FUTURE LEADERS CONFERENCE 2024
VALUES
DISCOVERING VALUE IN HEALTHCARE

A Brief Evaluation of the Reverse Mentoring scheme guided by RE-AIM Framework.

Theresa UGALAHI, Sium GHEBRU and Fiona BISHOP.
NHS England Workforce Training & Education (Yorkshire and Humber).

Background

Differential attainment (DA) by racial groups within postgraduate medical education has generated much discourse as ethnic minority doctors continue to experience lower attainment rates in speciality exams and progression compared to their white counterparts (GMC, 2024). Reverse mentoring (RM) is a strategy employed by the NHS England WT&E (Yorkshire and Humber) to tackle DA. This scheme pairs trainees (as mentors) with consultants/trainers/faculty (as mentees). The scheme is in its fourth cycle, and it is led by the Leadership fellow in DA.

RM has been effective in organisations (Browne; 2021) and holds ample promise in medical education (Clarke et al; 2019) to offer learning opportunities to senior management and promote leadership qualities in junior colleagues. Preliminary evaluative findings from our RM have been very positive although the need to conduct a systematic evaluation is needed.

Implementation strategies which include evaluative frameworks such as RE-AIM (RE-AIM; 2024) are influential in understanding how projects are planned, implemented or evaluated. RE-AIM is used widely across disciplines (Harden et al 2018). RE-AIM is an acronym for Reach, Effectiveness, Adoption, Implementation and Maintenance. The use of RE-AIM to evaluate the RM will also provide clarity for subsequent improvement and wider adoption of the RM scheme.

Evaluation Outcomes

Reach

The proportion and characteristics of the target sample who received or heard of our RM

Seventy-eight mentor and mentees voluntarily opted into the programme, following some drop-outs, sixty-two participants remain matched. This is a steady increase from previous cohorts. This number is however marginal, compared to the number of trainers in the region. A barrier encountered in recruitment was limited advert dissemination through Postgraduate schools.

Effectiveness

Any change (positive or negative) in the outcome measure or another secondary outcomes.

Prior and current feedback from participants have been positive. However, the ARCP outcomes for the region has not shown any significant positive change towards a reduction in the attainment gap (GMC 2022).
An important element for effective RM is navigating the power dynamics (Browne; 2021), mentors are being supported towards this through bimonthly group supervision.

Adoption

Number and characteristics of settings that have adopted the RM intervention

The reverse mentoring is being incorporated into the regional Yorkshire & Humber NHS England routine projects by engaging the Programme Support administrators in the RM operations.

Some post graduate schools and Trust in the region have also adopted RM, linking in with the NHS England WT&E (Yorkshire & Humber) leadership fellows for shared learning and resources.

Implementation

Extent to which the intervention components have been implemented as planned.

Yearly reports are completed detailing the implementation of RM and any improvements made. Based on previous reports, the reverse mentoring was commenced earlier this year to allow more time for mentoring meetings.
The MentorNet platform was utilised to improve organisational oversight (Browne; 2021). Mentees have highlighted time required as a huge barrier.

Maintenance

The ability to maintain and sustain the RM programme over time.

The involvement of the Programme Support team increases sustainability and a Future Leader's fellow on DA have been recruited for 2025.

Buy-in from high-level leadership continue to play a crucial role in sustainability of the scheme.
To promote maintenance, previous mentors (trainees) are co- facilitating the current RM, however, time constraints is also a barrier to their involvement.

