

Module Six: Special Module on Mentorship for Tobacco Control: Perspectives from Latin America and the Caribbean

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CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH
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Mentorship Program for Tobacco Control Researchers

Preface

With the generous support of Health Canada, the International Development Research Centre's Research for International Tobacco Control program (IDRC-RITC) initiated a partnership with the Canadian Coalition for Global Health Research (CCGHR) in 2006 to foster mentorship opportunities for tobacco control researchers in low- and middle-income countries.

The genesis of this mentorship program stems directly from needs expressed by researchers in these countries to have access to a network of mentors to assist them in developing and implementing tobacco control research projects and in translating their findings into action. These researchers are recipients of a Small Grants Research Competition to Support and Inform Ratification, Implementation and/or Enforcement of the Framework Convention on Tobacco Control. That competition has been supported since 2004 by IDRC/RITC, the Canadian Tobacco Control Research Initiative (CTCRI), the American Cancer Society, Cancer Research UK, Health Canada, the Department for International Development in the UK, and the Institut National du Cancer in France.

A significant outcome of the parallel mentorship program is this learning module. This Special Module will supplement CCGHR's Mentorship Module Series by extending the exploration of mentorship to a Southern regional perspective. Three participants in the mentorship program from Latin America and the Caribbean were invited to provide their own perspectives on the opportunities and challenges of mentorship. At the same time, the authors illustrate how mentorship can be used as a tool for advancing tobacco control research in low- and middle-income countries, and by extension, address a significant global health challenge.

This learning module is an excellent resource for current trainees in the IDRC-RITC mentorship program who will meet again in Trinidad in early 2008, as well as future trainees and the broader global health research community. We hope that you will enjoy reading it and reflecting upon the important issues raised.

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July 2007

Acknowledgements

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Special Module on Mentorship for Tobacco Control: Perspectives from Latin America and the Caribbean

This module will provide unique insight into the concept of mentoring from the perspective of researchers from Latin America and the Caribbean (LAC), using mentorship in tobacco control research as an entry point. In this module, the authors aim to challenge researchers in other lower- and middle-income countries to determine what type of mentoring culture exists in their countries, how mentoring benefits, or might benefit, their country, and what lessons they can take from the experience in the LAC region.

Key Messages

- a) Mentorship in the LAC region is particularly difficult because it is generally a new concept but, as illustrated by three separate stories in this module, it represents an amazing opportunity to build research capacity for tobacco control.
- b) Tobacco control researchers from the LAC region face unique challenges in mentorship, which are compounded by the lack of a research culture in these countries.
- c) Developing a tobacco control research culture in Latin America and the Caribbean also means creating a mentoring culture that will involve the coordination of tobacco control research efforts across a variety of disciplines.

Learning Objectives

- a) To provide insight into the need and importance of mentorship for advancing tobacco control research efforts.
- b) To highlight how the international concept of mentorship can be adapted to a region where mentoring has not been traditionally used as an educational tool.
- c) To assist mentors/mentees in establishing successful mentorship relationships.

d) To share the experiences and strategies the authors used, as mentors, to meet the challenges encountered in mentoring in tobacco control research in their countries.

e) To use the LAC case studies highlighted in this module to inspire further reflection on the challenges and opportunities of mentorship for advancing health research priorities in other low- and middle-income countries and regions.

Defining Terms

The terms defined below are relevant to the information presented in this module. For a full introduction to the ideas and theory of mentorship please see Module 1 in the Mentorship Module Series.

Formal Mentoring

Formal mentoring relationships are arranged or facilitated by parties other than the mentor. Formal mentoring is a structured approach to formalizing a relationship between a mentor and a mentee to enhance the mentee's career by building knowledge and skills. It emphasizes measuring and evaluating results.[1]

Informal Mentoring

Informal mentoring relationships evolve naturally between two people.[2] This is the most common form of mentoring and may last from a few weeks to a lifetime.

Distance Mentoring

While traditionally mentorship is considered a face to face relationship, technology has introduced the ability to relate to people online through tools such as email, instant messaging, video conferencing and whiteboards. This opens up opportunities for mentees to seek out people with similar interests who might not live in close geographic proximity. These relationships might also involve infrequent face-to-face

opportunities through workshops, meetings and conferences. These relationships might start face-to-face and then continue as distance relationships if one moves.

