

https://dspace.org/

A survey on the experience of a mentoring programme in the Department of Paediatrics at Wits University

Motjale, Lerato

2020
https://hdl.handle.net/10539/31687

Downloaded from a DSpace repository. https://dspace.org/

A SURVEY ON THE EXPERIENCE OF A MENTORING PROGRAMME IN THE DEPARTMENT OF PAEDIATRICS AT WITS UNIVERSITY

Lerato Motjale

Student number: 1724733

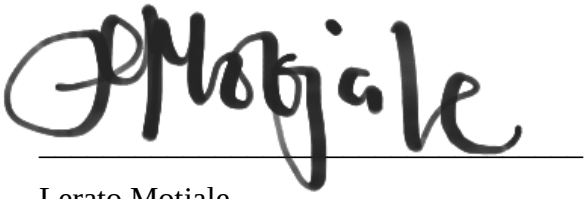
A Dissertation Submitted to the Faculty of Health Sciences, University of the Witwatersrand, in fulfilment of the requirements of the degree of Mmed in Paediatrics.

Table of Contents **Page number**

Declaration……..3
Acknowledgements…….....4
Abbreviations……..5
1. Submissible paper……...6
1.1 Title page……..6
1.2 Abstract…….....6
1.3 Background……...7
1.3.1 Aims……...8
1.3.2 Objectives……...8
1.4 Methods…….....9
1.4.1 Study population……10
1.4.2 Data collection……...10
1.4.3 Data analysis……..10
1.5 Results……...10
1.6 Discussion……15
1.7 Limitation……..16
1.8 Conclusion……17
1.9 References……17
Appendices……..18
A. Appendix A……19
B. Appendix B……25
C. Appendix C……31
D. Ethical clearance……33
E. Approved protocol……..34
F. Turnitin report……57
G. Author guidelines……62

DECLARATION

I, Lerato Motjale declare that this dissertation is my own, unaided work. It is being submitted for the Degree of MMed in Paediatrics at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.



Lerato Motjale

Date: 24 Sep 2020

Acknowledgements

I wish to express my deepest gratitude to my mentor and supervisor, Prof Ashraf Coovadia. His guidance and wisdom is priceless.

Abbreviations

1. CHBAH: Chris Hani Baragwanath Academic Hospital
2. CMJAH: Charlotte Maxeke Johannesburg Academic Hospital
3. m1: Mentee1
4. m2: Mentee2
5. M1: Mentor1
6. M2: Mentor2
7. RMMCH: Rahima Moosa Mother & Child Hospital
8. SOCM: School of Clinical Medicine
9. WDPCH: Wits Department of Paediatrics and Child Health
10. Wits: University of the Witwatersrand

1. Submissible Paper

1.1 Title Page

THE EXPERIENCE OF THE MENTORING PROGRAMME IN THE DEPARTMENT OF PAEDIATRICS AT WITS UNIVERSITY

Lerato Motjale
Ashraf Coovadia

Department of Paediatrics and Child Health, University of the Witwatersrand, Johannesburg, South Africa

Corresponding author: Lerato Motjale (lerato.motjale@gmail.com)

Keywords: Mentoring relationships, academic health

1.2 ABSTRACT

Background

There is a growing body of literature in mentoring in healthcare, yet a scarcity of quality research in the academic setting in South Africa. A mentorship programme in the Department of Paediatrics at the University of the Witwatersrand (Wits) has been in place for several years. No formal evaluation of this programme has hitherto taken place.

Aims and Objectives

To evaluate the mentorship programme in the Department of Paediatrics at Wits, through the lens of mentees and mentors, and offer recommendations on strengthening its conduct and outcomes.

Methods

A self-administered, questionnaire-based, cross-sectional study, involving 85 paediatric consultants and 85 registrars from three academic hospitals was undertaken from July-September 2018.

Results

There was a 73% response rate from mentees and 59% from mentors. The mentee relationships with the primary mentor was overwhelmingly (87%) department-assigned. The number of mentees self-selecting mentor 2 almost doubled (24%) compared to self-selecting a primary mentor 1(13%). Two-thirds of mentor-mentee relationships were short-term (< 1year), with a frequency of two meetings per year. Ninety per cent of mentees reported that their primary mentor was approachable. The top three areas where most guidance was reportedly received by mentees from their M1s were work-life balance, clinical skills and research. Being previously mentored ($P = 0.04$) was perceived as a motivating factor by mentors. Eighty-six per cent of mentors felt that their role played an important part in personal and career development of the mentee. There were no statistically significant demographic differences noted in the self-selected versus department-assigned mentor-mentee pairs for age, race and gender.

Conclusion

The mentorship programme appears to be working for both mentors and mentees; with mentee rating their mentors positively. There are several identifiable areas of benefit cited by both mentors and mentees alike arising from this relationship albeit short-term in most cases. Whilst there is no formal process or directive for mentees to self-select a mentor, there is a significant proportion of mentees who have adopted this practice suggesting that it should be encouraged.

1.3 Background

Mentoring can be described as a relationship that nurtures the personal and professional growth of an individual. [1, 2] Mentors guide, teach, inspire and create opportunities for those they mentor. The role of a good mentor can be life-changing in the academic world. A mentorship relationship can be established in one of two ways, either a mentee chooses a suitable mentor

(also called self-selected) or has the organization/department assign a mentor to a mentee (department-assigned). [2, 5]

In South Africa, formal mentoring programmes do exist in academic institutions, whether department-assigned or self-selected. There is, however, a dearth of publications on the effectiveness of such formal programmes. The majority of research publications on mentoring is qualitative, but attest to the fact that mentoring is a critical component for undergraduate and postgraduate academic success. [1, 2-4] This is despite the possible challenges of patient load, time constraints, no chemistry, different interests and ideals between the parties involved. [1, 6]

The mentorship programme in the Department of Paediatrics and Child Health at the University of the Witwatersrand (WDPCH) has been in place for just under a decade. No formal evaluation of this programme as hitherto taken place. With increasing recognition about the positive benefits and the impact of mentoring globally, it was felt an evaluation of this local programme was due. [2, 5] These insights, it was envisaged could inform the programme and strengthen it, as well as give direction to other institutions with a similar programme.

1.3.1 Aims of the study

To evaluate the mentorship programme in the WDPCH through the experiences of the mentors and mentees.

1.3.2 Study Objectives

To describe the mentees' and mentors' experiences of the mentorship program with regard to the process and the benefits derived. To determine the factors mentors perceive to contribute to a successful mentoring relationship. To have the mentees rate their mentors against a validated score. To look at how frequently self-selection of mentors occurs by mentees and if such relationships reveal any significant differences when compared to department-assigned ones.

1.4 METHODS

The Mentorship programme

The WDPCH is part of the School of Clinical Medicine at the University of the Witwatersrand. The training platform of the WDPCH is comprised of six public hospitals which include three central teaching and three peripheral hospitals. “

A formal mentorship programme in the WDPCH was established several years ago. The mentee (registrar) is randomly paired formally with the mentor (consultant or equivalent) by the department. Mentees are assigned mentors as soon as they come into their training from year one of their four-year programme. Registrars rotate through the hospitals spending an average period of eight to 12 months at each central hospital site and two months at each of the three satellite sites. The practice in place is that whenever a registrar begins at a new site a new local mentor is assigned to him/her starting a new mentorship relationship for that period.

Study design

A survey was designed, using a validated questionnaire (Berk, 2005) which was modified and piloted in the Department of Obstetrics and Gynaecology at RMMCH from May 2018 – June 2018.

Questionnaire design

The mentee and mentor surveys consisted of mixed questions on the demographics and background of the subjects and characteristics of the mentorship programme. Some questions were derived from a validated Likert scale questionnaire, adopted from Marofasky and Johnston (2001), modified from a five-point to a four-point scale. The option of a neutral answer was omitted to get respondents to commit to a more authentic response.

Ethical clearance

Respondents were again assured of the anonymity of their responses. It was also clearly stated verbally and on the surveys that participation was voluntary and completion of the survey implied consent. Permission was obtained from the Heads of each hospital and ethics approval from the Human Research Ethics Committee at Wits University.

Study conduct

The paper survey was distributed to the registrars and consultants at the end of set weekly academic meetings at the three teaching hospitals mentioned above.

Inclusion criteria

The only inclusion criterion was that the registrars or consultants in the WDPCH had to be in a formal mentorship relationship(s) whether department-assigned or in a self-selected one. For registrars who had more than one mentor, the primary mentor (M1) was defined as one that carried the greater proportion of the responsibility, whether self -selected or department-assigned.

1.4.1 Study population and method of survey

A sample size of 85 registrars were asked a total of 31 questions (Appendix A) and 85 consultants were asked a total of 26 questions (Appendix B). To maintain anonymity, the participants were asked not to write their names or any form of identification on the survey and the completed survey returned to a dropbox outside the venue. An electronically generated version of the survey via Survey Monkey® was sent to all registrars and consultants who were working in WDPCH at the time via WhatsApp.

1.4.2 Data analysis

Data was analyzed with Stata version 15.1 statistics program. Descriptive analysis of categorical data was done using Chi-squared and Fischer Exact Tests, and presented in the form of percentages and frequencies. P-values less than 0.05 were considered significant.

1.5 RESULTS

Mentees

The response rate amongst the mentees to the survey was 73% (62 out of 85). Just under half of the registrars (45%) had two mentors whilst a similar number, 43% had a single mentor (Table 1). Table 2 shows most mentor-mentee relationships were less than a year, 66 % and 59 %, for both the mentor shouldering most of the responsibility (M1) and the second cited mentor (M2)

respectively. Of note, there was an almost doubling of the proportion of self-selected mentors (24%) in the M2 category compared to the M1 category. The primary mentor was department-assigned for 87% of mentees.

Sixty-nine per cent of mentees met with M1 more than once a year with the greatest number meeting twice a year (32%), and 59% met with M2 more than once a year with those meeting twice a year at 32% similar to that for M1. The majority of M1s were at the senior level (50%), with at least 10 years of clinical experience.

The top three areas where most guidance was reportedly received by mentees from their M1s were work-life balance, clinical skills and research (figure 2). Figure 3 shows that the majority of mentees reported positive outcomes from their relationship with their M1 with regards to work-life balance, psychosocial wellbeing, new clinical skills, improved presentations and conducting research.

Questions 19 through to 31 (appendix B) indicated positive feedback of the program/mentoring relationship. The data was reported into two categories, positive responses (strongly agree = 1 and agree = 2) and negative responses (disagree = 3 and strongly disagree = 4). Ninety per cent of mentees reported that their M1 was approachable. Almost 80% agreed their M1 helped provide direction and guidance on professional issues.

