

# A Physician Mentorship Programme in the Eastern Regional Health

## Authority: A Pilot Study

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DOI:

DOAJ: [11f3c339a0304f00b7ccabc8794928e4](https://doi.org/10.11f3c339a0304f00b7ccabc8794928e4)

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## ABSTRACT

### Objective

Mentorship programmes have been shown to boost camaraderie, enlightenment and positive motivation, as well as, generate a mentoring culture in the workplace. There is limited literature focusing on medical mentorship programmes in Trinidad and Tobago. The research team plans to implement and evaluate a year-long mentorship programme within the Eastern Regional Health Authority on the island. Prior to this undertaking, a pilot study was conducted at the Sangre Grande Hospital to identify potential obstacles.

### Methods

The pilot was conducted between September 1<sup>st</sup> and November 30<sup>th</sup>, 2020 with participants being recruited from three departments at the Sangre Grande Hospital. Mentors were pre-selected and mentees matched based on responses from a pre-pilot study questionnaire. Participants were required to complete a questionnaire once per month during the three-month pilot to evaluate programme effectiveness. Descriptive statistics were used to analyze data.

### Results

Participants included five mentors and seven mentees. This resulted in an overall participation rate of 15%. Post-mentorship questionnaire indicated that time commitment was a major challenge in participation. Even though each participant was required to complete a monthly feedback questionnaire at the end of each month, there was only a 38% mentee and 33% mentor feedback response rate.

### Conclusion

Implementation of a mentorship programme may face many challenges including obtaining participants and feedback during the programme. For the planned continuation and expansion of this mentorship programme, modifications would be made to increase participation rates and encourage feedback.

### Keywords

Mentorship, Caribbean, mentor, mentee

## INTRODUCTION

Mentoring is defined as a professional, working alliance in which individuals work together over time to support personal and professional growth, development, and success of the relational partners through provision of career and psychosocial support.<sup>1</sup> Mentorship allows for an environment where staff can maximize productivity, have improved workplace satisfaction, and may be used to address physician shortages and a lack of interest in certain specialties.<sup>2-6</sup> Mentorship programmes have been shown to boost camaraderie, enlightenment and positive motivation, as well as, generate a mentoring culture in the workplace.<sup>2-6</sup>

A range of mentorship methods are known to exist. However, for this pilot study, the apprenticeship model was utilized. This is as a traditional dyadic mentoring involving one senior faculty member and a junior protégé. Apprenticeship is a particular way of enabling students to learn by doing. It is often associated with vocational training where a more experienced individual models behaviour the apprentice attempts to follow and the more experienced individual provides feedback to their apprentice. Learning by doing is common in teaching motor skills and this can be seen in medicine where physicians learn and master clinical procedures by the act of performing them repeatedly.<sup>7</sup> While this pilot study was conducted using the apprenticeship model; other models do exist to facilitate the process of mentorship and these include the traditional method of one to one mentoring involving a single mentor and mentee; group method involving single mentor and many mentees, committee mentoring which involves several mentors to a single mentee or mosaic model which involves a diverse group of mentors engaged in long term mentorship programmes to guide career development.<sup>8</sup>

The enrolment into mentorship programmes can benefit both the mentee and the mentor. Mentees can enjoy the following benefits from participation in a mentorship programme: i) advice on clinical rotations, career decisions and planning - inclusive of specialty and subspecialty training, ii) support in advancement in research, publications and interviews, iii) preparation for potential career challenges and counselling by mentors for resolution with these potential challenges and stressful situations, and iv) providing the mentee with a

network of support and builds professional development of the mentee. Meanwhile, mentors can enjoy the following benefits from participation in a mentorship programme: i) it serves to provide them with both a teaching and learning opportunity – they are enabled to teach their mentee but also can keep themselves up to date with new knowledge, techniques and areas of research, ii) it can provide them with a feeling of personal satisfaction and gratification from the impact of the mentorship process on the mentee, iii) it allows for improvement of their communication, interpersonal and teaching skills, and iv) it improves leadership skills.<sup>9, 10</sup> A successful mentee-mentorship model is one that encompasses mutual trust and respect, thorough communication, understanding of each other's perspectives and cooperation and flexibility with regards to each other's time.<sup>11</sup>

