I) RATIONALE

Humanism and professionalism are essential qualities for physicians and nurses, however, these qualities are not innately instilled by current learning environments. Medical and nursing educators play a key role in positively influencing the development of personal and professional identities among new healthcare professionals. A core task for these educators must be modeling the practice of humane and compassionate care for patients. Through establishing and empowering a trained cohort of humanistic mentors, the proposed program seeks "to return medicine to its Oslerian and Hippocratic roots; roots that care for the patient in all domains[1]." This proposal is founded on the premise that humanism is the best driver for quality medical care—if one truly cares, then one learns best, cares best, practices safe and patient-centered medicine, and, last but not least, looks for new avenues of treatment with research.

Importance of Humanistic Mentoring of Medical Students and Residents: All too frequently, a lack of explicit attention to the values of humanism and professionalism during the education process of medical students and residents produces learning environments that are antithetical to good medical care. The rigorous training that ensues during the medical school and residency years often generates an emotional egress of what attracted aspiring physicians to the principled and honorable profession in the first place. Despite[2] curricular reforms, an alarming number of medical students and postgraduate trainees report increasing cynicism, depressive symptoms, and decreasing humanistic focus in daily practice.

Current efforts to teach and evaluate humanism among physicians are marred by ambiguous goals. Curricular integration of education in the humanities can foster humanistic attitudes, but cannot promise to lead to changes in behavior. Likewise, although formal training in communication teaches the skills necessary for humanistic behavior, without an internalization of the underlying humanistic concepts these skills may not serve medical or moral ends. Efforts to foster humane physicians must also include role-modeling of the behaviors to be adopted in the care of patients and in interprofessional interactions with colleagues. This manner of socialization has been described as a "hidden curriculum" in which learners acquire attitudes and habits from other physicians. Mentors are in an ideal position to directly influence what medical students and postgraduate trainees interpret as appropriate professional behavior[3].

Through the proposed program, trainees (mentees) and graduate medical education faculty (mentors) will be trained as mentors in humanism to work with medical students and residents. Mentors will model humanistic behavior and promulgate these values into medical student and postgraduate training within their departments.

Importance of Humanistic Mentoring for Recent Nursing Graduates: In addition to its focus on aspiring physicians, the proposed program will also establish a cohort of nursing mentors to support a humanistic approach to care among young career nurses. In this way, the program will represent a truly interprofessional endeavor. Under the American Nurses Association standards of practice, nurses have an obligation to treat patients and colleagues with respect, trust, and dignity[4]. However, as with medical students and postgraduates, new nurses face multiple challenges in maintaining the altruistic and humanistic values that often drive them to the profession. Such challenges include environments that enable workplace bullying, as well as difficulty in successfully transitioning from the educational to the clinical environment. These factors contribute to low nursing retention rates (26 percent of nurses leave their first job within two years), dissatisfaction with the profession, and suboptimal patient outcomes. Nurses who are actively mentored are more effectively assimilated into their new roles and experience higher levels of job satisfaction and performance. These nurses are more likely to retain humanistic values and to continually improve their knowledge, skills, and proficiency, leading to better, more compassionate care and improved patient outcomes.[5]

Many hospitals and academic medical centers have begun to implement mentorship programs aimed at fostering an improved transition from the educational to clinical environment for recent nursing graduates. However,

mentoring programs must also be designed so as to foster supportive working environments and improve the sensitivity, compassion, and thereby the quality and effectiveness of patient care. Assigning newly hired registered nurses to a mentor whose goal is supporting the transfer of knowledge to the new nurse in a supportive and respectful manner, while modeling the humanistic values necessary for good nursing practice must be an essential element of a successful mentoring program.

Importance of Training for Mentors: The importance of the pillar of humanism in healthcare is exemplified by its inclusion in healthcare accreditation documents produced nationally by virtually all disciplines. Documenting the importance of humanism, however, does not ensure that all clinical teachers are proficient in modeling the values of humanistic care. Mentors who receive feedback on their work with developing physicians and nurses are empowered to effectively foster humanistic practice. The North Shore-LIJ Health System (North Shore-LIJ/the Health System) proposes implementation of a longitudinal faculty development curriculum, focused on establishing a cohort of humanistic mentors, who will learn the skills necessary to successfully model humanistic behavior, guide early-career healthcare professionals in becoming compassionate caregivers, and help young learners ingrain humanistic values as an integral part of daily practice with colleagues and patients.

II) PROJECT DESCRIPTION

Branch et al.[6] postulates a longitudinal small group faculty development program, that favorably influences positive role modeling, would have a sustained positive impact on both the faculty and the trainees they impact daily. North Shore-LIJ's proposed program, *Mentoring and Professionalism in Training (MAP-IT)*, utilizes this approach, drawing elements from an existing faculty development structure: the High Potential Program (HPP), which is aimed at preparing North Shore-LIJ's next generation of organizational leaders.