Mentorship Network

The concept of mentoring often focuses on a single relationship with a more senior individual in a mentee's organization. An emerging perspective is the mentorship network where individuals can be mentored by many people at the same time, including senior colleagues, peers, family, and community members. This network can provide the mentee with a variety of forms of career and psychosocial assistance.[3]

Introduction

Tobacco use kills 5 million people every year. Half of all long-term smokers will die from a tobacco-caused disease. If current trends continue, the number of annual tobacco-related deaths is predicted to increase to 10 million by the year 2020, with 70% of those deaths occurring in low- and middle-income countries. This shift in disease burden to LMICs is globally significant in light of weak and over stretched health systems, poor governance and a strong tobacco industry in many of these countries. Tobacco control aims to reduce the harm caused by tobacco use through preventing initiation, increasing quitting, reducing consumption by smokers who continue to smoke and protecting nonsmokers from exposure to secondhand tobacco smoke.[4]

The Framework Convention on Tobacco Control (FCTC) is a landmark public health treaty negotiated through the World Health Organization. The FCTC addresses ways to respond to the globalized trends that increase tobacco use. The treaty is designed to help countries develop national legislation and policies addressing a wide range of issues (like advertising bans, smokefree spaces, health warnings, contraband etc). However, local decision-makers need country-specific research to appreciate the need for ratification of the FCTC and implementation and/or enforcement of its provisions, particularly in low- and middle-income countries where existing data on tobacco use and tobacco control legislation and programs are limited.

Within the Latin American and Caribbean (LAC) region, tobacco use currently kills 1 million people each year.[5]

Rigorous tobacco control research is needed to:

- Minimize the tobacco epidemic in the region and the concomitant social, economic and health burdens
- Counter the strong influence of the tobacco industry
- Strengthen traditionally weak or ineffective tobacco control laws
- Involve and educate civil society on the importance of tobacco control
- Build an evidence base for developing effective tobacco control policies and programs
- Encourage long-term funding and resources for sustained research

To address the ambitious goals of tobacco control and the FCTC, strategies are needed to develop a critical mass of tobacco control researchers in regions like LAC. Mentorship can play an important role in building this critical mass.

In selecting mentees, I looked for those who were concerned about the welfare of others and broader society, and I hoped my investment of time in mentoring these individuals would have a multiplier effect. I see evidence of this multiplier effect in action, as I watch my former mentee, Raul Mejia, working with this international group of researchers to enhance his own mentorship skills in order to use those skills to assist others.

Dr. Samuel Bosch

Professor Emeritus and former Chair of International Community Medicine at Mount Sinai School of Medicine

*Invited Speaker, IDRC-RITC Mentorship Workshop in partnership with CCGHR
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Mentoring in Tobacco Control in LAC

Countries Fostering a “Research Culture” and “Mentoring Culture”

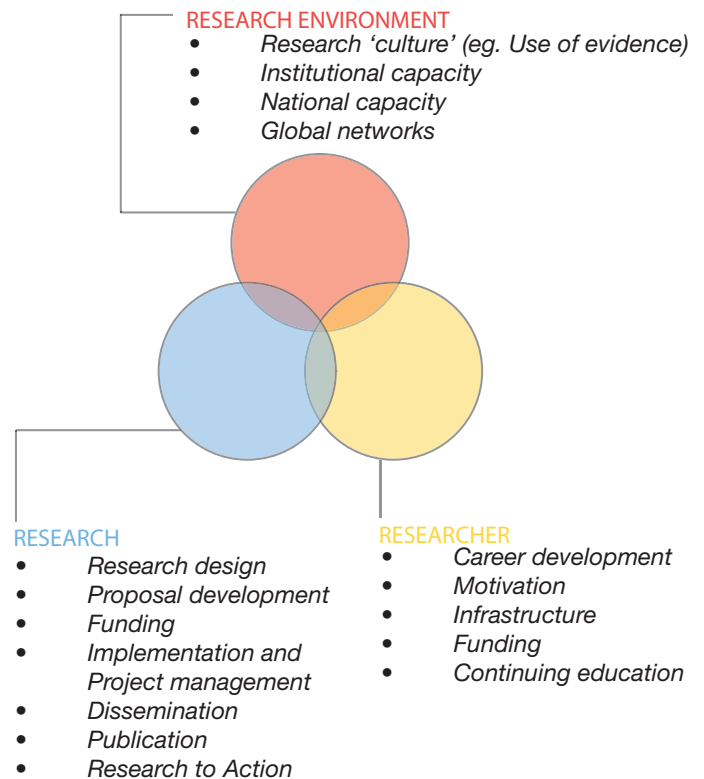
Health research is poorly recognized in the LAC region. Multiple factors influence the research environment including, among others, lack of economic and human resources, non-existent academic careers, and a fragmented healthcare system. Mentorship is not formally recognized and the unusual cases that happen are mostly a matter of chance rather than an organized planned process. While the concept of mentoring is new to LAC researchers, the idea of a “role model” is familiar and has the potential to be used in the region to grow a mentoring culture.

