



Reflect, Advise, Plan: Faculty-Facilitated Peer-Group Mentoring to Optimize Individualized Learning Plans

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ACADEMIC PEDIATRICS 2016;16:503–507

THE CONCEPT OF self-directed, lifelong learning is a highly regarded tenet of medical professionalism. Accordingly, the Accreditation Council for Graduate Medical Education (ACGME) has recently adopted a milestone to assess a learner's ability to "identify strengths, deficiencies, and limits in one's knowledge and expertise."¹ Many experts believe that self-assessment and the ability to be a self-directed learner are not innate, but rather skills that need to be learned through practice and training.² Individualized learning plans (ILPs) represent a unique opportunity to develop residents' skills in self-assessment and self-directed learning.

In fact, the ACGME requires all pediatric residency programs to provide "a system to assist residents in [the] ILP development process, including: faculty mentorship to help residents create learning goals; and, systems for tracking and monitoring progress toward completing the ILP."³ Unfortunately, residents often struggle to develop attainable goals,⁴ especially within competencies that are less integrated into everyday training, such as systems-based practices.⁵

Effective mentoring strategies are essential to the success of the resident ILP development process. Academic faculty are typically most familiar with the dyadic model of mentoring, in which an experienced mentor is paired with a less-practiced mentee on the basis of common interests.⁶ The dyadic model has drawbacks, including time constraints, limitations of one mentor's individual perspective and skill sets, and incongruent expectations between mentor and mentee.⁷ Consequently, many innovative mentoring models are now appearing in the literature and might be more successful.^{8–12}

Peer mentoring, a model in which the mentoring relationship occurs between individuals equal in experience and rank, is known to benefit the mentor and the mentee.^{13,14} Facilitated peer group mentoring (FPGM) is a subset of peer mentoring in which group members serve as peer mentors to each other while facilitated by a

senior mentor, who works with the group members in meeting their goals.¹¹ FPGM helps mentees make progress in formulating specific plans relevant to achieving career goals.⁸ Building on existing literature, we have developed a process that uses FPGM to help residents enhance their ILPs. The aim of this article is to describe our novel FPGM ILP process; we believe that this approach will lead to advancement in the skills needed for self-assessment and self-directed learning. On the basis of resident feedback, our institution changed the name from "FPGM ILP meetings" to "reflect, advise, plan (RAP) sessions," a title that is more memorable and emphasizes the core principles of this novel process.

DESCRIPTION OF RAP SESSIONS

We, the residency program leadership, made the change from dyadic mentoring of ILPs to FPGM teams in 2010. An FPGM team consists of 2 faculty members and 6 residents, 2 from each year of training. The faculty members are arranged so that each team has a junior and a senior faculty member, one of whom is a generalist and the other a specialist. These faculty members become the primary mentors to facilitate the group process. Residents remain on the same team with faculty mentors throughout their 3 years of residency.

Recognizing that the needs of individual learners change over time, we designed RAP sessions to be an iterative process by requiring trainees to develop an ILP and then review, modify, and present it to their team at least twice a year. Meetings are scheduled in the autumn and spring for group discussion of each resident's ILP. Before a meeting, every resident is required to complete a PediaLink electronic ILP worksheet, which includes sections on self-assessment of strengths, weaknesses, and career goals, generation of goals, development of well-written objectives to accomplish goals, assessment of progress, and revision of goals.¹⁵ PediaLink is the American Academy of Pediatrics'