MAP-IT's cohort of "High Potential Mentors" will be rigorously trained through a curriculum focused on strengthening their mentoring skills, modeling humanistic behavior, and cultivating and propagating humanistic values and behaviors in physician and nurse trainees. In this vision, program mentors will lead by example, both practicing with exemplary humanistic skills and nurturing these same qualities of those around them. The addition of this structured, longitudinal mentoring program designed specifically to promote humanistic values and practice among new health professionals will help move the needle towards a more humanistic, compassionate approach to patient care.

Primary Constituents
MAP-IT will directly impact three mentor/mentee pairings:
1) Physicians will mentor medical students
2) Graduate Medical Education faculty will mentor medical residents in their discipline-specific program
3) Advanced practice nurses (APNs) in education roles will mentor early-career nursing professionals

Selection Process: MAP-IT will model North Shore-LIJ's HPP, which has a well-established track record with physicians and nurses. Interprofessional leadership will nominate High Potential Mentors (those with an active track record of mentoring success) from their respective areas, with the goal of taking accomplished professionals and providing them with the added knowledge and skills necessary to model humanistic behavior and mentor young learners in a humanistic manner.

Mentors will be identified as follows:
- Physicians/medical students (4 mentors): Four physician mentors, Drs. Brett Cox, Andrew Menzin, Stacey Rosen, and Steven Rubin, have already been selected by the School of Medicine and have been inducted into the school's "Society Masters Program," which recognizes outstanding professional development mentors. These faculty are committed to the MAP-IT program will enhance their roles as humanistic mentors for medical students across all four years of their medical school education.
- GME Faculty/medical residents (26 mentors): GME faculty mentors will be nominated by the leadership of North Shore-LIJ' largest residency programs: internal medicine, pediatrics, surgery, OB/GYN, psychiatry, family medicine, radiology, physical medicine and rehabilitation, and emergency medicine.

- Advanced Practice Nurses/early-career nurses (30 mentors): Nursing mentors will be nominated by Health System nursing leadership, which includes the Vice President for Nursing Education, the Program Director for Nursing Fellowships, and the Vice-President for Interprofessional Education. Nominees will have direct contact with early career nurses and will be drawn from two primary sources:
  - The Critical Care Nurse Fellowship Program, offered through North Shore-LIJ's Center for Learning and Innovation (CLI)
  - The Nurse Preceptor Development Program, part of the Health System's Institute for Nursing

This recruitment strategy will ensure that organizational and departmental leadership supports the program and the required time commitment for the participants. Nomination by leadership will also indicate to the faculty the importance of the program and the serious commitment on their part to fulfill all program components.

Student mentees will be identified by Society Master faculty at the School of Medicine. GME faculty leadership will work with physician mentors to select mentees in each of the core department residency programs. For nursing, mentees will be selected by nursing education leadership from among the pool of new hires and those assigned to on-site hospital-based preceptors in their early-career role.

Methods of Engagement/Training
Mentors will be trained through the MAP-IT curriculum, which will be based upon a model (*Passing the Torch: Fostering Medical Humanism through Faculty Role Models*) developed by William Branch Jr., MD, with support from the Arthur Vining Davis and Josiah H. Macy Jr. Foundations. *Passing the Torch* has been developed as a longitudinal curriculum supporting critical reflection, experiential learning of skills, and supportive group processes. The curriculum has been in existence for 12 years and successfully implemented at 25 medical schools to date. Dr. Branch has committed to consulting with North Shore-LIJ on adapting his curriculum to the proposed interprofessional model.

Like *Passing the Torch*, the MAP-IT curriculum will be designed as an intensive, longitudinal, relationship-driven program. The curriculum's core values—compassion, caring, empathy, respect, integrity, justice, altruism, honesty, and a patient-centered approach to care—will be adopted as a guiding framework for all program activities. The 12-month curriculum will focus on increasing participants' knowledge and skills, specific to mentoring of early-career professionals, through an interactive small-group learning model. This process will foster a community of practice of mentors who will have the opportunity to lead by example and share their passion with colleagues and peers throughout their departments. We are confident that the strong track record of success of the *Passing the Torch* model will ensure development of an outstanding MAP-IT curriculum to support training of program mentors and the humanistic professional development of mentees.