This pilot study focused on mentorship between physicians, however, it is important to distinguish the act of mentoring from the act of coaching. A mentor can be defined as a person with expertise or experience in a specific area, who is capable of imparting that knowledge or skill with another. Whereas, a coach is a person trained professionally in a particular area who is able to direct or instruct an individual on the skills or knowledge required for the person being coached to become more proficient in a specific field. The act of coaching encompasses the following characteristics: i) it is coach driven, ii) coaches are assigned, iii) it facilitates learning to help the person being coached achieve developmental goals, iv) it is a program targeted towards leadership or high potentials, and v) it is usually short-term: lasting three to nine months. In contrast, the act of mentoring encompasses the following characteristics: i) it is mentee driven, ii) mentees and mentors are matched, iii) mentors share their knowledge and expertise with their mentee, iv) it can have a broad pool of participants, and v) it is usually long-term: lasting eight to twelve months.<sup>12</sup>

There is limited literature focusing on medical mentorship programmes locally and regionally, with only one study published on a nursing mentorship programme in Trinidad and Tobago.<sup>13</sup> The research team thereby aims to address limited knowledge regarding physician mentorships by implementing and evaluating a year-long mentorship programme within the Eastern Regional

Health Authority (ERHA). However, prior to undertaking this venture, a pilot study was conducted at the Sangre Grande Hospital (SGH).

## **METHODS**

### **Study Setting and Population**

A pilot study is a small feasibility study designed to test various aspects of the methods planned for a larger, more rigorous, or confirmatory investigation.<sup>13</sup> One purpose of a pilot study is not to answer specific research questions, but to prevent the launching of a large-scale study without adequate knowledge of the methods proposed. Hence, it is conducted to prevent the occurrence of a fatal flaw in a study that may be costly in time and money. This pilot study was conducted to evaluate the methodology planned for the year-long mentorship programme. This paper therefore presents the method used and highlighted potential obstacles in implementation.

The pilot study was conducted between September 1<sup>st</sup> and November 30<sup>th</sup>, 2020. The study was approved by the Research Ethics Committee, ERHA. It was based at the SGH, the main tertiary healthcare institution within the ERHA. The pilot study consisted of physicians assigned to the oncology, internal medicine and accident and emergency departments. These three departments were randomly chosen for the pilot study. Participation was voluntary and there was allowance to opt out at any time. Participants were divided into mentors, who were registrars or consultants, and mentees, who were medical interns or house officers. For the purpose of this study, the "*medical intern*" was a physician who recently completed their undergraduate medical training, had provisional registration with the Medical Board of Trinidad and Tobago (MBTT) and was employed by the Ministry of Health within their respective regional health authority. Their medical practice was to be overseen by their respective senior physicians – house officers, registrars and consultants, to whom they were assigned. A "*house officer*" was regarded as a physician who would have completed their medical internship previously, had full registration with the MBTT and was responsible for the medical care of patients under the supervision of a professional superior - registrar and consultant, who is available for consultation.<sup>14</sup> A "*registrar*" was regarded as a physician who would have been expected to have

graduated from the level of a house officer and was responsible for diagnosing and administering general medical treatment to patients in a hospital or through extension services at a clinic. Their work description would also include the supervision of medical practice by medical interns and house officers assigned to them. The registrar would be expected to report to the consultant in the hierarchy of patient care by physicians.<sup>15</sup> The "*consultant*" was regarded as a physician who was expected to be responsible for administering medical treatment to patients at a hospital with their medical knowledge being heightened in a particular specialty. Consultants are also referred to as "Specialist Medical Officers" and serves as consulting medical physicians and supervisors to lower-level medical officers such as medical interns, house officers and registrars.<sup>16</sup>

All physicians in these departments were made aware of the pilot study through in person communication with the research team. Interested physicians were then electronically sent a pre-programme questionnaire which provided participants with an outline of the project and questions on current thoughts and ideals. These responses were then used to match mentors to mentees as seen in Table 1 below. Interactions between mentee and mentor were confidential. The research team recommended interaction between mentor and mentee at least once monthly. The exact frequency, duration and mode of communication was determined by participants. However, the research team advised on interactions in keeping with Covid-19 guidelines as outlined by the Ministry of Health in the Republic of Trinidad and Tobago.

