

Innovative mentorship: Implementation of an online mentorship programme for South African medical internship and junior doctors in KwaZulu-Natal, South Africa

V S Singaram,¹ BMedSc, MMedSc, PhD; K L Naidoo,² MB ChB, FCPaed (SA), PhD; N C Dlova,³ MB ChB, FCDerm (SA), PhD

¹ Department of Clinical and Professional Practice, Nelson R Mandela School of Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

² King Edward VIII Hospital, KwaZulu-Natal Department of Health, and Department of Paediatrics and Child Health, Nelson R Mandela School of Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

³ Department of Dermatology, Nelson R Mandela School of Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

Corresponding author: V S Singaram (singaram@ukzn.ac.za)

Why was the idea necessary?

Newly qualified medical practitioners (interns) form an integral part of all frontline healthcare workers in public or government hospitals. In general, interns have the first encounter with patients and are first to assess, investigate and manage many patients, including COVID-19-positive patients. High levels of anxiety, burnout and isolation have been documented among South African (SA) medical students and medical interns, even before the onset of the COVID-19 pandemic.^[1] Facilitating the intern's holistic development during the highly formative 2-year period after graduation requires support, guidance and nurturing. Before the pandemic, limited supervision and support were offered using face-to-face dyadic formats in some disciplines. These were necessarily curtailed since the onset of the pandemic to implement social distancing.

Mentoring forms an important aspect of all health professional training and should also form part of the internship transitional period. The availability of role models as mentors can be provided by leaders and experts in their fields, who publicly share 'their own experiences' to 'inspire action in others', which has been shown to help motivate junior staff.^[2] Generally, mentorship in clinical medicine is a dyadic model, with the intent to further careers and ensure personal and professional development, often through a deliberate series of meetings, reflection and collaboration.^[3]

Commencing mentoring relationships and identifying the right mentors are challenging. The lack of access to mentors has consistently been identified as a barrier to successful mentorships.^[4] Further, in clinical medicine, clear structures that nurture natural mentoring relationships no longer exist, and the increased emphasis on shift work and shorter rotations for junior doctors has been detrimental to the traditional mentoring model.^[5] To bridge this gap in the provision of support and mentorship, an innovative and non-traditional system for interns across disparate hospitals was needed, especially following the onset of the COVID-19 pandemic. This mentoring system had to ensure easy access, allow for social distancing and be easily available.

What was tried?

The programme co-ordinators (VSS and NCD) harnessed passionate and supportive University of KwaZulu-Natal (UKZN) academic staff, KwaZulu-Natal (KZN) Department of Health clinicians, and KZN intern representatives from each provincial hospital to form the KZN Medical Intern and Junior Doctors Mentorship Committee. This committee steered

the development and organisation of a new online mentoring programme using the Zoom platform. We used traditional communication routes, WhatsApp groups and other social media platforms, such as Facebook, to inform interns and other junior doctors of these monthly online sessions. Through a series of live, after-hours (to accommodate work demands) workshops, the programme provided avenues for mentorship through motivational talks on personal development, work-life orientation and balance, career guidance, and financial, physical and mental wellness reflection. The programme was also used to forge relationships between interns to collaborate with and support one another, as well as to create connections for peer mentorship for interns, who are spread across various KZN hospitals, to link with others from multiple specialties and subspecialties, as well as potential role models.

Two core components of the monthly workshops included narratives of leading clinicians and academics, who shared their journeys from internship to their current positions, and fellow interns, who shared their special talents (such as writing and reciting poetry, and playing music) and experiences of internship during the COVID-19 pandemic. The speakers also reflected on the unique challenges and obstacles SA medical practitioners have had to face within environments that were often non-supportive or even antagonistic to the creation of opportunities that should be available to junior medical practitioners starting their careers. To date, the sessions were well attended and positively received. The interns interact with speakers and groups by sharing their comments, views and questions on the Zoom chat or during question time.

The pedagogical framework focused on a bidirectional transmission of knowledge between mentors and mentees that capitalised on local intellectual resources and highlighted leaders' contributions to biomedical discoveries, patient care, outreach projects and education.^[2] The mentorship model, using a team approach used in this programme, has been documented in research on mentorship.^[3] We aimed to encourage and develop a mentorship culture focused on harnessing the strong commitment of leaders at all levels to nurture the next generation of physicians and scientists. In addition to the monthly sessions, exemplary interns and intern supervisors who epitomised professionalism, teamwork and leadership characteristics were selected using peer inputs. All nominated awardees were acknowledged with certificates of appreciation and recognised during the monthly programme, thus reinforcing good behaviour and acknowledging professionalism, leadership and innovation among interns.

