

Mentees' perception of a newly introduced formal mentoring programme for final year undergraduate medical students – A pilot study

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Abstract

Introduction: Many of us are still unclear about the true meaning of 'Mentoring'. Medicine as a profession is gradually becoming increasingly complex and fragmented. Medical colleges admit hundreds of students every year with the number of MBBS seats in some of the colleges touching 250. Formal mentoring programmes are virtually non-existent in most medical colleges and where functional, are focussed towards day to day administrative issues faced by the students rather than towards their holistic development as a professional.

Materials and Methods: A formal mentoring programme was introduced in the college in July 2018 and student mentees were allotted to individual faculty mentors. The present study details the experiences of the department of General Medicine. 2 faculty from the department were designated as mentors. The department published a detailed schedule for the mentoring sessions. On any given day, 2 sessions were held between 1000 hrs and 1030 hrs with each session lasting 15 minutes. A total of 7 such rounds were conducted between July and November 2018. At the end of the final session, the students were asked to fill the pre-validated feedback form.

Results: The mentees perceived the mentorship sessions positively. Most mentees agreed that their mentors demonstrated reasonable concern towards them and that they were able to discuss both academic and non-academic issues with their respective mentors. Importantly, a large majority of mentees agree that after attending the sessions, they were able to harness their own positive attributes and start working towards attaining their goals with greater confidence.

Keywords: Mentoring, Mentors, Education Medical, Learning.

Introduction

Mentoring is an often-heard term at medical education seminars and symposia but many of us are still unclear about the true meaning of the word and its origins. The dictionary defines 'mentor' as a 'wise and trusted counsellor and teacher'. The word 'mentor' originates from the Greek mythological epic, *Odyssey*, in which *Odysseus* is said to have entrusted his friend *Mentor* with the care of his belongings and his son before leaving to fight in the famed Trojan War.¹

The UK's Standing Committee on Postgraduate Medical and Dental Education (SCOPME) defines mentoring as "The process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor, who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee".²

Surprisingly, ancient India was well versed with SCOPME's definition of mentoring, centuries before the term was formally defined. We had institutions called 'gurukuls' in which the students were guided by their 'gurus' towards holistic development, both personal and professional.³ The practice of mentoring however, has almost but disappeared from the world of academics today. Most of our professional educational institutions look more like educational factories and have lost the humane and personal side of teaching and learning.

Medicine as a profession is gradually becoming increasingly complex and fragmented. Medical colleges

admit many hundreds of undergraduate and postgraduate students every year with the number of MBBS seats in some of the larger colleges touching the 250 mark. Most colleges have numerous speciality and super-speciality departments, each with their own set of faculty and trainee students, with inter-departmental interaction limited to the mandatory administrative meetings. Faculty numbers have not risen proportionately and therefore, post-graduate training takes precedence over under-graduate training and many senior faculty pride themselves in never being available for MBBS classes. As a result, it is becoming increasingly difficult for undergraduate students to find a mentor who has the time to listen to their problems and who can guide them in academic and non-academic matters.⁴

Formal mentoring programmes are virtually non-existent in most of the medical colleges and where functional, are focussed towards day to day administrative issues faced by the students rather than towards their holistic development as a professional.

Aim and Objectives

1. To introduce a formal mentoring programme for final year MBBS students
2. To assess the perception of mentees regarding the mentorship programme

Materials and Methods

A formal mentoring programme was introduced in the college in July 2018 and student mentees (henceforth referred to as mentees) were allotted to individual faculty mentors (henceforth referred to as mentors). The allotment was centrally done by a faculty in-charge of the programme.

Students from a particular Professional year were allotted to the faculty members from that Professional year only e.g. students from 1st Professional were equally divided among faculty from the departments of Anatomy, Physiology and Biochemistry. Approximately 14-15 mentees were allotted to each mentor.