The MAP-IT curriculum will include the following components:
1) Sharing of and reflection on Critical Incident Reports in small group settings
2) Training in providing feedback to mentees during both normal and challenging circumstances
3) Training in crucial conversations
4) Role-plays, specific to mentor-mentee encounters to support long-term mentor/mentee relationships
5) Training in the use of reflection as a tool to help mentees understand and navigate dilemmas with patients, families, and colleagues often faced in the clinical setting
6) Discussion of strategies for bringing renewal and meaning to daily professional work and decreasing the burnout and stress overload that can result in the erosion of humanistic qualities
7) Modeling of teaching caring attitudes to mentees through critical incidents and real role-plays
8) Direct practice of acquired mentoring skills with assigned mentees and departmental colleagues, creating a trickle-down and lateral effect (particularly important in large health systems)
9) Development and presentation of a Grand Round Series (by Department) on "Mentoring as a Core Skill in the Promotion of Humanistic Training and Care Delivery"

Mentors, as well as mentees will also attend Narrative and Schwartz Center Rounds, attend a program "kick-off" with keynote speaker Dr. William Branch Jr., and contribute to *Narrateur: Reflections on Caring*—the literary journal of North Shore-LIJ and the Hofstra North Shore-LIJ School of Medicine.

Structure of Mentoring Program
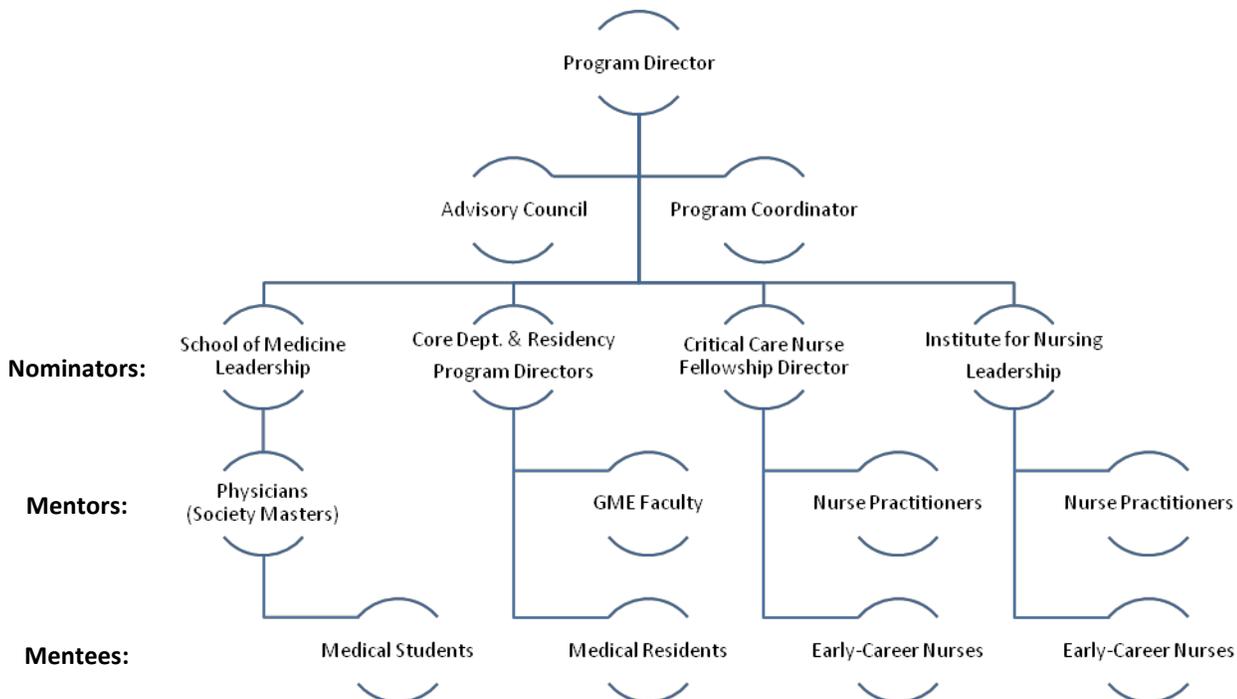
The above organizational chart details MAP-IT's proposed structure. The Advisory Council will consist of interprofessional faculty leadership from both North Shore-LIJ and the Hofstra North Shore-LIJ School of Medicine. In conjunction with the Program Director, this group will oversee curriculum development, implementation, assessment, and evaluation and will be instrumental in identifying group facilitators to lead formal small-group mentor training sessions. A Program Coordinator will assist with day-to-day program operations. Mentors will be identified by nominators, as outlined in the Selection Process section above. Mentees will be drawn from the medical student, medical resident, and early-career nursing population, with special focus on individuals identified as in particular need of humanistic mentoring support.