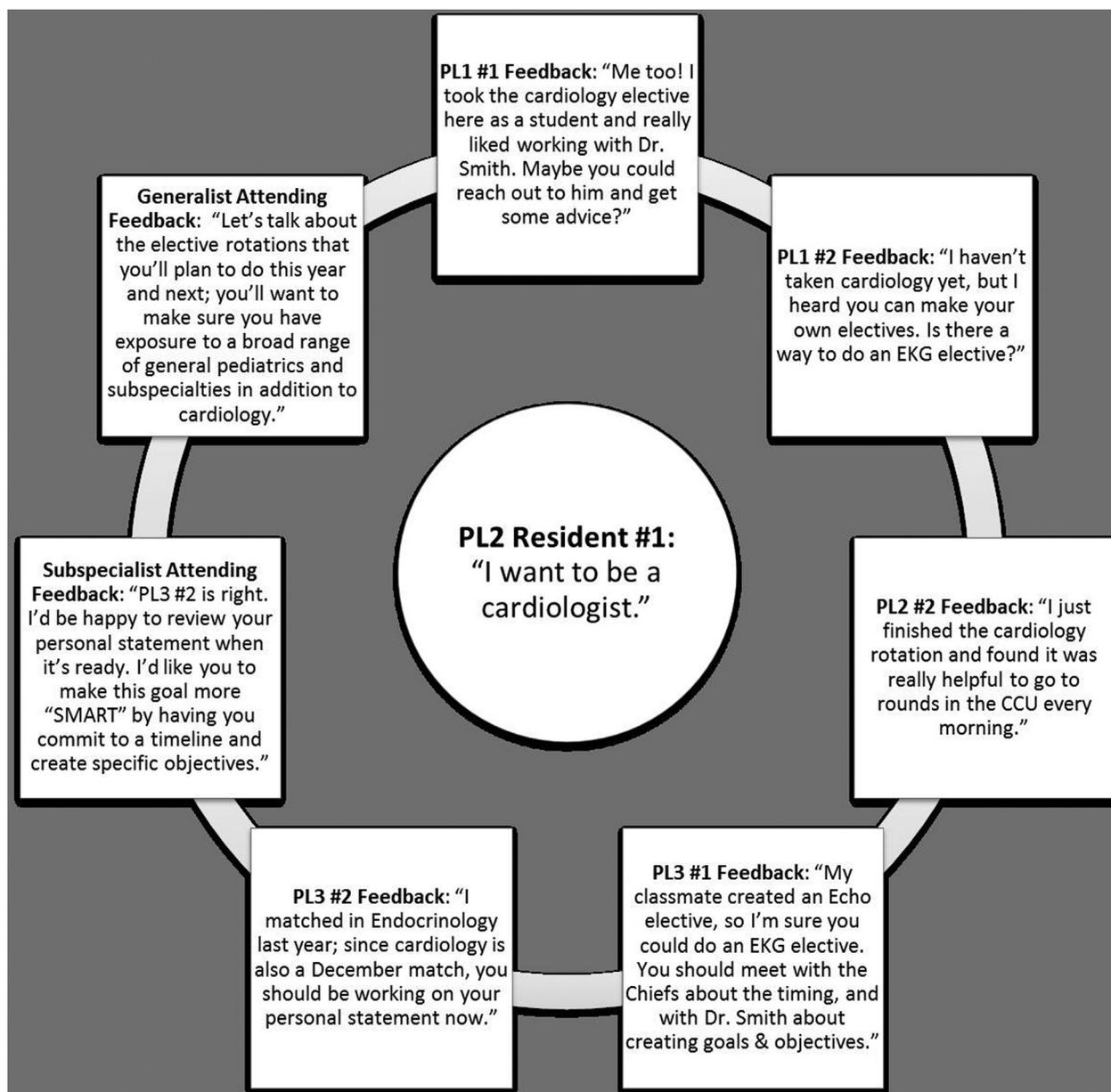


Figure 1. Feedback about an individualized learning plan (ILP) goal during a RAP session. RAP indicates reflect, advise, plan; PL, pediatric level (equivalent to postgraduate year); CCU, cardiac care unit; Echo, echocardiography; and EKG, electrocardiography.

online learning center that provides an electronic tool for creating, updating, and monitoring resident ILPs with an interactive interface for residency program directors.

RAP sessions begin with the program directors orienting the entire group and reviewing goals for the meeting before breaking out in small groups. During the fall meetings, residents share the content of their ILP worksheets with their teams (Fig. 1). The third-year residents present first to model the correct process. The ILPs include newly created goals and also goals from the previous session that the resident has decided to keep. The resident mentors then give the presenter feedback and brainstorm additional objectives to help the learner accomplish his or her goals. Faculty mentors are instructed to speak only after every resident has given feedback. Each session is scheduled for 1 hour, and it typically takes 2 sessions for a team to review all of its members' ILPs.

Teams then reconvene in the spring (Fig. 2). At this time, residents again share the progress they have made toward achieving their previously stated goals and present the new goals they have created. The residents also discuss any barriers that have arisen and how they have attempted to overcome those obstacles. Peer and faculty mentors offer suggestions for surmounting barriers. Finally, faculty mentors facilitate thinking about and planning the next stage in each resident's residency or career.