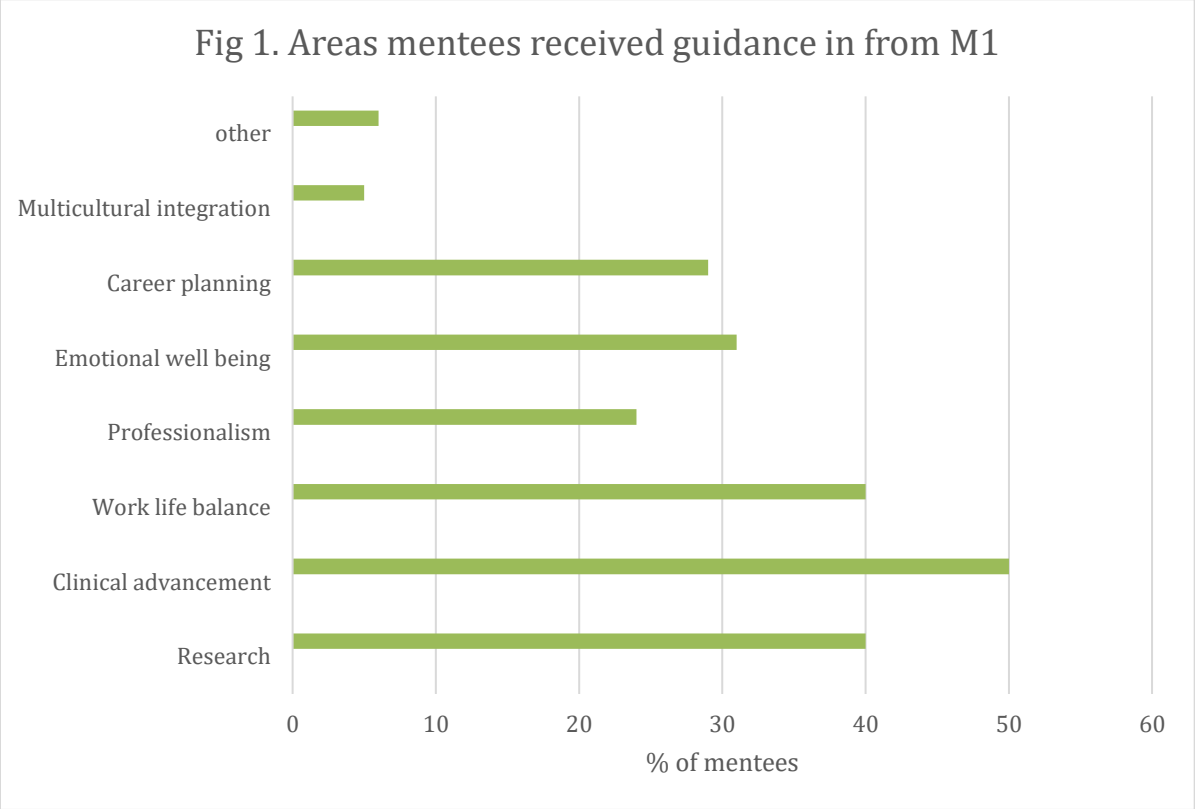
Table 1: Number of Mentors

Variable	Frequency N (%)
Number of mentors	
1	26(43)
2	27(45)
>2	7(12)

Table 2: Exposure variables of mentees to both mentors

Variable	Frequency N (%)	Frequency N (%)
Mentor characteristics	**Mentor 1 (M1)**	**Mentor 2 (M2)**
Assignment		
Department- assigned	54(87)	28(76)
Self-selected	8(13)	8(24)
Clinical experience		
Junior consultant(<5yrs)	12(23)	14(45)
Mid-level consultant (6-10yrs)	16(27)	8(26)
Senior consultant (>10yrs)	30(50)	9(29)
Duration of relationship (years)		
<1	40(66)	20(59)
≥1	21(34)	14(41)
Frequency of meetings		
At least once a month	13(22)	7(21)
Once every 3 months	9(15)	2(6)

Twice a year	19(32)	11(32)
At most once a year/ Never	18(31)	14(41)



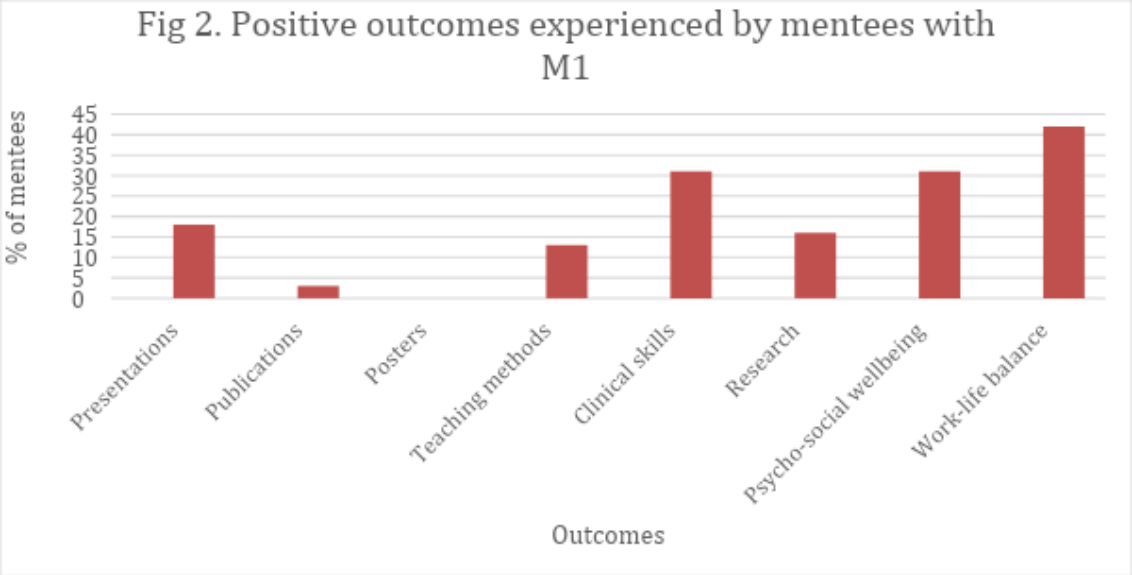


Table 3 below shows the analysis looking at whether there was a difference in mentor-mentee pairing concerning demographic factors between those who self-selected their mentors versus those who had the department assign them a mentor.

There were no statistically significant demographic associations between mentors' and mentees' in both the department and self-selected mentor-mentee pairs, even though it appeared that there was a much greater degree of matching of sameness based on gender in the self-selected versus department assigned for mentees, assuming that the mentees were the parties that selected the mentor (self-selected relationships). Eighty-eight per cent of female mentees had self-selected a female M2 compared to only 61% of female pairs in the department-assigned.

Table 3: Matching patterns for Mentors/mentees pairs

Variable	**Department assigned vs Self-selected (χ2, Yates corrected)**	**Department assigned vs Self-selected (P-value)**

Age	0.03	0.87
Race	2.16	0.14
Gender	2.94	0.86
Language	0.65	0.42

Mentors

The response rate to the call to participate in this survey was 59% (55 out of 85).

The majority of mentor-mentee relationships were reportedly department-assigned (90 %) consistent with the mentees responses above. Most mentors had two registrars they were mentoring (46 %) and the relationships were less than a year with mentee 1 (87%) and mentee 2 (77 %). The frequency of most meetings with the mentee was reported as either at least once a month (m1: 36%; m2: 29 %) or twice a year (m1: 27%; m2: 29 %).

Eighty-six per cent of mentors felt that their role played an important part in personal and career development of their mentees. Over two-thirds of mentors (68%) provide mentorship in clinical knowledge and skills, and work-life balance whilst just over half (52%) reported guiding with research.

Factors associated with perceived success of the mentoring relationship

Mentors who had positive role models (in the form of mentors) themselves reported this to be a factor in enabling them to be an effective mentor (OR: 4.36; CI: 1.21-15.6; P-value = 0.02). Mentors who enjoyed mentorship also thought of themselves as being more likely to have a successful mentoring relationship (OR: 3.49; CI: 1.01-12.0; P-value = 0.04).

1.6 Discussion

To our knowledge, this study is the first to evaluate a mentorship programme for Paediatric registrars in South Africa. It is hoped that the experience of this programme would be instructive to other institutions. In our sample, the majority of mentees received significant guidance in work-life balance, career development and professionalism.

Most mentor-mentee relationships were less than one year in duration. Approximately a third of the mentees reported having meetings with the mentors twice a year. Of note, mentors reported a higher frequency of meetings with mentee 1, at least once a month. This difference could be attributed to the mentors' perceived definition of a formal meeting. This also brings to light that mentorship meetings need to be formalized with defined schedules that are supported by the department and with clear goals. Mentors perceive that protected time to meet with their mentees is a potential enhancer of the success of the mentorship program. Continuation of relationships should be encouraged when a registrar moves to another hospital, considering that logistics are not an impeding factor.

In our study, most mentor-mentee relationships are department assigned. The mentees' experience of the mentorship is positive as noted by their positive feedback. Only 13% of the primary mentor was self-selected by mentees rather than pursuing a relationship with the mentor that was department assigned. A second mentor was either self-selected by the mentee based on their preferences or they retained their department assigned mentor when they rotated to a different institution. It is possible that many registrars did not know that they could self-select a mentor or they thought they were prohibited to do so. Mentees should be made aware that they have the autonomy to select their preferred mentor. Mentors can be of any age, sex, gender or race as long as they are in a position to fulfil the mentoring roles and functions.
There were no statistically significant demographic associations between mentors' and mentees' in both the department and self-selected mentor-mentee pairs, even though it appeared that there was a much greater degree of matching of sameness based on gender in the self-selected versus department assigned for mentees. A significant proportion of female mentees self-selected a female M2. This could be coincidental considering that the majority of mentors in the department are female.

1.7 Limitations

Limitations in our study is the less than optimal response rate amongst the mentors, as it has an impact on the results. The aim was to evaluate the experiences of both the mentors and mentees, not the objective success of the mentoring programme in the form of measurable outcomes. There are also limitations of mentor or mentee's knowledge of either's demographic factors in terms of exact age and home language when reporting on this.

1.8 Conclusion

The mentorship programme appears to be working for both mentors and mentees, with mentee rating their mentors positively. There are several identifiable areas of benefit cited by both mentors and mentees alike arising from this relationship albeit short-term in most cases. Whilst there is no formal process or directive for mentees to self-select a mentor there is a significant proportion of mentees who have adopted for this practice suggesting that this should be encouraged. There is a discrepancy in the frequency of meetings between mentors and mentees. Protected time and formalization of meetings could potentially increase the frequency of meetings and alleviate discrepancies.

1.9 REFERENCES

1) Berk RA, Berg J, Mortimer R, Walton-Moss B, Yeo TP. Measuring the effectiveness of faculty mentoring relationships. Acad Med. 2005; 80(1): 66-71

2) Jacobi M. Mentoring and undergraduate academic success: A literature review. RER. 1991; 61(4): 505-532

3) Ensher EA, Murphy SE. The mentoring relationship challenges scales: The impact of the mentoring stage, type, and gender. J Vocat Behav. 2010; 79: 253-266

4) Eisen S, Sukhani S, Brightwell A, Stoneham S, Long A. Peer mentoring: evaluation of a novel programme in paediatrics. Arch Dis Child. 2014; 99: 142-146

5) Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: a systemic review. Acad Med. 2013; 88(7): 1029-1037

6) Connor MP, Bynoe AG, Redfern N, Pokora J, Clarke J. Developing senior doctors as mentors: A form of continuous professional development. Med Edu. 2000; 34: 147-153

7) Harrison R, Anderson J, Laloe PA, Santillo M, Lawton R, Wright J. Mentorship for newly appointed consultants: what makes it work? Postgrad Med J. 2014; 90: 439-445

8) Chen MM, Sandborg CI, Hudgins L, Sanford R, Bachrach LK. A multifaceted mentoring program for junior faculty in academic paediatrics. TLM. 2016; 28(3): 320-328

9) Detsky AS, Baerlocher MA. How to give it and how to get it. JAMA. 2007; 279(19): 2134-2136

10) Lin SY, Laeeq K, Malik A, Diaz Voss Varela DA, Rhee JS, Pillsbury HC, et al. Otolaryngology training programs: Resident and Faculty perception of the mentoring experience. Laryngoscope. 2013; 123: 1876-1883

11) Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: A systemic review. JAMA. 2006; 269(9): 1103-1115

12) Stamm M, Buddeberg-Fisher B. The impact of mentoring during postgraduate training on doctor's career success. Med Edu. 2011; 45: 488-496

13) Tobin MJ. Mentoring: Seven roles and some specifics. Am J Respir Crit Care Med. 2004; 170: 114-117

14) Jackson VA, Palepu A, Szalacha L, Caswell C, Phyllis L, Inui T. " Having the right chemistry": A qualitative study of mentoring in academic medicine. Acad Med. 2003; 78: 328-334

15) Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two academic Health Centers. Acad Med. 2013; 88: 82-89

16) Gandhi M, Raj T, Fernandez R, Rispel L, Nxumalo N, Lescano AG, Bukusi AE, et al. Mentoring the Mentors: Implementation and Evaluation of Four Fogarty-Sponsored Mentoring Training Workshops in Low-and Middle-Income Countries. Am.J.Trop.Med.Hyg. 2019; 100: 20-28

Appendix A

Mentee Survey

Dear Registrar

Thank you for taking the time to fill in this 5-10 minutes survey. There are 31 easy to answer questions in total. Please do not write your name or any form of identification. Participation in this survey is voluntary will be taken as your consent.

