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Breaking Down Academic Silos: Mentoring Across Medical Specialties Through Facilitated Peer Mentorship

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Cover Page Footnote

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Introduction

Mentorship is an essential component of a successful academic career by improving job satisfaction and faculty retention.[1,2] Traditional mentorship is modeled on the mentor-mentee dyad relationship. At many academic institutions, the number of junior faculty mentees exceeds the number of available senior faculty mentors, making 1:1 mentorship relationship unsustainable. Additionally, underrepresented faculty and clinician-educators often experience barriers to identifying mentors and are highly represented at the junior faculty rank or assistant professor level, reflected by lower rates of promotion.[3,4] Therefore, alternative approaches to mentorship have been proposed to address these compounded issues such as peer mentorship (junior faculty only); facilitated peer groups (multiple junior faculty led by a senior faculty); one-time mentoring (e.g. "meet the professors," speed mentoring); and distance mentoring (mentor from an outside institution).[2,5] Peer mentorship has been shown to be effective in enhancing knowledge, skills, and abilities among junior faculty and promotes early career advancement, scholarly productivity, and peer networking.[6] *Facilitated* peer mentorship, where a peer group is led by senior mentors, is a useful mentoring strategy when the number of junior faculty is greater than senior faculty mentors. Facilitated peer mentoring is effective in accelerating scholarly productivity and increasing self-perception of expertise in academic skills.[5–8] Additionally, peer mentorship has been shown to help underrepresented faculty and clinician-educators identify mentors, contributing to academic success.[9–13] The growing popularity of peer mentorship in academic medicine is evident in the recent increase in publications on the subject but limited to single medical specialties or departments.[5,14–16]

Based on existing literature, a novel interdisciplinary approach to facilitated peer mentorship was developed for junior faculty across multiple departments at a single academic medical institution. The purpose of an interdisciplinary mentorship model was to increase faculty connectivity, bolster academic productivity through collaboration, enhance clinical professional relationships, and accelerate promotion. Regarding the latter, broader influence outside of one's department is necessary for faculty promotion at the authors' institution. Following a needs assessment of junior faculty, the first year of the interdisciplinary facilitated peer mentorship program was held from 2018 to 2019. In the second year of the program, in 2021-2021, a virtual format was adapted after recognizing that to COVID-19 pandemic restrictions were limiting academic activities, exacerbating junior faculty disengagement and physician burn-out. The purpose of this study was to identify key mentorship gaps among assistant professors across multiple medical specialties, develop a suitable curriculum, and assess its feasibility, acceptability, and effectiveness measured by perception of promotion readiness and program satisfaction.

Methods

Program Development

A steering committee was made up of senior faculty (associate and full professors) in the departments of pediatrics, pediatric surgery, and general surgery. The goal of the steering committee was to develop a pilot program that would meet the mentorship needs of a growing group of junior faculty in each department. The interdisciplinary facilitated peer mentorship program was proposed as an innovative method to facilitate peer mentorship, build networking relationships, and break down academic silos by introducing faculty members to collaborative relationships outside of their own departments. The steering committee developed a curriculum based on a mentorship needs assessment survey modified with permission from Bruner *et al.*[17] The curriculum was assessed for feasibility, acceptability, and effectiveness measured by the participants' perception of promotion readiness and satisfaction at the end of the program.

Faculty of all ranks in the departments of pediatrics, pediatric surgery, and surgery, were invited to complete a survey to identify the mentorship gaps within each department. The survey was adapted (with permission from the author) from a gap analysis survey of nursing faculty mentorship priorities.[17] In brief, the survey required the individual to rank the priority of need in areas including time management, integration of education and scholarship in clinical practice, and developing skills for research. A total of 149 faculty members completed the adapted survey encompassing 27 areas of mentorship. The ten most highly-valued areas of mentorship were identified, ranked by priority, and used to design the framework for the curriculum (Table 1).

Table 1. Top ten mentorship gaps of all ranking faculty on a needs-based assessment survey.