Lessons learnt

Online platforms can provide easily accessible, convenient alternatives to face-to-face programmes that support mentorship. In many instances, access improves, especially as clinical teaching and training platforms are spread across hospitals separated by large distances. After-hours sessions are also possible on online platforms, which can be attended from the convenience of homes or cars. Furthermore, integrating young health professionals into the planning, execution and health professional education activities allows for easier adoption of newer and often more acceptable means of information dissemination through social media.

The sharing of personal experience in the narrative format in medicine is an important lesson we reflected on. The sharing of narratives, which included struggles and failures of successful leaders in various fields of medicine, proved to be highly inspiring, and the personal accounts allow interns to reflect on their own journeys. It allows younger health professionals to develop through role models and to access the benefits of mentorship. A holistic approach to health professional training is necessary. Real-life issues related to developing financial acumen in managing personal incomes, guidance for those who have family financial commitments (social tax), mental health disease and addiction can be tackled using experts who share experiences.

The degree of isolation of young health professionals who enter the profession must not be underestimated, and the COVID-19 pandemic brought this to the fore. The entry into internship can leave many interns isolated in environments they are yet to adjust to. Isolation and its effects on young health professionals consequently need to be explored further within health professional education.

What will I keep in my practice?

The following are recommended for future practice:

- The online format will be maintained, as it is easily accessible, can accommodate large groups, and is cost-effective and convenient, as recordings of any Zoom session can be made available to those who are unable to attend.
- The involvement of junior medical practitioners in developing new ways to communicate and interact is essential, as these avenues are dynamic.
- The convenient after-hours format and strict adherence to a 1-hour time period, with short succinct presentations, proved popular.
- The involvement of senior faculty who can share their journeys to inspire interns is a core feature that fosters the creation of an interactive platform, which allows a transformational culture to develop among young and junior health professionals.

What will I not do?

The following are not recommended for future practice:

- overloading the programme with a multitude of topics
- using traditional systems of knowledge dissemination, such as lecture-type formats
- allowing lengthy, time-consuming, information-dense presentations after hours
- failing to use or being less comfortable to use social media and other more current means of communicating with young health professionals
- addressing topics that are not relevant to the targeted group
- not involving the interns in planning the content and format of the platform.

Declaration. None.

Acknowledgements. Special thanks to the committee, interns and speakers, who made time to participate and contribute to the programmes.

Author contributions. VSS created the first version of the manuscript. KLN and NCD edited, revised and contributed to all aspects of the manuscript. All authors contributed to the study conception and design.

Funding. None.

Conflicts of interest. None.

Evidence of innovation



1. Van der Walt S, Mabaso WS, Davids EL, de Vries PJ. The burden of depression and anxiety among medical students in South Africa: A cross-sectional survey at the University of Cape Town. *S Afr Med J* 2020;110(1):69-76. <https://doi.org/10.7196/samj.2019.v110i1.14151>
2. Choi AMK, Moon JE, Steinecke A, Prescott JE. Developing a culture of mentorship to strengthen academic medical centres. *Acad Med* 2019;94(5):630-633. <https://doi.org/10.1097/acm.0000000000002498>
3. Sambunjak D, Straus SE, Marusić A. Mentoring in academic medicine: A systematic review. *JAMA* 2006;296(9):1103-1115. <https://doi.org/10.1001/jama.296.9.1103>
4. Cook DA, Bahn RS, Menaker R. Speed mentoring: An innovative method to facilitate mentoring relationships. *Med Teach* 2010;32(8):692-694. <https://doi.org/10.3109/01421591003686278>
5. Havard L, Baker T. 'Mentoring the gap' for junior doctors: Promoting an under-utilised resource back to centre-stage. *MedEdPublish* 2018;7(4):57. <https://doi.org/10.15694/mep.2018.0000278.1>

Accepted 2 August 2021.

Afr J Health Professions Educ 2021;13(3):172-173. <https://doi.org/10.7196/AJHPE.2021.v13i3.1519>