Creating a “research culture” and a “mentoring culture” are not mutually exclusive. Fostering a mentoring culture has a multiplying effect by contributing to the creation of a “critical mass” of researchers, which would build capacity and enhance the research culture. This increased research capacity and connectivity between researchers through mentoring relationships will mean more rigorous, evidence based research that will support the design of effective policies at the national and regional level.

A strong tobacco control research culture requires researchers who have both the knowledge and the skills to develop, coordinate, and sustain research efforts. Mentorship is an effective way to pass along the necessary skills and knowledge from researcher to researcher and generation to generation. As well, researchers need to build an environment in which to disseminate knowledge to practitioners and decision makers. Mentorship links people and ideas, and enables those critical knowledge exchange networks to evolve. Tobacco control research is a complex, multidisciplinary field that requires integration of expertise from a large variety of disciplines including medicine, health sciences, social sciences, environmental sciences, nursing, communications, journalism, and law. It is also a field that has to deal with an industry that produces and markets a product that is known to cause death when used as intended and an industry that knowingly deceives the public in order to meet their bottom line. These complexities underline the necessity for a coordinated tobacco control research effort. Strong ties formed through mentorship will provide strength to the tobacco control research network in Latin America and the Caribbean.

Elements of Mentorship

Capacity : A capable mentor understands and supports the full research process, supports the personal and professional development of the mentee-researcher, and contributes to building and strengthening the research environment.



North-South Mentorship

North-south mentorship in tobacco control is important because it enables northern and southern researchers to share their experience and knowledge and exchange ideas. Northern researchers have a longer history of building evidence-based program and policy interventions and strategies to counter the tobacco industry.

Tobacco control mentoring has just started to grow among northern mentors and southern mentees. However, the complexity of tobacco control leaves room for innovation. Northern researchers have much to gain from the fresh perspective of their southern counterparts and as such, would benefit from the development of mentoring from south to north.

The north-south relationship needs to be fostered in a collaborative, rather than a paternalistic way. Researchers from the north need to recognize some of the challenges their southern colleagues face with funding and human resource constraints. In turn, southern researchers need to recognize that a mentorship relationship extends beyond financial assistance. The end goal of the mentor, mentee relationship should be the mutual commitment to work together and learn from one another in an effort to further tobacco control.

Another growing mentoring relationship is between southern tobacco control researchers who work or study in the north but mentor people in the south. This often involves long distance mentoring where the mentor and mentee continue to collaborate on projects from afar throughout their careers. It is also opening up mentoring networks for mentees to receive guidance and assistance from more than one mentor.

Training and educational opportunities in other countries, international conferences and workshops, and email exchanges between colleagues who work on similar research have formed the basis for an increasing number of north-south informal mentoring relationships. As well, programs based on the concept of mentoring are also starting to create more formal mentoring opportunities.

South-South Mentorship

South-south mentorship in tobacco control research is particularly important as it enables tobacco control researchers working within similar stages of the tobacco epidemic to exchange research and ideas with one another. It is unknown at this time what the mentoring culture is for the many different countries in the south but anecdotal evidence from Latin America and the Caribbean suggests that while the idea of “role modeling” is familiar, the concept of mentoring is not.

Despite language barriers, the tobacco control research culture in Latin America and the Caribbean is presently becoming stronger. Tobacco control conferences and workshops hosted in the LAC region bring together researchers and activists across the region and provide environments in which mentoring relationships can be initiated. Collaboration among tobacco control researchers is occurring among Latin American countries more than among the Caribbean countries. It is hoped that

working toward the growth of a more formal research culture in the Caribbean will create an environment in which a mentoring culture can grow simultaneously.

