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Mentoring- An Important Domain of Medical Education?

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Abstract
"The good physician treats the disease; the great physician treats the patient who has the disease." – William Osler.
A physician is one who sees the human in him and understands the human element of Medicine.
Medicine is an art as well as science. Medical Education prepares the student to gain knowledge and get clinical skills to treat the disease of the patient. The three domains of medical education cognitive, psychomotor and affective ones. Mentoring is a part and parcel of Affective domain.
A medical teacher is a scientist, skilled clinician, and a humanist. Apart from ~~the~~ getting trained in medical subjects and their learning, mentoring helps to train the teacher to understand the human side of mentees (students). Sometimes, mentorship helps to save a medical student from depression, and sometimes from committing a suicide. Mentorship not only teaches skills but also molds the mentee to develop personal skills to interact with patients and communicate with them. Sometimes a class room and the teacher become the theater of personal communication and sharing emotions. It helps to develop the skill in the student the capacity to think and understand from the patient's perspective. A personal experience of a teacher is narrated to bring the importance of Mentor-mentee relationship in a physician-patient as well as teacher-student bonds.
Keywords: *Mentor, Mentee, Medical education, physician-patient, teacher-student*

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I. Introduction:

About 2 millions Indian students are studying in 150 countries, majority of them studying in USA and Canada. Some study in South Asian countries, some in eastern northwest region or Mauritius. Mentoring program is one of the key domains of medical education that help and guide the students sail through the program of medicine.

Though it forms one of the key aspects of medical education including American Medical Education and other medical associations, one needs to reflect how effective is mentoring program helping students in the pursuit of their academic journey.

Before one reflects on mentoring one need to understand first the different between coaching and mentoring. Coaching is structured and goal oriented. Mentoring is informal and many times long term relationship sharing knowledge and experiences.

In other words

Mentoring is a reciprocal and collaborative relationship between a more experienced individual (mentor) and less experienced individual (mentee).
Mentor helps mentee in personal and professional growth through guidance, support and advice.
Mentor helps to develop skills and navigate the career path of the mentees. [1]
Rather mentorship helps foster learning and personal development through a supportive relationship.

Every Mentoring program need
- Clarity in goals and expectation
- Communication between participants
- Commitment to dedicating time for relationship. [1-2]

Types of Mentoring: [1]
Traditional One-on-One Mentoring.
Distance Mentoring. ...
Group Mentoring. ...
Peer Mentoring.
Reverse Mentoring.
Formal & Informal Mentoring.

Mosaic Mentoring.
In the following article one on one mentoring and group mentoring were discussed.
It also included mentoring through the virtual medium during the COVID 19 time.

One-on-one mentoring

One of the most followed mentoring that focuses on individualized support and guidance. It helps to develop a safe space for mentees to be free and fair in their discussions and builds trust and strong relationship.

It facilitates the development of mentees in areas that need to be focused and developed:
Academic and clinical support-
curriculum adaptation, study techniques and understanding study gaps in clinical settings.

Language and communication
- Medical terminology learning
- Patient communication
- Ability to develop to transfer of medical knowledge through proper interpretation of medical
- knowledge

Cultural and social adjustment
- Help overcome homesickness
- Develop and understand cultural competency of the place where the students learn
- Helping to get integrated into multiethnicity, multilingual student community

Stress Management
- The continuous pressure of studies, evaluation and over-burdened curriculum
- The mind that tries to compare the program abroad and home [3]

In most of the Medical Colleges, a mentor is assigned with 5 to 10 students and a time frame of 2 hours/week. For example, ~~in the college I work as a Professor~~ we have Mentor-mentee program as part of medical education.

We have mostly one on one mentorship program along with Group program. Each faculty is allocated with 5 to 10 students per Mentor. The Mentor-Mentee program is compulsory and included as a part of curricular activity.
The Mentors are trained and asked to maintain the records of their activities. [3-4]

Records were maintained for individual and group activities. The details of the format are as follows:
1) Mentorship record (Sheet 1)

This form is used to record individual attendance of the mentee. Along with the basic identifying information, number of sessions, date, mode of sessions, duration and signature of the mentee and mentor is recorded in this form. This form is for official purposes; hence details of the session are not written in this form.

For eg: If you have 25 mentees, you will have to maintain 25 forms of the same. Each mentee details in each form. Hard copy would be advised.

Sheet No1.
Mentorship Record-Individual

Name of the Mentee:	Name of the Mentor:
Batch:	Date:
Mode of the session:	Time Duration:

Chief concerns discussed by the mentee:
Response by the mentor regarding the concerns discussed by the mentee:
Observation & Reflection:

2) **Mentorship session details (Sheet 2)**

This form is used to write the detailed individual session notes. Details of the session are divided into 3 divisions. It can be written in bullet points. Chief concerns discussed by the mentee include the details explained by the mentee in the session. Next division includes the response by the mentor and the last division includes any particular observation or reflection by the mentor. Each session/ meeting needs to be recorded in different sheets.