1	Producing timely publications
2	Developing a promotion dossier
3	Balancing teaching-research-service
4	Work-life balance
5	Study design, methods, and/or statistics
6	Effective clinical education
7	Maximizing the impact of my scholarship
8	Effective lecturing
9	Demonstrating practice impact on outcomes
10	Integrating practice and scholarship

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Faculty at the junior rank level of assistant professor in the departments of pediatrics, general surgery, and pediatric surgery, were invited to participate in the pilot year of the mentorship program (2018-2019). Following the pilot year, the program underwent review by the steering committee. One major modification was the expansion to include departments of cardiothoracic surgery, orthopedic surgery, anesthesiology, and obstetrics/gynecology. Preceding the second year of the program (2020-2021), the program was promoted at departmental faculty meetings as well as advertised through emails. Faculty were invited to join the program for a commitment of one year. Enrolled junior faculty were divided into small groups of eight to ten participants with each medical specialty evenly distributed among groups. Groups were facilitated by a senior faculty member who was also a member of the steering committee.

Program Structure

In the pilot year (2018-2019), monthly small group meetings were held in-person. In the second year of the program (2020-2021), due to pandemic restrictions, meetings were held virtually. Groups met eleven times over the course of thirteen months during each program length. In total, there were nine small group meetings and two large group meetings. Leaders of the medical school were invited as guest speakers for the large group meetings, and a networking dinner was held at the conclusion of the program. The steering committee met bimonthly to review and adjust the program curriculum based on real-time feedback from the groups. All participants in the program received a copy of Zachary and Fischler's book, *The Mentee's Guide: Making Mentoring Work for You*.[18] This book was used as a resource for exercises on mentorship. The curriculum of the program was designed to cover the top ten valued areas of mentorship identified by the baseline needs assessment with an emphasis on promotion. The final curriculum was agreed upon by the steering committee of group facilitators (Table 2).

Table 2. Curriculum of the interdisciplinary facilitated peer mentorship program. The original meeting topics were based on a mentorship needs assessment survey and were revised during the course of the program based on participants' feedback. The program consisted of 11 total meetings.

Original Mentorship Curriculum	Revised Mentorship Curriculum
• Personal reflection exercise[18] • Promotion criteria and promotion exercises • SMART goals and institutional resources • Making everyday work scholarly and writing workshop • Life balance and goal audit • Life coach skills • Study design, methods, and statistics • Effective clinical education • Demonstrating practice impact on outcomes • Wrap up; reflection exercises	• Personal reflection exercise[18] • Promotion criteria and promotion exercises • CV tips and introduction to promotion metrics • CV review and evaluation by group • Large group meeting for networking • SMART goals[18], elevator speech • SWOT analysis • Time management • Life balance • Large group wrap up; reflection exercises

SMART: Specific, Measurable, Achievable, Relevant, Time-bound; SWOT: Strength, Weakness, Opportunity, Threat

Surveys were administered at the beginning of the program year (pre-intervention) and at the conclusion of the program year (post-intervention) (see Appendix). All surveys were administered electronically through Qualtrics®[XM]. Statistical analysis was performed using jamovi, an open statistical software.[19] Continuous variables are reported by median with interquartile ranges (IQR). Chi-squared test was used to compare the distribution of categorical variables, and one-way analysis of variance (ANOVA) was used to determine difference in means between independent groups with a p-value threshold of less than 0.05 to determine statistical significance. The study was approved by the institutional Quality Improvement Committee.

Results

Pre-Intervention Survey

The anonymous pre-intervention survey was administered to all program participants (n=92). Table 3 outlines the demographics of faculty who participated in the mentorship program. The majority of junior faculty (n=80 or 87%) were on a clinical academic track. At the time of the survey, the length of time since

completion of graduate medical education (residency or fellowship) was a median of 5 years (IQR 2.5-7.5). Individuals in the 2020-2021 cohort were asked when they anticipated promotion. In the 2020-2021 cohort, identification of a primary mentor (37%) vs. no primary mentor identified (63%) was associated with an overall shorter anticipated time to promotion from completion of graduate medical education training (5.35 vs. 7.66 years, p=0.001). There was no association between gender and identification of a primary mentor (p=0.975).

Table 3. Characteristics of faculty participants in interdisciplinary facilitated peer mentorship program.