### **Data Collection**

Data were collected using self-administered questionnaires (*see supplementary file one for example of questionnaires/feedback forms*). The initial questionnaire (pre-mentorship questionnaire) administered to participants included enquiries on demographics, views on mentorship and job satisfaction - including career and psychosocial aspects of the work environment.<sup>18</sup> This questionnaire was utilized to assist in matching mentees to mentors, and provided pre-mentorship data for the study. In our pilot study, the mentor stated his/her area of specialty and mentee stated his/her field of interest in the pre-mentorship programme questionnaire. Using this, the mentee was

**Table 1:** Highlighting the pairing of mentee and mentor with the specialty of interest for the mentee and the specialty of qualification for the mentor.

Mentee	Gender	Specialty of Interest	Mentor	Gender	Specialty Qualification
Mentee 1	Female	General Surgery	Mentor 1	Male	Emergency Medicine
Mentee 2	Male	Community Medicine	Mentor 1	Male	Emergency Medicine
Mentee 3	Female	Internal Medicine: Cardiology/ Endocrine	Mentor 2	Female	Oncology
Mentee 4	Female	Pathology	Mentor 3	Male	Emergency Medicine
Mentee 5	Female	Obstetrics and Gynaecology	Mentor 4	Male	Emergency Medicine
Mentee 6	Male	Internal Medicine: Cardiology	Mentor 5	Male	Internal Medicine
Mentee 7	Female	Internal Medicine: Cardiology	Mentor 5	Male	Internal Medicine

matched to a mentor/specialist in the field which he or she wish to pursue. We found that a common ground of interest/specialty was more likely to foster a healthy and fruitful mentor-mentee relationship. This method of matching has been utilized in several physician and medical student mentorship programmes.<sup>9,19</sup> One example of a well-established mentorship programme utilizing a similar matching process is named the "Underserved Pathway". This has been in existence since 2008 at the University of Washington, United States of America and uses a similar method of matching. This reflects the trust in this matching technique that has been utilized even after a decade of the launch of this University's mentorship programme. Another similar method of matching was implemented in Canada at the John A. Burns School of Medicine (JABSOM) for their mentorship program carried out over the period of 2015-2016.<sup>19</sup> At the end of each month during the three-month pilot study, participants were asked to fill out feedback forms (*see supplementary file one for example of questionnaires/feedback forms*). These feedback forms included questions from the pre-mentorship questionnaire but also additional questions to assess progress made from interactions within the mentorship project. These feedback forms allowed participants to complete anonymously and submit via a secure online link to the research team. Any arising issues were encouraged to be voiced via these questionnaires. A post-mentorship questionnaire was sent to all participants at the end of the three-month period.

### Data Analysis

Data collected was entered into a Microsoft Excel document and the quantitative data was analyzed via the Statistical Package for the Social Sciences Version 23 (SPSS 23 for Windows). Descriptive frequencies were utilized in analyzing the data for this pilot study. The members of the research team involved in recruitment of participants, and matching of mentors with mentees were not directly involved in the interpretation of the submitted feedback. This was to ensure the data analysis process was unbiased.

## RESULTS

### Pre-Mentorship Questionnaire

The mentorship programme pilot study was geared towards highlighting the potential obstacles in the year-long mentorship programme. In total, considering the accident and emergency, internal medicine and oncology departments, there were twenty-seven potential mentors and fifty-two potential mentees. The final participants included five mentors and seven mentees. This resulted in 19% and 13% of potential mentors and mentees respectively opting to participate. Mentees included five female and two male physicians. Mentors included four males and one female physician. All seven mentees possessed less than two years' working-experience. Only two mentees and three mentors had prior mentorship programme involvement. Those who did not possess prior mentorship programme involvement stated one was not available for participation previously in place of employment.

All seven mentees stated the greatest obstacle encountered in their career was the lack of job opportunities while six mentees also chose difficulty entering a postgraduate program to be a challenge facing them presently. Six mentees stated their goal for joining the programme was to source helpful advice and to self-motivate and develop themselves. Meanwhile, all five mentors stated their goal was to give helpful advice and build a culture of mentoring. Four mentors also wished to improve and develop maturity of team. Five mentees believed the greatest challenge would have been time commitment. Four mentees also identified not being able to access an appropriate mentor as a challenge to the mentorship programme. Four mentors believed their greatest challenge would have been time commitment required and one stated unclear roles and expectations to be their greatest challenge.

