

Results of the pilot mentoring programme for Review Group Coordinators (now Managing Editors)

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NOTE: Review Group Coordinators (RGCs) are now known as Managing Editors (MEs)

Background

At the 2006 Colloquium, an Induction working group for Review Group Coordinators (now Managing Editors (MEs)) was established, to address concerns about the lack of a system for introducing new MEs to The Cochrane Collaboration. MEs often work in geographic isolation from each other and commence in the role with little consistent advice about relevant resources, procedures and key tasks. Existing resources were scattered and obsolete.

Objectives

To assess and address the need for standardised induction documents (including a generic job description) and a face-to-face mentoring programme for MEs commencing in the role.

Methods

We surveyed MEs and assistant MEs in January 2007 on their experiences of starting in the role. The results revealed a lack of support and information, and a sense of isolation. Some found informal mentoring useful, but there were concerns that this was inconsistent and increased the diversity of practices amongst MEs.

In 2007, the working group successfully applied for a grant from the Cochrane Opportunities Fund to develop relevant resources and training for new MEs, including a pilot mentoring programme.

Results

Documentation:

The working group developed a generic ME position description, which has been incorporated into The Cochrane Policy Manual.

Various resources, such as the Signposts document and the welcome letters sent to new MEs and Assistant MEs by the Cochrane Secretariat, were drafted/reviewed and updated, most recently in June 2009.

The position description and the Signposts document are available in the ME Forum folder in Archie; Signposts is also available on www.cochrane.org; the welcome letters are held at the Secretariat.

Mentoring pilot programme:

The working group established a mentoring pilot programme to train and support new Managing Editors.

In late 2007, MEs selected four experienced MEs as regional mentors: Kate Cahill and June Cody (UK and continental Europe); Vicki Pennick (North, Central and South America); and Narelle Willis (Australasia), along the lines of the IMS Support model. Mentors met with the new ME (alongside a meeting arranged with their IMS Support person) within their first month of starting in the role, and were available (via email and phone) after the visit to provide ongoing support and advice.

Managing Editor Mentors



June Cody



Vicki Pennick



Kate Cahill



Narelle Willis

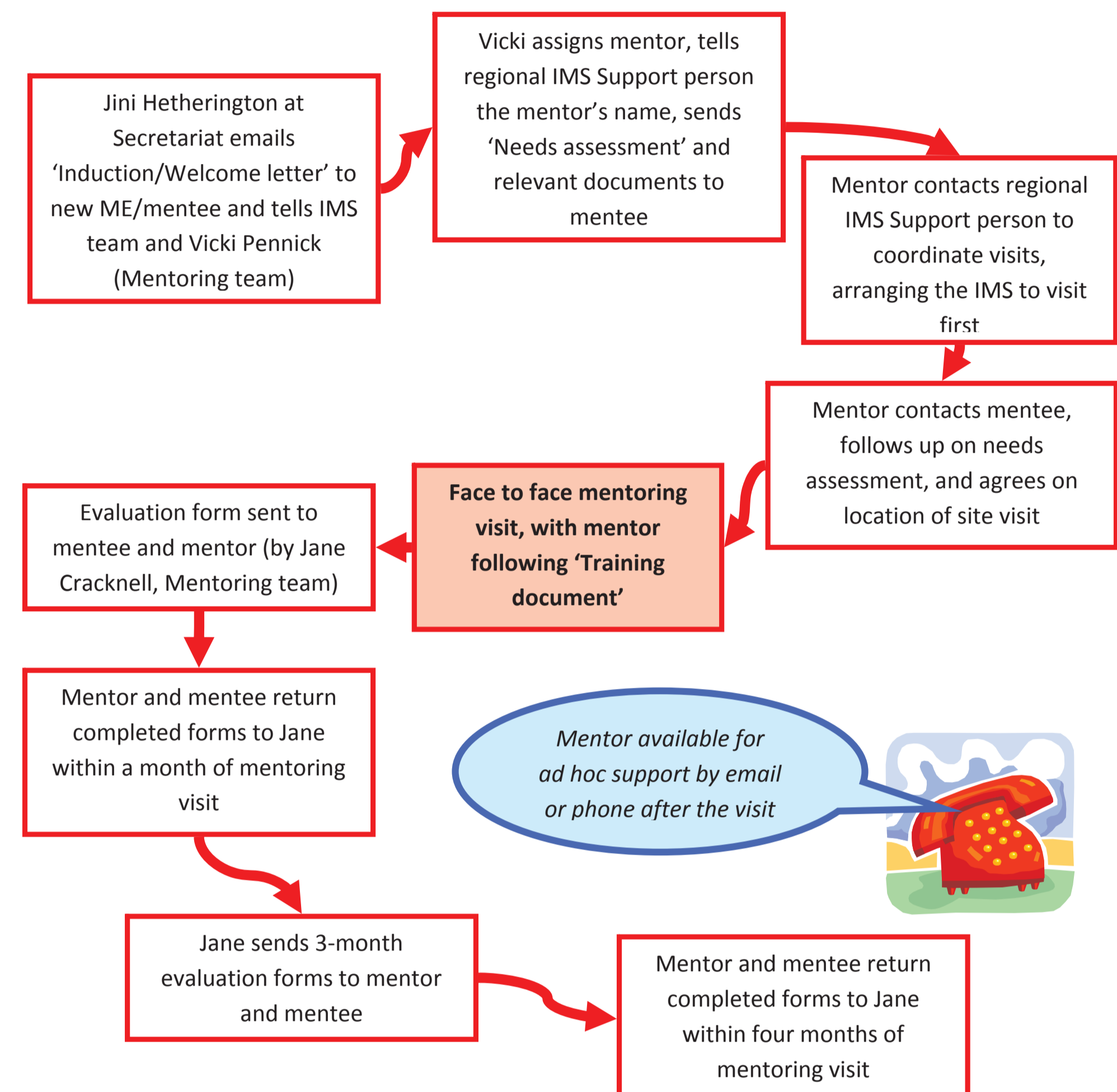
The working group developed documentation (including training guidelines and a checklist) to support the mentor and ensure consistency of advice. They also developed a needs assessment form which was sent to new MEs, to enable the mentor to tailor their visit and advice; and questionnaires (sent to mentor and mentee immediately post-visit and after three months) to assess the programme's effects.