Year of Program	**2018-2019**	**2020-2021**	**Combined**
Total faculty	39	53	92
Gender			
Male	14 (35.9)	24 (45.3)	38 (41.3)
Female	25 (64.1)	29 (54.7)	54 (58.7)
Specialties			
Pediatrics	29 (74.4)	22 (41.5)	51 (55.4)
General surgery	5 (12.8)	14 (26.4)	19 (20.7)
Surgical subspecialties	5 (12.8)	8 (15.1)	13 (14.1)
Anesthesiology	-	5 (9.4)	5 (9.4)
Obstetrics/gynecology	-	4 (7.5)	4 (7.5)

In the 2020-2021 cohort, three-quarters of junior faculty did not have a good understanding of academic promotion (denoted by “not well,” or “slightly well”) (Figure 1). Additionally, when asked about potential barriers to attending the group mentorship meetings, half of participants identified clinical responsibilities, and an additional one-fourth were concerned about family responsibilities. However, none indicated that the virtual format due to pandemic restrictions or lack of interest in topics were barriers to participation. When separated by gender, anticipated barriers were significantly different between men and women faculty with the latter more likely to be concerned about family responsibilities and timing of day (p=0.007) (Figure 2).

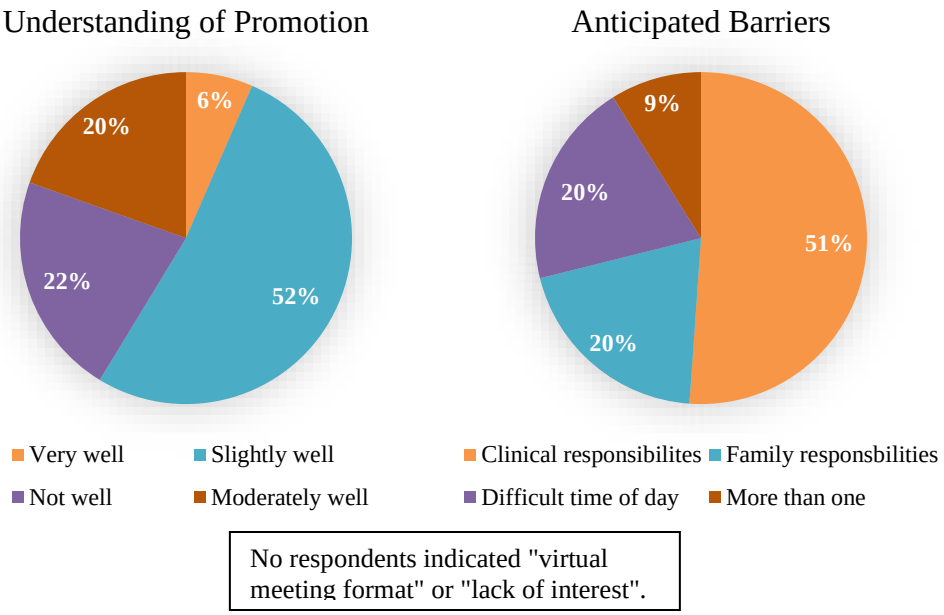

Figure 1. Baseline assessment of understanding of promotion among assistant professors and anticipated barriers to attending mentorship meetings in the pre-intervention survey (not surveyed in pilot year).

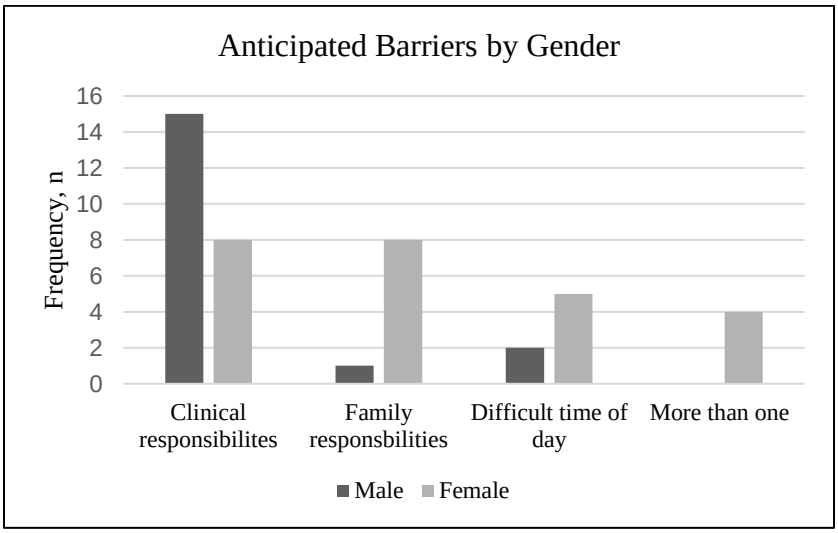

Figure 2. Frequency of anticipated barriers to participation in peer mentoring program were significantly different between male and female faculty (p=0.007).