### **Feedback Questionnaire**

Mentees and mentors were ideally supposed to complete the feedback questionnaire at the end of each month in the three-month period to ascertain their progression. If adhered to by participants, the research team should have received twenty-one mentee responses and fifteen mentor responses. Instead, there were eight mentee and five mentor responses obtained over the three-month pilot study by the research team.

During the mentorship programme, a variety of modes of communication were utilized. Video calling was indicated to be the preferred mode of communicating by the two mentors responding via feedback forms, while face to face interaction was indicated as the preferred communication mode by mentees. Following the pilot study, five mentee responses either agreed or strongly agreed to being more confident in their career progression. Mentors shared similar sentiments with five mentor responses being more confident in career progression of their mentees. Five mentee responses expressed that they were more comfortable seeking assistance or guidance from a senior, and seven were more comfortable in sharing information with mentors. Four mentee responses expressed that they agreed that their mentors provided psychological support, and five responses admitted that their mentor encouraged and motivated them.

Seven responses from mentees showed they agreed that mentorship programmes are beneficial to improvement of junior medical staff. The majority of mentor responses indicated that they either disagreed or strongly disagreed that mentorship placed an extra burden on them. However, three mentee and two mentor responses indicated that the mentorship programme could be improved.

### **Post-Mentorship Questionnaire**

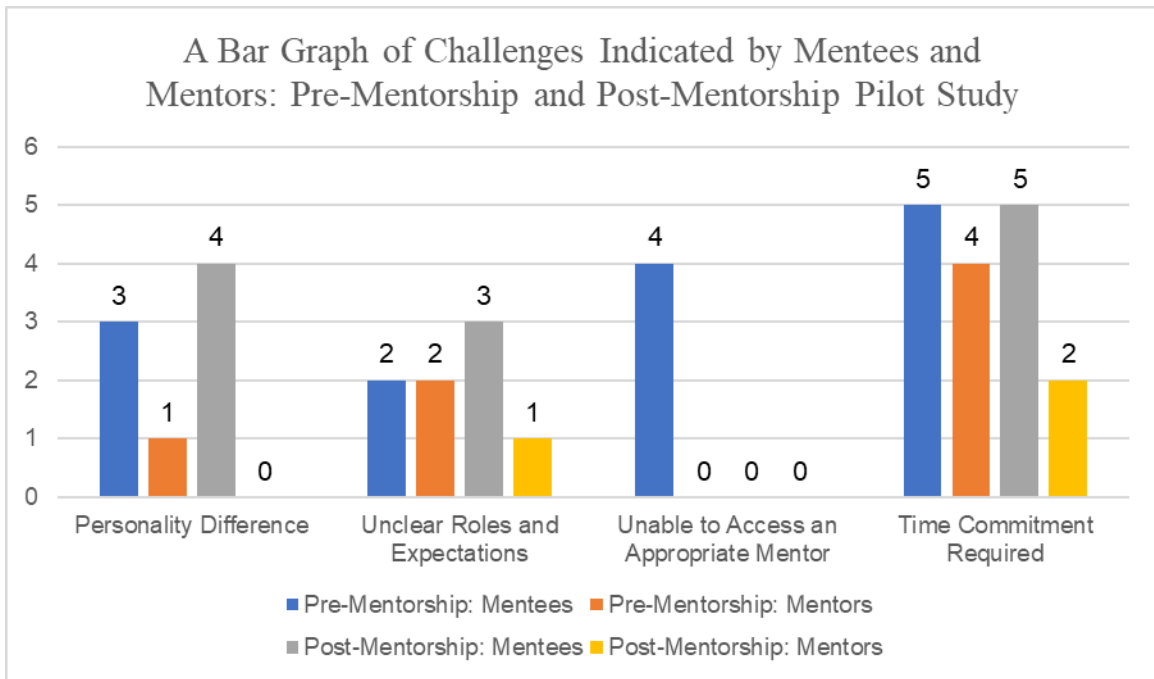
On completion of the three-months, five mentees and two mentors post-mentorship responses were received. If filled out by all there would have been seven mentee and five mentor responses. As seen in Figure 1, six participants identified time commitments as a challenge to participating in the programme. No mentees chose being unable to access an appropriate mentor as a challenge. For mentors, time commitment was still the most chosen challenge to participation. As seen in Figure 2, post pilot-study responses noted most mentees were more confident of career progression and all mentors were more confident in their mentee's career progression. Additionally, as seen in Figure 3, most mentees were more comfortable seeking guidance from seniors and were more comfortable sharing information with seniors.

