

THE CHALLENGES OF EVIDENCING EDUCATION AND SUPPORT INTERVENTIONS

Dr Alison Steven, Dr Jane Stewart, Dr Val Larkin

Wider team: Dr Gemma Wilson, Dr Nancy Redfern

Background

- Cultural issues in NHS UK
- Growing focus on doctors Health and Wellbeing
- Training to reduce 'the issues'
- BMA offer research funding



Background to bid



Noted in research and anecdotal evidence from experience - Relationships between involvement in mentoring activities and doctors' health and wellbeing

Research Aim

By exploring the relationship between engagement in mentoring activities and doctors' health and well-being (H&WB), develop our understanding of the potential impact and value of mentoring within the workplace



Objectives

1. To identify, describe and assess links and relationships between mentoring activities and health and wellbeing (H&WB)

Via a Systematic narrative literature review

2. To identify and deconstruct engagement in mentoring activities and impacts on doctors' H&WB through tracking doctors over 2 years
3. To develop case trajectories and exemplars highlighting main findings and interplay between factors



Method

Search terms developed using PICO framework

Inclusion criteria

Publication year January 2006 – January 2016 (*to reflect the contemporary evidence base*)

Source ASSIA (Applied Social Sciences Index and Abstracts), BEI (British Education Index), CINAHL (Cumulative Index to Nursing and Allied Health literature). DOAJ (Directory of Open Access Journals), ETHOS (E-Theses Online Service), Hospital Collection, Medline, OpenDOAR (Open Directory of Open Access , repositories), Proquest Nursing and Allied Health Source, Science Direct Freedom Collection, Web of Science, Zetoc

Search Field Title, Abstract, Keywords

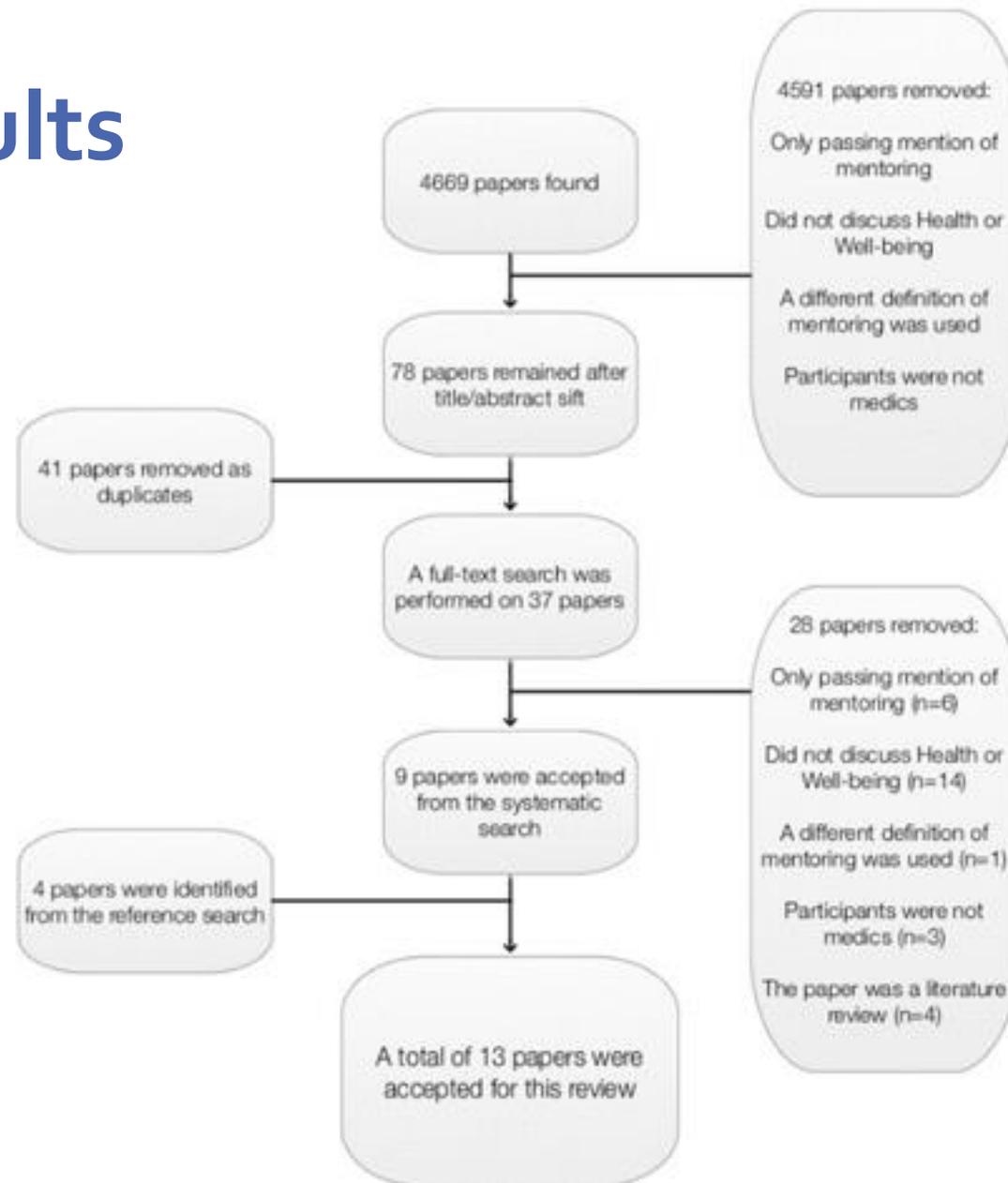
Language English only

Participants **Excluded:** Undergraduate medical students (*Studies of undergraduate medical students were excluded as the intentions and process of mentoring in this context is often more akin to educational supervision than mentoring*)

Search terms Ment* AND (doctor* OR medic* OR physician) AND (health OR well-being)
Ment* AND (doctor* OR medic* OR physician) AND (benefit* OR advantag* OR barrier* OR impact OR disadvantag* OR challeng*)

Type of paper **Excluded:** Literature reviews (*would not provide original evidence and may result in 'double counting' i.e. consideration of one source multiple times*)

Search Results



Analysis

Paper quality was examined using the **Critical Appraisal Skills Programme** tool.

Theory-driven thematic analysis was undertaken.

The **BITC Workwell Model** acted as a heuristic device to synthesise findings into 4 groupings:

- Better relationships
- Better physical and psychological health
- Better specialist support
- Better work



BITC (2014) Wellbeing model. [online]. Available at: <http://www.bitc.org.uk/programmes/workwell/workwell-model> (Accessed 27.2.14).

Results of the analysis



Better specialist support

- Mentoring relationships were considered as a means of providing specialist support to employees in a confidential environment.

Better relationships

- Mentoring impacts on both professional and personal relationships due to increased collegiality, networking opportunities, and the development of transferrable communication skills.

Better physical and psychological health

- Mentoring was reported as leading to improved confidence, increased energy levels, better stress management as well as helping mentors to grow socially, emotionally and intellectually and maintaining a more appropriate work life balance.

Better work

- Participation in mentoring was reported as having a positive impact on job satisfaction, professional outlook, and motivation, educational support, career progression and improving clinical skills.

Limits

Adopting the middle ground

Getting published



Bottom Line

What counts as evidence and for whom?

How can we have more varied types of evidence accepted?

