



Perceptions and suggestions of MBBS students in context with mentoring.

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Introduction

The concept of mentoring is always considered to be unique especially in India in considerable form of guru-shishya parampra. But this was an informal mentorship, as it does not have documented database, limiting the access to any further documents, supporting the outburst of contrary. In recent times, largely medical schools are having no formal mentorship programs for mentoring. Thus mentoring must be well informed/formal and started by experienced facilitators and learners to facilitate the organizational framework for every medical college, designed to prepare medical students well versed and equipped with knowledge.¹

Although the mentor is a character from 'the odyssey, but Pallas athene, goddess of wisdom who has taken mentor's form and actually completes the job for helping the young man, the rhetorical strength is embedded in words viz. mentor and mentoring.² Having a mentoring program increases the fold of reputation of an organization/institution.³ The exercise of mentoring may be assigned formally or informally unassigned and is started by either mentor or mentee. According to some

studies informal mentoring is more effective than formal relationship-mentoring, but it may be due to predisposal of essential differences in compared relationships. Thus the interrelationship between mentor and mentee will decide the quality for near approaching results of mentoring.⁴

The term mentor means a trusted advisor. The phenomenon of mentorship has its origin from greek mythology.⁵ The mentoring has demonstrated a meaningful and significant impact on development and career building of mentee. Although the mentor is a person with higher rank with more handful of experience and will provide guidance to beginner.⁶ Thus the overall's mutual relationships will make an enormous significant impact on professional as well as personal mentee's progress.⁷ The mentor must be approachable and must be having keen interest in encouraging and nurturing the interrelationship between mentor and mentee.^[6] The positive qualities of a perfect mentor comprises ease of availability, good listener and a combination of professional moral character with problem solving skills, thus demonstrating leadership and unbiased

critical/analytical thinking capacity.⁸ Thus only a good mentor can help a mentee to develop the side of decision making/taking skills.

Thus a good mentor is not only who asks questions but rather gives simple answers to help mentees develop decision making and problem solving skills.⁹ The mentoring is a time consuming activity and may predispose the mentors from achieving their personal as well as academic responsibilities, thus establishing that extra work may pressurize the mentor and can limit their own work and success.⁶ Thus mentoring must be perceived as selfless deed without expectations of extra incentives, also it is well established that mentoring creates a feeling of improvement in mentor's own personal and developmental growth accentuating a measure of self satisfaction.¹⁰

According to one Another documented study, the overall comparison of mentors with those who has not implicated a higher grade of self satisfaction in former group of study.¹¹ Thus it demonstrates and proves that there is a direct relationship between self satisfaction, good leadership skills and mentorship.¹² To have successful relationships of mentoring, there must be two way supportive measuring, with positive optimistic consideration between mentor and mentee.¹³ The interrelationship between mentor and mentee could be disrupted if there is nullifying of support and respect towards each other. This beautiful relationship may be breaking down if there is decimation of interests on either side or physical relationships.¹⁴

The mentoring benefits the mentee by emphasizing on much more greater clarity on the effective strategies for self improvement, to make more informed career choices , to set their approaching goals, and paves the way for opportunities to form new networks and to increase exponentially their resource base. Also it benefits the

member by regular updating to develop relationships with mentee for positive outcomes and also increase their credibility and contribution to organization.¹⁵

The concept of mentoring has been divided into four different phases. When phase I ensues, it is considered as preparatory phase which is focused on growth, in this phase the mentees recognizes their short term/long term developmental objectives, evaluate their individual capabilities/competency and truly understand their aspirations. Further in phase II, considered as negotiating phase where there is foundation base of rapport between mentee and mentor. The interrelationship is not only involving skills, knowledge, education and career but also on personal likings/disliking, hobbies, friends and family background. After this, there comes phase III where exponential growth is enabled where a formal evaluative structure is given with discussion on expected positive outcomes of mentoring. Now comes the final phase IV which incorporates the duo access of the values of relationship , identification of areas of growth and developmental learning and celebrates the achievement of optimistic fruitful outcomes.¹⁶

There are various models of mentoring viz. group model and one to one model for mentoring.¹⁷ The most common model is one to one mentorship as such it is acquiring individual attention but foremost, it is time consuming and greater human resources are required on another contrary side. The other model is group model where time and resources are considered as constraints, but one is practiced mostly in most of the medical colleges of India. But the openness has major positive impact on greater benefits as such collective knowledge is better than individual one. Another model is 'team mentoring' which can be intensely used for targeted programs such as in sports. Also 'peer assisted learning' along with facilitator has resulted in improvement of learning and it was

appreciated by undergraduate students in medical institute of India in recent times.¹⁸ Also online/e mentoring has came upon with ease, flexibility of being approachable to each other. Although FAIMER (foundation for advancement of international medical education and research) is a perfect example in which program runs by them are connected and diversified globally. Although no single model could be best, however there is more need of innovation and experimentation, but group model has demonstrated greater benefits.