### **DISCUSSION**

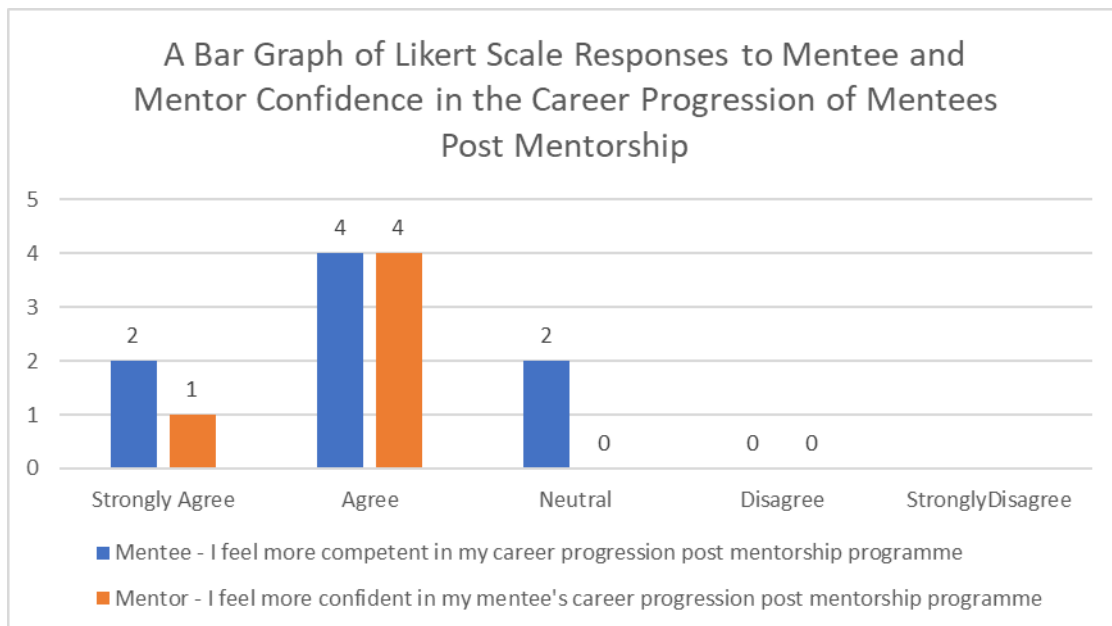
The aim of this pilot study was to evaluate the methodology planned for the year-long mentorship programme throughout the ERHA and to highlight potential obstacles in implementation with the conjuring of remedies prior to larger study.

From the pilot, it can be noted that the method of matching mentors with mentees from their pre-programme questionnaire responses appeared to be successful as post-study no mentees selected the option of being unable to access an appropriate mentor as a perceived challenge. We anticipate that once the programme is expanded it may be more challenging to access mentors since the number of potential mentors is smaller in comparison to mentees. Care should be taken to ensure that mentors are not overburdened with mentees which may affect their ability to commit to the programme. In order to avoid this situation, we suggest a robust campaign across the ERHA to increase awareness of the programme. Platforms such as social media and