Following the first year of the program, additional medical specialties were added in the second year of the program (Table 3). In the second iteration of the program, the baseline assessment included individuals' perception of intradepartmental and interdepartmental connectivity. Junior faculty were asked to score the degree of connectivity on a scale (none to extremely connected). Intradepartmental and interdepartmental connectively were significantly associated with one another (p=0.012), and no participants had a high sense of interdepartmental connectivity (denoted "very connected" or "extremely connected") prior to the program (Table 4).

Table 4. Baseline assessment of connectivity in junior faculty within their department (intradepartmental) and between departments (interdepartmental) before participating in the program, p=0.012 (chi-squared test).

		Degree of Connectivity, Interdepartmental					
Intradepartmental		**None**	**Slight**	**Moderate**	**Very**	**Extremely**	**Total**
	None	1	0	0	0	0	1
	Slight	9	5	1	0	0	15
	Moderate	11	7	2	0	0	20
	Very	0	3	4	0	0	7
	Extremely	0	3	0	0	0	3
	Total	21	18	7	0	0	46

Post-Intervention Survey

At the end of the program, junior faculty were asked to complete another anonymous survey on their experience, and 36 (39.1%) participated in the post-intervention survey. Overall, all respondents felt the program was valuable to their career with 7 (19.4%) reporting somewhat valuable, 9 (25%) reporting valuable, and 20 (55.6%) reporting very valuable or extremely valuable. The program either met or exceeded expectations for the vast majority of faculty (n=34 or 94.4%). When asked if the program helped participants focus on their career goals, 32 (88.9%) answered positively, and 35 respondents (97.2%) would recommend the program to future participants.

Networking with faculty in other medical specialties was found to be a valuable experience by 34 (94.4%) respondents. Improving knowledge regarding faculty promotion was valuable to 33 (91.7%) of respondents. As expected from the pre-intervention survey, the most common barriers to attending meetings continued to be clinical and family responsibilities. Some reported unanticipated benefits of the program related to scholarly productivity and networking. Faculty comments included, "This was instrumental in my application for promotion," and,

"The amount of networking was really valuable." The program also had an impact on clinical care interactions best summarized by the statement, "Networking with colleagues of other specialties helped improve my relationships with other specialties so now I feel more personable and collegial when calling a consult or speaking to them about one of their patients." Most participants felt that this program influenced their readiness for promotion with 30 (83.3%) respondents replying definitely or probably yes. Participants recommended expanding the program to additional departments. Additionally, there was a heightened awareness that academic faculty shared more similarities than differences across various medical specialties in their career aspirations and personal life goals. There was a 46% attrition rate based on the post-intervention response rate. According to feedback from group facilitators this was suspected to be largely due to challenges in scheduling related to clinical and family responsibilities. While meeting times were not convenient for all faculty, this was offset by the virtual format, allowing faculty to participate from home and clinical sites. Some survey non-respondents may have completed the program, however survey completion was anonymous and not mandatory, so non-respondents could not be surveyed on reasons for not completing the program.