New programs, initiated by organizations in the north, are working toward developing mentoring relationships in LAC through more formal mechanisms that set up mentee and mentor relationships. These programs aim to help coordinate and facilitate south-south mentor/mentee matches. It is hoped that these programs will contribute to expanding and strengthening both the “research culture” in individual countries as well as the “mentoring culture”. The idea is not to impose the northern concept of mentoring or northern research models but to have researchers nurture the kind of mentoring and research culture that suits their needs and culture.

Exercise 1: Opportunities and Challenges

Read the following case studies and note the similar opportunities and challenges that Latin American and Caribbean countries face in developing a mentorship culture. Were there other challenges and opportunities that were unique to each country? How do these challenges and opportunities for mentorship mirror (or not) the situation in your own country or region?

Mentorship in Tobacco Control – Case Studies from LAC

Argentina - Raúl Mejía, MD

Background

In 2006, the Argentinean Ministry of Health reported that 33.4% (men: 38.4%, women: 28.6%) of the population 18 to 64 years of age had smoked cigarettes in the previous twelve months.[6] As of July 2007, strong pressure from the tobacco industry has prevented Argentina from ratifying the FCTC.

Analyses of demographic predictors of smoking behavior indicate that Argentina's smoking pattern is progressing towards the third stage of the smoking epidemic. This stage is characterized by converging smoking rates between men and women, as male rates start to decline and female rates hold steady or even continue to rise. Countries in this stage would benefit from proven interventions that would accelerate the transition to a lower prevalence of smoking and ultimately lead to lower death rates from smoking related diseases. To develop the proof or evidence needed for these interventions, local research is needed.

In Argentina there is an increasing interest in tobacco control research as well as a growing number of researchers in the area. Researchers from academia, NGOs and governmental agencies are interested in information related to initiation of tobacco consumption, the social and demographic characteristics of smokers, and the effectiveness of individual and community interventions for decreasing tobacco use. Occasional informal mentoring occurs in Argentina but this is sustained more by personal relationships than by a formal institutional structure.

Challenges

Some of the needs faced by tobacco control researchers in Argentina in building a mentoring culture include:

- Introducing mentoring as an educational tool in tobacco control research
- Creating a research culture and a mentoring culture that will foster an environment where training in research and advocacy is seen as equally important as clinical work
- Identifying those colleagues with the appropriate knowledge and skills in tobacco control to participate as mentors in a mentoring program
- Developing a culture in which junior researchers see mentoring as an integral part of tobacco control research career development
- Creating an education system that has formal mentoring programs to help nurture the professional development of students or junior faculty in research or clinical careers

- Countering tobacco industry interference in tobacco control

Opportunities for the Future

The goal for tobacco control research in Argentina is to create a "critical mass" of researchers that will enhance the research capacity of local institutions, as well as create a coordinated network of mentors from a variety of disciplines. There are various opportunities to build on for the future:

Political Climate: The national government has signed but not yet ratified the FCTC, however, some tobacco control laws are being passed in several provinces and counties across the country. The Ministry of Health has started funding projects related to research in tobacco control.

Building on Existing Experience: Working with existing investigators who have been trained in Canada and the US and have experienced and observed mentorship relationships is an important starting point. International liaisons with universities and NGOs from Canada and the US could also be beneficial and provide assistance with technical and financial support. This will support Argentinean researchers to establish formal mechanisms for north-south and south-south collaboration between mentors. This, in turn, will produce more knowledge and evidence which can be used to influence and design policies at the national and regional level. Argentina has the opportunity to become a strong leader in LAC.

Evaluating Mentorship: Developing criteria for evaluating the success of the mentorship process at all stages will create an evidence base, from which to build further support, understanding, and structures for mentorship.

Illustrative Story

PT was a junior physician who joined the Internal Medicine Department of the University of Buenos Aires Hospital after finishing her residency in internal medicine in a county hospital. She worked three mornings a week without receiving a salary in the inpatient area. Her goal was to do research but nobody was interested in developing research projects in the division.

Three years later PT met a physician in the ambulatory area who was interested in research in tobacco control. She asked for a

meeting which started the beginning of a mentor/mentee relationship. The meeting resulted in an agreement to work together to prepare an application for a small research grant to study tobacco industry marketing strategies to youth. She was awarded the grant which funded a small portion of her time. Before starting, the Division Chief informed her that she must continue with her clinical assignments –without salary–because teaching and caring for patients were more important than research. PT was concerned that these activities would detract her from her research project and was worried that her project would have to be done in her own time.