1. Name of hospital currently based	□CHBAH □ CMJAH □ RMMCH □ Klerksdorp □ Sebokeng □ Thelle Mogoerane	
2. Age in years	□ <25 □ 25-30 □ 31-35 □ 36-40 □>40	
3. Gender	□ Male □ Female □ Other	
4. Race	□ Asian □ Black □ Coloured □ Indian □ White □ Other	
5. Home language	□ English □ Afrikaans □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other	
6. As a registrar, please indicate how many months are you in to your training	□<6months □ 6-11 months □ 12-17 months □ 18-23months □ 24-35months □ 36-48months	
7. How many mentors do you have?	□1 □ 2 □ > 2	
For the following questions take Mentor 1 as your mentor carrying the greater proportion of your time/requirements if there is a difference between the two mentors		
8. Is your mentor department-assigned or self-selected?	**Mentor 1** □ Department Assigned □ Self-selected	**Mentor 2** □ Department Assigned □ Self- selected
9. What is the age(s) of your current mentor(s) in years?	**Mentor 1** □ 30-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ >80	**Mentor 2** □ 30-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ >80

10. What is the sex of your current mentor(s)?	**Mentor 1** □ Male □ Female □ Other	**Mentor 2** □ Male □ Female □ Other
11. What is the race of your current mentor(s)?	**Mentor 1** □ Asian □ Black □ Coloured □ Indian □ White □ Other	**Mentor 2** □ Asian □ Black □ Coloured □ Indian □ White □ Other
12. What is the position of your current Mentor (s)?	**Mentor 1** □ Junior Consultant (<5yrs) □ Mid-level Consultant (6-10yrs) □ Senior Consultant (>10yrs)	**Mentor 2** □ Junior Consultant (<5yrs) □ Mid-level Consultant (6-10yrs) □ Senior Consultant (>10yrs)
13. What is the home language of your current mentor(s)?	**Mentor 1** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Mentor 2** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown
14. How long have you had your mentor(s) for?	**Mentor 1** □ <1yr □ 1-3yrs □ 4-6yrs □ >6yrs. □ N/A	**Mentor 2** □ <1yr □ 1-3yrs □ 4-6yrs □ >6yrs. □ N/A

15. How often have you met with your mentor(s) in the last 12 months?	**Mentor 1** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Other(please specify below)	**Mentor 2** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Other(please specify below)
16. In what areas does your mentor(s) provide guidance?	**Mentor 1** □ Research □ Clinical Advancement (knowledge and skills) □ Work-life balance □ Professionalism □ Emotional wellbeing □ Career planning □ Multicultural integration □ Other (please specify below)	**Mentor 2** □ Research □ Clinical Advancement (knowledge and skills) □ Work-life balance □ Professionalism □ Emotional wellbeing □ Career planning □Multicultural integration □ Other (please specify below)
17. What are the positive outcomes achieved from the mentorship relationship?	**Mentor 1** □ Improved Presentations □ Achieved Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)	**Mentor 2** □ Improved Presentations □ Achieved Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)

18. Are there areas that you need assistance with that you feel your mentor(s) might assist you with?	**Mentor 1** □ Improved Presentations □ Achieve Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)	**Mentor 2** □ Improved Presentations □ Achieve Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)
19. The goals and objectives of the mentoring programme were clearly defined by my mentor(s)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
20. My mentor(s) was approachable	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
21. My mentor(s) was accessible	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
22. My mentor(s) demonstrates content expertise in my area of need	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

23. My Mentor(s) provided me with resources and materials that I needed to assist me with my studies and work (e.g., books, articles, experts)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
24. My mentor(s) asked great questions that helped me to reflect	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
25. My mentor(s) is supportive and encouraging	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
26. My mentor(s) challenged me in a constructive way	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
27. My mentor(s) answers my questions satisfactorily (e.g., clear, comprehensive, timely)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
28. My mentor(s) is helpful in providing direction and guidance on professional issues (e.g. networking, resources)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

29. My mentor helped me to be more satisfied in my job	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
30. I want to continue my career in paediatrics because of my mentor's influence	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
31. The mentoring relationship will continue beyond the formal process	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

Appendix B

Mentor Survey

Dear Consultant

Thank you for taking the time to fill in this 5-7minutes survey. There are 27 very easy to fill in questions. Please do not write down your name or any form of identification. Participation in this survey is voluntary and will be taken as your consent.

1. Name of hospital currently based	□CHBAH □ CMJAH □ RMMCH □ Satellite hosp.
2. Age (years)	□ 30-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ >80
3. Gender	□ Male □ Female □Other
4. Race	□ Asian □ Black □ Colored □Indian □ White □ Other
5. Home language	□ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown
6. Position	□ Junior Consultant (< 5yrs) □ Mid-level Consultant (6-10yrs) □ Senior Consultant (>10yrs)
7. I am in a mentoring relationship with the following	□ Consultants □ Registrars □ Medical officers □ Interns □ Neither

8. Is your mentee(s) department assigned or self-selected ?**(self-selected = approached by mentee/mentor approached mentee)**	□ Department assigned □ Self-selected			
9. Indicate the number of mentees you have	□ 0 □ 1 □ 2 □ 3 □ 4 □ >4			
For the registrars you are mentoring, please answer the below for each registrar				
10. What is the age of your mentee(s) in years?	**Reg 1** □<25 □ 25-30 □ 31-35 □ 36-40 □>40	**Reg 2** □ <25 □ 25-30 □ 31-35 □ 36-40 □>40	**Reg 3** □ <25 □ 25-30 □ 31-35 □ 36-40 □>40	**Reg 4** □ <25 □ 25-30 □ 31-35 □ 36-40 □>40
11. What is the sex of your mentee(s)	**Reg 1** □Male □Female □Other	**Reg 2** □Male □Female □Other	**Reg 3** □Male □Female □Other	**Reg 4** □Male □Female □Other
12. What is the race of your mentee(s)	**Reg 1** □ Asian □ Black □ Coloured □ Indian □ White □ Other	**Reg 2** □ Asian □ Black □Coloured □ Indian □ White □ Other	**Reg 3** □ Asian □ Black □Coloured □Indian □ White □ Other	**Reg 4** □ Asian □ Black □Coloured □Indian □ White □ Other

13. What is the home language of your mentee(s)	**Reg 1** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □Tshivenda □ Xhosa □ Other □ Unknown	**Reg 2** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Reg 3** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Reg 4** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown
14. How long have you been their mentor? (months)	**Reg 1** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 2** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 3** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 4** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 – 48

15. How often have you met with your mentee(s) in the last 12 months	**Reg 1** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 2** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 3** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 4** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)
16. I provide mentorship in the following areas:	□ Research □ Clinical Knowledge and skills □ Work-life balance □ Professionalism □ Career planning □ Other (please specify below) □ None			
17. I have formal training on how to provide mentorship in the following areas: (please select all applicable)	□ Research □ Clinical knowledge and skills □ Work-life balance □ Professionalism □ Emotional well-being □ Career planning □ I have not received any training □ Other (please specify below)			
18. I think the mentorship programme would be enhanced by which of the following? (Please select applicable)	□ Financial resources □ Department designated overall coordinator □ Protected time for mentor and mentee to meet			

19. Of the listed benefits, what motivates you the most in being a mentor?	□ Research □ Career advancement or Promotion □ Compliance with the Head of Department □ Having been previously mentored □ Not applicable □ Other (please specify)
20. What has been helpful for you to be an effective mentor?	□ Having role models □ Enjoying mentorship □ Similar clinical / personality match □ Departmental/ institutional support □ Formal training □ Having been previously mentored □ Not applicable □ Other (please specify below)
21. What are the barriers to you being a more effective mentor? (please select all applicable)	□ No time due to increased workload □ No time due to personal commitments □ I feel unprepared □ I feel unappreciated □ No remuneration for this activity □ No personal gain □ Mentee not having time □ Never having a mentor
22. What skills do you think are needed to become a good mentor? (Please select your top three)	□ Accessibility □ Professional integrity □ Communication/Feedback □ Role modelling □ Ability to Motivate others □ Other (please specify below)

23. I feel like I have appropriate time to dedicate to being a mentor	Strongly agree	Agree	Disagree	Strongly disagree
24. I am an effective mentor	Strongly agree	Agree	Disagree	Strongly disagree
25. I would be a more effective mentor with formal training in how to provide mentorship	Strongly agree	Agree	Disagree	Strongly disagree
26. I feel my role as a mentor plays an important role in personal and career development of my mentee	Strongly agree	Agree	Disagree	Strongly disagree
27. Mentoring has influenced my decision to continue my work in the academic institution	Strongly agree	Agree	Disagree	Strongly disagree

Appendix C

Opening Statement

My name is Lerato Motjale, a registrar in the Paeds department. My research topic is aimed at evaluating the perception and to describe the mentorship programme in the Department of Paediatrics at Wits through the shared experiences of the mentors (Consultants) and mentees (Registrars).

The registrars are randomly paired with a consultant by the registrar coordinators during their reg-time at all the 3 academic hospital hospitals. I'm appealing to all Registrars and Consultants to fill in the survey, whether you feel that you are in a formal or informal mentorship relationship currently. An informal mentorship relationship in this context can be defined as one where the registrar self-selects a consultant as a mentor, or the consultant self-selects the registrar as a Mentee.

The survey is easy to complete and will not take more than 10 minutes at the most. There is a separate survey for consultants and one for registrars. Your participation is voluntary and will be taken as your consent. It is anonymous, no names or any form of identification is required. Please drop your completed questionnaire in a sealed box outside the venue.

The aim of the survey is not to evaluate the individual characteristics or personalities of the parties involved, but to evaluate the mentorship programme as a tool in our department. For the registrars, if you have more than 1 mentor, please regard Mentor 1 as your mentor that carries the greater proportion of the responsibility whether self-selected or self-assigned. Feedback will be provided to the Department of Paediatrics and School of Medicine within the Faculty of Health Sciences on how this programme can be strengthened and its outputs improved.

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Dr Lerato Motjale

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M180224

NAME: (Principal Investigator)	Dr Lerato Motjale
DEPARTMENT:	Paediatrics Chris Hani Baragwanath Academic Hospital Rahima Moosa Mother and Child Hospital Charlotte Maxeke Johannesburg Academic Hospital
PROJECT TITLE:	Academic parenting: the impact of the mentoring program in the Department of Paediatrics at Wits University
DATE CONSIDERED:	23/02/2018
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Prof Ashraf Coovadia
APPROVED BY:	Prof C Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	02/07/2018

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary in Room 301, Third floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**. The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in February and will therefore be due in the month of February each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature — Date: 02/07/2018

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

ACADEMIC PARENTING: THE IMPACT OF THE MENTORING PROGRAM IN THE DEPARTMENT OF PAEDIATRICS AT WITS UNIVERSITY

DR LERATO B. MOTJALE

INVESTIGATOR DETAILS

Student No: 1724733

Qualification: MBChB, DCH (SA)

Registrar Department of Paediatrics and Child Health, University of Witwatersrand

Email: lerato.motjale@gmail.com

Cell: 072 380 2116

SUPERVISOR

Prof Ashraf Coovadia

Adjunct Professor

Academic Head of Department

Department of Paediatrics and Child Health

University of the Witwatersrand (Wits)

Rahima Moosa Mother and Child Hospital

Email: Ashraf.Coovadia@wits.ac.za

Cell: 082 927 9097

INDEX

1. Background

2. Aims and Objectives

3. Subjects and Methods

4. Ethical considerations

5. Funding

6. Appendix A

7. Appendix B

8. References

1. Background

The role of a good mentor can be life-changing in the academic world. It is essential in all areas of medicine: academic, clinical, research and work-life integration. Mentoring can be described as a relationship that nurtures the personal and professional growth of an individual (Berk; 2005). Mentors guide, teach, inspire and create opportunities for those they mentor. Seven key roles of a successful mentor which were identified by Tobin (2004) include;

i) Teacher

ii) Advisor

iii) Sponsor

iv) Agent

v) Role model

vi) Coach

vii) Confidante

There are two ways in which mentoring can be adopted:

a) Encouraging mentoring without formal assignment

b) Encouraging mentoring with formal assignment

Clarity about the characteristics and outcomes of mentoring relationships needs to be defined. Jacobi (1991) distilled five elements in the mentoring relationship in which there is a general consensus. A mentoring relationship:

i) Focuses on achievement or acquisition of knowledge.

ii) Consists of 3 components: emotional and psychological support, direct assistance with career and professional development, and role modelling.