The academic mentoring must includes some predefined parameters for effective mentoring in context with academically oriented mentoring sessions. those parameters are to withstand and to know the liking of mentee to spend his/her own time; honesty of mentors; proper follow up throughout mentoring cycle, once foremost do not become friends and lastly mentor-mentee relationship may be terminated in gross misconduct from either side or may be due to justified/unjustified reason.¹⁹ The number of studies has been performed to study the practice of mentoring among students of various disciplines of various universities worldwide, but this study is performed distinctly on second year MBBS students who have passed first year of medical curriculum and had the experience of first year mentoring programs conducted at that time to ensure their fulfillment of short term goals and now they are undergoing further sessions and will demonstrate their perceptions and suggestions in context with mentoring based on group model in our organization.

Subjects and Methods

Study setting

This study was conducted in a medical college of India collaborated with a tertiary care hospital. It was a questionnaire based, cross sectional study. The students come for their first theory class on every Tuesday (9:30-

10:30 am) and second theory lecture on every Friday (9:30-10:30 am), we have conducted this study in second theory lecture.

Study design

A validated questionnaire consisting of closed ended questions was used. The objective of this study and process of filling the questionnaire was well explained to students. The mentoring was explained to students as “a professional mutual relationship in which experienced person (the mentor) assists the mentee in the development of specific skills and knowledge that will accelerate the personal and professional growth of mentee.” The written informed consent was taken and only students, who gave consent, and completed the questionnaire in lecture theatre were enrolled and returned back the filled questionnaire to us for analysis.

The questionnaire included the questions seeking the first broad heading as ‘faculty mentor’s role’ which incorporates the questions surrounding the short term and long term goals of mentoring based on group model of mentoring. Further the second broad category includes ‘mentoring review survey’ which reviews and analyses the till date exposure with their mentors with special emphasis on secondary goals of mentoring as the students are of second year professional MBBS course. The questionnaire has also incorporated the four blank lines for suggestions from students, as they will be primarily benefitted from mentoring.

An institutional ethics committee approval was obtained on 14/02/18 as Project number: 240 from Institutional Ethics Committee (IEC) before commencement of this study.

Statistical analysis used

The data was appropriately collected and put into Microsoft excel sheet and then further analyzed using SPSS version 20.00. The descriptive data was expressed as

frequency, percentage and mean \pm SD. The statistical chi-square test was used for testing the statistical significance of data. A p-value < 0.05 were considered to be used statistically significant.

Results

The total number of MBBS students in this batch is 100. The day when we conducted the study only 96 out of 100 was present. All the students were between the age group of 19-21 years. The female students outnumbered male students, as the total number of female students who participated in this study was 63(65.63%) and only 33(34.38%) were male students.

A total number of 96 questionnaires were duly distributed, 94 were filled completely and 2 were excluded from study because of incomplete information from female filled questionnaire response. This data gave response rate of 97.92%. The mean age of students was 20 \pm 0.00 years. Thus total number of students filled data analyzed was 94.

Table 1: The Demographic parameters.

Demographic parameters		Total number of students : 100	Percentage (%)
Gender	Male	33	34.38%
	Female	63	65.63%

Table 2: Perceptions and suggestions of MBBS students in context with Mentoring.

Characteristic features	Response rate by respondents	
Students as participants demonstrating their perceptions in context with mentoring.	Total number of participants	Mentoring-perceptions/suggestions (expressed in percentage)

	96 Female : 63 Male : 33	94 61(96.82%) 33(100%) P=0.045
A	Perceptions(The faculty mentor's role)	Frequency(expressed in percentage)

1	Understanding the institutions culture and the medical course.	69/25	73.40/26.59 %
2	Becoming familiar with campus life and its support services.	73/21	77.65/22.34 %
3	Communicating and socializing with staff and peers.	84/10	89.36/10.63 %
4	Transitioning to new methods of learning and working.	79/15	84.04/15.95 %
5	Setting goals: short term goals for learning and long term goals for career purposes.	88/6	93.61/6.38 %

