Family Medicine Residents Mentoring During Covid-19 Pandemic and Beyond

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Received: July 2020; Accepted: August 2020; Published: September 1, 2020. Citation: Muna Aseel et al. Family Medicine Residents Mentoring During Covid-19 Pandemic and Beyond. World Family Medicine. 2020; 18(9): 51- 52. DOI: 10.5742/MEWFM.2020.93854 Family medicine residency training program in Qatar is a 4 year program established in 1995 where residents graduate after completing the Arab Board of Medical Specialization requirements for Family Medicine. The program gained the ACGME-I initial accreditation in 2013 and currently has advanced accreditation.

Mentoring was already there in the Family Medicine Residency Program since it started but it was not in an official manner and there was no structured curriculum. With the continuous change and development in residency training in response to the country's needs, and to match with the accreditation standards, the program developed a structured mentorship curriculum that was officially implemented in 2018, being the first residency training program in Qatar to officially implement a structured mentorship program.

Covid-19 pandemic was announced by WHO on March 11th 2020 (1) and in Qatar the MoPH applied precautions in response to that and this included holding all face-toface group activities and in collaboration with HMC and PHCC, a number of facilities dedicated to caring for Covid-19 patients opened and our family medicine residents worked as part of the front line team in these facilities.

With the Covid-19 pandemic, it was expected that residents will be working under pressure that may lead to mental health and other challenges as we are dealing with a virus that we still know little about. And every day we know new information about how it spreads, its severity, immunity, etc especially, that there is no effective vaccine or treatment approved for it et. With that, residents were expected to work under pressure being worried about their family's health as well as their own health. Adding to that, initially there was no clear vision on how the educational activities will continue and the residents were worried about having their previously scheduled clinical rotations delayed which made them anxious about the future.

Providing mentorship and support for mentees during the pandemic represented a challenge to many when considering the difficulty of face-to-face meetings, and the rising needs. Our mentorship curriculum included other alternatives to face-to-face meetings between minors and mentees including virtual methods and other ways of communication. We decided that the mentors need to communicate with their mentees more frequently and that this communication is to be more unofficial communication. Most of the communication was through phone calls, emails and messaging. The program agreed that the initial communication was to mainly discuss the new situation, responsibilities and expectations and to agree on the best way of communication during the Covid-19 pandemic. The mentors were to ensure that residents are working in teams with support and supervision immediately available where residents are to be aware about where, when, and how to ask for help and support at any of the Covid-19 and other related sites. The Program Director maintained continuous communication with mentors to ensure that all the residents did have a chance of communicating with their mentors

while maintaining the confidentiality of information being discussed between residents and their mentors from the faculty members. Additional support is being provided by the program through maintaining communication with residents through emails, being available to respond to phone calls, and face-to-face meetings when needed. The program continued receiving feedback about all the residents working in Covid-19 sites. An important aspect that mentors considered whenever they communicate with mentees was the mental and physical wellness of the residents.

With this support being provided through the mentoring program, it was observed that the residents were able to adapt to the new situation faster and that was reflected on the degree of satisfaction whenever they communicate with their mentors. Adding to that, the program did continue receiving positive feedback about our Family Medicine Residents with no single complaint raised against our residents. The program did observe that the residents positively benefited from the new experience and that was reflected in many aspects including improved communication skills and being involved in more research and other scholarly activities with teams from other hospital departments.

In conclusion, a structured mentoring program did help supporting residents accommodate faster during the difficult time of Covid-19 especially during the early period. More frequent meetings between mentors and mentees are to continue for the first few months after the pandemic to ensure that the residents are ready to continue learning and for better achievements. There are still other ways to support residents and learners during such situations and sharing experience can help programs improve and better prepare for similar situations if that happens in the future.

Reference

1. WHO. WHO Director-Generals opening remarks at media briefing on Covid-19 11 March 2020. https://www. who.int/dg/speeches/detail/who- director-general-s-opening-remarks-at-the- media- briefing-on-covid-19 - 11-march-2020 (2020).