A meeting between PT and her mentor raised the following four difficult challenges for the mentor:

1. How to improve the “research environment”
2. Where to find the resources to help mentees in these situations
3. What role the mentor should take in advocating for the mentee
4. What strategies to use to teach mentees to be their own advocate, articulate their needs and negotiate on their own behalf to ensure success

Exercise 2: Recommendations

What recommendations would you make to the mentor to assist the mentee in pursuing a research career in an environment that does not see research as a priority?

Guatemala - Joaquin Barnoya, MD, MPH

Background

Guatemala is a low-income country undergoing an epidemiological transition*. On the one hand, rural Guatemala is in the first stage of the transition where cardiovascular diseases account for only 5-10% of all deaths while nutritional deficiencies and infectious diseases account for the largest percentage of the country’s mortality. On the other hand, urban

Guatemala is in the third stage of the epidemiologic transition, where cardiovascular diseases account for 35-65% of all deaths while nutritional deficiencies and infectious diseases have largely decreased.[7] Differences in cardiovascular disease risk factors (mainly smoking and obesity) largely account for this “double-burden” of disease. Despite this fact, governmental and academic interest in documenting the cardiovascular disease epidemic is scant. As of June 2007, there is no national survey on tobacco use or other cardiovascular risk factors. The only data available on smoking prevalence comes from isolated epidemiological studies. A study published in 2002 found a 41% smoking prevalence among urban males.[8] Another survey among medical residents found an 18% smoking prevalence (26% males and 7% females) and an unpublished survey on college students found the smoking prevalence to be 69%.[9]

In order to halt the spreading cardiovascular disease epidemic in Guatemala, there is urgent need for sound, evidence based, tobacco control legislation. However, there is little interest in general health research in Guatemala and almost non-existent interest in tobacco control research. Mentorship is not generally practiced and the unusual cases that develop are mostly a matter of chance rather than a formal process.

Challenges

Efforts to develop and build a mentoring culture in tobacco control in Guatemala need to include how to:

- Introduce mentoring as an educational tool in tobacco control research
- Foster a health research environment in general and tobacco control research in particular
- Find the economic and human resources required to establish formal mentor-mentee relationships
- Find a pool of possible mentees from which to draw candidates
- Identify institutions that will foster a mentor-mentee relationship (in an environment that lacks the option of an academic research career)
- Develop research career paths in tobacco control based on mentoring

Opportunities for the Future

The challenges to mentorship and tobacco control in Guatemala presented may be mitigated and lessened by the following opportunities for the future:

Partnerships: In Guatemala, there are ongoing efforts to train researchers and build research capacity in collaboration with organizations in developed nations such as the Canadian Coalition for Global Health Research, the International Development Research Centre (IDRC), and some U.S. academic institutions. These efforts are a good foundation on which to build north-south and south-south mentoring opportunities.

Building Institutional Mechanisms: An important step for the future is to establish a research centre within an existing recognized institution in Guatemala (e.g. Aldo Castañeda Foundation) where research is coordinated and highly regarded. This would create an environment in which mentoring can be formally organized and nurtured; where researchers can engage in mentorship relationships that have a clear path of fostering both the mentors' and mentees' research careers.

Political Accountability: Guatemala has signed and ratified the FCTC, which obligates the government to engage in tobacco control. It is hoped that this will push tobacco control higher on the list of government priorities and strengthen the tobacco control research environment.

Illustrative Story

After five years of research training in academic institutions in the United States, DJ returned to Guatemala to continue doing health research in general, and tobacco control research as his expertise. DJ returned home with an appointment at the University of California, San Francisco, as an Assistant Adjunct Professor of Epidemiology and also became the Research Director of the Cardiovascular Unit of Guatemala.

After DJ returned, he believed obtaining funding for tobacco control research would be his greatest challenge. However, after succeeding in raising grant funds from the north, he realized that obtaining human resources was a far more difficult challenge to overcome. After hiring two "mentees" who were not very successful in dedicating their time to his project, he found Carlos.

Carlos, a recent graduate from medical school, met DJ after a lecture at the Guatemalan Congress of Cardiology. Carlos told DJ that he was interested in doing research. Coincidentally, DJ had an ongoing tobacco control research project in which Carlos could collaborate and be compensated for his time.

