The Critical Role of Mentorship in the ACGME *Back to Bedside* Initiative: Lessons Learned From the First Cycle of Awards

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Introduction

In May 2017, the Accreditation Council for Graduate Medical Education (ACGME) launched the *Back to Bedside* initiative. The project was originally conceptualized to offer up to 5 funding awards to resident and fellow trainee-led projects with the aim to increase the meaningful time trainees spend with patients,[1] but due to the overwhelming response to this initiative, the ACGME has expanded the number of funding awards to 30. The awards were announced in September 2017, and the projects launched were in January 2018. Each awarded team had a trainee project lead (or co-leads) and a designated faculty mentor. Trainees, faculty mentors, and up to 3 other members of the project teams were invited for 2 collaborative meetings at the ACGME headquarters in October 2017 and August 2018. With these meetings, the ACGME aimed to create an environment in which the individual projects would benefit from the shared wisdom of the larger awarded group. The topics covered at these collaborative meetings were varied, but early on the awarded group recognized the critical role of the faculty mentor to the success of project teams.

The term "mentor" is derived from a character in Homer's *The Odyssey*, and nearly universally, describes a relationship between a more experienced person and a less experienced person, usually related to a specific area of work and over a period of time.[2,3] To better understand the relationship of the faculty mentor–trainee lead dyads within the *Back to Bedside* initiative, the second collaborative meeting dedicated 2 hours of workshop time to evaluate the lessons learned that related to the faculty mentor role. This article summarizes those lessons to provide practical strategies for future *Back to Bedside* faculty mentors (FIGURE).

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Methods

Participants from 29 of the 30 ACGME 2018 *Back to Bedside* funded projects were divided into small groups, with separation of faculty mentors and trainee team members to encourage free discourse. All groups were asked a series of open-ended questions related to their mentor-mentee dyad experience. A facilitator transcribed reflections throughout each small group session. These reflections subsequently served as the background for a second set of questions related to specific interventions to improve the effectiveness of the relationship. The responses to both sets of questions were discussed in the larger group. The results of the small groups and larger group reports were transcribed. A subset of the workshop participants reviewed and grouped the results into common themes. Any disagreement regarding themes was resolved by collaborative discussion and group consensus.

Results

Mentees Needs From Mentors

The primary responses by mentees regarding what they needed from their mentors converged into the following 5 themes: engagement, leadership, management, research guidance, and interpersonal skills. Concerning engagement, trainees sought collaborative mentors who would actively participate in meetings, invest in planning and completion of the project, and effectively promote institutional support. Mentor leadership, particularly in the areas of networking and navigating institutional administrative barriers to project implementation, was also thought to be critical to success. For management skills, mentees identified that mentor assistance was essential to clearly define team member roles and for the development of a realistic project timeline with measurable deliverables. Trainees also strongly

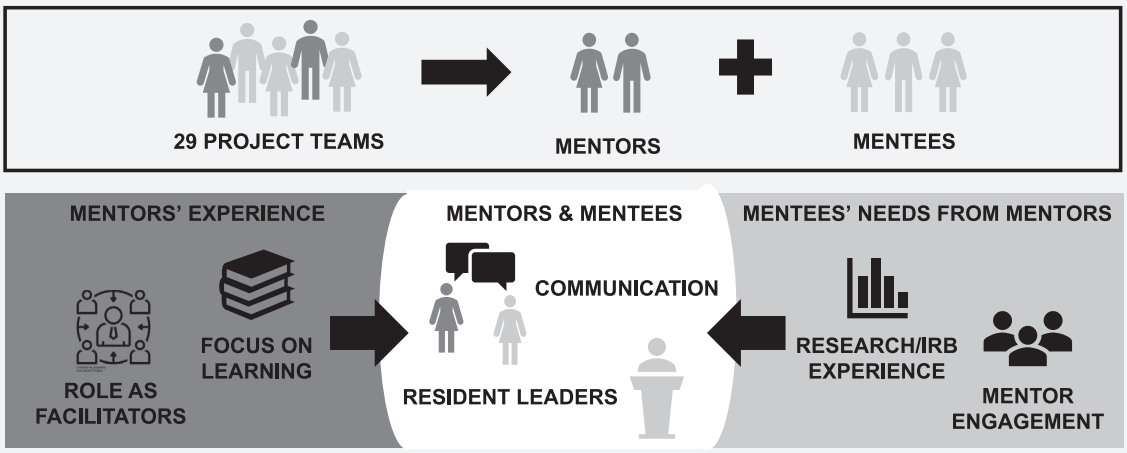

FIGURE
Visual Abstract (designed by Amanda S. Xi, MD, MSE)

desired mentors with institutional review board (IRB) and methodologic experience who could provide guidance on study design and publication strategies, as well as sponsor trainees for presentations at national meetings. Lastly, respondents collectively agreed that effective mentors possessed strong interpersonal skills, such as empathy for the difficulties and obstacles trainees face, and encouraging trainee autonomy while navigating the areas that require faculty involvement. Inherent to all of these requests is an assumption that mentors have the bandwidth and availability to actively mentor.