Discussion

Our program demonstrates that interdisciplinary facilitated peer mentorship program is feasible, well-accepted by clinicians, and effective based on self-reported perception of promotion readiness and program satisfaction. Early-stage academic clinicians in all medical specialties face unique challenges following their training years beyond accruing expertise in their specialty. These challenges include understanding institutional expectations for promotion, juggling clinical and scholarly responsibilities, and balancing priorities of work, family and personal time. Successful institutions rely on the recruitment and career development of faculty members.[20] Yet approximately one-quarter of academic faculty have considered leaving academic medicine due to job dissatisfaction related to: 1) feeling isolated and disconnected, 2) experiencing moral distress at work, and 3) lack of engagement.[21] Given these well-documented challenges, the interdisciplinary facilitated peer mentorship program was effective in providing participants a program that was considered "an invaluable experience" (qualitative feedback) that supported career aspirations. The inclusion of multiple specialties in each small group improved interdepartmental connectivity therefore fulfilling the primary goal of creating opportunities for networking outside one's department, a necessary component of academic promotion. The setting permitted junior faculty to reflect on their academic accomplishments, receive constructive feedback, and gain additional resources and collaborative opportunities to reach their career goals.

Due to the short time span of the study, outcomes such as promotion rates could not be accurately measured.

The majority of junior faculty participants could not identify a primary mentor at the beginning of the peer mentorship program. There was no gender discrepancy in those with or without a mentor, contrary to previous studies describing disparities in mentorship for women.[12,13] This could be due to the fact that "mentor" was not strictly defined in the survey, leaving it open to interpretation. Regardless, the majority of program participants were women. Barriers to successful mentorship for women have been reported to be institutional, (e.g., lack of appropriate mentors and structured mentorship programs), and personal (e.g., hesitancy in initiating contact with a potential mentor).[12] Regardless of the mentorship model used, any form of formalized mentorship program has been shown to benefit the academic careers of both men and women. Our results support this notion as identification of a mentor was strongly associated with earlier anticipated time to promotion rather than gender of the participant. Based on a survey of women with faculty appointments, an institutional peer mentorship program was associated with three time higher odds of intending to remain in academic medicine.[10] While the positive impact of peer mentorship for women has been demonstrated in single departments with adequate number of women faculty[13], peer mentorship may be challenging for women faculty in male-dominated specialties and underrepresented minorities. The interdisciplinary model may be particularly valuable in overcoming the barrier of underrepresentation. Interestingly, faculty of any gender who had a primary mentor still participated in the program, suggesting that the interdisciplinary facilitated peer mentorship program fulfilled mentorship gaps even for those in dyadic mentoring relationships. This indicates there are perceived benefits unique to interdisciplinary facilitated peer mentorship such as relationship-building outside of one's department and sharing of experiences specific to those in the early-career stage.

Physician burn-out and dissatisfaction during the COVID-19 pandemic had been well-known and observed in the interval between the two years of the program. During the pandemic, interaction between faculty became limited to what was only required for clinical care, and all other opportunities for professional interaction such as institutional meetings and academic conferences were suspended. While difficult to measure, ongoing mentoring relationship were likely limited while new ones were harder to form. Based on perception of need, the interdisciplinary facilitated peer mentorship program was adapted to a virtual format, and the outcomes from the pilot year of the program proved to be reproducible. The virtual format did not appear to deter anyone from participating, and in fact, an advantage of the virtual format was improved attendance. At our institution there are multiple clinical sites throughout a large metropolitan area, thus virtual meetings permitted more faculty to participate regardless of their clinical

site. For those with family responsibilities, attending the meeting from their home computer was a feasible alternative. An unforeseen benefit of the virtual format was it helped overcome the two most common cited barriers to attending meeting identified in the baseline need assessment survey. Recent literature demonstrates the feasibility of virtual peer mentorship, highlighting the adaptability of mentorship models like ours to a virtual format.[22]

Limitations include a relatively small sample size across two years of the program. Also, participants in the program do not reflect all assistant-level professors at the institution, instead likely representing a group with the motivation and dedicated time to seek mentorship. Additionally, participants in the post-intervention survey did not represent all faculty who initially enrolled in the program; however, 72% of participants who finished the program completed the post-intervention survey. Lastly, there is currently no validated tool to measure success in mentorship and so much of our results rely on survey, a common issue in studies on mentorship and faculty development.[2] Future directions include longitudinal tracking of academic productivity, including publications and grant funding, and timeliness of promotion to provide long-term objective measures of success among program participants.

