

Preparing medical teachers in their role as mentor for medical students

Saurabh RamBihariLal Shrivastava¹, Prateek Sudhakar Bobhate², Prithvi Brahmanand Petkar³, Harshal Gajanan Mendhe⁴, Nandkishor Jageshwar Bankar⁵

^{1,3,4}Department of Community Medicine, Datta Meghe Medical College, Off-campus centre of Datta Meghe Institute of Higher Education and Research, Hingna Road, Wanadongri, Nagpur, Maharashtra

²Department of Community Medicine, All India Institute of Medical Sciences, Vijaypur, Jammu

⁵Department of Microbiology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi (M), Wardha, Maharashtra, India

CORRESPONDING AUTHOR

Dr. Saurabh RamBihariLal Shrivastava, Professor, Department of Community Medicine, Datta Meghe Medical College, Off-campus centre of Datta Meghe Institute of Higher Education and Research, Hingna Road, Wanadongri, Nagpur, Maharashtra 440016

E mail: drshrishri2008@gmail.com

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ABSTRACT

In conclusion, effective mentoring is a key strategy to support the growth and development of future healthcare professionals. Mentors have a key role to play and we must prepare them for this role so that they prioritize mentorship in their work schedule, and accordingly help students to become competent healthcare professionals.

KEYWORDS

Mentor; Teachers; Medical Students; Medical Education

INTRODUCTION

The life of a medical student in medical schools is generally linked with multiple hurdles, as they are not only expected to master a wide range of cognitive and non-cognitive competencies but even adapt to the atmosphere and learning environment in medical institutes (1,2). Mentoring in the context of medical education refers to a dynamic and supportive association between an experienced and knowledgeable professional (the mentor) and a less experienced student (the mentee) (3). This association is not limited to the mere delivery

of knowledge or technical skills alone, rather also extends to holistic growth of the mentee, such as career guidance, provision of psychosocial assistance to deal with the challenges involved in their training period, and development of professional identity (3,4). The purpose of the current article is to explore the importance of mentorship, identify strategies to prepare medical teachers for their role as mentors, enlist the best practices, identify the potential challenges, and propose effective measures to overcome them.

IMPORTANCE OF MENTORSHIP IN MEDICAL EDUCATION

Mentorship plays an instrumental role in providing support to students to deal with the complexities of medical school and the early stages of their career, wherein mentors provide insights, advice, and encouragement to students (4). Mentors help students to identify and define their career path by exposing them to various networking opportunities and informing them about the pros and cons of different specialties to enable and empower them to make a well-informed choice (5). Further, the mentor acts as a role model for their mentee, through which students can imbibe and inculcate the attributes of professionalism, gain clinical expertise, and learn the art of delivering patient-centered care (6). In addition, it gives a chance to offer personalized learning experiences to students customized to the learning styles and preferences of individual students. This mentorship can play its part in ensuring the emotional, social, and personal well-being of medical students by addressing their psychosocial concerns (3,4). Mentors can guide students in their research and scholarly activities and also play a defining role in the development of leadership skills (7).

STRATEGIES FOR PREPARING MEDICAL TEACHERS AS MENTORS

In our vision to transform medical teachers into effective mentors, many strategies can be tried at the institutional level to prepare teachers to efficiently guide medical students in their academic journey (8-13). These can be in the form of organizing mentor training programs, like workshops or seminars to empower teachers with the desired knowledge, skills, and competencies needed to effectively mentor students (8). These training programs should essentially expose students to the domain of communication skills, feedback delivery, awareness about cultural competencies, and adherence to professional boundaries (9). In these training sessions, teachers can be trained with the help of different case scenarios or role-plays, which give a hands-on experience to the teachers to recognize the potential dilemma or challenges

and learn the art of mentoring by doing (experiential learning) (8,9). It is always a welcome move to encourage senior and experienced teachers to mentor their junior peers (peer mentoring), by sharing their experiences and the best practices (10).

In continuation, the institution can adopt the practice of peer observation and provision of constructive feedback among teachers, which in turn will aid in enhancing self-awareness and continuous improvement (10). From the institutional side, teachers must be provided with mentorship guides, toolkits, assessment tools, and access to online resources, which will aid teachers in discharging their role as mentors efficiently and effectively (3). Further, the implementation of a structured mentoring program, which ensures that students are paired with teachers, and there is a schedule of regular meetings, along with a formal mentorship agreement, and a streamlined mechanism to evaluate the program (11). Another approach will be to encourage teachers to reflect on their experiences and challenges encountered while mentoring, and this will not aid in increasing self-awareness, but also help them to identify areas for improvement and set targets for professional development (12). Like any other program, the institute must implement an evaluation and feedback mechanism to measure the effectiveness of the interventions, and the mentorship program as a whole (13,14).