The present study details the experiences of the department of General Medicine. 2 faculty from the department were designated as mentors, henceforth to be referred to as Mentor A and Mentor B. A total of 28 students from 3rd Professional part-II were allotted to General Medicine, 14 under Mentor A and 14 under Mentor B. Both the mentors from the department are Medical Education Unit members who have attended the Revised Basic Course, AETCOM and Advance Course in Medical Education workshops and are adequately sensitized to student mentoring. However, both the mentors still conducted a sensitization session in which they discussed the specifics of the mentorship programme to be followed by the department. Both the mentors jointly prepared an online feedback form which was administered to a random sample of final year students, faculty members from the college and Medical Education Unit members from other colleges. The feedback received was used to finalise the feedback form after incorporating necessary changes. The final feedback form was then validated by the members of the Medical Education Unit of the college. The feedback form consists of both open-ended and closed-ended questions with many questions using a 5-point Likert Scale.

The department published a detailed schedule for the first round of mentoring sessions. On any given day, 2 sessions were held between 1000 hrs and 1030 hrs with each session lasting 15 minutes. This time was chosen to minimize inconvenience to the mentees as the period between 1000 hrs-1030 hrs is the period of transition from theory lectures to clinical classes in our college. The list of mentees was arranged roll number wise and starting from the first allotted roll number, 1 mentee was invited for the 1000hrs-1015hrs session and another was invited for the 1015hrs-1030hrs session. This way, 2 mentees had their sessions with each mentor per day and a total of 4 mentees attended the sessions in the department each day. The schedule was advertised well in advance and mentees were asked to inform in case they were unavailable on any particular day or at any particular time so that an alternate date and time could be allotted to them.

The sessions were conducted in the respective faculty offices in the department of General Medicine. Mentees were informed beforehand that all discussions during the session were confidential. All efforts were made to minimize any disturbance during the sessions. Before entering the session, mentees were asked to fill a small questionnaire.

The first session for each mentee consisted of a general discussion about their journey in medical college so far, their favourite subjects and their plans for the future. The mentors shared anecdotes and experiences from their undergraduate days. During the session the mentees were

asked whether they were facing any academic and non-academic issues and whether they needed any help in coping with those issues. Time management is a major issue for MBBS students and a few minutes were devoted to discussing this.

The next round of sessions was held after 5 days. By this time, the mentors had gone through the questionnaire forms submitted by the student mentees and had identified potential problem areas. Therefore, this time the discussion stressed on the various issues raised by the mentees in the questionnaire forms and/or the previous session and all efforts were made by the mentors to assist the mentees in resolving the issue. In case a mentee had difficulty in understanding a concept in any subject (including General Medicine), a meeting was arranged for the mentee with a faculty from the concerned subject.

The subsequent sessions were held at a gap of 15 days from the previous sessions. A total of 7 such rounds were conducted between July and November 2018.

At the end of the final session, the students were asked to fill the pre-validated feedback form. The recipients were informed that the feedback form was confidential, that the online form would not collect their email addresses and their identities would not be revealed even to the investigators and hence, they were expected to answer the questions honestly.

Results

The results are presented separately for Mentor A and Mentor B.

For accurate analysis, a 5-point Likert Scale is used in the questionnaire.

To indicate agreement with any given statement (positive response) answers marked as 'agree' and 'strongly agree' are considered together.

Similarly, to indicate disagreement with any given statement (negative response) answers marked as 'disagree' and 'strongly disagree' are considered together.

Mentor A – 11 mentees of Mentor A filled the feedback form.

1. 7 mentees (63.6%) ranked the level of effort put in by their mentor to understand their concerns and queries as 5 on the 5-point Likert Scale.
2. 9 out of 11 mentees agreed that their mentor seemed knowledgeable and demonstrated a reasonable concern towards them. 7 mentees agreed that their mentor assisted them with career queries while 8 mentees agreed that their mentor provided guidance for improving academic performance. When asked whether the mentor was professional in behaviour, 10 mentees were in agreement. Similarly, 10 out of 11 mentees agreed that the mentor encouraged them to formulate a study schedule/reading plan.
3. The advice and feedback received from the mentor helped 9 out of 11 mentees (81.8%) in formulating a study schedule/reading plan.

