## Supplementary Data

## Search Strategy

Search of Medline (between 1940-2019) and EMBASE (Excerpta Medica Database) and between 1980 and 2019.

- 1. (Mentor\* or Mentee\* or protégé\*).tw,kw
- 2. Exp "Internship and Residency"/
- 3. Education, Medical, Graduate/
- 4. (Fellow\* or house staff or housestaff)
- 5. ((anaesthesiolog\* or anesthesiolog\* or emergency medic\* or family med\* or general med\* or geriatric\* or gynaec\* or gynec\* or internal med\* or neurolog\* obstetric\* or paediatric\* or pediatric\* or psychiatry\* or radiolog\* or special\* or surg\*) adj10 (trainee\* or training or residen\*)).tw,kw.
- 6. ((intern\* or residen\*) adj10(medical or medicine)).tw,kw
- ((graduate or postgraduate or post-graduate) adj10 (doctor\* or medic\*)) and (educat\* or train\*)).tw,kw.
- 8. 2 or 3 or 4 or 5 or 6 or 7
- 9. 1 and 8

Extraction     Data extracted     Data extractors	
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First Author	
• Year	
• Journal	
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Study Type (survey)	
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## Data Extraction Tool

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	Setting	<ul> <li>Study start date</li> <li>Study end date</li> <li>Study site(specify which hospital, clinic residency program)</li> </ul>
	Population (specify if program participants do not equal participants in study)	<ul> <li>Residency program(s) being mentored</li> <li>Mentee PGY(s)</li> <li>Additional mentee Characteristics (women, ethnic minorities, international medical grads, etc.)</li> <li>Comparison population (if applicable)</li> <li>Population mentor</li> <li>Notes</li> </ul>
Methods	Participants (in program)	<ul> <li>Method of recruitment</li> <li>Number of mentees participating</li> <li>Number of mentees invited to participate (if optional)</li> <li>Number of mentee drop-outs</li> <li>Number of mentors participating</li> <li>Number of mentors invited to participate</li> <li>Number of mentor drop outs</li> </ul>
	Data collection	<ul> <li>Means of evaluation (i.e. survey, interview, objective resident outcomes such as test scores)</li> <li>Distribution method (if survey)</li> </ul>
	Response rates (in study)	<ul> <li>Method of recruitment into study</li> <li>Mentees (n/n)</li> <li>Mentees (%)</li> <li>Comparison population if applicable (n, %)</li> <li>Mentors (n/n)</li> <li>Mentors (%)</li> <li>Loss to follow-up, exclusions (specify)</li> <li>Notes</li> </ul>

22-00415.1	1	
	Program Implementation	<ul> <li>Who initiated program?</li> <li>Goal/reason behind program (ie, fulfill a requirement, QI, address burnout)</li> <li>Basis of program design (ie, pilot program, pre-existing program, validation)</li> <li>Support required/obtained for program (financial, administrative)</li> <li>Steps/phases of implementation (describe)</li> <li>Recruitment/selection of mentors</li> <li>Integration as part of a larger program (was this a component of a larger intervention?)</li> <li>If and how program obtained recognition (ie, mentors billing/receiving recognition for contribution, residents meeting educational requirements</li> <li>Barriers to implementation</li> <li>Notes</li> </ul>
Outcomes	Program characteristics	<ul> <li>Program mandatory or optional</li> <li>Mentor assigned or chosen</li> <li>If mentor assigned, describe methods used to match mentees with mentors</li> <li>Mentor/mentee ratio</li> <li>Were meetings during or after work hours?</li> <li>If during work hours, was there protected time?</li> <li>Site where meetings took place</li> <li>Frequency of meetings per program goal</li> <li>Actual frequency of meetings/attendance rates</li> <li>Were meetings mandatory/attendance tracked</li> <li>Does mentor receive any formal training</li> <li>Length of program</li> <li>How is mentoring conducted (face to face, email, phone etc.)</li> <li>Measures to address failed mentor/mentee relationships</li> <li>Other</li> </ul>