Conclusions

The interdisciplinary facilitated peer mentorship program addresses mentorship needs unmet by the traditional dyad mentorship model. Involvement of multiple departments improves connectivity among faculty in different medical specialties, enhances clinical relationships, and encourages collaboration. For smaller departments and institutions, this model provides access to a broader pool of senior faculty mentors. Interdisciplinary facilitated peer mentorship can be adopted and generalized broadly across different types of settings. The program was adaptable to a virtual format during the COVID-19 pandemic and mitigated barriers of competing clinical and family responsibilities. Lastly, the interdisciplinary facilitated peer mentorship program was particularly beneficial in improving readiness for promotion and networking. Perceptions of institutional comradery and collegiality also improved, two important aspects in academic career satisfaction. The program has been highly appraised by institutional leadership, and the interdisciplinary facilitated peer mentorship program has been expanded across the entire medical school and now includes both clinicians and research faculty.

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Appendix

Interdisciplinary Facilitated Group Peer Mentorship Pre-Intervention Survey

This survey will assist in the development of our mentorship program as well as enhance your overall experience in the program. The results will be deidentified and reported in aggregate.

Q1. What is your current academic track?

A. Tenure
B. Clinical
C. Research

Q2. Please select your Department

A. Pediatrics
B. Surgery
C. Pediatric Surgery
D. OB/Gyn
E. Cardiothoracic and Vascular Surgery
F. Anesthesiology
G. Pediatric and Congenital Heart Surgery
H. Other _____

Q3. Please indicate your gender (OPTIONAL)

A. Male
B. Female

Q4. What is your ethnicity origin (or race)? (OPTIONAL)

A. White
B. Black or African American
C. American Indian or Alaska Native
D. Asian
E. Native Hawaiian or Pacific Islander
F. Hispanic/Latina
G. Other _____

Q5. Please indicate how many years it has been since your last graduate medical education training? _____

Q6. When are you planning to go up for promotion?

A. This academic year
B. Next year
C. Two years
D. Three years
E. Four years
F. Five or more years

Q7. Do you have a primary mentor?

A. Yes
B. No

Q8. If yes, please rank each type of support you have received on a scale from 0 to 5 (0 being having received no support of that type and 5 having received the highest level of support of that type) from the person identified as your primary mentor?

Level of Support from your primary mentor	0	1	2	3	4	5	N/A

Q9. Do you have a secondary mentor?

A. Yes
B. No

Q10. If yes, please rank each type of support you have received on a scale from 0 to 5 (0 being having received no support of that type and 5 having received the highest level of support of that type) from the person identified as your secondary mentor:

Level of support from your secondary mentor	0	1	2	3	4	5	N/A

Q11. Comments regarding mentors: _____

Q12. If you are a mentor as well as a mentee, would you like training in how to maximize your mentorship skills?

A. Yes
B. No

Q13. What do you feel would be important component of a peer mentorship program? (choose all that apply)

A. Networking with other faculty members
B. Improving knowledge regarding faculty promotion
C. Mentorship in development of SMART goals
D. Strategies for time management
E. Strategies for life balance
F. Strategies to improve/maximize scholarly activity
G. SWOT Analysis of career goals
H. Guidance on producing timely publications
I. Strategies to improve clinical education
J. Mentorship in study design, methods, and/or statistics
K. Guidance on balancing teaching-research-clinical service
L. Mentorship in integrating clinical practice and scholarship
M. Fostering diversity and equity in academic medicine
N. Mentorship in leadership skills training
O. Other _____

Q14. Please rank the same components of a peer mentorship program from 1-14 according to how important they are to you personally. 1=Most Important, 14=Least Important

_____ Networking with other faculty members
_____ Improving knowledge regarding faculty promotion
_____ Mentorship in development of SMART goals
_____ Strategies for time management
_____ Strategies for life balance
_____ Strategies to improve/maximize scholarly activity
_____ SWOT Analysis of career goals
_____ Guidance on producing timely publications
_____ Strategies to improve clinical education
_____ Mentorship in study design, methods, and/or statistics
_____ Guidance on balancing teaching-research-clinical service
_____ Mentorship in integrating clinical practice and scholarship
_____ Fostering diversity and equity in academic medicine
_____ Mentorship in leadership skills training

Q15. Please indicate how connected you feel to other faculty in your OWN DEPARTMENT.