6	Transferring knowledge in skills relating to communication, critical thinking, responsibility, flexibility, and teamwork that cannot be learned from books.	89/5	94.68/5.31 %
7	Pointing out strengths and areas of development.	90/4	95.74/4.25 %
8	Answering any questions, even those pertaining to personal matters.	71/23	75.53/24.46 %
9	Becoming informed about administrative procedures.	87/7	92.55/7.44 %
10	Supporting the student even after studies are completed.	77/17	81.91/18.08%
B	Mentoring review survey	Y/N	Frequency(expressed in percentage)
1	Review your career options.	81/13	86.17/13.82 %
2	Identify new career options.	79/15	84.04/15.95 %
3	Assess each career option effectively.	69/25	73.40/26.59 %
4	Set firm career	76/18	80.85/19.14 %

	goals.		
5	Overcome barriers for progressing to goals.	80/14	85.10/14.89 %
6	Raise your profile within the organization.	51/43	54.25/45.74 %
7	Better understand the organization.	69/25	73.40/26.59 %
8	Develop a professional network.	92/2	97.87/2.12 %
9	Capitalize on your strengths.	83/11	88.29/11.70 %
10	Build on your weakest attributes.	49/45	52.12/47.87 %
C	Suggestions from participants in context with mentoring, as related to their thinking ability/feedback to improve 'the mentor-mentee' relationship.		
1	More frequent/regular/daily (for 15 minutes) mentor-mentee meeting.		
2	Social media/watsapp group with the mentor.		
4	The mentor should be more interactive.		
5	The mentor should increase personal interaction with each mentee.		
6	The mentor must visit hostel daily/as required.		
8	The mentor should be more friendly.		

Discussion

This study shows that the mentoring has a great significant (($p < 0.001$) impact on mentee, in terms of achieving the short term goals and long term goals of their

own. As documented in our study when it comes to ‘the faculty mentor’s role’, the mentee is really able to understand ‘the mentor’, as the mentee has perceived the mentor as role model, motivator and has counseled the mentee in understanding the institutions culture and medical course(73.40%) as well as making mentee becoming familiar with campus life and its support services(77.65%), also priming the mentee becoming informed about administrative procedures(92.55%), as wholesome these all factors contribute to the mentees self satisfaction as these goals are very important, as the mentee has been put into entirely different environment while pursuing their undergraduate MBBS course, the results of our study just coincide with an study conducted by Scott r. freeman et al on evaluation of resident satisfaction in dermatology training and mentorship demonstrates that residents of business management training were dissatisfied, but on the other side residents training satisfaction was much more appreciated as such it was more associated with the programs of mentor availability and foremost quality as well as most importantly time spent with their mentors are add-ons.²⁰

In our study most participants have agreed that mentor has transitioned them to new methods of learning and working (84.04%) as well as mentor has been able to set their short term goals for learning and long term goals for career purposes (93.61%), these results are comparable with the illustrative comments by Sambunjak et al, that nearly eight studies has reported the influence of mentorship on personal growth/development and career guidance too.^{21-23, 24, 25, 26, 27, 28}

In this present study mentees agreed on much larger scale that their mentor has transferred his/her knowledge in skills relating to communication, critical thinking, flexibility, responsibility and foremost teamwork that cannot be learned from books (94.68%); their mentor has

been well versed in terms of pointing out strengths and areas for their personal development (95.74%); even mentor has always supported the student even after studies were completed (81.91%). Thus overall the faculty mentors role is very much appreciated by mentees and our study results are comparable with another two studies in which they demonstrated the positive outcomes in the academic mentoring programs has really helped the mentee in their growth and development and when they evaluated the impact of mentorship on specialty choice, academic career choice, and retention capacity, further nine studies were previously conducted and described the impact as mentorship was reported to be the influential factor in the selection of specialty of choice as career for mentee.³

The response pertaining to ‘mentoring review survey’ were really interesting and were evident, the mentee was able to review his/her career options as long term impending goal with help of mentor(86.17%) and also in identification(84.04%) and assessment of each career option effectively(73.40%) and ultimately hitting to set affirm career goal(80.85%) and further mentor was helping mentees in overcoming their barriers to progress for their individual goals; the results of mentoring review survey in our study just coincide with Coleman et al which conducted a study on obstetrics/gynecology residents and reported as their mentor actively advised and fostered their independent career goals intermittently while 23% reported that their mentor consistently critiqued their scientific or clinical teaching work; also 19% of participants of mentor never critiqued their work, thus demonstrating the dire need of constructive critical evaluation and assessment of mentee by mentor and it has been well established in our present study.^[24] Another study conducted by Yu on students who completed training requirements for adult cardiology established

mean rating(SD) 4.26(0.89) and the importance of mentor support and guidance in development of a career in cardiovascular research, thus pertaining to optimistic positive role of mentoring on academic goals.²⁸

