and faculty with the advising program, knowledge of the advisor in this role, and availability and usefulness of resources for resident tracking and development, among other content areas. Data from both groups revealed statistically significant improvements in perception and satisfaction with the advising system. We have used the advisor survey data to improve faculty and professional development. Although Duke had defined the advising system thoroughly, it is now necessary for the program to clearly define and communicate the mentoring process. The 2-fold mission of advisors at Duke is to promote personal and professional development among individual trainees while continually building and improving the overall educational program. This involves building strong, trusting relationships with residents while working with colleagues to enhance the program. From this focus group, program leaders synthesized a coherent job description of the program advisor based on identified roles as follows:

- "Listener": Program faculty must meet with assigned residents at least semiannually to assess trainee's educational progress and to plan future training experiences. These meetings afford the advisor an opportunity to listen to any personal or professional concerns that residents have and to provide advice and guidance.[6] The identified need for administrative support to coordinate meetings and maintain resident portfolios was addressed by the creation of an online scheduling system.
- "Goal setter": Program faculty must assist advisees in creating an ILP, which details career goals, self-identified strengths and weaknesses, and explicit training objectives.[7] An online ILP form was created for data entry. For each objective, residents identify resources and list how they will measure achievement. Review and revision of the ILP occurs at semiannual meetings.
- "Residency planner": Program faculty work with advisees to identify specific learning needs and to plan educational activities during residency. This may include selecting rotations, developing strategies for board preparation, completing training requirements, and planning for postresidency careers. Aided by the ILP, the role of planner also includes linking advisees with a variety of mentors.
- "Evaluator and problem solver": Advisors review evaluations with residents and provide insights and feedback. Specifically, advisors assist trainees in identifying strategies for addressing problem areas as well as providing praise and recognition. Advisors, on occasion, need to work with the program director on corrective action or remediation plans.[8]
- "Collaborator and scholar": Program advisors work together to enhance the quality of residency training by continually striving to improve the advising process, developing descriptions of best practices, and identifying resources to support their work. This involves collaboration in regular meetings and retreats that offer specific faculty development sessions as well as collective problem solving. Advisors also disseminate their innovations through local, regional, and national presentations and publications.

The strengths of this study as a qualitative analysis include its inclusion of stakeholders in the focus group process, which included key faculty, and residents and chief residents for validation. Most importantly, this report

