

## Editorial

# Toward Better Support of Healthcare Professionals – Advancing Multidisciplinary Team Mentoring

Anupama Roy Chowdhury\*

Department of Geriatric medicine, Khoo Teck Puat Hospital, Singapore

Whilst patient centred care has made huge strides in clinical care, care of healthcare professionals sadly lags some ways behind. This lack of support for healthcare professionals in many developing settings is underscored with healthcare's slow transition toward multidisciplinary care that sees individual professionals working within a team to deliver holistic support to patients with complex psychosocial, cultural and societal care issues [1-7]. All too often both specialists and trainees within these multidisciplinary teams (MDT) lack holistic and consistent professional and personal support.

These concerns have inspired efforts to forward a new form of mentoring – MDT mentoring that would see senior clinicians from the various constituent members of the MDT team mentor trainees and support MDT colleagues from different clinical specialities. Recent reviews into mentoring in medicine, surgery, nursing, physiotherapy, occupational therapy and social work that represent the key specialities within a multidisciplinary team (MDT) suggest that mentoring could provide much desired holistic, timely, appropriate and individualised support for healthcare professionals working with MDTs [1-7]. In addition, similarities in their practices could advance a common mentoring platform that would improve oversight of mentoring relationships, clarify mentoring goals, roles and responsibilities and attenuate the risks of “exploitative” mentoring relationships and negative mentoring experiences [1-11].

Standing in the way of effective implementation of a comprehensive MDT mentoring approach is a failure to acknowledge mentoring's evolving, context-specific, goal-sensitive, mentee-, mentor-, organizational- and relational-dependent nature (henceforth mentoring's nature) that has limited study of mentoring programs and comparisons of mentoring data from various settings [1-7]. Studies into mentoring also fail to take heed of the conflation of mentoring with practices such as supervision, preceptorship, role modelling, sponsorship and advising and continue to intermingle various mentoring approaches ignoring the distinctive nature of peer, near-peer, leadership, youth, patient, family and mentoring between a senior clinician and a novice [1-11]. These failures have coloured understanding of mentoring and its practice and limited the use of mentoring in formal training as has a lack of long term mentoring data [1-11].

Whilst it is heartening to see recent efforts to better understand the mentoring process and forward a platform for MDT mentoring approach, the future of mentoring research

lies in acknowledgment of mentoring's nature and the distinctiveness of the various forms of mentoring.

### References

1. Yeam CT, Loo TWW, Ee HFM, Kanesvaran R, Krishna LKR, et al. (2016) An evidence based evaluation of prevailing learning theories on mentoring in palliative medicine. *Palliat Med Care*. 3: 1-7.
2. Wu JT, Wahab MT, Ikbal MF, Loo TWW, Kanesvaran R, et al. (2016) Toward an interprofessional mentoring program in palliative care - A review of undergraduate and postgraduate mentoring in medicine, nursing, surgery and social work. *J Palliat Care Med*.6: 1-11.
3. Wahab MT, Wu JT, Ikbal MF, Loo TWW, Kanesvaran R, et al. (2016) Creating effective interprofessional mentoring relationships in palliative care - lessons from medicine, nursing, surgery and social work. *J Palliat Care Med*. 6: 1-10.
4. Loo TWW, Ikbal MF, Wu JT, Wahab MT, Yeam CT, et al. (2017) Towards a practice guided evidence based theory of mentoring in palliative care. *J Palliat Care Med*. 7: 1-7.
5. Toh YP, Lam B, Soo J, Chua KLL, Krishna LKR, et al. (2017) Developing palliative care physicians through mentoring relationships. *Palliat Med Care*. 4: 1-6.
6. Yap HW, Chua J, Toh YP, Choi HJ, Mattar SAM, et al. (2017) Thematic review of mentoring in occupational therapy and physiotherapy between 2000 and 2015, sitting occupational therapy and physiotherapy in a holistic palliative medicine multidisciplinary mentoring program. *J Palliat Care Pain Manag*. 2: 1-9.
7. Lian J, Chew YR, Toh YP, Krishna LKR (2017) Mentoring in nursing: An integrative review of commentaries, editorials and perspectives papers. *Nurse Educator*. In press.
8. Kashiwagi DT, Varkey P, Cook DA (2013) Mentoring programs for physicians in academic medicine: A systematic review. *Acad Med*. 88: 1029-1037.
9. Buddeberg-Fischer B, Herta KD (2006) Formal mentoring programmes for medical students and doctors – A review of the Medline literature. *Med Teach*. 28: 248-257.
10. Sambunjak D, Straus SE, Marusic A (2009) A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. *J Gen Intern Med*. 25: 72-78.

11. Frei E, Stamm M, Buddeberg-Fischer B (2010) Mentoring programs for medical students - A review of the PubMed literature 2000-2008. *BMC Med Educ.* 10: 1-14.

**Address of Correspondence:** Anupama Roy Chowdhury, Department of Geriatric Medicine, Khoo Teck Puat Hospital, 90 Yishun Central, 768828 Singapore, Tel: +65558000; Fax: +66023646; E-mail: Chowdhury.anupama.roy@alexandrahealth.com.sg

*Submitted: March 29, 2017; Accepted: March 30, 2017; Published: April 07, 2017*

**Special issue title:** Nursing and Health Care Diversity

**Handled by Editor(s):** Dr. Andrew Ashim Roy, Assistant Professor of Community Health Institute of Health Science, Bangladesh