Mentoring in Medical Colleges: Bringing Out the Best in People

Jyoti Nath Modi, Department of Obstetrics & Gynaecology, People’s College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh, India
Tejinder Singh, CMCL-FAIMER Regional Institute, Christian Medical College, Ludhiana, Punjab, India

ABSTRACT

Mentoring is known to promote development of professional skills irrespective of the discipline. It is a natural phenomenon that emanates from the desire of a senior and experienced individual to give and the need of an inexperienced novice to grow. Mutual trust, faith and respect while working towards a shared vision of objectives and achievements are the main driving force of a mentoring relationship. It requires the mentor to give selflessly and the mentee to accept graciously while conveying his needs and being an active partner in the process. A mentor is looked upon as a guide, confidante, counselor, teacher, friend, supporter, and much more in professional and career development as well as psychosocial or personal aspects. The mentee is expected to take a proactive role in guiding and managing the process. Despite a clear need for mentoring during and after medical school, very few medical schools in India foster this relationship. Most have student advisor programs or counseling cells that are oriented primarily to problem solving. There is also a lack of full understanding of the roles of a mentor or a mentee even though the terms are used rather frequently. A mentoring relationship could be formally established as a part of an institutional or departmental mentoring program, long term or short term, with a specific purpose; or, for overall career progression, individual or in a small group. Also, the mentees’ requirements at different stages of training and career may decide the type of mentoring relationship. The needs of a first year medical undergraduate student are different from those of a final year student or a postgraduate resident. There is an imminent need to train the medical school faculty in mentoring skills and orient the students to ‘mentor-mentee relationship’.

Keywords: Medical Education, Mentee, Mentor, Mentoring, Postgraduate (PG), Undergraduate (UG)

MENTORING: DEFINITION AND ITS NEED IN MEDICAL EDUCATION

Mentoring is a ubiquitous phenomenon in most professions, whether formally recognized or otherwise. It is also variously interpreted and described. This is perhaps because the scope of a mentor-mentee interaction is very wide and versatile; and each one describes mentoring in context of one’s own needs or objectives (McKimm, 2007).

The word ‘Mentor’ finds its origin in Greek mythology “Odyssey” wherein Odysseus, before leaving for the Trojan War, entrusts the education of his son to the care of his faithful friend named ‘Mentor’ (Ramani, 2006). In Indian parlance, we may trace the practice back to
the ancient times of the ‘Gurukuls’. The pupils were entrusted to the care of ‘Guru’ who nurtured and guided their professional, personal and all-round development over many years. This type of a close professional, social and personal interaction between the teacher and the learner persisted till the time ‘apprenticeship’ lasted as a model of professional training.

While professions such as ‘Business management’, and to some extent Engineering, have continued to retain ‘apprenticeship’ as a training model, Medical Education has moved from this model to a stratified model of theoretical teaching-learning in lecture halls later followed by clinical and hands-on training in real settings. This possibly evolved as a strategy for training a larger number of medical students entering the school each year. The number is continuing to rise, and in India, a medical school may admit up to 250 students per batch. This has slowly distanced the students from teachers in terms of personal and social interaction (Mann, 1992); and even the professional interaction is diluted due to large numbers. In such a situation, person-to-person rapport between a medical student and a teacher is unlikely to develop in the natural course.

The students, upon entering the medical school may feel ‘lost in the crowd’ with new people in a new environment that may appear threatening as compared to the relatively cozy surrounds of school classrooms with 30-60 students. Additionally, many students travel long distances away from their homes to pursue medical studies. The first year of medical curriculum introduces them to three new subjects in great depths. Most medical students secure admission into a medical institute after toiling hard for over 1-2 years with the sole focus on doing so. And, once they do so, some of them may initially feel a little lost and directionless. Hence the 1st year Undergraduate (UG) students are clearly in need of support, guidance, counseling – both professional and social – to be able to cope well (Bhatia, 2013).

It would be wrong to convey that the need for such multidimensional guidance diminishes after the first year of medical school. As in any professional course, medical training has its own set of challenges at various stages and any student would immensely value a trustworthy guide who has travelled the path before him. After medical school, comes the challenge of facing the real world as a physician or making ‘educated’ choices for Specialty training. During the course of Post Graduate (PG) medical training also, the stress mounts due to a realization that it is perhaps the end of formal education and beginning of a career. Career planning for successful practice of profession is each one’s dream and once again, a trustworthy senior colleague’s concern and guidance are much needed. This emphasizes the wide scope of a mentoring relationship and also a continuous nature of it rather than a one-time event. Student surveys too have conveyed a felt need for mentoring (Aagaard, 2003; Gupta, 2013). However, mentoring programs are non-existent in most medical colleges in India. Even where they are operational, they are focused more on issues related to hostels and administrative aspects rather than looking to overall psychosocial development of the students.

It is useful to understand that mentoring does not imply ensuring smooth sailing in daily work or examinations. It also does not mean taking over the students’ problems. Rather, mentoring means raising self-esteem and confidence of the mentee. It helps the mentees to realize and fulfill their potential and is more concerned with increasing self-awareness. Similarly, mentor is not personally responsible for the academic achievements of the mentee. He only shows the way – it is the mentee, who has to walk on that way.

The definition of mentoring given by the Standing Committee on Postgraduate Medical Education (SCOPME), UK (1998) is well accepted and cited (Frei, 2010): “A process whereby an experienced, highly regarded, empathic person (the mentor), guides another (usually younger) 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 organization or
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