4. 9 mentees (81.8%) felt that they were able to discuss their academic issues whereas 7 mentees (63.6%) felt they were able to discuss their non-academic issues with their mentor.
5. An overwhelming majority of 9 mentees (81.8%) agreed that their mentor was able to understand and address their concern. (Fig. 1).
6. The feedback related to the conduct of the mentorship sessions was positive. All 11 mentees agreed that the sessions started on time while 10 of them agreed that the sessions were conducted in a safe, non-threatening environment and were of appropriate duration. 9 mentees agreed that the sessions were conducted without unnecessary interruptions while 8 mentees felt that the sessions met all their expectations. (Fig. 2)
7. Out of the 11 mentees, an overwhelming majority of 10 mentees agreed that their mentor was able to communicate with them effectively, gave them ample time and opportunity to express themselves and made

- an effort to build trust and maintain privacy. 9 mentees agreed with the statement that their mentor constructive feedback regarding their academic performance while 8 mentees agreed that their mentor helped them in setting personal and professional goals.
8. The students were then asked that after attending the sessions whether they were able to harness their positive attributes and start working towards their goal and whether they felt greater confidence in dealing with their academic issues and non-academic issues respectively. 9 mentees agreed with the first statement, while 8 and 6 mentees agreed with the second and third statements respectively.
9. Next, the mentees were asked whether they would like to attend more mentorship session with their mentor, if given a chance. An overwhelming majority of 10 mentees (91.9%) replied in affirmative. (Fig. 3)