For Ex: If mentee X comes to you 4 times in a month, 4 sheets with details of all the 4 sessions need to be maintained. (Soft copy or hard copy can be maintained)

Mentorship Record-Sheet 2
Name of the Mentee: Name of the Mentor:
Batch: Roll. No.:

Session No.	Date	Time		Method of session Online/ Offline	Signature of the Mentee	Signature of the Mentor
		From	To			

3) **Group activities record (Sheet 3)**

This form is used when group activities are conducted. The number of students attended, signatures, details of the activity conducted, mentees' responses and any observation or reflection can be recorded. Each activity needs to be recorded in a different form.

Mentorship Record-Sheet 3
Group Activity
Date: Name of the Mentor:
Duration (From/ To): No. of students present:
Activity conducted: Mode of session:(Online/Offline)
(Outdoor/ Indoor)

Sl. No.	Names of students present	Batch	Signature of the Mentee	Remarks by the Mentee
1				
2				

For mentor's use only
Describe the type of activity conducted:
Mentees' response to the activity:
(Explain the overall responses and any exceptions)
Reflection of the mentor:
(Any observations, self- reflections, remarks)

A class room as a Group Mentoring
Every didactic lecture has 60 minutes duration and 10 minutes of every lecture is spent for Group Mentoring

Apart from that as a prescribed program every class of my didactic lectures, 5 to 10 minutes are spent on understanding and comprehending the student perception of learning, academic and social activities. The10 minute of the 60 minutes lecture is used to share knowledge and personal experiences of the faculty to highlight the various aspects of academic and social activity to the students.

It created an environment that was trustworthy, dependability and interactive between the teacher as the mentor and students as mentee.

The knowledge transfer of the subject became easier and relevant apart from creating a feeling that a teacher is also a mentor.

In most of the colleges mentor-mentee program has become a routine to fulfill the requirements of the respective medical councils or higher education committees.

Many of the colleges spend more time related to medical education trying to train the faculty in teaching-learning methods including using audio-visual aids. The main focus is on formulating specific learning outcomes for each subject and to comprehend the need to develop competency-based methods of education. It includes training in designing the formative and summative assessment methods. It trains the faculty in question paper setting using the basic principles of competency based medical education. The training includes the setting the question in relation to the SLOs and, validation with blue print and model answers.

National Medical Commission of India has nodal centers to train faculty in Basic Medical Education as a requirement to be a faculty in Medical Colleges along with a need to get trained and certified in Basic Medical research. They had their training in these two domains and mentor-mentee had less focus than it has to be given.

"*Both cognitive and psychomotor domains of curriculum were given more importance than the affective domain which included the Mentor-Mentee program.*"

My experience in Libya

When I was teaching in Libya the need of the students was different. The medium of instruction though was English, their proficiency in English was poor. Their basic understanding and comprehension were of the highest standard.

During the period of my teaching, Libya had sanctions which did not allow them to have access to many things including standard Text Books. Lectures become the main source of knowledge. Black board and chalk were tools of medical education.

I had adopted the method of writing all the information of the subject I teach in capital letters with proper spacing and legibility. That was reinforced by teaching slowly in a simple language making them understand and to write all the information taught in the class room.

Being a class with equal numbers of male and female students, one had to adopt mutual respect for their individual culture. The classroom became a emotional sharing platform where the female Arab students had the freedom to listen, being heard and discuss with the faculty as a Mentor. [5]

In West Indies

I had the opportunity to teach medical students in Antigua, a Caribbean island. The students were from US citizens, few from Antigua and few from India. The average age range of students were from 16 to 60 years. The students were those who worked and earned money to pay their tuition fees. The MBBS degree was their life's ambition and joined as a last resort for their passion to become physicians.

The teacher was a Faculty, Mentor and guide for their paths even though many were mature adults. Yet they needed counseling in their learning, training and evaluation. Apart from that they needed a person to hear their emotions. I had the privilege of being one such Faculty with whom they learned, confided and shared their feelings.

The **teache**r became their real teacher from whom they expected holistic teaching and understanding. [6]

II. Conclusion

Mentorship helps students to know and develop clinical skills and improve patient interactions. But teachers as mentors guide students through their slippery slope of their lives both in school and their personal lives. Mentors in medical schools help understand how to identify their clinical skills and apply them. It also guides them to develop their skills in patient interactions and communication. In countries like Libya where Arab woman find their mentor in the ~~Faculty~~ teacher to share and learn from the Faculty's–**teacher's** knowledge and life experiences. [7]

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