Iii) Is reciprocal, where both mentor and mentee derive emotional or tangible benefits.

iv) Is personal in nature, involving direct interaction.

v) Emphasises the mentor's greater experience, influence and achievement within a particular field of work or organisation.

The aim of mentoring in medicine is to develop a seasoned healthcare practitioner. Mentoring is an integral part of career development in any institution or field of profession. Globally, there is increasing recognition about the positive benefits and impact of mentoring on retention of staff, career satisfaction and productivity (Chen; 2016)

A great deal has been written on mentoring in healthcare, but there is still a scarcity of quality research to address the effectiveness of the mentoring relationships in the academic setting or the tools to measure that effectiveness in South Africa. Current evidence of successful mentoring relationships is in the form of letters written by mentors and mentees, which describe the mentoring relationship. A formal rating scale to provide a reliable standardised tool for rating the effectiveness of a mentoring relationship, was designed by Marofasky and Johnston (2001), and derived from positive or desirable characteristics and responsibilities of mentors.

Benefits related to mentoring are substantial, not only for individual mentees and mentors, but also for their organisations. Mentors report a renewed sense of commitment and excitement to their profession and organisation, as well as a sense of satisfaction at being part of the development and growth of the mentee. Mentoring is also a useful tool for attracting new employees and in the development and retention of high potential talent.

Therefore, the benefits of mentoring outweigh the negative aspects. Some negative aspects well described in literature are bullying, jealousy, abuse, neglect and credit stealing from a mentor (Berk; 2005). Mentees can also contribute to the negative aspects by betraying trust, damaging the mentor's reputation or simply ignoring the mentor or being ungrateful. Like any other relationship, a mentoring relationship can have both positive and negative aspects. Both mentor and mentee have the responsibility to make a success of the relationship.

Affluent academic institutions, such as Harvard and Stanford, build their academic success on a foundation of faculty mentoring programs. In South Africa, mentoring programmes do exist in academic institutions whether in a formal (assigned) or informal manner (self-selected), but there is a dearth of publications on the effectiveness of such programmes in benefitting our healthcare system.

There are also possible challenges facing the success of the formal mentoring relationships within a busy public health system due to numerous factors (Jackson VA; 2003):

i) Patient load

Ii) Time constraints from both the mentor and the mentee

iii) No chemistry between the parties involved

iv) Different interests and ideals

v) Gender, race, cultural beliefs

There is no evidence to suggest what factor weighs more as a barrier to a successful mentoring relationship. There are also limitations of existing research on mentoring programmes. Most publications are qualitative studies and based on subjective outcomes. This limits the evidence that can be used to suggest mentorship strategies to be implemented at academic institutions (Sambunjak; 2006). Despite these limitations, there is a general consensus on the positive outcomes associated with mentoring.

The Department of Paediatrics and Child Health of the University of Witwatersrand (Wits), has three teachings hospitals affiliated to it; Chris Hani Baragwanath Academic Hospital (CHBAH), Charlotte Maxeke Johannesburg Academic Hospital (CMJAH), Rahima Moosa Mother and Child Hospital (RMMCH) and three satellite hospitals; Klerksdorp - Tshepong Complex, Thelle Mogoerane and Sebokeng. Registrars rotate amongst these hospitals during their training whilst consultants are permanently based at each of these sites.

The mentorship programme in the Department of Paediatrics at Wits was established several years ago. Mentees are allocated a mentor in a formal manner at their

respective hospitals. The mentee, which is the registrar, is paired with the mentor, which is the consultant or equivalent. There is currently no overall co-ordinator overseeing the mentorship programme. The registrar co-ordinators at each of the three hospitals (CHBAH, CMJAH and RMMCH) are tasked with the responsibility of pairing mentors with mentees randomly. There is no formal process or co-ordinator in place to evaluate the progress of the mentorship programme.

Types of mentoring relationships

》Senior Registrar - Junior Registrar

》 Consultant - Registrar

》 Consultant - Consultant

》 Professor - Consultant

》 Professor - Professor

The formalised relationship currently is between consultant and registrar.

2. <u>The aim of my research is to:</u>

i) To evaluate the perception and describe the mentorship programme in the Department of Paediatrics at Wits University through the lens of the mentors and mentees experience.

ii) To provide the department and school of medicine within the Faculty of Health Sciences some recommendations on how this programme can be strengthened and its outputs improved.

2.1. <u>Study Objectives</u>

i) To describe the mentees experience of the mentorship programme.

ii) To describe the mentors experience of the mentorship programme.

iii) To determine the factors mentors perceive to contribute to a successful mentoring relationship.

iv) To determine an association between the mentors and mentees in terms of demographic factors.

3. Subjects and Methods

3.1. Subjects

Paediatric registrars and consultants from three teaching hospitals and three satellite hospitals affiliated with Wits University: Rahima Moosa Mother and Child Hospital, Chris Hani Baragwanath Hospital, Charlotte Maxeke Johannesburg Academic Hospital, Sebokeng Hospital, Thelle Mogoerane Hospital and Klerksdorp Hospital.

3.2. Methods

A cross-sectional study using a quantitative method in the form of a survey from May 2018 - June 2018. The use of a validated questionnaire was employed, modified and piloted in the Obstetrics and Gynaecology Department at Wits. The paper survey will be personally distributed to registrars (mentees) and consultants (mentors) stationed at the three teaching and three satellite hospitals mentioned above, who are part of the assigned mentorship programme (See appendix A and B). The survey is aimed at evaluating the characteristics of the mentorship programme through the shared experience of the registrars and consultants.

3.3. Sample Size

There are 86 registrars (mentees) in total distributed among the 6 hospitals and 79 permanent consultants (potential mentors) based at the teaching hospitals.

3.4. Data Collection

Feedback from respondents via the paper survey will be carefully analysed. Registrars are asked about the characteristics of their mentor and their experience of the mentorship programme. Consultants are asked separately of their experience of the mentorship programme and on the tools that might be beneficial to optimally fulfil the role of a mentor. The mentee and mentor surveys consist of mixed questions on the demographics and background of the subjects. Some questions were derived from a modified validated Likert scale questionnaire, adopted from Marofasky and Johnston

(2001). It is modified from a five-point to a four-point scale. The option of a neutral answer is omitted to decrease the probability of artificial answers to the questions. The survey was aimed at evaluating the role, benefits and obstacles in building a successful mentor-mentee relationship.

3.5. Data Analysis

Data from the survey will be analysed using the Statistica version 12 statistics program. The descriptive analysis of the ordinal data will be done using Chi-squared and Fisher Exact tests and presented in the form of percentages and frequencies. The statistical significance of our data will be validated using the P-value of < 0.05.

3.6. Significance of Study

The overall benefits of mentoring have been described through the literature presented. Undergraduate and postgraduate mentoring programmes are mostly inconspicuous and their impact unmeasured.

4. Ethical considerations

The survey will be conducted anonymously. The paper survey will be distributed during compulsory departmental morning meetings at each hospital. The participants will be asked not to write their names or any form of identification on the survey. The completed surveys will be returned to a dropbox outside the venue. The dropbox will be opened after all registrars and consultants have completed the survey, from all the respective hospitals. The information from the surveys will not be shared with any party. The protocol will be submitted to the Head's of Departments of Paediatrics of all the hospitals mentioned above for permission to conduct the research and the Human Research Ethics Committee of the University of the Witwatersrand for approval. Hospital permission will not be required as this survey will not involve any patient data or records.

4.1. Limitations

There is no published data I could find on evaluating the effectiveness of mentorship programmes in academic health, in South Africa. Therefore, this limited my ability to

design tools to evaluate this programme locally based on locally adapted tools. The outcome of the research is dependent on subject participation, therefore a low response rate may play a prominent role.

5. Funding

I, the researcher will be responsible for the funding of the research. The costs will mainly be towards petrol, stationery and printing. The total cost is estimated to be R1000.

5.1. Timing

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Literature review																
Preparing protocol																
Protocol assessment																
Ethics application																
Collecting data																
Data analysis																
Writing up thesis																
Writing up paper																

6. Appendix A

Mentee Survey

Name of hospital currently based	□CHBAH □ CMJAH □ RMMCH □ Klerksdorp □ Sebokeng □ Thelle Mogoerane	
Age in years	□ <25 □ 25-30 □ 31-35 □ 36-40 □>40	
Gender	□ Male □ Female □ Other	
Race	□ Asian □ Black □ Coloured □ Indian □ White □ Other	
Home language	□ English □ Afrikaans □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other	
As a registrar, please indicate how many months are you into your training	□<6months □ 6-11 months □ 12-17 months □ 18-23months □ 24-35months □ 36-48months	
Is your current mentor department-assigned or self-selected?	□ Department Assigned □ Self selected	
How many mentors do you have?	□1 □ 2 □ > 2	
For the following questions take Mentor 1 as your current mentor carrying the greater proportion of your time/requirements if there is a difference between the two mentors		
What is the age(s) of your current mentor(s) in years?	**Mentor 1** □ 30-40 □ 41-50	**Mentor 2** □ 30-40 □ 41-50

	□ 51-60 □ 61-70 □ 61-70 □ 71-80 □ 71-80 □ >80	□ 51-60 □ 61-70 □ 61-70 □ 71-80 □ 71-80 □ >80
What is the sex of your current mentor(s)?	**Mentor 1** □ Male □ Female □ Other	**Mentor 2** □ Male □ Female □ Other
What is the race of your current mentor(s)?	**Mentor 1** □ Asian □ Black □ Coloured □ Indian □ White □ Other	**Mentor 2** □ Asian □ Black □ Coloured □ Indian □ White □ Other
What is the position of your current mentor(s)?	**Mentor 1** □ Junior Consultant (<5yrs) □ Mid-level Consultant (6-10yrs)	**Mentor 2** □ Junior Consultant (<5yrs) □ Mid-level Consultant (6-10yrs)

	□ Senior Consultant (>10yrs)	□ Senior Consultant (>10yrs)
What is the home language of your current mentor(s)?	**Mentor 1** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Mentor 2** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown
How long have you had your mentor(s) for?	**Mentor 1** □ <1yr □ 1-3yrs □ 4-6yrs □ >6yrs. □ N/A	**Mentor 2** □ <1yr □ 1-3yrs □ 4-6yrs □ >6yrs. □ N/A
How often have you met with your mentor(s) in the last 12 months?	**Mentor 1** □ Twice a month □ Once a month □ Once every 3 months	**Mentor 2** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year

	□ Twice a year □ Other(please specify below)	□ Other(please specify below)
In what areas does your mentor(s) provide guidance?	**Mentor 1** □ Research □ Clinical Advancement (knowledge and skills) □ Work-life balance □ Professionalism □ Emotional wellbeing □ Career planning □ Multicultural integration □ Other (please specify below)	**Mentor 2** □ Research □ Clinical Advancement (knowledge and skills) □ Work-life balance □ Professionalism □ Emotional wellbeing □ Career planning □Multicultural integration □ Other (please specify below)

What are the positive outcomes achieved from the mentorship relationship?	**Mentor 1** □ Improved Presentations □ Achieved Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)	**Mentor 2** □ Improved Presentations □ Achieved Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)

Are there areas that you need assistance with that you feel your mentor(s) might assist you with?	□ Improved Presentations □ Achieve Publications □ Production of Posters □ New teaching methods □ New Clinical skills □ Conducting research □ Psychosocial well-being □ Work-life balance □ Other (please specify below)

The goals and objectives of the mentoring programme were clearly defined by my mentor(s)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

My mentor(s) was approachable	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor(s) was accessible	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor(s) demonstrates content expertise in my area of need	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My Mentor(s) provided me with resources and materials that I needed to assist me with my studies and work (e.g., books, articles, experts)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

My mentor(s) asked great questions that helped me to reflect	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor(s) is supportive and encouraging	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor(s) challenged me in a constructive way	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor(s) answers my questions satisfactorily (e.g., clear, comprehensive, timely)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

My mentor(s) helps provide direction and guidance on professional issues (e.g. networking, resources)	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
My mentor helped me to be more satisfied in my job	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
I want to continue my career in paediatrics because of my mentor's influence	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree
The mentoring relationship will continue beyond the formal process	**Mentor 1** □Strongly agree □ Agree □ Disagree □ Strongly disagree	**Mentor 2** □Strongly agree □ Agree □ Disagree □ Strongly disagree

