According to a February 2018 *JAMA Internal Medicine* article, there is a "significant correlation" between hospitalist experience and patient mortality.[1] In the study, which looked at outcomes data of more than 21,000 hospitalists caring for Medicare patients, observed 30-day mortality was 10.50% for patients of first-year hospitalists and 9.97% for second-year hospitalists.

Similarly, the odds for in-hospital mortality were greater in patients treated by first-year hospitalists (3.33% vs 2.96% for patients treated by second-year hospitalists). The authors conclude that "early-career hospitalists may require additional support to ensure optimal outcomes for their patients."

Yet mentoring programs for hospitalists have traditionally been in short supply—largely because the field itself is relatively young. "There are so many junior people relative to senior people that it can be a real challenge to set up mentoring programs," says Luci Leykum, MD, MBA, MSc, chief of the Division of General and Hospital Medicine at the University of Texas Health Science Center in San Antonio. Increasingly, though, schools of medicine and hospital medicine groups are establishing hospitalist mentoring programs to support new hospitalists.

"Hospitalist mentoring programs are well worth the financial and temporal investment", says Muhammad Nabeel, MD, MPH, assistant professor of general internal medicine at Michigan State University in East Lansing. His research[2] indicates that the 8-week structured onboarding peer mentoring program he established at Spectrum Health Medical Group costs about $2400-$3600 per hospitalist—a "miniscule" amount, Nabeel stated, especially compared with the cost of recruiting new hospitalists.

"You'd rather keep somebody through this kind of program than have someone leave you," Nabeel says. "We were able to positively affect provider satisfaction and create camaraderie and teamwork."

Features of a Successful Mentoring Program

No two hospitalist mentoring programs alike. However, effective programs share a few common characteristics:

1. **Structure and accountability.** Simply connecting junior and senior hospitalists is not enough. "One of the main reasons that mentoring programs fail is because there's not enough structure," says David Gallagher, MD, chief of hospital medicine programs at Duke University Health System. Clinical and academic responsibilities often take priority, and without a preexisting schedule, mentor/mentee pairs might rarely meet.

The best programs feature clear expectations and administrative support. "We insist that mentors and mentees meet during the first few weeks of orientation, and meet regularly after that," Gallagher says. "And we check in with them in a couple of different ways. During their performance reviews, we'll ask whether they're attending mentorship meetings. We also ask for a monthly update."

If participants fail to check in, Gallagher or a member of the administrative staff follows up. As a result, new hospitalists
now average four or five meetings per year with their assigned mentors.

2. **Interest-based pairing.** Because hospital medicine is such a broad field, it is particularly helpful to connect mentors and mentees with similar interests. "Maybe you're into business or biodesign; we try to use those interests to match mentees with faculty members who can not only provide general career advice, but also more specific advice regarding those particular interests," says Andre Kumar, MD, an assistant professor of hospital medicine at Stanford University and one of the creators of the Stanford Hospitalist Advanced Practice & Education (SHAPE) program, a unique education and mentoring program for residents interested in hospital medicine.

However, even pairings based on common interests can be mismatches; sometimes, differences in personalities, life experience, or work schedules make it difficult for mentors and mentees to connect in a meaningful manner. So, flexibility is important too.

"We tell our mentors and mentees up front that the pairing may not fit, and that's totally okay. If you want to change, let us know, and we will find someone else. Probably once every year or two, we do end up making a change," says Gallagher.

3. **Education regarding mentor/mentee roles.** Serving as a mentor does not come naturally, even to experienced hospitalists. That's why Duke provides "specific education to mentors and mentees about mentorship," Gallagher says. "We give them tricks for how to be a successful mentor or mentee."

The University of Texas' hospitalist mentoring program includes a peer observation program designed to help mentors and mentees be successful. "So many people come right out of training and start teaching other people, but they've never had any special training to do that," Leykum says. The peer observation program helps participants to build engagement and listening skills, for instance, by encouraging feedback in a supportive environment.

"Pairs meet beforehand and discuss what they're working on," states Leykum. "Then one person will observe the other in action and take notes. Afterward, they meet to debrief."

4. **Holistic support.** Clinical and career support are crucial, but the best mentorship programs also include psychological and social support. "A lot of our conversations are focused on the individual and their own life circumstances," Kumar says. "That's the beauty of personalized mentorship. Certainly, we could create a blanket online document outlining how to apply for jobs and how to negotiate a contract, but that wouldn't be nearly as impactful as developing a personal connection with someone."

In many cases, mentors serve as sounding boards for questions and concerns regarding work/life balance.

5. **Emphasis on local needs.** The most effective hospitalist mentoring programs are tailored to the needs of the healthcare system and providers.

When Nabeel was constructing the mentoring program at Spectrum, for instance, he noted that transitions of care were a challenge for the hospitalist group. So, he built education regarding proper transitions (including a checklist of required steps) into the mentoring program.

Stanford's SHAPE program emphasizes palliative care, inpatient neurology, bedside ultrasound, and surgical comanagement, because a needs assessment revealed that these topics to be underemphasized in hospitalists' education.

6. **Networking opportunities.** Effective mentoring programs include plenty of opportunities to network both within and beyond the hospitalist program. "At Duke, we have a pretty robust document that says, here are the resources we have internally, not only within hospital medicine but within Duke University as a whole," Gallagher says. The document also includes external resources, such as the Society of Hospital Medicine and Society of General Internal Medicine.

As soon as junior hospitalists begin identifying areas of professional interest, mentors at the University of Texas "start identifying people across campus for them to talk to" and making introductions, Leykum says.

Facilitating such connections builds the capability of individual physicians, and of the hospitalist group as a whole.

References