Mentors Report on Their Experience

Responses from mentors focused on defining their role as facilitators rather than leaders.

Mentors emphasized the importance that projects are trainee-led and that trainees should demonstrate ultimate ownership of the project as well as establish a regular communication schedule. However, mentors recognized the need for flexibility in communication methods and timing to accommodate trainee schedules. Mentors viewed their role as providing guidance on the scope and outcomes of the project, facilitating relationships between trainees and potential collaborators, and promoting *Back to Bedside* projects within their graduate medical education and institutional communities. Mentor respondent strategies to improve group dynamics included establishing a communication schedule, clarification of roles and trainee leadership transition plans, and cultivation of collaboration and connectivity with other stakeholders or resources. Mentors also stressed the importance of learning throughout the process, rather than solely focusing on outcomes and academic productivity.

Feedback for ACGME

Each group provided feedback regarding how the ACGME might facilitate the mentor-mentee relationship for the next iteration of *Back to Bedside* to improve the success of the next group of projects. Common themes included the importance of access to general consultant resources at the ACGME, a project-specific contact at the ACGME, and better transparency of what the ACGME plans to do with pooled data collected from individual projects. Group leaders felt they would benefit from ACGME expert guidance in getting approval from IRBs, study methodology, data collection, and data analysis. One-on-one meetings or webinars with ACGME consultants may have been beneficial for the participants who had not engaged before in this type of project. When questions did arise, trainee leaders were unsure where to turn, so an assigned contact with specific project knowledge would have been helpful. Many teams expressed frustration with the lack of understanding regarding how data collected by each project from the *Back to Bedside* survey tool (which includes components of trainee wellness, burnout, and vitality) would be combined to allow for large data analysis. Participants wanted more involvement in this process and ultimately in the publication of this data.

Discussion

The mentor-mentee relationship is an active rather than a passive partnership. In order for it to be successful, understanding the essential aspects of this relationship are critical, and the goals of the project must be clear. Mentees asked not only for mentors to engage and to push for progress utilizing knowledge of research, IRB navigation, and institutional

resources, but also to empathize and recognize the pressures that trainees face with clinical duties.

Mentors expressed the desire for mentees who are excited to "own" their projects with faculty guidance on timeline and scope. Both groups agreed that mentors should not lead the project, but rather encourage trainees to energetically take ownership. At the same time, mentors may need to use their experience and leadership to demonstrate how to effectively drive and direct the process, as well as navigate institutional barriers. Above all, communication between the sponsoring organization directing the project (ACGME), the faculty mentors, and the resident/fellow mentees is central to success. If mentoring is robust, goals and needs identified at the start of a project become successes and obstacles overcome by the end of a project.

Moving forward, mentors and mentees gave various actionable suggestions for improvement in collaboration. First and foremost, both groups recommended early, ongoing, and transparent communication. This included defining a shared vision for the project, specifying roles and expectations of project members early in the process, and scheduling recurring check-in meetings to protect time for updates, discussions, and active engagement of all team members. Additional deliberate communication between mentors and mentees was explicitly recommended during times of transition between trainee team members (ie, project leadership transitioning from a senior to a junior resident) to avoid confusion and maintain continuity of project progress. To aid in balancing busy clinical work schedules with project demands and timelines, both groups suggested designating a program manager. Program managers can be instrumental in project success by alleviating administrative burden, facilitating recurring meetings, sending reminders for deadlines, and navigating the larger hospital administrative system. These suggestions will help to cultivate successful collaboration on future projects by setting shared expectations, structuring time, delineating clear roles, creating accountability, and building trust and rapport that will allow for productive teamwork. While these reflections were solicited for the specific *Back to Bedside* initiative experience, many of these suggestions also may be pertinent to independent faculty-trainee projects.

Based on the findings provided above, specific changes were made to the 2019 *Back to Bedside* application and support material provided by the ACGME. The faculty mentor role has begun to be codified, and specific skills as outlined here are recommended. An additional letter from the faculty mentor will be required for the application and scored based on the mentor's ability to meet these needs. Further, a webinar and additional materials will be on the *Back to Bedside* website to support faculty mentors as they facilitate the work of project teams. Finally, many of the initial 2018 *Back to Bedside* mentors are available for additional support as we develop the program for sustained success in future iterations. Find the most up-to-date information on the *Back to Bedside* website (www.acgme.org/BackToBedside).

Conclusion

The faculty mentor–trainee lead dyad is a critical relationship in the success of *Back to Bedside* projects. Several specific skill sets should be cultivated including research and project management experience, local institutional resource and administrative knowledge, engagement, interpersonal communication, and availability. The ACGME is committed to providing support to these teams as they continue to innovatively work to improve the meaningful time trainees spend with patients and for the upcoming cycle of *Back to Bedside*.

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