7. Appendix B

Mentor Survey

Name of hospital currently based	□CHBAH □ CMJAH □ RMMCH			
Age (years)	□ 30-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ >80			
Gender	□ Male □ Female □Other			
Race	□ Asian □ Black □ Coloured □Indian □ White □ Other			
Home language	□ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other			
Position	□ Junior Consultant (< 5yrs) □ Mid-level Consultant (6-10yrs) □ Senior Consultant (>10yrs)			
I am in a mentoring relationship with the following	□ Consultants □ Registrars □ Medical officers □ Interns □ Neither			
Is your mentee(s) department assigned or self-selected ?**(self-selected = approached by mentee/mentor approached mentee)**	□ Department assigned □ Self-selected			
Indicate the number of mentees you have	□ 0 □ 1 □ 2 □ 3 □ 4 □ >4			
For the registrars you are mentoring, please answer the below for each registrar				
What is the age of your mentee(s) in years?	**Reg 1** □<25 □ 25-30 □ 31-35 □ 36-40	**Reg 2** □ <25 □ 25-30 □ 31-35 □ 36-40	**Reg 3** □ <25 □ 25-30 □ 31-35 □ 36-40	**Reg 4** □ <25 □ 25-30 □ 31-35 □ 36-40

	□>40	□>40	□>40	□>40
What is the sex of your mentee(s)	**Reg 1** □Male □Female □Other	**Reg 2** □Male □Female □Other	**Reg 3** □Male □Female □Other	**Reg 4** □Male □Female □Other
What is the race of your mentee(s)	**Reg 1** □ Asian □ Black □ Coloured □ Indian □ White □ Other	**Reg 2** □ Asian □ Black □Coloured □ Indian □ White □ Other	**Reg 3** □ Asian □ Black □Coloured □Indian □ White □ Other	**Reg 4** □ Asian □ Black □Coloured □Indian □ White □ Other
What is the home language of your mentee(s)	**Reg 1** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □Tshivenda □ Xhosa □ Other □ Unknown	**Reg 2** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Reg 3** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown	**Reg 4** □ Afrikaans □ English □ IsiZulu □ Sepedi □ Sesotho □ Setswana □ Tshivenda □ Xhosa □ Other □ Unknown
How long have you been their mentor? (months)	**Reg 1** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 2** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 3** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48	**Reg 4** □ <6 □ 6 - 11 □ 12 - 17 □ 18 - 23 □ 24 - 35 □ 36 - 48

How often have you met with your mentee(s) in the last 12 months	**Reg 1** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 2** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 3** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)	**Reg 4** □ Twice a month □ Once a month □ Once every 3 months □ Twice a year □ Never met □ Other (specify below)
I provide mentorship in the following areas:	□ Research □ Clinical Knowledge and skills □ Work-life balance □ Professionalism □ Career planning □ Other (please specify below) □ None			
I have formal training on how to provide mentorship in the following areas: (please select all applicable)	□ Research □ Clinical knowledge and skills □ Work-life balance □ Professionalism □ Emotional well-being □ Career planning □ I have not received any training □ Other (please specify below)			
I think the mentorship programme would be enhanced by which of the following? (Please select applicable)	□ Financial resources □ Department designated overall coordinator □ Protected time for mentor and mentee to meet			
Of the listed benefits, what motivates you the most in being a mentor?	□ Research □ Career advancement or Promotion □ Compliance with the Head of Department □ Having been previously mentored			

	□ Not applicable □ Other (please specify)
What has been helpful for you to be an effective mentor?	□ Having role models □ Enjoying mentorship □ Similar clinical / personality match □ Departmental/ institutional support □ Formal training □ Having been previously mentored □ Not applicable □ Other (please specify below)
What are the barriers to you being a more effective mentor? (please select all applicable)	□ No time due to increased workload □ No time due to personal commitments □ I feel unprepared □ I feel unappreciated □ No remuneration for this activity □ No personal gain □ Mentee not having time □ Never having a mentor
What skills do you think are needed to become a good mentor? (Please select your top three)	□ Accessibility □ Professional integrity □ Communication/Feedback □ Role modelling □ Ability to Motivate others □ Other (please specify below)

I feel like I have appropriate time to dedicate to being a mentor	Strongly agree	Agree	Disagree	Strongly disagree
I am an effective mentor	Strongly agree	Agree	Disagree	Strongly disagree
I would be a more effective	Strongly agree	Agree	Disagree	Strongly disagree

mentor with formal training in how to provide mentorship				
I feel my role as a mentor plays an important role in personal and career development of my mentee	Strongly agree	Agree	Disagree	Strongly disagree
Mentoring has influenced my decision to continue my work in the academic institution	Strongly agree	Agree	Disagree	Strongly disagree

8. References

1) Berk, R.A., Berg, J., Mortimer, R., et al. (200*5), Measuring the effectiveness of faculty mentoring relationships,* Academic Medicine, **80** (1), pp.66-71.
2) Chen, M., Sandborg, C., Hudgins, L., et al. (2016), *A multifaceted mentoring program for junior faculty in academic paediatrics*, Teaching and Learning in Medicine, **28**, pp.320-328.
3) Connor, M., Bynoe, A., Redfern, N., et al. (2000), *Developing senior doctors as mentors: A form of continuous professional development*, Medical Education, **34**, pp.147-153.
4) Detsky, A.S., Baerlocher, M.A., (2007), *How to give it and how to get it*, Journal of American Medical Association, **297**, pp.2134-2136.
5) Eisen, S., Sukhani, S., Brightwell, A., et al. (2014), *Peer mentoring: evaluation of a novel program in paediatrics*, Archives of Disease in Childhood, **99**, pp.142-6.

6) Harrison, R., Anderson, J., Laloe, R.A., et al. (2014), *Mentorship for newly appointed consultants: What makes it work?*, Postgraduate Medical Journal, **90**, pp.439-445.
7) Jackson, V.A., Palepu, A., Szalacha, L., et al. (2003), "*Having the right chemistry. A qualitative study of mentoring in academic medicine,* Academic Medicine, **78**, pp.328-334.
8) Jacobi, M. (1991), *Mentoring and undergraduate academic success: A literature review*, Winter .**61** (4), pp.505-534.
9) Kashiwagi, D.T., Varkey, P., Cook, D.A., (2013), *Mentoring programs for physicians in academic medicine, systemic review*, Academic Medicine, **88**, pp.1029-1037.
10) Lin, S., Laeeq, K., Malik, A., et al. (2013), *Otolaryngology training programs: Resident and faculty perception of the mentorship experience*, The Laryngoscope, **123**, pp.1876-1883.
11) Nathan, D.G. (1998), *Clinical research: Perceptions, reality and proposed solutions. National Institute of health directors panel on clinical research,* Journal of American Medical Association, **280**, pp.1427-31.
12) Sambunjak, D., Strauss, S.E., Murasic, A., et al. (2006), *Mentoring in academic medicine: A systemic review*, Journal of American Medical Association, **296** (9), pp.1103-1115.
13) Stamm, M., Buddeberg-Fisher, B.,(2011), *The impact of mentoring during postgraduate training on doctor's career success*, Medical Education, **45**, pp.488-496.
14) Tobin, M.J. (2004), *Mentoring: Seven roles and some specifics,* American Journal of Respiratory and Critical Care Medicine, **170** (2), pp.114-17.

Turnitin Originality Report

- Processed on: 25-May-2020 1:41 PM SAST
- ID: 1331561575
- Word Count: 2519
- Submitted: 1

1724733:FINAL_Dissertation_16_for_turnitin.docx By Lerato Motjale

Similarity Index

2%

Similarity by Source

Internet Sources:
2%

Publications:
0%

Student Papers:
1%

1% match (Internet from 08-Oct-2019)
http://www.fortunejournals.com/articles/an-audit-of-neonates-admitted-to-the-paediatric-general-ward-in-a-tertiary-hospital-in-south-africa.html

< 1% match (publications)
Kimberley D. Lakes, Jessica Vaughan, Shlomit Radom-Aizik, Candice Taylor Lucas, Annamarie Stehli, Dan Cooper. "Development of the Parent Perceptions of Physical Activity Scale (PPPAS): Results from two studies with parents of infants and toddlers", PLOS ONE, 2019

< 1% match (Internet from 16-May-2020)
https://worldwidescience.org/topicpages/g/gliadin-induced+disorders+gluten.html

< 1% match (Internet from 22-Jan-2018)
http://www.sajog.org.za/index.php/SAJOG/article/view/647/407

< 1% match (Internet from 25-Feb-2020)
https://link.springer.com/article/10.1007%2Fs10393-018-1351-4

1. Submissible Paper 1.1 Title Page THE EXPERIENCE OF THE MENTORING PROGRAMME IN THE DEPARTMENT OF PAEDIATRICS AT WITS UNIVERSITY Lerato Motjale Ashraf Coovadia Department of Paediatrics and Child Health, University of the Witwatersrand, Johannesburg, South Africa Corresponding author: Lerato Motjale (lerato.motjale@gmail.com) Keywords: Mentoring relationships, academic health 1.2 ABSTRACT Background There is a growing body of literature in mentoring in healthcare, yet a scarcity of quality research in the academic setting in South Africa. A mentorship programme in the Department of Paediatrics at the University of the Witwatersrand (Wits) has been in place for several years. No formal evaluation of this programme has hitherto taken place. Aims and Objectives To evaluate the mentorship programme in the Department of Paediatrics at Wits, through the lens of mentees and mentors, and offer recommendations on strengthening its conduct and outcomes. Methods A self-administered, questionnaire-based, cross-sectional study, involving 85 paediatric consultants and 85 registrars from three academic hospitals was undertaken from July-September 2018. Results There was a 73% response rate from mentees and 59% from mentors. The mentee relationships with the primary mentor was overwhelmingly (87%) department-

assigned. The number of mentees self-selecting mentor 2 almost doubled (24%) compared to self-selecting a primary mentor 1(13%). Two-thirds of mentor-mentee relationships were short-term (< 1year), with a frequency of two meetings per year. Ninety per cent of mentees reported that their primary mentor was approachable. The top three areas where most guidance was reportedly received by mentees from their M1s were work-life balance, clinical skills and research. Being previously mentored (P = 0.04) was perceived as a motivating factor by mentors. Eighty-six per cent of mentors felt that their role played an important part in personal and career development of the mentee. There were no statistically significant demographic differences noted in the self-selected versus department-assigned mentor-mentee pairs for age, race and gender. Conclusion The mentorship programme appears to be working for both mentors and mentees, with mentee rating their mentors positively. There are several identifiable areas of benefit cited by both mentors and mentees alike arising from this relationship albeit short-term in most cases. Whilst there is no formal process or directive for mentees to self-select a mentor there is a significant proportion of mentees who have adopted for this practice suggesting that this should be encouraged. 1.3 Background " Mentoring can be described as a relationship that nurtures the personal and professional growth of an individual. 1, 8 Mentors guide, teach, inspire and create opportunities for those they mentor. The role of a good mentor can be life-changing in the academic world. A mentorship relationship can be established in one of two ways, either a mentee chooses a suitable mentor (also called self-selected) or has the organization/department assign a mentor to a mentee (department-assigned).8, 9 In South Africa, formal mentoring programmes do exist in academic institutions, whether department-assigned or self-selected. There is, however, a dearth of publications on the effectiveness of such formal programmes. The majority of research publications on mentoring is qualitative, but attest to the fact that mentoring is a critical component for undergraduate and postgraduate academic success.1,2,3,6 This is despite the possible challenges of patient load, time constraints, no chemistry, different interests and ideals between the parties involved.4, 1 The mentorship programme in the Department of Paediatrics and Child Health at the University of the Witwatersrand (WDPCH) has been in place for just under a decade. No formal evaluation of this programme as hitherto taken place. With increasing recognition about the positive benefits and the impact of mentoring globally it was felt an evaluation of this local programme was due2, 9. These insights, it was envisaged could inform the programme and strengthen it, as well as become a directive to other institutions with a similar programme." 1.3.1 Aims of the study To evaluate the mentorship programme in the WDPCH through the experiences of the mentors and mentees. 1.3.2 Study Objectives To describe the mentees' and mentors' experience of the mentorship program with regard to the process and the benefits derived. To determine the factors mentors perceive to contribute to a successful mentoring relationship. To have the mentees rate their mentors against a validated score. To look at how frequent self-selection of mentors occurs by mentees and if such relationships reveal any significant differences when compared to department-assigned ones. 1.4 METHODS The Mentorship programme The WDPCH is part of the School of Clinical Medicine at the University of the Witwatersrand. The training platform of the WDPCH is comprised of six public hospitals which include three central teaching and three