When we asked them to just review their mentors performance till date, the mentee was been able to raise his/her profile within the organization with the help and continuous efforts by mentor(54.25%), the most participants agreed upon and rather expressed that their mentor has made them under the organization better(73.40%) and emphasized their building of professional network(97.87%), these results are comparable and stand with the another longitudinal study in young adults by Dubois and Silverthorn reported that mentoring relationship during their adolescence age exhibited significant better outcomes in domains of education, work(high school completion, college attendance, employment, after completion of graduation, mental health, self esteem, self satisfaction, problem solving behaviour, group membership, risk seeking and exercise for maintenance of health.²⁹

The capitalization of their strengths (88.29%) and building up upon their weakest attributes (52.12%) went parallel with the meta analysis of fifty-five mentoring programs by Dubois, Hollway, valentine le cooper, 2002 in which they concluded the benefits of mentees in terms of well being of emotional/psychological state and academically sound positive outcomes and further strengthening of problem/high risk behaviour taking capability, but however there is need to work upon building upon their weakest attributes reflecting more rigorous and result oriented mentoring programs in our medical college.³⁰ The quality of this present study is further consolidated when Dulack and Walter finds that the effectiveness of mentoring programs was found to be relatively small and in follow-ups assessments of

mentoring programs and has happened after the youth/participants left mentoring programs and relationship with mentors ended.³¹ Thus reaching to the fact that successful mentoring can only be achieved if the mentoring programs have been well conducted in timely manner and with proper follow up and the findings in our study lays the positive outcomes after proper implementation of mentoring program.

The suggestions from participants as their desired feedback must be given high importance as such if judiciously and meticulously used and worked upon these suggestions can make mentoring programs even bigger and better, thus when asked for suggestions most of the students turned up that the mentor-mentee meeting must be more frequent and in fact daily for atleast 15 minutes so that they could be able to open up upon their life and academic challenges and that too one-to one mentoring be there, although the resources and time constraint factors has been known to them. Further most mentees wants social media interconnection either mentor in terms of an wats-app group with mentor and even some students desired the visit of mentor even to their hostel premises to look upon their availability of resources available to them by the concerned authorities and also emphasized for more interaction from the mentor and mentor must be more friendly. These are really interesting and valuable suggestions from the mentors and must be accentuated and completed as earliest and as feasible to the concerned organizations as medical colleges running 'the mentoring programs'.

Strengths of our study

We focused on mentees who are the budding pillars of our health-care system, and hence, the most important group to be targeted for sustained improvement in mentoring program in future. This present study has highlighted certain weaknesses and challenges in the current

mentoring practices. The data obtained from this study is comparable to the claimed success of the current mentoring program. The possible reason may be the awareness of the mentors regarding the knowledge of mentoring.

Limitations of our study

Our study is limited by small sample size and the comparable group of other disciplines wide interdisciplinary courses in this university. Because of small sample size, we were unable to perform subgroup analyses. The authenticity of certain responses obtained could not be validated and there is a need to add some qualitative objectives which could be validated at a later stage. This can be addressed and consolidated by designing further similar like studies with different subgroups analyses.

Conclusion

The present study concluded the evidence of relationship between mentorship and career progression, career choice and scholarly productivity. The mentorship has reported to be an optimistic tool to influence on mentees personal behavioral development, career choice/selection/guidance and productivity as whole. There was a documentation of informal personal support to the full formalized mentorship relations. The overall satisfaction of mentees, as the mentor has really motivated, empowered, encouraged, has nurtured the self confidence, teaches mentees by example, has offered wise counsel and has raised the performance level. Further the scope of mentoring programme is very wide and will be making deeper significant impacts on positive results, if much more clarification of theoretical and conceptual perspectives to increase the knowledge of mentorship in lieu of psychosocial functions and traditional career orientation. The limitation of the study is sample size and comparable group, thus to more affirms these results,

more such cross sectional studies are required, so that improved effectiveness of mentoring could be translated in achieving and maintaining the target of wholesome positive results.

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