BEST PRACTICES FOR EFFECTIVE MENTORSHIP

The success of a mentorship program in any institution will depend on the adoption of a number of good practices, and this essentially starts with setting clear expectations (viz. goal of mentorship, the role and responsibilities of each stakeholder, etc.) in the mentor-mentee relationship (15). Teachers can succeed in guiding and benefiting students only when they trust their mentors, and this directly depends on the extent of trust and rapport between the two stakeholders, and attributes of the mentor (like demonstration of empathy, showing active involvement by actively listening to the needs and concerns of students) (15). In continuity, mentors must provide specific constructive feedback to their

mentees with the single intention of bringing about an improvement, and this has to happen in a non-judgmental manner (16). In order to maintain consistency and continuity, the institution must prepare a schedule to ensure regular meetings, but then we should also have a component of flexibility, wherein the interests of both parties are treated respectfully (3,4). Like mentors, even mentees should be encouraged to engage in reflection and identification of their own strengths, weaknesses, and the extent to which they have progressed in meeting their learning goals (12).

Mentors can always support students in setting meaningful and realistic goals and accordingly help them in making progress. To ensure sustained development, students should be given autonomy in such a way that they take ownership of their learning by assuming the role of self-directed learners (8,15). Mentors should also aid in facilitating skill development and providing opportunities to mentees to ensure hands-on learning, including the domain of communication skills and professionalism (15). At this juncture, we must realize the necessity that mentors must create an enabling environment for mentees, which remains inclusive for students with different backgrounds and learning preferences (16). Further, mentors must lead an example and demonstrate integrity, professionalism, and ethical behavior while dealing with colleagues or patients. In addition, students must be trained and sensitized in maintaining a work-life balance to maintain physical, emotional, and mental wellbeing (15). Finally, it is essential to evaluate the effectiveness of mentorship programs, and this can be done by obtaining feedback from both

mentors and mentees, regarding their experiences and outcomes (17). Depending on the feedback received, the program should be modified to ensure the attainment of better outcomes in the future (17).

IDENTIFIED CHALLENGES AND POTENTIAL SOLUTIONS

The implementation of a mentorship program in any medical institution has its own share of challenges and we must be systematic enough in our approach to deal with these challenges (Table 1). The general concerns could be with regard to time constraints to organize mentoring sessions in an already packed curriculum or about the lack of resources (18). From the mentor perspective, the common concerns include a shortage of mentors in the institute and the untrained status of faculty members in their role of mentoring (18). In addition, the concerns of role ambiguity, wherein mentors and mentee are either not aware of their individual responsibilities or there is an overlap in their roles (3,5). There is also a possibility of mentor-mentee mismatch or the presence of power dynamics or cultural variability, which impacts the quality of mentoring (19). Finally, the absence of an evaluation scheme to measure the quality of the mentorship program, in terms of attainment of the set goals and the shortcomings that need to be overcome (13,14). Addressing these challenges requires proactive efforts from medical schools, institutions, and stakeholders to prioritize mentorship, by ensuring the provision of resources, organization of training programs, and fostering a culture of inclusivity in the institution, as depicted in Table 1 (4,5,8,9,20).

Table 1: Identified challenges and Potential solutions

Identified challenges	Potential solutions
Time constraints	Implement structured programs with pre-specified schedules for meetings and crisp agendas to optimize time utilization Provide some kind of flexibility in scheduling these meetings, allowing both stakeholders to meet at mutually convenient times Explore the possibility of technology (like, video conferencing, email) to facilitate interactions, if physical meetings are not possible
Limited resources	Administration must allocate dedicated funds and resources to support mentoring program Optimize the use of available resources to expand mentorship opportunities

Identified challenges	Potential solutions
Shortage of mentors	All faculty members in the institution should be given the role of mentoring after proper training Institution can introduce some kind of recognition to encourage faculty to prioritize mentorship
Untrained mentors	Organize training programs to equip medical teachers with the knowledge, skills, and competencies needed to effectively mentor students Ensure provision of necessary resources to reinforce mentorship training Encourage peer mentoring among teachers
Mentor-mentee mismatch	Allocation of mentee can be done based on compatibility assessments (consider personality traits, communication styles, learning preferences, etc.) Designate specific time for icebreaker activities to enable rapport building Encourage mentors to clearly identify the goal of mentoring and the expected responsibilities from both mentor and mentee
Power dynamics	Establish a supportive and inclusive mentorship culture that promotes open communication and mutual respect Train mentors in dealing with power differentials Encourage mentees to voice their needs and concerns in the mentorship relationship
Role ambiguity	Design mentorship guide that clearly mention the roles, responsibilities, and expectations from each stakeholder Sensitize mentors about their roles in training programs and clarify their concerns, if any Create an open platform for mentors to raise their concerns, including role ambiguity
Cultural differences	As suggested above, the matching of mentor and mentee can be done Train mentors in cultural competencies to prepare them for cultural variability and be more inclusive
No mechanism to evaluate program	Implement formal evaluation mechanisms with the help of feedback forms or focus groups/interviews, to obtain feedback from both mentors and mentees regarding their experiences, outcomes, and satisfaction Analyze the obtained data to identify strengths and areas for improvement in the existing mentorship programs Encourage peer observation, and use this to provide feedback and recognition to mentors

CONCLUSION

In conclusion, effective mentoring is a key strategy to support the growth and development of future healthcare professionals. Mentors have a key role to play and we must prepare them for this role so that they prioritize mentorship in their work schedule, and accordingly help students to become competent healthcare professionals.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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CONFLICT OF INTEREST

None to declare

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