peripheral hospitals. " A formal mentorship programme in the WDPCH was established several years ago. The mentee (registrar) is randomly paired formally with the mentor (consultant or equivalent) by the department. Mentees are assigned mentors as soon as they come into their training from year one of their four year programme. Registrars rotate through the hospitals spending an average period of eight to 12 months at each central hospital site and two months as each of the three satellite sites. The practice in place is that whenever a registrar begins at a new site a new local mentor is assigned to him/her starting a new mentorship relationship for that period. Study design A survey was designed, using a validated questionnaire (Berk, 2005) which was modified and piloted in the Department of Obstetrics and Gynaecology at RMMCH from May 2018 – June 2018. Questionnaire design The mentee and mentor surveys consisted of mixed questions on the demographics and background of the subjects and characteristics of the mentorship programme. Some questions were derived from a validated Likert scale questionnaire, adopted from Marofasky and Johnston (2001), modified from a five-point to a four-point scale. The option of a neutral answer was omitted to get respondents to commit to a more authentic response. Ethical clearance Respondents were again assured of the anonymity of their responses. It was also clearly stated verbally and on the surveys that participation was voluntary and completion of the survey implied consent. Permission was obtained from the Heads of each hospital and ethics approval from the Human Research Ethics Committee at Wits University. Study conduct The paper survey was distributed to the registrars and consultants at the end of set weekly academic meetings at the three teaching hospitals mentioned above. Inclusion criteria The only inclusion criterion was that the registrars or consultants in the WDPCH had to be in a formal mentorship relationship(s) whether department-assigned or in a self-selected one. For registrars who had more than one mentor, the primary mentor (M1) was defined as one that carried the greater proportion of the responsibility, whether self -selected or department- assigned. 1.4.1 Study population and method of survey A sample size of 85 registrars were asked a total of 31 questions (Appendix A) and 85 consultants were asked a total of 26 questions (Appendix B). To maintain anonymity, the participants were asked not to write their names or any form of identification on the survey and the completed survey returned to a dropbox outside the venue. An electronically generated version of the survey via Survey Monkey® was sent to all registrars and consultants who were working in WDPCH at the time via WhatsApp. 1.4.2 Data analysis Data was and analyzed with Stata version 15.1 statistics program. Descriptive analysis of categorical data was done using Chi-squared and Fischer Exact Tests, and presented in the form of percentages and frequencies. P-values less than 0.05 were considered significant. 1.5 RESULTS Mentees The response rate amongst the mentees to the survey was 73% (62 out of 85). Just under half of the registrars (45%) had two mentors whilst a similar number, 43% had a single mentor (Table 1). Table 2 shows, most mentor-mentee relationships were less than a year, 66 % and 59 %, for both the mentor shouldering most of the responsibility (M1) and the second cited mentor (M2) respectively. Of note, there was an almost doubling of the proportion of self-selected mentors (24%) in the M2 category compared to the M1 category. The primary mentor was department- assigned for 87% of mentees. Sixty-nine per cent of mentees met with M1 more than once a year with the greatest number meeting twice a year

(32%), and 59% met with M2 more than once a year with those meeting twice a year at 32% similar to that for M1. The majority of M1s were at the senior level (50%), with at least 10 years of clinical experience. The top three areas where most guidance was reportedly received by mentees from their M1s were work-life balance, clinical skills and research (figure 2). Figure 3 shows that the majority of mentees reported positive outcomes from their relationship with their M1 with regards to work-life balance, psychosocial wellbeing, new clinical skills, improved presentations and conducting research. Questions 19 through to 31 (appendix B) indicated positive feedback of the program/mentoring relationship. The data was reported into two categories, positive responses (strongly agree = 1 and agree = 2) and negative responses (disagree = 3 and strongly disagree = 4). Ninety per cent of mentees reported that their M1 was approachable. Almost 80% agreed their M1 helped provide direction and guidance on professional issues. Table 1: Number of Mentors Variable Frequency N (%) Number of mentors 1 26(43) 2 27(45) >2 7(12) Table 2: Exposure variables of mentees to both mentors Variable Frequency N (%) Frequency N (%) Mentor characteristics Mentor 1 (M1) Mentor 2 (M2) Assignment Department- assigned 54(87) 28(76) Self-selected 8(13) 8(24) Clinical experience Junior consultant(<5yrs) 12(23) 14(45) Mid-level consultant (6-10yrs) 16(27) 8(26) Senior consultant (>10yrs) 30(50) 9(29) Duration of relationship (years) <1 40(66) 20(59) ≥1 21(34) 14(41) Frequency of meetings At least once a month 13(22) 7(21) Once every 3 months 9(15) 2(6) Twice a year 19(32) 11(32) At most once a year/ Never 18(31) 14(41) Table 4 below shows the analysis looking at whether there was a difference in mentor-mentee pairing concerning demographic factors between those who self-selected their mentors versus those who had the department assign them a mentor. There were no statistically significant demographic associations between mentors' and mentees' in both the department and self-selected mentor-mentee pairs, even though it appeared that there was a much greater degree of matching of sameness based on gender in the self-selected versus department assigned for mentees, assuming that the mentees were the parties that selected the mentor (self-selected relationships). Eighty-eight per cent of female mentees had self-selected a female M2 compared to only 61% of female pairs in the department-assigned. Table 4: Matching patterns for Mentors/mentees pairs Variable Department assigned vs Self-selected (? 2, Yates corrected) Department assigned vs Self-selected (P-value) Age 0.03 0.87 Race 2.16 0.14 Gender 2.94 0.86 Language 0.65 0.42 Mentors The response rate to the call to participate in this survey was 59% (55 out of 85). The majority of mentor-mentee relationships were reportedly department-assigned (90 %) consistent with the mentees responses above. Most mentors had two registrars they were mentoring (46 %) and the relationships were less than a year with mentee 1 (87%) and mentee 2 (77 %). The frequency of most meetings with the mentee was reported as either at least once a month (m1: 36%; m2: 29 %) or twice a year (m1: 27%; m2: 29 %). Eighty-six per cent of mentors felt that their role played an important part in personal and career development of their mentees. Over two-thirds of mentors (68%) provide mentorship in clinical knowledge and skills, and work-life balance whilst just over half (52%) reported guiding with research. Factors associated with perceived success of the mentoring relationship Mentors who had positive role models (in the form of mentors) themselves reported this to be a factor in enabling them to be an effective

mentor (OR: 4.36; CI: 1.21-15.6; P-value = 0.02). Mentors who enjoyed mentorship also thought of themselves as being more likely to have a successful mentoring relationship (OR: 3.49; CI: 1.01-12.0; P-value = 0.04). 1.6 Discussion " To our knowledge, this study is the first to evaluate a mentorship programme for Paediatric registrars in South Africa. It is hoped that the experience of this programme would be instructive to other institutions. In our sample, the majority of mentees received significant guidance in work-life balance, career development and professionalism. Most mentor-mentee relationships were less than one year in duration. Approximately a third of the mentees reported having meetings with the mentors twice a year. Of note, mentors reported a higher frequency of meetings with mentee 1, at least once a month. This difference could be attributed to the mentors' perceived definition of a formal meeting. This also brings to light that mentorship meetings need to be formalized with defined schedules that are supported by the department and with clear goals. Mentors perceive that protected time to meet with their mentees is a potential enhancer of the success of the mentorship program. Continuation of relationships should be encouraged when a registrar moves to another hospital, considering that logistics are not an impeding factor. In our study, most mentor-mentee relationships are department assigned. The mentees' experience of the mentorship is positive as noted by their positive feedback. Only 13% of the primary mentor was self-selected by mentees rather than pursuing a relationship with the mentor that was department assigned. It is possible that many registrars were not aware they could self- select a mentor or they thought they were prohibited to do so. Mentees should be made aware that they have the autonomy to select their preferred mentor. Mentors can be of any age, sex, gender or race as long as they are in a position to fulfil the mentoring roles and functions. There were no statistically significant demographic associations between mentors' and mentees' in both the department and self-selected mentor-mentee pairs, even though it appeared that there was a much greater degree of matching of sameness based on gender in the self-selected versus department assigned for mentees. A significant proportion of female mentees self-selected a female M2. This could be coincidental considering that the majority of mentors in the department are female. 1.7 Limitations Limitations in our study is the less than optimal response rate amongst the mentors, as it has an impact on the results. The aim was to evaluate the experiences of both the mentors and mentees, not the objective success of the mentoring programme in the form of measurable outcomes. There are also limitations of mentor or mentee's knowledge of either's demographic factors in terms of exact age and home language when reporting on this." 1.8 Conclusion The mentorship programme appears to be working for both mentors and mentees, with mentee rating their mentors positively. There are several identifiable areas of benefit cited by both mentors and mentees alike arising from this relationship albeit short-term in most cases. Whilst there is no formal process or directive for mentees to self-select a mentor there is a significant proportion of mentees who have adopted for this practice suggesting that this should be encouraged. There is a discrepancy in the frequency of meetings between mentors and mentees. Protected time and formalization of meetings could potentially increase the frequency of meetings and alleviate discrepancies.



EDITOR
Professor John Pettifor

Open access policy

Impact factor: 0.522

Author Guidelines

Author Guidelines

Please view the Author Tutorial for guidance on how to submit on Editorial Manager.

To submit a manuscript, please proceed to the *SAJCH* Editorial Manager website: Editorial Manager

To access and submit an article already in production, please see the guidelines here.

Author Guidelines

Please take the time to familiarise yourself with the policies and processes below. If you still have any questions, please do not hesitate to ask our editorial staff (tel.: +27 (0)21 532 1281, email: submissions@hmpg.co.za).

Article Processing Charges

All articles published in the South African Journal of Child Health are open access and freely available online upon publication. This is made possible by applying a business model to offset the costs of peer review management, copyediting, design and production, by charging an article-processing charge (APC) of R3 180 (ex Vat) for all articles published. The charge applies only to Research articles submitted after 1 Jan 2019. The APC is standard and does not vary based on length, colour, figures, or other elements.

When submitting a Research article to the SAJCH, the submitting author must agree to pay the APC should the article be accepted for publication. The APC is payable when your manuscript is editorially accepted and before production commences for publication. The submitting author will be notified that payment is due and given details on the available methods of payment.

Prompt payment is advised; the article will not enter into production until payment is received.

Queries can be directed to claudian@hmpg.co.za.

Please refer to the section on 'Sponsored Supplements' regarding the publication of supplements, where a charge is applicable. Queries can be directed to dianes@hmpg.co.za or claudian@hmpg.co.za

Authorship

Named authors must consent to publication. Authorship should be based on: (*i*) substantial contribution to conceptualisation, design, analysis and interpretation of data; (*ii*) drafting or critical revision of important scientific content; or (*iii*) approval of the version to be published. These conditions must all be met for an individual to be included as an author (uniform requirements for manuscripts submitted to biomedical journals; refer to www.icmje.org)

If authors' names are added or deleted after submission of an article, or the order of the names is changed, all authors must agree to this in writing.

Please note that co-authors will be requested to verify their contribution upon submission. Non-verification may lead to delays in the processing of submissions.

Author contributions should be listed/described in the manuscript.

Conflicts of interest

Conflicts of interest can derive from any kind of relationship or association that may influence authors' or reviewers' opinions about the subject matter of a paper. The existence of a conflict – whether actual, perceived or potential – does not preclude publication of an article. However, we aim to ensure that, in such cases, readers have all the information they need to enable them to make an informed assessment about a publication's message and conclusions. We require that both authors and reviewers declare all sources of support for their research, any personal or financial relationships (including honoraria, speaking fees, gifts received, etc) with relevant individuals or organisations connected to the topic of the paper, and any association with a product or subject that may constitute a real, perceived or potential conflict of interest. If you are unsure whether a specific relationship constitutes a conflict, please contact the editorial team for advice. If a conflict remains undisclosed and is later brought to the attention of the editorial team, it will be considered a serious issue prompting an investigation with the possibility of retraction.