22-00413.1		
	Program evaluation	<ul> <li>Methods used to evaluate program (instrument name, describe)</li> <li>Pilot testing, validity of assessment tool</li> <li>How often was evaluation sought</li> <li>Were changes implemented after evaluation, if so what changes</li> </ul>
Themes vi R S pri nu r r r r r r r r r r r r r	Resident wellness	<ul> <li>Addressed (Yes/No)</li> <li>Subjective (ie, a resident felt supported by mentor)</li> <li>Objective (ie, improved burnout scores)</li> </ul>
	Career progression (ie, networking, match success, employment)	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Improved medical knowledge	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Improved understanding of values/norms/ navigating environment	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Research	<ul><li>Addressed (Yes/No)</li><li>Subjective</li><li>Objective</li></ul>
	Satisfaction with residency program	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Success of program (include barriers to success)	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Other	<ul> <li>Addressed (Yes/No)</li> <li>Subjective</li> <li>Objective</li> </ul>
	Strengths of paper	• List all

Summary	Limitations of paper	• List all
	Summary of paper	• One to two sentences
	Surveys <sup>1</sup>	<ul> <li>Is source population representative of the population of interest?</li> <li>Is the response rate adequate?</li> <li>Little missing data?</li> <li>Is the survey clinically sensible?</li> <li>Survey was pilot tested?</li> <li>Survey was reliable and validated?</li> </ul>
Risk of bias assessment	Qualitative studies (CASP) <sup>2</sup>	<ul> <li>Was there a clear statement of the aim of the research?</li> <li>Are the qualitative methods appropriate?</li> <li>Was the research design appropriate to address the aims of the research?</li> <li>Was the recruitment strategy appropriate?</li> <li>Was the data collected in a way that addressed the research issue?</li> <li>Has the relationship between researcher and participants been adequately considered?</li> <li>Was data analysis sufficiently rigorous?</li> <li>Is there a clear statement of findings?</li> <li>Is the research valuable?</li> </ul>
	Cohort studies <sup>3</sup>	<ul> <li>Was selection of exposed and non-exposed cohorts drawn from the same population?</li> <li>Can we be confident in the assessment of the exposure?</li> <li>Can we be confident that the outcome of interest was not present at the start of the study?</li> <li>Can we be confident in the assessment of the presence or absence of prognostic factors?</li> <li>Was the follow up of cohorts adequate?</li> <li>Were co-interventions similar between groups?</li> </ul>

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	Case control studies <sup>4</sup>	<ul> <li>Can we be confident in the assessment of exposure?</li> <li>Can we be confident that cases had developed the outcome of interest and controls had not?</li> <li>Were the cases (those who were exposed and developed the outcome of interest) properly selected?</li> <li>Were cases and controls matched according to important prognostic variables or was statistical adjustment carried out for those variable?</li> </ul>
	RCTs <sup>5</sup>	<ul> <li>Was the allocation sequence adequately generated?</li> <li>Was the allocations adequately concealed?</li> <li>Blinding: was knowledge of the allocated interventions adequately prevented?</li> <li>Was loss to follow-up (missing outcome data) infrequent?</li> <li>Are reports of the study free of selective outcome reporting?</li> <li>Was the study apparently free of other problems that could put it at risk of bias?</li> </ul>

1. CLARITY. Risk of Bias Instrument for Cross-Sectional Surveys of Attitudes and Practices. <u>https://www.evidencepartners.com/wp-</u> <u>content/uploads/2017/09/Risk-of-Bias-Instrument-for-Cross-Sectional-Surveys-</u>

ofAttitudes-and-Practices.pdf

2. CASP checklist for qualitative studies. <u>https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf</u>

3. CLARITY. Risk of bias instrument for cohort studies.

https://www.evidencepartners.com/resources/methodological-resources/tool-toassess-risk-of-bias-in-cohort-studies-distillersr.

4. CLARITY. Risk of bias instrument for case control studies.

https://www.evidencepartners.com/resources/methodological-resources/tool-toassess-risk-of-bias-in-case-control-studies-distillersr.

5. CLARITY. Risk of bias instrument for randomized controlled trials:. <u>https://www.evidencepartners.com/resources/methodological-resources/tool-to-assess-risk-of-bias-in-randomized-controlled-trials-distillersr</u>