**Figure 1:** A bar graph of challenges indicated by mentees and mentors: pre-mentorship and post-mentorship pilot study

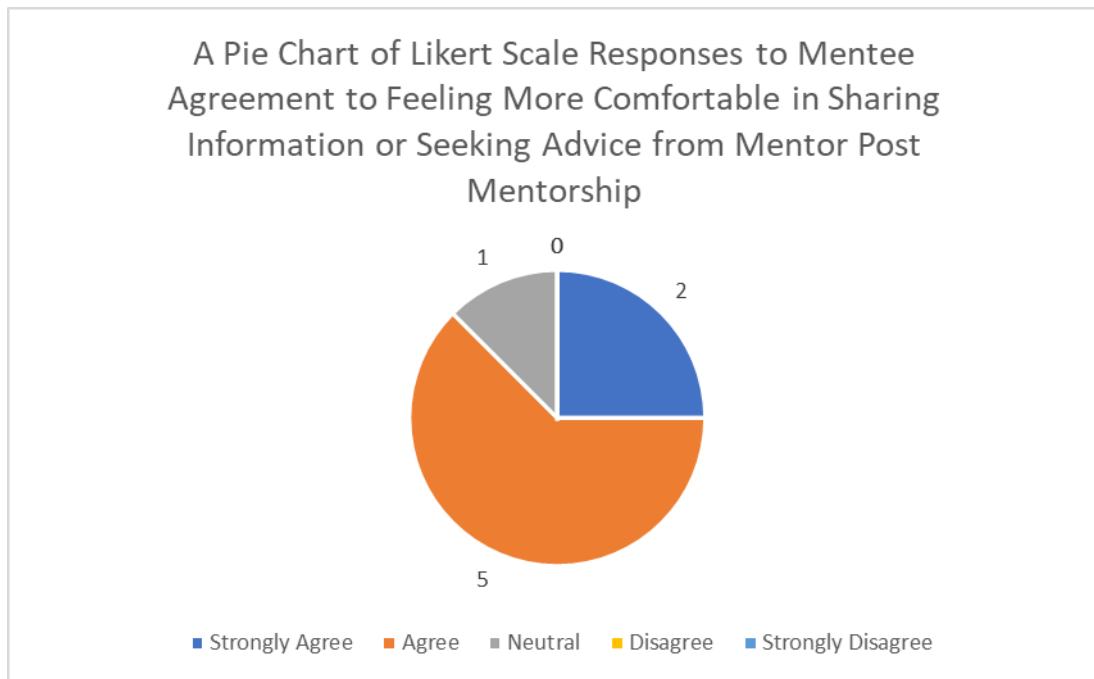


**Figure 2:** A bar graph indicating Likert scale responses to mentee confidence in their career progression post mentorship and the mentor’s confidence in mentee’s career progression post mentorship





**Figure 3:** A pie chart indicating Likert scale responses to mentee agreement to feeling more comfortable in sharing information with their mentor or seeking advice from their mentor post mentorship



mass email may be used to promote the programme. The results, as displayed by Figure 2 are in keeping with the outcome of a successful mentorship programme where the goal is to allow for the boosting of camaraderie, enlightenment and positive motivation in the workplaces.<sup>2</sup>

In addition to the positive responses, the pilot study also highlighted areas for improvement. There was a poor feedback rate as only eight mentee and five mentor responses were received in comparison to the expected 21 mentee and 15 mentor responses for during the pilot-study. Hence, a response rate of 38% for the mentees and 33% for the mentors was received. This meager response rate limited the research team in acquiring the full participant views on the mentorship pilot project, whether positive or negative. For the future programme to assist with an increased response rate, it is recommended that at the end of each month reminders be sent to each participant via email or text message to ensure completion of their questionnaires. It can be suggested that a mandatory percent (more than 50%) feedback from each participant be a pre-requisite in order to receive a certificate of completion or participation. For the upcoming mentorship programme within the ERHA,

the research team hopes to have a higher response rate to both the participant uptake and the post-programme feedback. In addition to this, it is anticipated that although the research team suggestion would be to have at least once monthly meeting between mentors and mentees, the participants would have an active mentoring relationship with multiple mentoring sessions in excess of the recommended minimum during the mentorship programme. A significant participant uptake and response rate, as well as, signs of an active mentoring relationship – frequent mentoring sessions and formulation of mentee career action plan with mentor, are all indicators of a successful mentorship programme.

One suggestion was for mentors to meet with their mentees in groups, in addition to one-on-one meetings. This would provide an opportunity to work on improving team dynamics and interpersonal communication. It can also be argued that group meetings would allow for time-saving by mentors as they can interact with multiple mentees at once. The research team recognizes that though this suggestion has a point of merit, interactions between mentor and mentees are confidential and not all mentees may be willing to have their personal and career

concerns voiced in a group setting. Hence, this suggestion can be put towards future participants in the upcoming mentorship programme but implementation would depend on participants. Another suggestion was for there to be set times during the month for participants to meet. The research team agrees with this suggestion and encourages it, as this would maintain regular interaction with mentor and mentee. However, we recognize that with the increased workload placed on healthcare professionals at this time in the face of a global pandemic the scheduling of frequent meetings may be difficult. The increased usage of virtual meeting rooms may assist with frequent meeting while allowing for maintaining of busy work and personal schedules.