Process

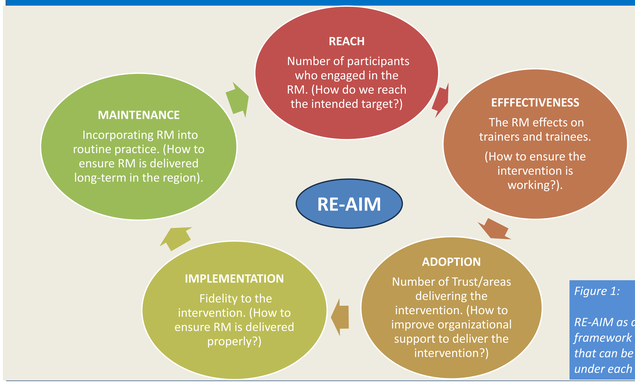

Figure 1:

RE-AIM as an evaluative framework highlighting questions that can be considered for the RM under each RE-AIM component.

Discussion

Evaluating the RM implementation strategy with the RE-AIM framework suggests that the RM scheme is acceptable and desirable among those who voluntarily participated, and that the reach needs to be improved and optimised. There is ongoing adoption of RM across the region through shared efforts with high fidelity maintained in our RM scheme. The scheme has been well maintained overtime with high-level organizational support and resource allocation. This is similar Browne 2021, who found RM to be effective in supporting diversity and equity when there is voluntary participation and organisational oversight such as provided through our group supervision and the use of MentorNet.

In our RM, the components responsible for the positive outcomes need further exploration although participants' feedback suggests that curiosity, engagement from mentees and a safe space to discuss were some of the factors they founf helpful. In his article Chen; 2013, suggested that emphasis on reciprocal role modelling and psychological support factors such as acceptance, friendship and guidance provided maximal gain from RM. RM offers an opportunity for learning within medical education and can be a powerful tool to cross hierarchies and provide a fair and inclusive workplace culture (Clarke et al 2019).

Conclusion

The use of the RE-AIM framework to evaluate our RM scheme have provided evidence that the programme can be successfully implemented and sustained for medical trainers and trainees across other regions in England.

Key strengths identified from our RM scheme is the investment of organisational leaders, and the ongoing improvements made to the RM implementation whilst maintaining high fidelity. Although there are no current quantitative evidence of the RM impact on DA, (likely due to the proportion of participants reached), other significant secondary outcomes have been achieved over the years.

Fostering sustainable interventions are important to tackle differential attainment. The use of frameworks like RE-AIM allows for a structured description of the components necessary for the implementation of the RM project and provides a wider scope for evaluating the programmes asides eliciting its effectiveness. The evaluation approach utilised here offers a roadmap to guide future implementation efforts.

References & Acknowledgments

1. Browne, I. (2021) 'Exploring Reverse Mentoring; "Win-Win" Relationships in The Multi-Generational Workplace', International Journal of Evidence Based Coaching and Mentoring, (S15), pp.246-259. DOI: 10.24384/jkc9-2r51 (Accessed: 17 February 2024).
2. Clarke, A. J., Burgess, A., van Diggele, C., & Mellis, C. (2019). The role of reverse mentoring in medical education: current insights. Advances in medical education and practice, 10, 693–701. https://doi.org/10.2147/AMEP.S179303
3. General Medical Council https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/tackling-differential-attainment/data-and-research, accessed 01.02.2024
4. General Medical Council, Education Data Tool; https://edt.gmc-uk.org/ accessed 02.02.2024
5. Harden, S. M., Smith, M. L., Ory, M. G., Smith-Ray, R. L., Estabrooks, P. A., & Glasgow, R. E. (2018). RE-AIM in Clinical, Community, and Corporate Settings: Perspectives, Strategies, and Recommendations to Enhance Public Health Impact. Frontiers in public health, 6, 71. https://doi.org/10.3389/fpubh.2018.00071
6. RE-AIM website: https://re-aim.org/ accessed 01.02.2024.

Acknowledgements: Alice PULLINGER(Leadership fellow), Mousindha ARJUNAN(Leadership fellow), Robert(Morgan) Blizzard(Leadership fellow), Ahmed ELAZZAB(co-facilitator), Aala Abdelrahman Hassan FARAH(co-facilitator), Simranpreet KAUR(co-facilitator), Laura NAISH(co-facilitator).