Research ethics committee approval

Authors must provide evidence of Research Ethics Committee approval of the research where relevant. Ensure the correct, full ethics committee name and reference number is included in the manuscript.

If the study was carried out using data from provincial healthcare facilities, or required active data collection through facility visits or staff interviews, approval should be sought from the relevant provincial authorities. For South African authors, please refer to the guidelines for submission to the National Health Research Database. Research involving human subjects must be conducted according to the principles outlined in the Declaration of Helsinki. Please refer to the National Department of Health's guideline on Ethics in Health research: principles, processes and structures to ensure that the appropriate requirements for conducting research have been met, and that the HPCSA's General Ethical Guidelines for Health Researchers have been adhered to.

Clinical trials

Since 1st December 2005, all clinical trials conducted in South Africa have been required to be registered in the South African National Clinical Trials Register. The *SAJCH* therefore requires that clinical trials be registered in the relevant public trials registry at or before the time of first patient enrollment as a condition for publication. The trial registry name and registration number must be included in the manuscript.

Protection of rights to privacy

Patient

Information that would enable identification of individual patients should not be published in written descriptions, photographs, radiographs and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) has given informed written consent for publication and distribution. We further recommend that the published article is disseminated not only to the involved researchers but also to the patients/participants from whom the data was drawn. Refer to Protection of Research Participants. The signed consent form should be submitted with the manuscript to enable verification by the editorial team.

Other individuals

Any individual who is identifiable in an image must provide written agreement that the image may be used in that context in the *SAJCH.*

Copyright notice

Copyright remains in the Author's name. The work is licensed under a Creative Commons Attribution - Non-commercial Works License. Authors are required to complete and sign an Author Agreement form that outlines Author and Publisher rights and terms of publication. The Agreement form should be uploaded along with other submissions files and any submission will be considered incomplete without it *[forthcoming].*

Material submitted for publication in the *SAJCH* is accepted provided it has not been published or submitted for publication elsewhere. Please inform the editorial team if the main findings of your paper have been presented at a conference and published in abstract form, to avoid copyright infringement. The *SAJCH* does not hold itself responsible for statements made by the authors. The corresponding author should also indicate if the research forms part of a postgraduate short report, dissertation or thesis.

Previously published images

If an image/figure has been previously published, permission to reproduce or alter it must be obtained by the authors from the original publisher and the figure legend must give full credit to the original source. This credit should be accompanied by a letter indicating that permission to reproduce the image has been granted to the author/s. This letter should be uploaded as a supplementary file during submission.

Privacy statement

The *SAJCH* is committed to protecting the privacy of its website and submission system users. The names, personal particulars and email addresses entered in the website or submission system will not be made available to any third party without the user's permission or due process. By registering to use the website or submission system, users consent to receive communication from the *SAJCH* or its publisher HMPG on matters relating to the journal or associated publications. Queries with regard to privacy may be directed to publishing@hmpg.co.za.

Ethnic/race classification

Use of racial or ethnicity classifications in research is fraught with problems. If you choose to use a research design that involves classification of participants based on race or ethnicity, or discuss issues with reference to such classifications, please ensure that you include a detailed rationale for doing so, ensure that the categories you describe are carefully defined, and that socioeconomic, cultural and lifestyle variables that may underlie perceived racial disparities are appropriately controlled for. Please also clearly specify whether race or ethnicity is classified as reported by the patient (self-identifying) or as perceived by the investigators. Please note that it is not appropriate to use self-reported or investigator-assigned racial or ethnic categories for genetic studies.

Continuing Professional Development (CPD)

SAJCH is an HPCSA-accredited service provider of CPD materials. Principal authors can earn up to 15 CPD continuing education units (CEUs) for publishing an article; co-authors are eligible to earn up to 5 CEUs; and reviewers of articles can earn 3 CEUs. Each month, *SAJCH* also publishes a CPD-accredited questionnaire relating to the academic content of the journal. Successful completion of the questionnaire with a pass rate of 70% will earn the reader 3 CEUs. Administration of our CPD programme is managed by Medical Practice Consulting. To complete questionnaires and obtain certificates, please visit MRP Consulting

Manuscript preparation

Preparing an article for anonymous review

To ensure a fair and unbiased review process, all submissions are to include an anonymised version of the manuscript. The exceptions to this requirement are Editorials, Correspondence, Book reviews and Obituary submissions.

Submitting a manuscript that needs additional blinding can slow down your review process, so please be sure to follow these simple guidelines as much as possible:

- An anonymous version should not contain any author, affiliation or particular institutional details that will enable identification.
- Please remove title page, acknowledgements, contact details, funding grants to a named person, and any running headers of author names.
- Mask self-citations by referring to your own work in third person.

General article format/layout

Submitted manuscripts that are not in the correct format specified in these guidelines will be returned to the author(s) for correction prior to being sent for review, which will delay publication.

General:

- Manuscripts must be written in UK English (this includes spelling).

- The manuscript must be in Microsoft Word or RTF document format. Text must be 1.5 line spaced, in 12-point Times New Roman font, and contain no unnecessary formatting (such as text in boxes). Pages and lines should be numbered consecutively.
- Please make your article concise, even if it is below the word limit.
- Qualifications, ***full*** affiliation (department, school/faculty, institution, city, country) and contact details of ALL authors must be provided in the manuscript and in the online submission process.
- Abbreviations should be spelt out when first used and thereafter used consistently, e.g. 'intravenous (IV)' or 'Department of Health (DoH)'.
- Scientific measurements must be expressed in SI units except: blood pressure (mmHg) and haemoglobin (g/dL).
- Litres is denoted with an uppercase L e.g. 'mL' for millilitres).
- Units should be preceded by a space (except for % and ºC), e.g. '40 kg' and '20 cm' but '50%' and '19ºC'.
- Please be sure to insert proper symbols e.g. µ not u for micro, a not a for alpha, b not B for beta, etc.
- Numbers should be written as grouped per thousand-units, i.e. 4 000, 22 160.
- Quotes should be placed in single quotation marks: i.e. The respondent stated: '...'
- Round brackets (parentheses) should be used, as opposed to square brackets, which are reserved for denoting concentrations or insertions in direct quotes.

If you wish material to be in a box, simply indicate this in the text. You may use the table format –this is the *only* exception. Please DO NOT use fill, format lines and so on.

SAJCH is a Journal on child health, therefore for articles involving genetics, it is the responsibility of authors to apply the following:

- Please ensure that all genes are in italics, and proteins/enzymes/hormones are not.
- Ensure that all genes are presented in the correct case e.g. TP53 not Tp53.

** NB: Copyeditors cannot be expected to pick up and correct errors wrt the above, although they will raise queries where concerned.

- Define all genes, proteins and related shorthand terms at first mention, e.g. '188del11' can be glossed as 'an 11 bp deletion at nucleotide 188.'
- Use the latest approved gene or protein symbol as appropriate:

- Human Gene Mapping Workshop (HGMW): genetic notations and symbols
- HUGO Gene Nomenclature Committee: approved gene symbols and nomenclature
- OMIM: Online Mendelian Inheritance in Man (MIM) nomenclature and instructions
- Bennet et al. Standardized human pedigree nomenclature: Update and assessment of the recommendations of the National Society of Genetic Counselors. J Genet Counsel 2008; 17:424-433: standard human pedigree nomenclature.

Preparation notes by article type

Research

Guideline word limit: 3 000 words (excluding abstract and bibliography)

Research articles describe the background, methods, results and conclusions of an original research study. The article should contain the following sections: introduction, methods, results, discussion and conclusion, and should include a structured abstract (see below). The introduction should be concise – no more than three paragraphs – on the background to the research question, and must include references to other relevant published studies that clearly lay out the rationale for conducting the study. Some common reasons for conducting a study

are: to fill a gap in the literature, a logical extension of previous work, or to answer an important clinical question. If other papers related to the same study have been published previously, please make sure to refer to them specifically. Describe the study methods in as much detail as possible so that others would be able to replicate the study should they need to. Where appropriate, sample size calculations should be included to demonstrate that the study is not underpowered. Results should describe the study sample as well as the findings from the study itself, but all interpretation of findings must be kept in the discussion section, which should consider primary outcomes first before any secondary or tertiary findings or post-hoc analyses. The conclusion should briefly summarise the main message of the paper and provide recommendations for further study.

- May include up to 6 illustrations or tables.
- A max of 20 - 25references

Structured abstract

- This should be no more than 250words, with the following recommended headings:
  - **Background:** why the study is being done and how it relates to other published work.
  - **Objectives:** what the study intends to find out
  - **Methods:** must include study design, number of participants, description of the intervention, primary and secondary outcomes, any specific analyses that were done on the data.
  - **Results:** first sentence must be brief population and sample description; outline the results according to the methods described. Primary outcomes must be described first, even if they are not the most significant findings of the study.
  - **Conclusion:** must be supported by the data, include recommendations for further study/actions.
  - Please ensure that the structured abstract is complete, accurate and clear and has been approved by all authors. It should be able to be intelligible to the reader without referral to the main body of the article.
  - Do not include any references in the abstracts.

Here is an example of a good abstract.

***Scientific letters*/short reports**

These include case reports, side effects of drugs and brief or negative research findings.

Guideline word limit: 1500 words

- Abstract: unstructured, of about 100-150 words
- May include only one illustration or table
- A maximum of 6 references

Editorials

Guideline word limit: 1 000 words

These opinion or comment articles are usually commissioned but we are happy to consider and peer review unsolicited editorials. Editorials should be accessible and interesting to readers without specialist knowledge of the subject under discussion and should have an element of

topicality (why is a comment on this issue relevant now?) There should be a clear message to the piece, supported by evidence.

Please make clear the type of evidence that supports each key statement, e.g.:

- expert opinion
- personal clinical experience
- observational studies
- trials
- systematic reviews.

Review articles

Review articles should always be discussed with the Editor prior to submission.

Guideline word limit: 4 000 words

These are welcome, but should be either commissioned or discussed with the Editor before submission. A review article should provide a clear, up-to-date account of the topic and be aimed at non-specialist hospital doctors and general practitioners. They should be aligned to practice in South and/or sub-Saharan Africa and not a precis of reviews published in the international literature

Please ensure that your article includes:

- Abstract: unstructured, of about 100-150 words, explaining the review and why it is important
- Methods: Outline the sources and selection methods, including search strategy and keywords used for identifying references from online bibliographic databases. Discuss the quality of evidence.
- When writing: clarify the evidence you used for key statements and the strength of the evidence. Do not present statements or opinions without such evidence, or if you have to, say that there is little or no evidence and that this is opinion. Avoid specialist jargon and abbreviations, and provide advice specific to southern Africa.
- Personal details: Please supply your qualifications, position and affiliations and MP number (used for CPD points); address, telephone number and fax number, and your e-mail address; and a short personal profile (50 words) and a few words about your current fields of interest.

Correspondence (Letters to the Editor)

Guideline word limit: 400 words

Letters to the editor should relate either to a paper or article published by the SAJCH or to a topical issue of particular relevance to the journal's readership

- May include only one illustration or table
- Must include a correspondence address.

Obituaries

Guideline word limit: 400 words

Should be offered within the first year of the practitioner's death, and may be accompanied by a photograph.

Illustrations/photos/scans

- If illustrations submitted have been published elsewhere, the author(s) should provide evidence of consent to republication obtained from the copyright holder.
- Figures must be numbered in Arabic numerals and referred to in the text e.g. '(Fig. 1)'.
- Each figure must have a caption/legend: Fig. 1. Description (any abbreviations in full).
- All images must be of high enough resolution/quality for print.
- All illustrations (graphs, diagrams, charts, etc.) must be in PDF form.
- Ensure all graph axes are labelled appropriately, with a heading/description and units (as necessary) indicated. Do not include decimal places if not necessary e.g. 0; 1.0; 2.0; 3.0; 4.0 etc.
- Scans/photos showing a specific feature e.g. *Intermediate magnification micrograph of a low malignant potential (LMP) mucinous ovarian tumour. (H&E stain).* –include an arrow to show the tumour.
- Each image must be attached individually as a 'supplementary file' upon submission (not solely embedded in the accompanying manuscript) and named Fig. 1, Fig. 2, etc.