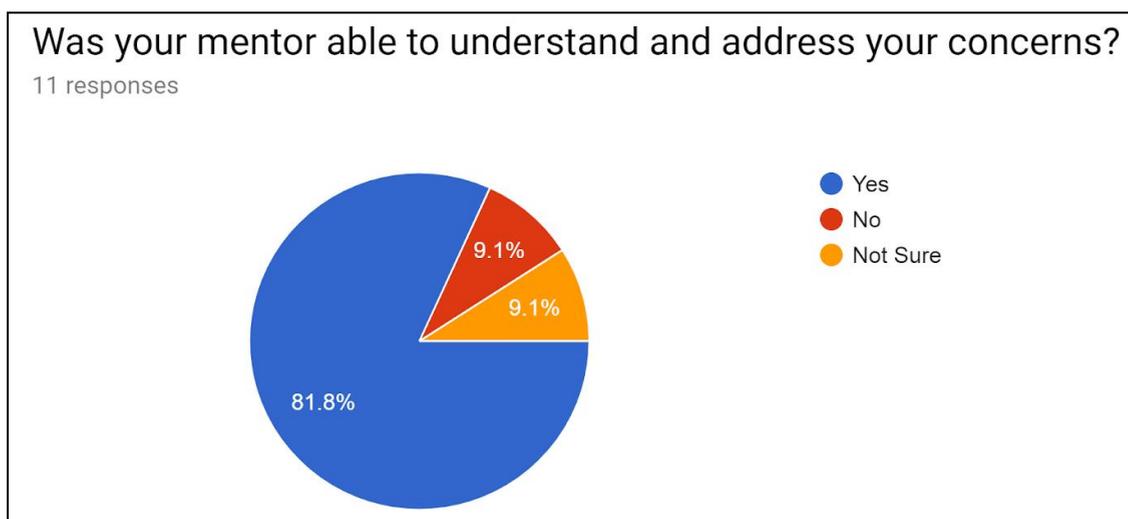


Fig. 1

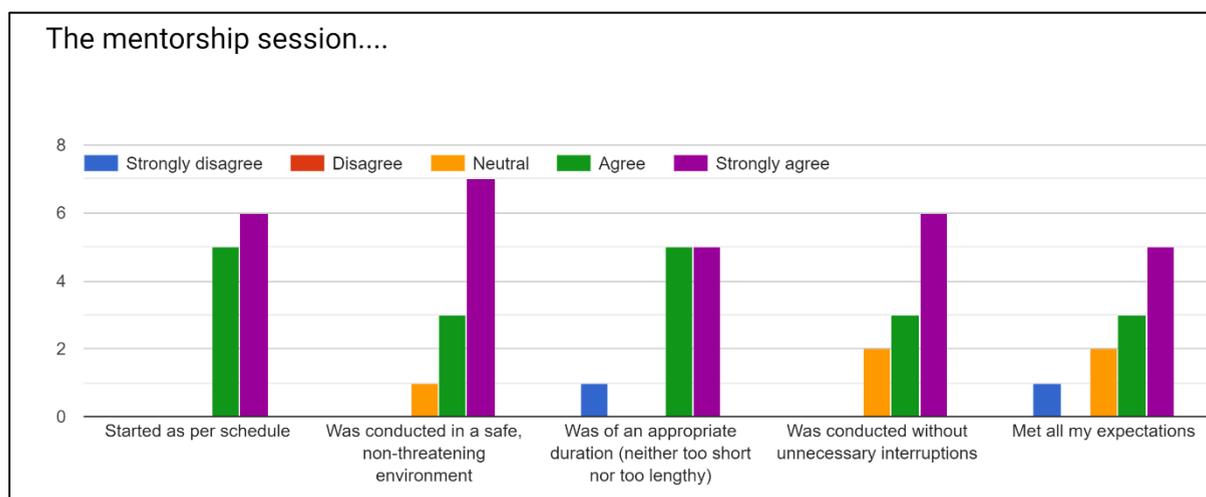


Fig. 2

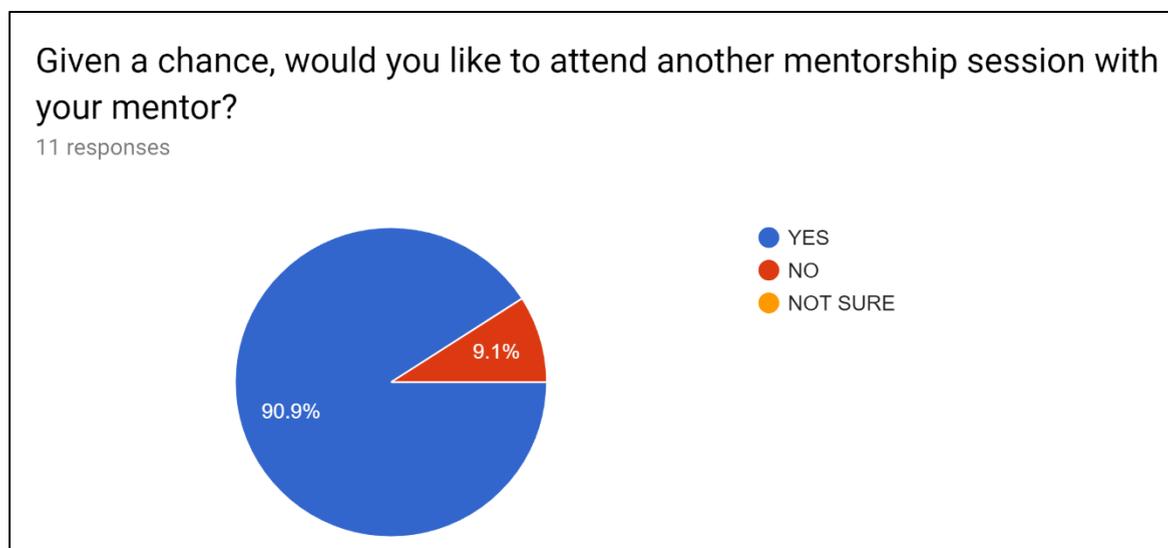


Fig. 3

10. The student mentees were asked that strictly with regards to mentoring, what in their opinion was their mentor's greatest strength. Some of the responses are presented below.

- "Very caring nature and always approachable"
- "Talking with great affection and concern towards me."

11. Finally, the student mentees were asked to enumerate what they had gained from attending the mentorship sessions. Some of the responses are mentioned verbatim below.