KEY STRATEGIES FOR SUCCESSFUL IMPLEMENTATION

PROFESSIONAL DEVELOPMENT

Successful implementation required faculty buy-in and familiarity with the process of FPGM. This was particularly important because to accommodate the number of

| Month | Process |
|------------------|---|
| July | <ul style="list-style-type: none"> Faculty meeting <ul style="list-style-type: none"> Group assignments given RAP meeting schedule determined Faculty development <ul style="list-style-type: none"> Introductions of other mentors and their areas of expertise Reminder of process for group sessions Strategies for maintaining relationship outside of group sessions |
| August | <ul style="list-style-type: none"> Process introduced to residents at House Staff meeting <ul style="list-style-type: none"> What is an ILP? Review of Pedialink platform for ILP entry Timeline of meetings for year introduced |
| September | <ul style="list-style-type: none"> First Fall RAP Session <ul style="list-style-type: none"> Each group reviews ~½ of its members' ILPs <ul style="list-style-type: none"> What are your goals for the year? How will you achieve them? |
| October | <ul style="list-style-type: none"> Second Fall RAP Session <ul style="list-style-type: none"> Second ½ of members' ILPs reviewed as above |
| November – March | <ul style="list-style-type: none"> Individual ILPs reviewed at semi-annual meetings with Program Directors (PDs) Residents make progress towards previously established goals <ul style="list-style-type: none"> ILPs edited on as-needed basis as goals change Faculty offer individual support to mentees (in person or via email) Reminder of upcoming sessions inspires reflection on progress and editing of ILP |
| April | <ul style="list-style-type: none"> First Spring RAP Session <ul style="list-style-type: none"> Each group reviews ~½ of its members' ILPs <ul style="list-style-type: none"> What goals have you reached? What changes do you anticipate for the upcoming academic year, or in your future job/fellowship? What new goals have you created? |
| May | <ul style="list-style-type: none"> Second Spring RAP Session <ul style="list-style-type: none"> Second ½ of members' ILPs reviewed as above |
| June | <ul style="list-style-type: none"> ILPs reviewed at semi-annual meetings with PDs |

Figure 2. The yearly calendar for resident individualized learning plans. RAP indicates reflect, advise, plan; ILP, individualized learning plan.

participating residents, we needed a large number of faculty members (26) to become mentors, most of whom had never completed an ILP during their own residencies. To address these challenges, in the year before the introduction of this model to the residents, faculty members developed their own ILP's, known as Professional Development Plans and participated in the peer group mentoring process to enhance their Professional Development Plans.¹⁶ These groups were led by the section chiefs and residency program directors.

The program directors also began leading meetings with the faculty mentors to discuss the RAP sessions. At these informal meetings, the process is reviewed and faculty coach each other on specific mentoring techniques as well as share tips they have found to be successful. These meetings also serve as a way to introduce new faculty to the process. We also help orient new faculty mentors by placing them in a RAP session group that has a faculty member who is experienced with the FPGM ILP process. Between meetings, program directors send pertinent reminders to the faculty mentors about resident processes, including fellowship application timelines, updates on ACGME regulations, and changes in the residency program.

Professional development training for residents can also improve RAP sessions. We developed a longitudinal professional development curriculum for the residents that

serves as a complement to the RAP sessions. This curriculum, delivered at resident educational and leadership retreats, as well as noon conferences, includes training provided by senior-level attending physicians on designing goals and objectives, creating needs assessments, giving effective feedback, writing personal statements, maintaining curriculum vitae, and improving leadership and teaching skills. These sessions are created on the basis of feedback from current and former residents.

FOCUS ON PROCESS IN ADDITION TO CONTENT

Residents initially might have trouble creating ILP goals and objectives, partly because developing realistic ILP plans that can truly be realized is a skill that needs to be taught.¹⁷ The literature suggests that using the I-SMART mnemonic (important, specific, measurable, accountable, realistic, and timely) can improve resident ILPs.¹⁵ On the basis of this information, the faculty mentors are instructed to emphasize the importance of "I-SMART" objectives in their feedback.

Options for the focus of goals and objectives need to be emphasized to the residents. Residents are known to have more success in creating and accomplishing ILP goals related to everyday duties, such as patient care, than they do on goals that are less integrated into their everyday training.⁵ Faculty mentors are instructed to encourage residents to create goals and objectives that are outside of their

everyday duties and focus on longer-term goals for professional and personal success. Examples of these goals include “become more effective at interprofessional communication, particularly in situations of high stress” and “improve my work–life balance.” We believe that encouraging faculty mentors to focus their feedback to residents on the process and the content of ILP goals and objectives significantly improves resident ILPs.

PLANNED, REGULAR RAP SESSIONS

It is important to choose meeting times that optimize the availability of residents and faculty. Meetings might need to be planned months in advance to ensure that a large number of faculty are available at the same time. Residents often need repeated, multimodal forms of communication to remind them of upcoming ILP sessions. These reminders should provide residents with ample time to self-assess the progress they have made. We remind residents to update their ILPs at their semiannual meetings with the Program Directors and via e-mail 1 to 2 months before the RAP sessions.