Tables

- Tables should be constructed carefully and simply for intelligible data representation. Unnecessarily complicated tables are strongly discouraged.
- Large tables will generally not be accepted for publication in their entirety. Please consider shortening and using the text to highlight specific important sections, or offer a large table as an addendum to the publication, but available in full on request from the author.
- Embed/include each table in the manuscript Word file - do not provide separately as supplementary files.
- Number each table in Arabic numerals (Table 1, Table 2, etc.) consecutively as they are referred to in the text.
- Tables must be cell-based (i.e. not constructed with text boxes or tabs) and editable.
- Ensure each table has a concise title and column headings, and include units where necessary.
- Footnotes must be indicated with consecutive use of the following symbols: * † ‡ § ¶ || then ** †† ‡‡ etc.

Do not: Use [Enter] within a row to make 'new rows':

Rather:

Each row of data must have its own proper row:

Do not: use separate columns for *n* and %:

Rather:

Combine into one column, *n* (%):

Do not: have overlapping categories, e.g.:

Rather:

Use <> symbols or numbers that don't overlap:

References

NB: *Only complete, correctly formatted reference lists in Vancouver style will be accepted. If reference manager software is used, the reference list and citations in text are to be unformatted to plain text before submitting..*

- Authors must verify references from original sources.
- Citations should be inserted in the text as superscript numbers between square brackets, e.g. These regulations are endorsed by the World Health Organization,[2] and others.[3,4-6]
- All references should be listed at the end of the article in numerical order of appearance in the Vancouver style (not alphabetical order).
- Approved abbreviations of journal titles must be used; see the List of Journals in Index Medicus.
- Names and initials of all authors should be given; if there are more than six authors, the first three names should be given followed by et al.
- Volume and issue numbers should be given.
- First and last page, in full, should be given e.g.: 1215-1217 **not** 1215-17.
- Wherever possible, references must be accompanied by a digital object identifier (DOI) link). Authors are encouraged to use the DOI lookup service offered by CrossRef:
  - On the Crossref homepage, paste the article title into the 'Metadata search' box.
  - Look for the correct, matching article in the list of results.
  - Click Actions > Cite
  - Alongside 'url =' copy the URL between { }.
  - Provide as follows, e.g.: https://doi.org/10.7196/07294.937.98x

Some examples:

- *Journal references:* Price NC, Jacobs NN, Roberts DA, et al. Importance of asking about glaucoma. Stat Med 1998;289(1):350-355. http://dx/doi.org/10.1000/hgjr.182
- *Book references:* Jeffcoate N. Principles of Gynaecology. 4th ed. London: Butterworth, 1975:96-101.
- *Chapter/section in a book:* Weinstein L, Swartz MN. Pathogenic Properties of Invading Microorganisms. In: Sodeman WA, Sodeman WA, eds. Pathologic Physiology: Mechanisms of Disease. Philadelphia: WB Saunders, 1974:457-472.
- *Internet references:* World Health Organization. The World Health Report 2002 - Reducing Risks, Promoting Healthy Life. Geneva: WHO, 2002. http://www.who.int/whr/2002 (accessed 16 January 2010).
- Legal references
- Government Gazettes:

  National Department of Health, South Africa. National Policy for Health Act, 1990 (Act No. 116 of 1990). Free primary health care services. Government Gazette No. 17507:1514. 1996.

  In this example, 17507 is the Gazette Number. This is followed by :1514 - this is the notice number in this Gazette.

- Provincial Gazettes:

  Gauteng Province, South Africa; Department of Agriculture, Conservation, Environment and Land Affairs. Publication of the Gauteng health care waste management draft regulations. Gauteng Provincial Gazette No. 373:3003, 2003.

- Acts:

  South Africa. National Health Act No. 61 of 2003.

- Regulations to an Act:

  South Africa. National Health Act of 2003. Regulations: Rendering of clinical forensic medicine services. Government Gazette No. 35099, 2012. (Published under Government Notice R176).

- Bills:

  South Africa. Traditional Health Practitioners Bill, No. B66B-2003, 2006.

- Green/white papers:

  South Africa. Department of Health Green Paper: National Health Insurance in South Africa. 2011.

- Case law:

  Rex v Jopp and Another 1949 (4) SA 11 (N)
  Rex v Jopp and Another: Name of the parties concerned
  1949: Date of decision (or when the case was heard)
  (4): Volume number
  SA: SA Law Reports
  11: Page or section number
  (N): In this case Natal - where the case was heard. Similarly, (C) woud indicate Cape, (G) Gauteng, and so on.
  NOTE: no . after the v

- *Other references (e.g. reports) should follow the same format:* Author(s). Title. Publisher place: Publisher name, year; pages.
- Cited manuscripts that have been accepted but not yet published can be included as references followed by '(in press)'.
- Unpublished observations and personal communications in the text must **not** appear in the reference list. The full name of the source person must be provided for personal communications e.g. '...(Prof. Michael Jones, personal communication)'.

From submission to acceptance

Submission and peer-review

To submit an article:

- Please ensure that you have prepared your manuscript in line with the *SAJCH* requirements.
- All submissions should be submitted via Editorial Manager
- The following are required for your submission to be complete:
  - Anonymous manuscript (unless otherwise stated)

- Author Agreement form [forthcoming]
- Manuscript
- Any supplementary files: figures, datasets, patient consent form, permissions for published images, etc.
- Once the submission has been successfully processed on Editorial Manager, it will undergo a technical check by the Editorial Office before it will be assigned to an editor who will handle the review process. If the author guidelines have not been appropriately followed, the manuscript may be sent back to the author for correcting.

Peer Review Process

All manuscripts are reviewed initially by the Editor-in-Chief and only those that meet the scientific and editorial standards of the journal, and fit within the aims and scope of the journal, will be sent for external peer review. Each manuscript is reviewed by either one or two reviewers selected on the basis of their expertise in the field. A double blind review process is followed at SAJCH.

Authors are expected to receive feedback from reviewers and an editorial decision within approximately 6 weeks of submission. The time period of the entire review process may vary however depending upon the quality of the manuscript submitted, reviewers' responses and the time taken by the authors to submit the revised manuscript.

Manuscripts from review may be accepted, rejected or returned to the author for revision or resubmission for review. Authors will be directed to submit revised manuscripts within two months of receiving the editor's decision, and are requested to submit a point by point response to the reviewers' comments. Manuscripts which authors are requested to revise and resubmit will be sent for a second round of peer review, often to the original set of reviewers. All final decisions on a manuscript are at the Editor's discretion.

Production process

The following process should usually take between 4 - 6 weeks:

1. An accepted manuscript is passed to a Managing Editor to assign to a copyeditor (CE).
2. The CE copyedits in Word, working on house style, format, spelling/grammar/punctuation, sense and consistency, and preparation for typesetting.
3. If the CE has an author queries, he/she will contact the corresponding author and send them the copyedited Word doc, asking them to solve the queries by means of track changes or comment boxes.
4. The authors are typically asked to respond within 1-3 days. Any comments/changes must be clearly indicated e.g. by means of track changes. Do not work in the original manuscript - work in the copyedited file sent to you and make your changes clear.
5. The CE will finalise the article and then it will be typeset.
6. Once typeset, the CE will send a PDF of the file to the authors to complete their final check, while simultaneously sending to the 2nd-eye proofreader.
7. The authors are typically asked to complete their final check and sign-off within 1-2 days. No major additional changes can be accommodated at this point.
8. The CE implements the authors' and proofreader's mark-ups, finalises the file, and prepares it for the upcoming issue.

Changing contact details or authorship

Please notify the Editorial Department of any contact detail changes, including email, to facilitate communication.

Errata and retractions

Errata

Should you become aware of an error or inaccuracy in yours or someone else's contribution after it has been published, please inform us as soon as possible via an email to publishing@hmpg.co.za,including the following details:

- Journal, volume and issue in which published
- Article title and authors
- Description of error and details of where it appears in the published article
- Full detail of proposed correction and rationale

We will investigate the issue and provide feedback. If appropriate, we will correct the web version immediately, and will publish anerratum in the next issue. All investigations will be conducted in accordance with guidelines provided by the Committee on Publication Ethics (COPE).

Retractions

Retraction of an article is the prerogative of either the original authors or the editorial team of HMPG. Should you wish to withdraw your article before publication, we need a signed statement from all the authors.

Should you wish to retract your published article, all authors have to agree in writing before publication of the retraction.

Send an email to publishing@hmpg.co.za, including the following details:

- Journal, volume and issue to which article was submitted/in which article was published
- Article title and authors
- Description of reason for withdrawal/retraction.

We will make a decision on a case-by-case basis upon review by the editorial committee in line with international best practices. Comprehensive feedback will be communicated with the authors with regard to the process. In case where there is any suspected fraud or professional misconduct, we will follow due process as recommended by the Committee on Publication Ethics (COPE), and in liaison with any relevant institutions.

When a retraction is published, it will be linked to the original article.

Indexing

Published articles are covered by the following major indexing services. As such articles published in the *SAJCH* are immediately available to all users of these databases, guaranteed a global and African audience:

- DOAJ
- AIM

- AJOL
- Crossref
- Sabinet
- Scielo
- EBSCO
- EMBASE

Sponsored supplements

Contact claudian@hmpg.co.za for information on submitting ad hoc/commissioned supplements, including guidelines, conference/congress abstracts, Festschrifts, etc.

.

Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. Named authors consent to publication and meet the requirements of authorship as set out by the journal.
2. The submission has not been previously published, nor is it before another journal for consideration.
3. The text complies with the stylistic and bibliographic requirements in **Author Guidelines**.
4. The manuscript is in Microsoft Word or RTF document format. The text is single-spaced, in 12-point Times New Roman font, and contains no unnecessary formatting.
5. Illustrations/figures are high resolution/quality (not compressed) and in an acceptable format (preferably TIFF or PNG). These must be submitted as 'supplementary files' (not in the manuscript).
6. For illustrations/figures or tables that have been published elsewhere, the author has obtained written consent to republication from the copyright holder.
7. Where possible, references are accompanied by a digital object identifier (DOI) and PubMed ID (PMID)/PubMed Central ID (PMCID).
8. An abstract has been included where applicable.
9. The research was approved by a Research Ethics Committee (if applicable)
10. Any conflict of interest (or competing interests) is indicated by the author(s).

Copyright Notice

Copyright of published material remains in the Authors' name. This allows authors to use their work for their own non-commercial purposes without seeking permission from the Publisher, subject to properly acknowledging the Journal as the original place of publication.

Authors are free to copy, print and distribute their articles, in full or in part, for teaching activities, and to deposit or include their work in their own personal or institutional database or on-line website. Authors are requested to inform the Journal/Publishers of their desire/intention to include their work in a thesis or dissertation or to republish their work in any derivative form (but not for commercial use).

Material submitted for publication in the *SAJCH* is accepted provided it has not been published or submitted for publication elsewhere. Please inform the editorial team if the main findings of your paper have been presented at a conference and published in abstract form, to avoid copyright infringement.

Privacy Statement

The *SAJCH* is committed to protecting the privacy of the users of this journal website. The names, personal particulars and email addresses entered in this website will be used only for the stated purposes of this journal and will not be made available to third parties without the user's permission or due process. Users consent to receive communication from the *SAJCH* for the stated purposes of the journal. Queries with regard to privacy may be directed to publishing@hmpg.co.za.

South African Journal of Child Health | Online ISSN: 1999-7671 | Print ISSN: 1994-3032 | © 2014 Health & Medical Publishing Group

This journal is protected by a Creative Commons Attribution - NonCommercial Works License (CC BY-NC 4.0) | Read our privacy policy.

Our Journals: South African Medical Journal | African Journal of Health Professions Education | South African Journal of Bioethics and Law | South African Journal of Child Health | Southern African Journal of Critical Care | Southern African Journal of HIV Medicine | South African Journal of Obstetrics and Gynaecology |Strenghtening Health Systems