- "I got a better perspective regarding my academic issues"
- "How to study effectively and how much time should I give to my studies"
- "1- Schedule for my study. 2- confidence. 3- increased my learning abilities"
- "A suitable time table and other sources of study"
- "It's just a good support system to have, especially when coming from the faculty itself. You know that one has someone to go back to if problem arises".

MENTOR B – 14 mentees of Mentor B filled the feedback form.

- 7 mentees (50%) and 6 mentees (42.9%) ranked the level of effort put in by their mentor to understand their concerns and queries as 5 and 4 respectively, on the 5-point Likert Scale
- All 14 mentees (100%) agreed that their mentor seemed knowledgeable and was professional in behaviour. 12 mentees agreed that their mentor demonstrated a reasonable concern towards them. 7 mentees agreed that their mentor assisted them with career queries while 13 mentees agreed that their mentor provided guidance for improving academic performance. All 14 mentees (100%) agreed that the mentor encouraged them to formulate a study schedule/reading plan.

- The advice and feedback received from the mentor helped 12 out of 14 mentees (85.7%) in formulating a study schedule/reading plan.
- All 14 mentees (100%) felt that they were able to discuss their academic issues whereas 11 mentees (78.6%) felt they were able to discuss their non-academic issues with their mentor.
- An overwhelming majority of 12 mentees (85.7%) agreed that their mentor was able to understand and address their concern. (Fig. 4)
- The feedback related to the conduct of the mentorship sessions was positive. 12 mentees agreed that the sessions started on time and were of appropriate duration while 13 of them agreed that the sessions were conducted in a safe, non-threatening environment. 12 mentees agreed that the sessions were conducted without unnecessary interruptions while 8 mentees felt that the sessions met all their expectations. (Fig. 5)
- Out of the 14 mentees, all 14 agreed that their mentor was able to communicate with them effectively, gave them ample time and opportunity to express themselves and made an effort to build trust and maintain privacy. 13 mentees agreed with the statement that their mentor provided constructive feedback regarding their academic performance while 10 mentees agreed that their mentor helped them in setting personal and professional goals.
- The students were then asked that after attending the sessions whether they were able to harness their positive attributes and start working towards their goal and whether they felt greater confidence in dealing with their academic issues and non-academic issues respectively. 12 mentees agreed with the first statement, while 13 and 10 mentees agreed with the second and third statements respectively.
- Next, the mentees were asked whether they would like to attend more mentorship session with their mentor, if given a chance. An overwhelming majority of 13 mentees (92.9%) replied in affirmative. (Fig. 6)