After the project was completed, Carlos asked DJ for some career advice at which point their relationship turned into one of an informal mentorship. Carlos's short-term goal was to do an internal medicine residency in the United States. DJ wanted to guide his mentee and wondered what he could do and what resources he could draw upon to facilitate Carlos's entrance to an academic residency program abroad. His own experience abroad had shown him that there was great benefit to learning how things are done in different settings and how to create positive change. He also hoped his own experience of returning to his home country would set an example for his mentee. While he recognized the value of training abroad, his greater goal was to create a research environment in Guatemala where his mentees would want to return. While DJ contemplated how best to assist his mentee with training related matters, he and his mentee also explored ways that Carlos could continue to engage in DJ's research without losing sight of his other goal and looked at ways Carlos could help DJ attract new young fellows to pursue health and tobacco control research careers.

Exercise 3: Mentorship Relationship

Describe the elements that make the relationship between DJ and Carlos one of a mentor and mentee.

Consider what steps need to be taken for DJ and Carlos to foster this growing mentor/mentee relationship and sustain Carlos' dedication to furthering tobacco control efforts in his country.

Trinidad & Tobago – Daisy Rattan R/N, L/M, M.Phil. Ed.

Background

Trinidad & Tobago is a twin island republic and is the last of the chain of Caribbean islands situated to the north of Venezuela in South America. With a diverse population of 1.3 million, and a legacy of British rule, efforts to reform the health system have not brought about significant changes. Health research has been given low priority within the health system with poor research capacity building, a weak or practically non-existent research system, and the tendency to perpetuate the apprenticeship model of training for health professionals rather than formal mentoring.

While a number of professional, national and regional health research organizations exist, their efforts are uncoordinated and a lack of interest remains among the majority of health professionals. Most of the research studies conducted are mainly to satisfy the requirements of a course of academic study and those clinical studies done, whether funded or not, very rarely influence policy or practice. This indicates poor recognition of research findings and recommendations, not to mention the absence of a career in health research associated with low or no remuneration. In addition, the focus of research is mainly on the high priority areas i.e. HIV/AIDS; chronic non-communicable diseases; cancer, cardiac diseases, trauma and surgical improvements/interventions. However, specific focus on tobacco control research is not on the priority agenda, although data on smoking habits of the participants in most studies are often collected.

T&T has a smoking prevalence rate of 25% - 42% males; 8% females; 14% youth.[10] Despite tobacco control being a low priority, in 2004 Trinidad & Tobago ratified the FCTC and significant tobacco control policies have been instituted including: smokefree government buildings, health messages on cigarette packaging, and a ban on tobacco advertising and sponsorship. Discussions on draft legislation also continue. In order to determine the impact of such measures, baseline data needs to be collected and followed up with continuous monitoring and evaluation. This would require strengthening the tobacco control research environment and providing careers in research so that researchers can devote their time fully to research and mentoring.

Challenges

Some of the challenges researchers in Trinidad & Tobago face in trying to foster a mentoring culture include:

- Eliciting support, co-operation and participation in research activities resulting from the lack of a research culture within the health system.
- Instituting mentorship programs in the formal training of health professionals since historically the trend lends itself to apprenticeship.
- Placing tobacco control research on the priority list of the Essential National Health Research Council (ENHRC), and Caribbean Health Research Council (CHRC).
- Attracting funding for research in tobacco control and tobacco related issues.
- Attracting mentors and mentees through incentives to participate in tobacco control research towards building capacity in this field.

Opportunities for the Future

In order to confront the challenges, T&T has a number of opportunities to build on for the future:

Institutional Capacity: There are a number of active and committed national research organizations in Trinidad & Tobago (Midwifery and Nursing Research Society of T&T (MNRSTT), T&T Medical Association, ENHRC, CHRC, and the Coalition for a Tobacco Free T&T, among others). These institutions can help foster the development of a national research culture, which includes nurturing, supporting and coordinating mentoring relationships. In addition, relationships with international research organizations such as PAHO, IDRC/RITC, and WHO can contribute international perspectives to research and mentoring.

National Framework for Research: Together with other health researchers and health research organizations, the ENHRC is in the process of establishing a National Health Research Institute/Centre to coordinate health research in T&T and

provide support to researchers and source funding for projects. These establishments will go a long way toward strengthening the research environment and providing careers in research which may be used to further strengthen mentorship structures and systems.