A. Not connected at all
B. Slightly connected
C. Moderately connected
D. Very connected
E. Extremely connected

Q16. Please indicate how connected you feel to other faculty in OTHER DEPARTMENTS.

A. Not connected at all
B. Slightly connected
C. Moderately connected
D. Very connected
E. Extremely connected

Q17. How important do you feel interacting with faculty outside your clinical department is as it relates to your academic career?

A. Extremely important
B. Very important
C. Moderately important
D. Slightly important
E. Not at all important

Q18. How well do you understand the promotion and tenure process at the institution?

A. Not well at all
B. Slightly well
C. Moderately well
D. Very well
E. Extremely well

Q19. Do you feel your career goals are supported at the institution?

A. Definitely yes
B. Probably yes
C. Might or might not
D. Probably not
E. Definitely not

Q20. What barriers do you forsee in attending the group mentorship sessions? (choose all that apply)

A. Difficult time of day
B. Clinical responsibilitie
C. Family responsibilities
D. Topics not interesting to me
E. Not interested in virtual mentorship meetings via Webex
F. Other _____

Q21. Please provide any other suggestions you have for the 2020-21 Interdisciplinary Peer Mentorship Program: (free-text response)

Interdisciplinary Facilitated Peer Mentorship Post-Intervention Survey

Q1. Please describe why you chose to participate in this mentorship program: (free-text response)

Q2. Overall, how valuable did you feel this program was to you personally?

A. Not valuable at all
B. Somewhat valuable
C. Valuable
D. Very valuable
E. Extremely valuable

Q3. How many meetings were you able to attend? (1 to 10+)

Q4. What did you find valuable about the program? (choose all that apply)

A. Networking with other faculty members
B. Improving knowledge regarding faculty promotion
C. Help with promotion narrative
D. Help with CV
E. Working on SMART Goals
F. Strategies for time management
G. Strategies for life balance
H. Strategies to improve scholarly activity
I. Strategies for self-preservation
J. Other _____

Q5. What did you find MOST valuable regarding the program?

A. Networking with other faculty members
B. Improving knowledge regarding faculty promotion
C. Help with promotion narrative
D. Help with CV
E. Working on SMART Goals
F. Strategies for time management
G. Strategies for life balance
H. Strategies to improve scholarly activity
I. Strategies for self-preservation
J. Other _____

Q6. What barriers did you have to attending the sessions? (choose all that apply)

A. Difficult time
B. Clinical responsibilities
C. Family responsibilities
D. Topics were not interesting to me
E. Did not find value in the sessions
F. Other _____

Q7. How well did this program meet your expectations?

A. Far exceeded expectations
B. Exceeded expectations
C. Equaled expectations
D. Short of expectations
E. Far short of expectations

Q8. Did this program help you focus on your career goals?

A. Yes
B. No

Q9. Were there any unanticipated benefits to participating in the program?

A. Yes
B. No
C. If yes, please explain

_____

Q10. Do you feel this program influenced your readiness for promotion?

A. Definitely yes
B. Probably yes
C. Might or might not
D. Probably not
E. Definitely not

Q11. Please indicate how connected you feel to other faculty in your OWN DEPARTMENT.

A. Not connected at all
B. Slightly connected
C. Moderately connected
D. Very connected
E. Extremely connected

Q12. Please indicate how connected you feel to other faculty in OTHER DEPARTMENTS.

A. Not connected at all
B. Slightly connected
C. Moderately connected
D. Very connected
E. Extremely connected

Q13. How important do you feel interacting with faculty outside your clinical department is as it relates to your academic career?

A. Extremely important
B. Very important
C. Moderately important
D. Slightly important
E. Not at all important

Q14. How well do you understand the promotion and tenure process at McGovern Medical School?

A. Not well at all
B. Slightly well
C. Moderately well
D. Very well
E. Extremely well

Q15. Do you feel your career goals are supported at the institution?

A. Definitely yes
B. Probably yes
C. Might or might not
D. Probably not
E. Definitely not

Q16. When are you planning to go up for promotion?

A. This academic year
B. Next year
C. Two years
D. Three years
E. Four years
F. Five or more years

Q17. Would you recommend this program to future participants?

A. Yes
B. No

Q18. What aspect of the program would you recommend continuing in the future? (free text response)