The mentoring pilot programme examined the experiences of five mentor/mentee pairs during 2008 and 2009. **Figure 1** outlines the process. In summary:

- Nine new MEs were sent and returned needs assessment forms; 5 asked to be involved in the pilot; 3 declined as they had worked for the Collaboration in other positions, one wished to participate but was not able during the time period. The needs assessment showed that new MEs were frustrated and uncertain of what was expected of them. Most of the new MEs who had had a handover from a previous ME still asked for mentoring.
- All training took place in the mentee's office, with some having another colleague sit in on the session. Mentors spent about half a day preparing and about one day conducting the visit. None of the mentors found the role burdensome. All new MEs liked the session timing (usually 1 to 2 weeks after starting in the role). The new MEs found the content of the session to be helpful; particularly in terms of highlighting alternative methods and processes. All new MEs felt they could contact their mentor afterwards.

- Three-month follow-up identified that whilst most of the new MEs were satisfied with the mentoring, some felt there was a limit to the amount of information they had been able to take in. The working group therefore recommends extending the face-to-face visit to 1.5 days.
- Mentees and mentors spent minimal time communicating after the visit (usually between 15 to 60 minutes) by email or phone. All of the mentors felt the training had been of help to the mentee, and they had been able to answer specific questions.

Figure 1: Process for mentoring pilot programme



Costs:

The working group budgeted up to £2,000 for each mentee visit (covering travel, accommodation and subsistence for the mentor) but visits for this project cost an average of £232 (range: £91 to £402) per visit. The working party members' Cochrane Review Groups (CRGs) received £1500 as partial compensation for their time (not an ongoing cost), and there were also teleconference expenses. Overall, the project cost less than expected. If the programme continues, direct costs in relation to the mentoring itself will be higher, as mentors' CRGs should be compensated for their time and mentees may be located in places that are more costly for the mentor to visit.

Conclusions:

The resounding view of mentors and mentees was that the programme should be continued, along the same regional model as the IMS Support programme, on a reimbursement per visit basis. It is an inexpensive and flexible resource, which is regionalised and can be conducted in a short time (1 to 1.5 days). Consistent training of mentors and hence of mentees will facilitate the smooth functioning of editorial offices and improve the quality of editorial processes and reviews.

Recommendations:

The working group has presented a full report to the Steering Group at the 2009 Colloquium. Amongst their recommendations are the following:

- The Steering Group should fund a mentoring programme for new MEs, along the same lines as the IMS support programme, comprising a Mentoring Coordinator and four regional mentors, utilising the documentation and process developed during the pilot.
- The Steering Group consider nominating the ME Executive to be responsible for ensuring positions are filled when needed (bearing in mind the current mentors' willingness to continue in the role).
- Assistant MEs should not be eligible for the programme, as their own ME should mentor them. If there are particular circumstances whereby additional training of AMEs and other CRG personnel by ME mentors is considered necessary, this should be requested and paid for by the recipient CRG on the same model as the IMS Support Programme.
- Mentoring should continue to involve a site visit of at least one day, but ideally of 1.5 days; the first session held in the mentee's office and the second ideally some time later in the mentor's office.
- A Mentoring Coordinator should be appointed to facilitate and organise the programme, and keep documentation up to date.
- The CRGs of mentors and the Coordinator should be adequately remunerated for their time and expertise. The mentee's CRG should not be charged for their participation in the programme (unless additional training is sought).
- All documentation for this programme should be stored on Archie and other relevant sites.

Trials Search Coordinators and Coordinating Editors who are also considering developing mentoring schemes should take the full findings of this programme into account.