Physicians access mentorship benefits through maternity program

Mentorship is an essential and meaningful component of professional development. The practice is a recognized form of teaching and is considered to be a means of identifying and managing professional and personal progress. The mentoring process is a positive one, through which colleagues work together to develop careers and abilities. The GPSC offers BC family doctors mentorship opportunities in a clinical learning environment through its Maternity Care for BC (MC4BC) program.

A mentorship process is facilitated by an experienced individual who provides support, direction, and an objective view on the development and progress of a colleague in his or her work environment. Mentors encourage critical reflection, empowering mentees to solve their own problems. A good relationship between the mentor and mentee is vital and is founded on the mentor having good interpersonal skills, adequate time and accessibility, an open mind, and active listening skills.

Doctors at all stages of practice can benefit from mentoring and many participate in lifelong, informal mentorship with colleagues. For some doctors, participating in a supportive mentoring process is important to getting the encouragement and support they need to be able to provide aspects of patient care that are of interest or are challenging for them.

Formal mentorship programs, such as MC4BC, can increase the benefit by providing resources for participants to be able to take the time to find the right mentor with the appropriate skills and knowledge.

MC4BC promotes, supports, and trains family doctors to reconnect with primary care maternity services through mentorship, hands-on experience, and financial support. The MC4BC program is tailored to each individual’s learning needs and is flexible to meet those needs. Participants are eligible for taxable funding of up to $48 056.

For up to 1 year either following completion of the MC4BC program or as a standalone part of the MC4BC program, participants may receive formal mentorship from a family doctor or a licensed health care provider who is registered with MC4BC as a mentor.

The mentorship process benefits mentees by providing them with the following:
- Improved self-confidence.
- Identified areas for future learning through a personalized, continual quality improvement plan.
- Increased skills, knowledge, and experience, in both clinical care and practice administration.
- A supportive environment in which strengths and challenges can be evaluated.

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Ongoing support and information provided in a rapidly changing environment.
- Networking opportunities, initially and throughout the mentoring process.
- Individual attention from experienced senior colleagues.
- Enhanced ability to keep up to date in a rapidly changing environment.

Mentorship is not a one-way process that benefits only the mentee. The developmental process fosters a dynamic, reciprocal relationship within a work environment. By sharing experiences and knowledge—generally, or for a specific clinical area—doctors at all career stages can benefit from providing mentoring. The mentorship relationship can offer mentors the following benefits:
- Personal satisfaction of helping colleagues’ development.
- Increased commitment to family medicine.
- Self-renewal and self-reflection.
- Opportunities to learn new perspectives.
- Revitalized interests.
- Opportunities to network and work in different teams.

Mentors who provide advice and support to participants through MC4BC via telephone, in-person, or video may be eligible for a stipend of up to approximately $5700 until March 2017. Mentoring activities may include debriefing a case, chart review, direct patient care advice, and support for quality improvement initiatives.

MC4BC has received extremely positive assessments from participants—almost 100% have agreed that MC4BC is an important support to family physicians because it

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leading role in the successful environmental campaign to halt BC Hydro’s Kootenay diversion project. Since 1994 Dr Paterson was trustee for the Mae Baker Bursary Fund, which has helped more than 140 RN and LPN candidates with the cost of education. From 1970 to 1980 he was the founding chair of the Advisory Committee of the Creston Valley Wildlife Management Authority and for many years he judged the Creston School District’s Annual Science Fair.

Though few knew it, the breadth of Dr Paterson’s interests and commitments was even wider. In 1978 he received the Dixie Annette Award from the Huxley Institute for Biosocial Research in New York. He practised chelation therapy and, in 2000, he was certified by the American Board of Chelation Therapy and was admitted into the International Orthomolecular Medicine Hall of Fame. In 1999 he was admitted into the American College for Advancement in Medicine. He concentrated research on the general practice aspects of nutritionally based treatment of disease and presented papers across Canada on numerous occasions.

One of Dr Paterson’s other great loves was space. He was an amateur astronomer, did significant research into studies into the medical implications and economic benefits of large-scale human habitats in space, and presented papers from his research across the US.

Dr Paterson’s father was an Arctic explorer, and Erik was thrilled when asked to represent his father at the 2013 centennial memorial for Ernest Shackleton’s Antarctic expedition. Jinty played a significant role in the success of Erik’s accomplishments. She was the tactician who organized his work, whether it was in his general practice office or managing his other interests. Jinty did all this while looking after the home and bringing up their two daughters, Tara and Fiona, and later the two grandchildren, Ashley and Hann.

Dr Paterson was loved by all for he had the unique ability to cross generations. As my grandson, Nick, said, “He was one of those epic people one seldom meets for he was always enjoyable and could be a funny dinner companion.”

—John O’Brien-Bell, MBBS
Surrey

References
4. Cullison S. Why mentorship is important to you and to family medicine. Fam Med 2014;46:645–646.

Recently deceased physicians
If a BC physician you knew well is recently deceased, consider submitting a piece for our “In Memoriam” section in the BCMJ. Include the deceased’s dates of birth and death, full name and the name the deceased was best known by, key hospital and professional affiliations, relevant biographical data, and a high-resolution photo. Please limit your submission to a maximum of 500 words. Send the content and photo by e-mail to journal@doctorsofbc.ca.