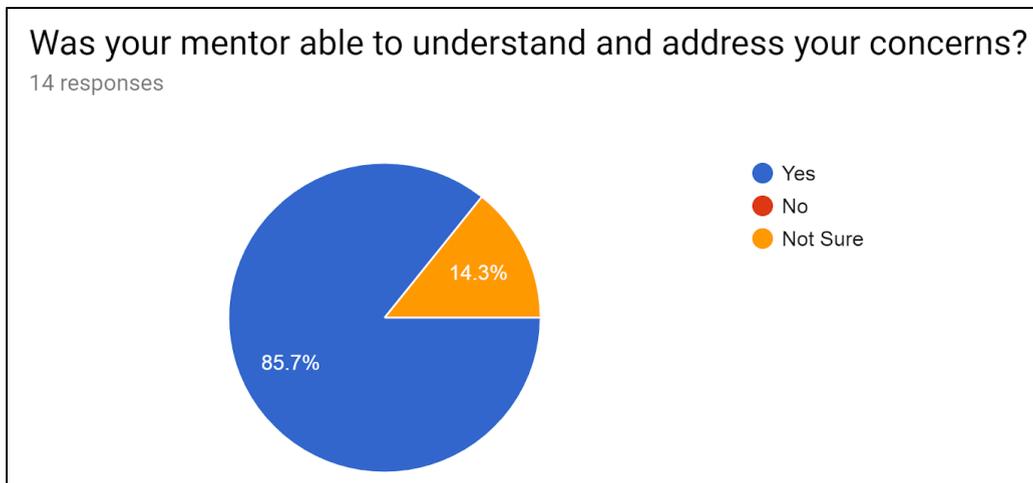


Fig. 4

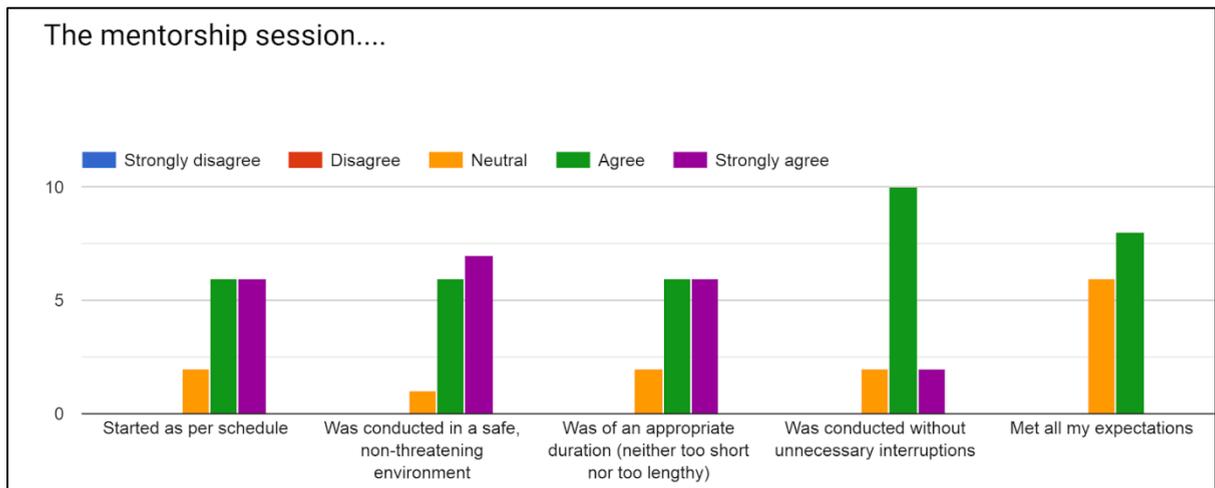


Fig. 5

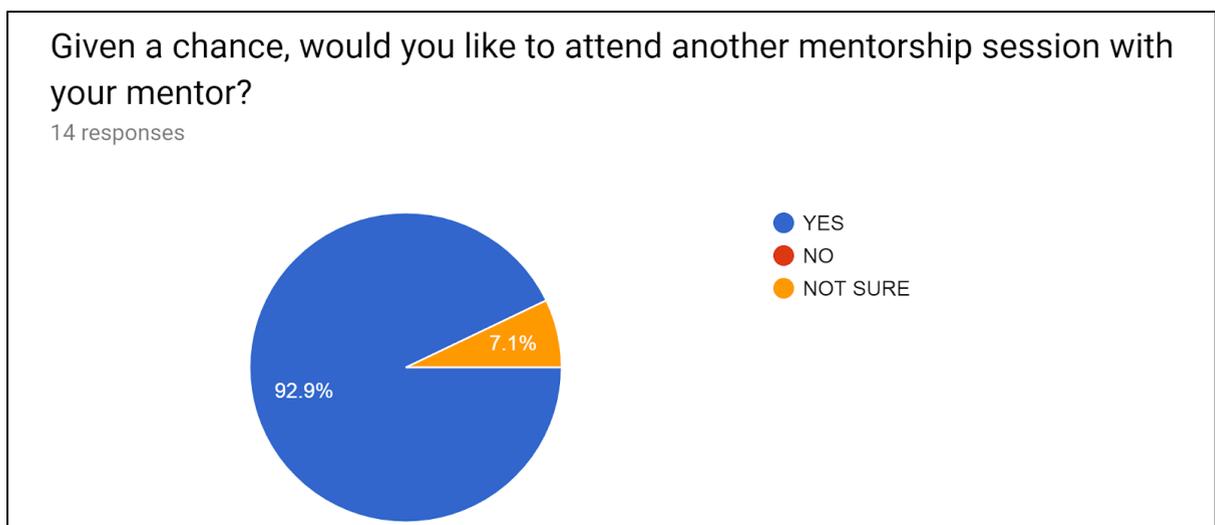


Fig. 6

10. The student mentees were asked that strictly with regards to mentoring, what in their opinion was their mentor's greatest strength. Some of the responses are presented below.