Increasing Tobacco Control Leadership: The Midwifery and Nursing Research Society of T&T (MNRSTT) is taking a leadership role on a number of international tobacco control research projects and is in the process of constituting a multidisciplinary team of mentees. This will be further strengthened through work on mentorship training together with CCGHR and IDRC.

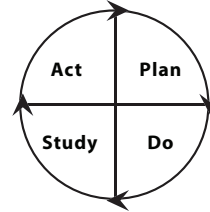
Illustrative Story

Eva, a senior nurse educator/ researcher, selected Issa as a mentee for tobacco control research from among the members of a research society. His selection was based on his interest in research (including tobacco control research), self-directed learning, commitment, responsibility and accountability to the profession, respectfulness of authority, and ability to receive criticism in a professional manner. However, Eva recognized that Issa lacked the experience to make a decision unassisted but could handle a situation if properly instructed. Therefore, she embarked on a coaching style of mentoring.

After initial discussions, it was agreed that a semi-structured approach would be used to develop the mentoring relationship and expectations and joint commitment were established, meetings and discussions were held, and reviews took place. In planning and reviewing the process, Eva introduced a Model of Improvement which is used extensively in managing change. This model prompted three questions with respect to the aim of the mentoring program – what are we trying to accomplish; how will we know that a change is an improvement; and what changes can we make that will result in an improvement? The reviews on these questions are tested by a series of improvement cycles which is a repeated cycle of four stages – PLAN, DO, STUDY, ACT.

Each cycle is short but as each is accomplished, it builds on the previous, resulting in a steady improvement over time. Eva believes that the philosophy of this model is applicable to

Model for improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?



mentorship as it relates to change as a normal continuous process. Issa is enthusiastic about experimenting with this model although it requires him to critically analyze his aspirations and statements and to be precise with measuring change.

To support this process both Eva and Issa keep a personal reflexive journal which captures and describes the feelings of the experiences throughout the process. This journey in collaborative learning/mentorship allows both mentor and mentee flexibility, creativity and a world of possibilities.

Do you believe that mentor initiated relationships can significantly influence capacity building in tobacco control research and effect meaningful and lasting mentoring relationships? How so?

Exercise 4: Mentee and Mentor

What characteristics in a mentee does a mentor look for in order to establish an effective mentoring relationship?
 What do you think are the advantages and disadvantages of the innovative approach used in this mentoring relationship?

Reflections on the Stories

The three illustrative stories on mentoring in tobacco control research in Argentina, Guatemala, and Trinidad and Tobago raise many similarities as the authors explore their challenges and opportunities.

Those interested in mentoring the next generation of researchers often find it difficult to find mentees who are interested in establishing a mentorship relationship. Without a research culture in the country or an obvious career path in either tobacco control or research, it is difficult to find and encourage potential mentees.

All three stories reflect that new mentors are not always sure themselves as to the best way to guide and represent the interest of their mentees. They also have lots of questions.

All the countries face funding constraints. In Argentina, not only is there a lack of funding for the time mentees devote to their research, they also must pay for their own training and they do not have protected time for their studies. Trinidad & Tobago relies mainly on external funding for research but appears to have the most potential for developing internal funding mechanisms through a coordinated research effort while Guatemala relies heavily on the north for funding.

All three countries are confronted by an environment in which research is not seen as a valuable activity. Trinidad and Tobago is taking steps toward coordinating its research efforts but tobacco control remains a low priority. Young Argentinean physicians are expected to work in the clinical setting without pay and are provided no dedicated time for research. Tobacco control research in Guatemala is almost non-existent and finding a pool of potential researchers is a real challenge.

Despite the challenges for mentorship in tobacco control research in LAC, it is clear all three mentors are developing mentorship relationships on their own terms. The mentor from Trinidad and Tobago formed a formal mentoring model based on carefully selecting her mentee from an existing research pool. She analyzed the mentee's attributes and skills and matched them to her research needs. She used the PDSA cycle to guide their mentorship. The mentor from Argentina has learned that one invaluable part of his role is to help his mentees learn how to

communicate to their superiors that research is valuable and could bring non-monetary benefits to the hospital like recognition and prestige. The mentor from Guatemala is contemplating how to create a tobacco control research institute where a pool of mentors/mentees can be nurtured.

Even though economic resources are scarce and sometimes not well prioritized, in the case of tobacco control research the current international interest in global tobacco control has created a pool of economic resources where mentors in LAC can find small amounts of money that can help initiate mentorship relationships.