Anecdotally, structured meeting times and group continuity have also improved accountability to the ILP process. Group continuity over a resident’s 3 years helps group members become invested in each other’s goals. Letting residents know about group meetings well in advance allows everyone time to put the necessary effort into the process and residents know that other group members are working hard to accomplish their goals. Goals that have been achieved are considered completed. Goals that have not been achieved continue into the next ILP 6-month cycle. Thus, the ILP worksheet becomes a living document. All of these concepts motivate individuals to invest more effort into the ILP process.

SEMIANNUAL RESIDENT MEETINGS WITH PROGRAM DIRECTORS

Program Directors provide additional input and resources at resident semiannual meetings (Fig. 2). These meetings, between a program director and a resident, have several purposes including revealing in-training examination scores, reviewing rotation evaluations, assessing for stressors, and planning for the future. We have begun to incorporate the ILPs into these semiannual meetings as well. Discussing ILPs with a program director increases the fidelity of the process. In addition, program directors gain a unique perspective into a resident’s self-assessment capabilities and career aspirations. Furthermore, reviewing ILPs often allows program directors to direct residents to resources that might aid them in accomplishing their goals.

AMERICAN ACADEMY OF PEDIATRICS’ PEDIA LINK ELECTRONIC ILP

In our experience, use of electronic resources facilitates the RAP sessions more successfully than paper. We transitioned from an internal handwritten form to the American Academy of Pediatrics’ PediaLink Electronic ILP (<http://pedialink.aap.org>) so that the residency program has a

centralized record of current and previous ILPs, faculty are able to track the progress of their mentees, and residents can easily modify their goals and objectives. Using handheld devices or laptops, faculty can document feedback by inputting group comments to the Web site during the RAP session.¹⁵ Additionally, residents might prefer electronic worksheets over written worksheets for their ILPs.¹⁸

LIMITATIONS AND CONTINUING CHALLENGES

Residents need to buy into the idea that ILPs and the RAP sessions are career developmental tools. Otherwise, it is easy for a noninvested resident to only spend a few days per year thinking about their ILP. Creating a process to track if and when residents accomplish their goals might help improve this issue. Additionally, most residents need guidance in moving away from strictly medical knowledge acquisition goals and moving toward the process of designing a wide variety of goals that encapsulate the whole of one’s career.

The RAP sessions require a great deal of faculty support. Although many faculty members are interested in resident education and mentorship, these core faculty members are often overburdened by other, competing obligations. Finding faculty mentors with the time and energy to contribute to this process is a continuous challenge. Creating incentives for faculty members to join the FPGM ILP sessions might be a useful strategy. For example, it might be possible to provide protected time for the faculty members who agree to help or allow faculty members to count their participation toward promotion.

ANALYSIS AND NEXT STEPS

The PediaLink ILP Web site allows our program to easily keep track of resident ILP data, and, after obtaining institutional review board approval, we are now able to analyze these data. We have identified and categorized the common themes found within resident ILP goals. Our data are consistent with literature that suggests most resident goals best fit into the category of “improving medical knowledge.”⁵

Using annual content analysis, we hope to show that RAP sessions are associated with an increase in the variety of themes found in the goals of resident ILPs. We also aim to determine if RAP sessions are associated with improvement in the quality of resident ILPs. This could be accomplished by showing that resident ILP objectives begin to incorporate more aspects of the “I-SMART” mnemonic as they advance through their training.

CONCLUSIONS

RAP sessions represent a unique opportunity to fulfill the ACGME requirement for resident ILPs, but we believe that this model does more than simply satisfy a requirement. Faculty participants have an opportunity to learn new mentoring strategies from one of their peers, observe how their mentoring affects residents over time, and

experience a new mentoring model that they can use to further their own careers. For residents, the process expands and improves the mentoring experience, informs them of available resources, and increases a sense of community. Most importantly, we postulate that FPGM improves the quality of resident ILPs, with respect to developing attainable goals and broader goals beyond their everyday experiences. FPGM of ILPs helps develop a resident's ability to self-assess and create self-directed learning goals—skills that are essential for lifelong learning.

ACKNOWLEDGMENTS

The authors acknowledge Pat MacMullan and Monica Yayac for collecting the resident ILP data, Daria Ferro for the “RAP sessions” name, the PediaLink support team, and all of the RAP session faculty mentors and pediatric residents at St Christopher's Hospital for Children.

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