Expected Goals and Methods for Achieving Them
Four overarching goals are at the core of the proposed program:
1) Development of a replicable curriculum for the training of current and future humanistic mentor cohorts
2) Training of a pilot cohort of interprofessional mentors committed to fostering the values of humanism and professionalism in medical student, resident, and early-career nurse mentees
3) Implementation of MAP-IT's humanistic model as a standard component of medical student, resident, and early-career nurse training throughout the Health System
4) Assessment and evaluation of MAP-IT's success in developing skilled humanistic mentors and transferring humanistic qualities to mentees

These goals will be achieved through the steps outlined in the Project Description section, including consultation with experts in the field, curricular development, nomination and selection of the pilot mentor cohort, formal mentor training, assignment of the mentors to discipline and department-specific mentee groups, tracking and assessment of mentor and mentee interaction and progress, assessment and evaluation of outcomes, program modification as needed, and dissemination of findings. Mentors will work with their mentees to develop nurturing relationships, transfer the skills essential for humanistic practice, engage in open dialogues on humanistic patient care and professional interactions, encourage colleagues to seek opportunities for humanistic practice in the healthcare environment, and identify barriers to and/or lapses in humanistic practice (e.g., personal behavior, peer interaction, system constructs, etc. that create a culture contrary to this stated goal). Together with their mentors, mentees will discuss and work through the identified challenges towards the formulation of practical responses and solutions.

Work Products and Deliverables

1. **Replicable, interprofessional curriculum** for facilitating skill development in mentor/mentee cohorts
2. **60 mentors in humanism** trained in inaugural program year (30 physician and 30 nurse mentors)
3. **120-150 mentees** (in first program year) benefitting from mentoring in humanism and professionalism
4. **Publication of reflection piece** specific to the mentoring experience in *Narrateur: Reflections on Caring*, the Health System and School of Medicine's literary journal
5. **Presentations at Grand Rounds** by mentors in their individual departments, focused on mentoring/modeling of humanistic behavior and its importance in healthcare
6. **Evaluative report** for the Arnold P. Gold Foundation and dissemination to stakeholders

III) PROGRAM EVALUATION

Program leadership will assess MAP-IT on an ongoing basis with formal evaluations occurring at one, two, and three years (one year post-completion of the grant period). Evaluation will utilize a battery of quantitative and qualitative tools to ascertain the program's success in meeting program goals and delivering an experience that is mutually beneficial to mentors, mentees, and the broader healthcare environment. The following measurement tools will be employed:

1) The Humanistic Teaching Practices Effectiveness (HIPE) Questionnaire[6] (assesses individual attainment of 10 qualities central to effective humanistic teachers):
   o Mentors will complete the HIPE self-report questionnaire pre- and post-program to assess changes in their skills as humanistic mentors.
   o Mentors will utilize the HIPE questionnaire pre- and post-program to evaluate assigned mentees.
   o Mentees will utilize the HIPE questionnaire post-program to evaluate their mentors.
2) Behaviorally-anchored Mentoring Skills Checklist: This checklist will be utilized to assess Mentors' performance as humanistic teachers during formative Objective Structured Teaching Exercises (OSTEs) focused on building the Mentor/Mentee relationship and gauging the ability of Mentors to provide feedback to Mentees in diverse scenarios.
3) Critical Incident Reports: Critical Incident Reports will be gathered (from both Mentors and Mentees) at the onset of the program and every three months over the program's duration. Qualitative analysis of critical incidents will be conducted in order to evaluate program success in preparing mentors for their role as humanistic teachers, as well as promoting humanistic practice among mentees. These reports will be critical in identifying barriers (and related solutions) to successful mentoring in humanistic practice.

IV) INCORPORATION WITHIN LEARNING ENVIRONMENT

MAP-IT is modeled after the widely lauded North Shore-LIJ High Potential Program and its curriculum will benefit from the consultation and expertise of one of the nation's leading proponents of humanistic mentoring (Dr. William Branch Jr.). The initiative naturally aligns with the core values of both North Shore-LIJ and the Hofstra North Shore-LIJ School of Medicine—the latter having been recently founded with the fostering of humanistic, caring physicians as its highest priority and most central tenet. North Shore-LIJ is committed to sustaining a culture of humanistic practice and the program has the full support of Health System and School of Medicine leadership, as well as the leadership of the institutions' clinical and educational enterprises. Should MAP-IT prove successful in fostering a cohort of skilled mentors and impacting humanistic practice in mentees, the institution will formally integrate it within the existing educational and clinical architecture. In-kind institutional support will be provided to train new cohorts of Mentors using the MAP-IT curriculum and to offer the program to new cohorts of medical students, residents, and early-career nurses on an annual, recurring basis.

V) STRATEGY FOR DISSEMINATION

The proposed program will be shared at the Accreditation Council for Graduate Medical Education (ACGME) annual meeting, as a potential best-practice model for humanistic mentoring within the GME structure. The interprofessional aspect of the program will also be of particular interest to the newly formed National Medical Education meeting, occurring as a pre-meeting to the Association of American Medical Colleges, in 2015. A publication will be prepared based on assessment data (quantitative and qualitative), in order to demonstrate impact on mentees and mentors, as well as provide insight into programmatic development and implementation.

VI) REFERENCES

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