While it is a challenge to find mentees interested in establishing a mentorship relationship, the mentors in Argentina and Guatemala have experienced firsthand that if they are open and approachable, informal opportunities for these relationships do develop. A more formal structured approach, like that of Trinidad and Tobago, where the mentor chooses a mentee may not be as organic but has potential for positive growth. The challenge for all is finding the appropriate pool of potential researchers.

Final Reflective Exercise

The case studies in this module asked you to consider the role of a research culture and research system as well as the importance of relationships in mentorship for tobacco control. The case studies are presented from the viewpoint of three researchers working within the health discipline.

As part of final reflection on the ideas presented in this module, consider these questions:

- What role do disciplines other than health play in tobacco control? What role do they play or could they play in the case studies presented?
- Is the development of a research culture and culture for mentorship appropriate in all settings (e.g., such as hospital settings)? Are there limits or boundaries in striving to create these cultures?

So What Happened?

Argentina

The mentor, who was a respected physician, met with the Division Chief and negotiated for part of PT's time. He argued that her work could benefit the Division because the papers produced after the research would acknowledge the Division and give it a higher profile.

He also gave PT a bibliography of resources on negotiation, which provided her with the basic skills needed to negotiate effectively with her Division Chief. PT and her mentor looked for other financial resources and found an NGO interested in funding part of the research.

PT finished her project successfully and applied for a new grant and now is working on a bigger project devoting 50% of her time to research and attending courses for improving her research capacities. This project involves teaching physicians how to use non-conventional methods (web based or quit lines) to help patients quit smoking.

Guatemala

In the following months DJ has been working with Carlos and has managed to arrange a one month elective with DJ's mentor at the same University he had studied at in the United States. His mentee now has the opportunity to be able to extend his mentoring network by having the opportunity to work with his mentor's mentor.

Carlos finished his medical board exams and is hoping to enter residency in the United States next year. In discussions with DJ, Carlos has expressed hopes that this mentorship experience will make him a more desirable candidate for an academic program in the U.S. In October, Carlos is expected to present a preliminary analysis of the tobacco control research he has been conducting with DJ since the beginning of their mentorship relationship at the Guatemalan Congress of Cardiology. In addition, Carlos has become a teaching assistant for the Biostatistics course that DJ is teaching at a medical school in Guatemala City. Through Carlos, DJ has received several requests from other students to collaborate in research. Currently DJ is waiting for more tobacco control research funds to arrive

from Canada. Once he receives the funds, he will start a selection process interviewing mentorship applicants with the help of Carlos and someone from the Aldo Castañeda Foundation. Through this experience Carlos's interest in tobacco control has increased.

Trinidad & Tobago

For Eva, the benefits of using the PDSA cycle in guiding the mentoring process have been the ability to: be specific about aims, take one task at a time, and celebrate small accomplishments. Each cycle takes the mentor and mentee closer to the goal. The major disadvantage is the demand it requires in order to meet timelines. This is due to the connection of each cycle and how each one feeds into the other, so that if one cycle is affected, the whole project is inadvertently affected.

Issa feels the pressure in this mentoring situation since it is happening for both the mentor and the mentee outside of normal work hours. This was evident from his personal journal entries. He believes that such a tight schedule may be better suited for formal mentoring among persons with research careers. Despite logistical growing pains Issa's interest in tobacco control is being cultivated through this mentoring experience. His commitment to complete the present project and the professionalism with which he receives feedback are positive notes to move ahead.

Key Literature and Resources

Resources

Johns Hopkins School of Public Health Center for Mind-Body Research
www.jhsph.edu/mindbodyresearch/mentoring_program/

A Guide to Training and Mentoring in the Intramural Research Program at NIH
www1.od.nih.gov/oir/sourcebook/ethic-conduct/mentor-guide.htm

Advisor, Teacher, Role Model, Friend
www.nap.edu/readingroom/books/mentor/#committee

American Heart Association Mentoring Handbook
www.americanheart.org/presenter.jhtml?identifier=3016094

NHS Modernization Agency, Series 3 – Building and nurturing an improvement Culture.
www.nhs.uk/improvementguides (Source of PDSA).

Key Literature

Wright SM, Kern DE, Kolodner K, Howard DM, Brancati FL. Attributes of Excellent Attending-Physician Role Models. *N Engl J Med* 1998;198:93-99.

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