- a. "When I talk to my mentor, my mentor seems reliable. My mentor encourages me to work hard towards my studies. Actually last month was very much fruitful for me in study point of view."
- b. "My mentor is a great motivator"
- c. "Good communication"
- d. "Being professional and Helping nature"

11. Finally, the student mentees were asked to enumerate what they had gained from attending the mentorship sessions. Some of the responses are mentioned verbatim below.

- a. "My mentor asked me to divide my subject and give me a goal of finishing some topics in every subject; most importantly my mentor was not restricted to his/her subject only"
- b. "Was able to open up with mentors and gained guidance and confidence which helped me to deal with my problems."
- c. "Management of time, stop playing mobile games, presented clinical cases, gained confidence while speaking."
- d. "Before mentorship program I had no schedule for study I wasted most of my time. After this I was able to make a schedule so I could read all of my subjects."
- e. "How should I start my preparation about final exams & scheduling my time towards each subject."
- f. "I self analysed myself and realised about my shortcomings and I am working on them."
- g. "I'm very much focused towards my study.....like by making study plan"
- h. "Planning; Hope; Confidence."

Discussion

1st year MBBS students are in great need of mentoring to cope with the new challenges of a medical college. Moving away from the secure environment of home and school, large number of students in every batch, new subjects, multiple exams, limited time and the pressure of performing well make the first year tough to navigate. A previous study has noted the beneficial effects of introducing a mentorship programme for 1st year MBBS students, including development of better student-teacher relationship.⁵

However, this does not mean that the need for mentoring reduces in the subsequent professional years. Each professional comes with its own set of unique challenges adding to the burden of problems already being faced by the students. The final professional year is also very stressful; it signals the end of an important phase of college life, there are major clinical subjects that will be tested rigorously, there is pressure to pass and join internship on time with the rest of the batch and then there is the looming threat of PG entrance exams and career choices that will need to be made during internship. Hence

mentoring needs to be a continuous process rather than a static event.³

Results from the present study show that student mentees perceived the mentorship sessions positively. Most mentees agreed that their mentors demonstrated reasonable concern towards them and that they were able to discuss both academic and non-academic issues with their respective mentors. Importantly, a large majority of mentees agree that after attending the sessions, they were able to harness their own positive attributes and start working towards attaining their goals with greater confidence. This clearly demonstrates that instead of imposing their own top-down views for solving a problem, the mentors were able to facilitate their mentees to finding the solutions and thereby helped the mentees in developing their own ideas, improving their learning, and also in their personal and professional development.

Both the mentors reported increased feeling of self satisfaction after the process. The feedback received from the students helped them improve their day to day teaching learning methods. Similar results were reported by Kukreja et al in their study on the introduction of a mentoring to 1st year students.⁵

Both mentors agreed that talking to the mentees made them more aware of the problems they were facing and helped them develop more empathy and compassion in their interactions with other students as well. This is similar to the findings reported by Arati et al. in their study which evaluated the experiences of students and faculty enrolled in a newly introduced mentoring programme for 1st year MBBS students.⁶

Conclusion

The authors recommend that formal mentoring programmes be introduced in all medical colleges and mentoring be made part of the curriculum of undergraduate and postgraduate medical education in the country. Arati et al. have correctly pointed out that mentoring can be used as to achieve learning objectives from the neglected affective domain,⁶ something that has found renewed resonance under the new Competency Based Medical Education curriculum proposed to be introduced for undergraduate medical education in India from August 2019 onwards. The authors are continuing to implement the mentorship programme with the next batch.

Conflict of Interest: None.

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