One obstacle encountered in the pilot study, and has been noted in other mentorship programmes, was the lack of willingness to participate.<sup>20</sup> The participation rate mounted to 15% of all potential mentors and mentees in the departments involved. This is likely due to the lack of familiarization with mentorship programmes and culture locally. Only one local mentorship programme in the regional medical fraternity was found to be published.<sup>11</sup> Possible solutions to this, as done in regional and international programmes, would be to familiarize the health professionals with the benefits of mentorship programmes and indoctrination of mentorship programmes into our health system.<sup>20</sup> This will aid in initiating the cultural drift and increase willingness to participate. Incentives, such as a certificate of completion or participation, can be included to encourage participation. Other potential obstacles which were not seen in this pilot-study but have been highlighted in other mentorship projects and may occur in the larger mentorship once launched are inaccessible mentors and unmotivated mentees. Inaccessible mentors are mentors who are inaccessible to mentees and seem to lack commitment. It was proposed where this obstacle was encountered to raise this concern with the mentors early on when their behaviour becomes apparent, and to remind them of the commitment they agreed to upon participation in such an undertaking. It was also proposed that the programme coordinating team touch base with mentors in person or by phone at regular intervals to encourage continued active mentoring with mentees. The obstacle of unmotivated mentees arises when the mentor thinks that the mentee lacks motivation and commitment

to put in the grueling work required to succeed in academia, and has a real chance of failing. To prevent this obstacle from becoming a hindrance to a successful mentoring relationship, the mentor can attempt to discern why the mentee seems to be lacking commitment – identify the underlying issue and help resolve it.<sup>20</sup>

Additionally, at this time although the SGH allows for the rotation of undergraduate students from the University of the West Indies, St Augustine Campus and has physicians who are pursuing postgraduate training, it is not formally classified as a Teaching Hospital. The implementation of a mentorship programme in the SGH can assist physicians who are pursuing postgraduate training, especially those who are enrolled in online training with international universities, with the opportunity to have hands-on-learning through a mentor in their field of interest at their hospital. As the hospital strives towards physical expansion and an obvious increase in staff with this increasing infrastructure, it can be argued there will be numerous benefits to the implementation of a mentorship programme. These benefits include the development of physician practical and academic knowledge which can eventually lead to career advancement within their academic faculty.<sup>21</sup>

## CONCLUSION

Mentorship is essential for both personal and professional development of physicians. Though the implementation of a mentorship programme may face many challenges, its presence has shown improved self-confidence and willingness to seek advice and share information with senior medical staff by junior physicians. For the planned continuation and expansion of this mentorship programme, modifications would be made to increase participation rates and encourage participant feedback as this was a highlighted limitation in the pilot.

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**Ethical Approval statement:** Approval to conduct the physician mentorship programme was granted by the Eastern Regional Health Authority Research Ethics Committee.

**Conflict of Interest statement:** All authors have no conflicts of interest to declare.

**Informed Consent statement:** Participants gave informed consent to participate in programme.



**Funding statement:** There has been no funding required or granted to support this programme.

**Author Contributions:** All authors have given their approval for publication of final manuscript. Dr. Basdeo and Dr. Sankar-Maharaj were involved in the conception and design of the study, acquisition of participants and data collection. Dr. Sudama and Dr. Sinanan were involved in interpretation of the collected data and drafting the manuscript. All authors: Drs. Basdeo, Sankar-Maharaj, Sudama, Sinanan, Earle and Mohammed were involved in critically revising manuscript for publication.

**Acknowledgements:** The research team wishes to acknowledge and extend gratitude to Mr. Keston Daniel, Ms. Saskia Ramkissoon, Ms. Naila Khan and Ms. Marcia Marcial for their assistance with data analysis and the usage of their Statistical Package for the Social Sciences Version 23 software.

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