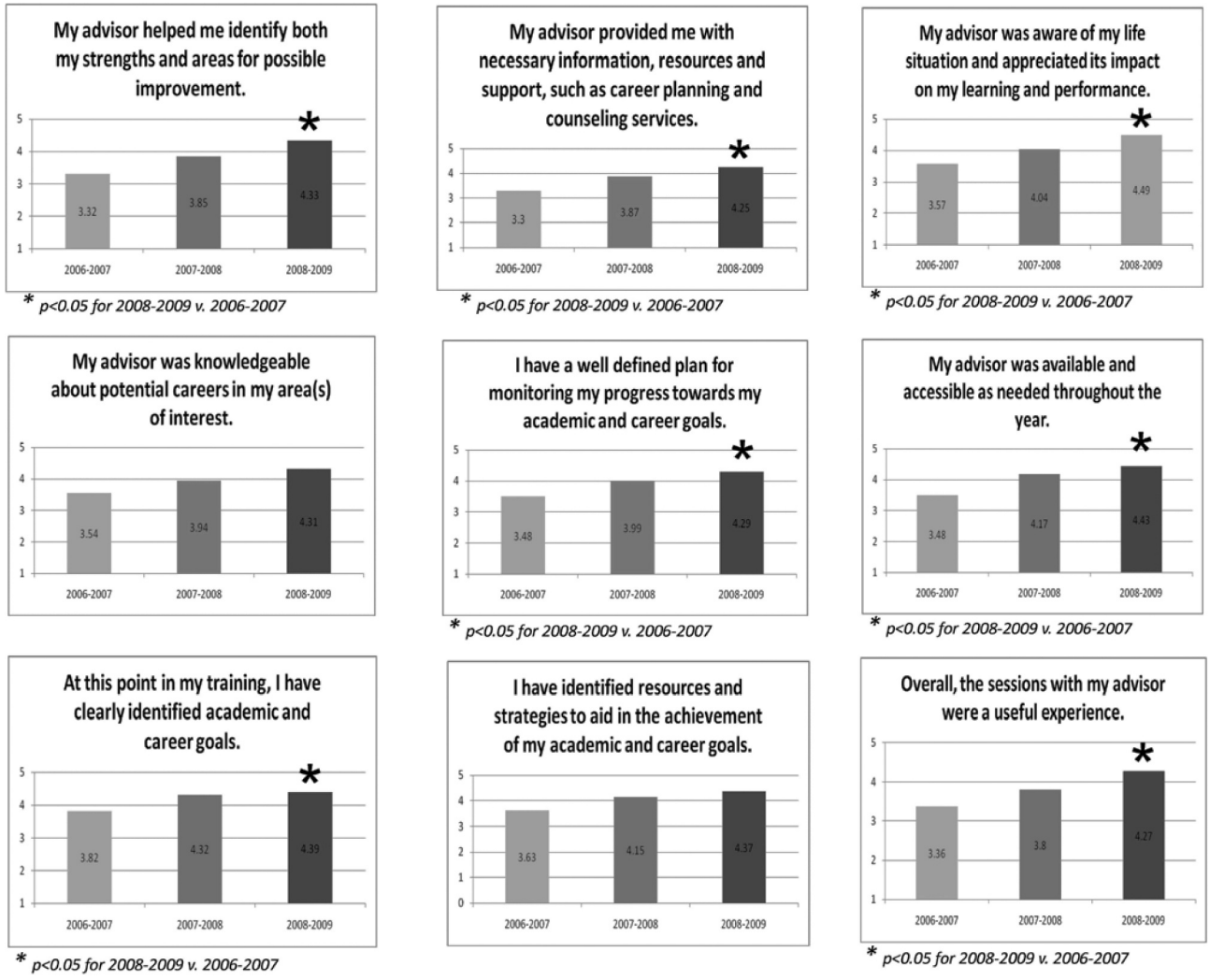

FIGURE 3 **Resident Advising Survey Responses, 2006–2009**

includes details of how program leadership integrated focus group results directly into the design of the resident advising process. Limitations include a lack of representatives from other training programs or other institutions for more generalizable results. More careful selection of terminology for the focus group questions (eg, mentor versus advisor) may have prevented some confusion. In the end, however, this confusion actually facilitated discussion, debate, and role clarification.[9,10]

Administration and oversight of graduate medical education presents significant challenges in the current age of regulation. Given the paucity of data available to assist program directors in the creation and execution of a successful advising system for graduate medical trainees, the Duke internal medicine residency program sought to research this void. This initial needs assessment was critical in allowing us to establish a starting point for our exploration of the advising needs in residency training, to recruit and train faculty advisors, and to equip them with the resources needed to perform their assigned tasks. For programs embarking on creating or improving their own comprehensive advising program, several tactical questions should be analyzed throughout the planning and implementation stages (BOX 3).

As an outcome of this process, Duke University has created an Advisor Toolkit. The toolkit clearly defines the advisor role, advisor expectations, guidelines for advising, vital resources for advising, required checklists, and professional development tools. This toolkit has the potential to enhance the advising process for graduate medical trainees in many disciplines as the tools can be modified to a particular program. We have seen an improvement in resident perception and satisfaction from 2006 to 2009 (FIGURE 3). Evaluation of these data is ongoing and we look forward to reporting results of our formal evaluation and to revising our resident advising system, in particular, the assessment of its ultimate value for residents in their personal and career development.

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