



“INCLUSION OF MENTORING PROGRAM IN THE GRADUATE & POST GRADUATE MEDICAL CURRICULUM-WHY IT'S IMPORTANT, WHAT IS REQUIRED AND HOW WE DEVELOP IT: A LITERATURE REVIEW”

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ABSTRACT Enhanced Management practices also been associated with higher patient satisfaction and better financial performance. Efficient Leadership associated with Mentoring additionally affects physician well-being, with stronger Leadership associated with less physician burn out and higher satisfaction.

KEYWORDS :

INTRODUCTION:

For delivering high quality health care, good medical leadership is required. Now in the Healthcare Management Doctors take key Leadership roles. For this the Doctors have to develop Personal & Professional Values through Mentorship Programs. Even the Doctors have to possess the non-technical skills which mainly help them to understand the External & Internal Environmental factors that affects the Health Care.

MENTORING:

1. CLINICAL MENTORING

Formally recognized supervisors are assigned to trainees at all stages of clinical training. This differs from mentors; who are more likely to be hand selected by mentees and with whom the relationship is more informal. Traditionally, supervisors ensure that trainees have sufficient evidence to progress through training, while the role of a mentor is to offer advice and guidance. However, the two are not mutually exclusive as a supervisor can act as a mentor, and vice versa.⁶

A number of clinical mentoring initiatives have been specifically designed to prepare final-year medical students for working as a junior doctor. Recently qualified doctors act as mentors by facilitating clinical skills sessions, bedside teaching, and simulation. This can result in an increase in confidence and self-perceived preparedness for starting work as doctors and a reduction in the performance gap.

Also, positive mentoring can have a significant influence on speciality choice. Under-subscribed specialities use mentoring initiatives in the early years of medical school to increase exposure and generate interest. Early mentoring can offer students an insight into what it is like to work in that speciality and challenges preconceptions they may have. By increasing interaction between specialists and students, these initiatives facilitate learning through constructive feedback and career counselling. This can encourage students to apply to particular specialities and provides them adequate time and guidance to begin preparing for the application process. A study showed that students who undertook surgery-related research and developed mentor relationships in years 1 and 2 were significantly more likely to maintain an interest in surgical specialities later in their training. However, we note the lack of studies identifying a causal relationship between early speciality mentoring and a direct increase in trainee applications. We acknowledge that such a study may not be possible due to a combination of factors affecting career choice, including ethnic, economic, and social influences.

Design and delivery of medical mentoring programs

The design and delivery of medical mentoring programs differ between medical schools, and programs are adapted to meet specific institutional or departmental requirements. Variables include mentee, mentor, and program characteristics.

Mentee characteristics

While some mentoring programs are designed for medical students in all years, others offer mentoring at a specific stage of training, such as preclinical or clinical years. Others focus on one particular year group, in order to provide students with skills that they will need in the near future. This is seen in UK mentoring programs for final-year students, which aim to prepare students for life as a newly qualified doctor and cover topics, including “how to clerk a patient” and “how to manage a ward round”.

Programs involving all years are often primarily there to provide professional and pastoral support to students as they progress through medical school. Others offer clinical support to students during certain speciality rotations. There are also a number of programs that cater to groups of students possessing certain characteristics, for example, to mentor those struggling academically, and support those from under-represented minority groups. Widening access programs recruit mentees that meet specific criteria, usually taking into account socioeconomic background and attendance at schools in disadvantaged areas.

Methods to recruit mentees to programs are diverse and include the following: emails; flyers in the canteen; lecture shout-outs; social media advertising, and events, such as “mentor speed dating”. Following recruitment, prospective mentees may be offered training, and are usually given information on ground rules and expectations via email, lectures, or as a paper handout.

Mentor characteristics

Mentors come from a range of backgrounds depending on the aim of the program, and can be residents, academic staff, faculty physicians, recently qualified doctors, speciality doctors, and senior medical students. Many mentors put themselves forward for the role, others are recommended or have demonstrated an interest in teaching or mentoring.

Early career specialists with <10 years of experience can have a great impact on mentees, due to the fact that they are often more able to relate to students' current personal and professional needs than more senior mentors, and likely to have more up-to-date information on the speciality application and interview process. Likewise, doctors nearing retirement can also be highly valued as mentors due to their wealth of experience and reduced clinical workload, often allowing them to contribute more time to mentoring activities than their more junior counterparts.

Finally, there is variation as to whether mentors receive reimbursement for their role. In some programs, mentors are paid, and less commonly, they are approved to use mentoring activities for academic promotion. Once appointed, most mentors receive some form of training, which can be provided face-to-face or online.

Program characteristics

Medical school mentoring programs tend to be based on and modified from successful initiatives at other institutions, and further developed from mentee/mentor feedback. Less often, a needs analysis is performed, or a program piloted prior to delivery; which help to ensure that the program is designed adequately and effectively.

Programs may be funded by a range of sources, including the host university and/or third parties. Those that are funded are more likely to have dedicated admin support to help co-ordinate activities and subsidize food and travel costs.

Programs differ in the way mentors are assigned mentees. They can be randomly assigned, or mentees can choose their own mentors, for example, via a mentor database. There are also online matching validated processes, such as electronic data processing (EDP)-supported matching procedures. Mentees and mentors complete online matching profiles consisting of questions that focus on professional orientation, work life priorities, and interests. An

automated algorithm then provides matches depending on weighted correlated scores. One study found no significant difference in satisfaction between personal and EDP-supported matching procedures and concluded that they could offer similar matching quality. However, they suggested that offering a combination of matching methods is optimal, allowing students to pick the method that suits them best.

Mentors may have one or multiple mentees, and occasionally more than one person may mentor a group of mentees. Interestingly, some initiatives use student peer mentoring to support physician mentoring. Once the relationship has been initiated, mentees and mentors usually meet face-to-face, but increasingly other forms of communication are used, including via email and telephone. Frequency of meetings depends on the aims of the particular program. Many meetings take place in the clinical or university environment but other schemes require meeting outside of work in a neutral environment. Mentoring activities tend to occur over a substantial period of time to help cultivate successful mentor relationships, with one study showing that mentees were more likely to share personal problems and socialize with their mentors 6 months after initiation of the program.

Finally, topics covered at meetings vary significantly, both within one scheme, and when compared with other mentoring programs. Examples include the following: simulation, clinical supervision/shadowing, feedback and discussion on specific mentee selected topics, ethics, career planning, and personal development plans; to highlight but a few. These meetings can be informal or in the form of seminars and tutorials. In this way, a range of mentees' needs can be met by means of a more holistic approach to medical learning.

Evaluating medical mentoring programs

Most mentoring programs are evaluated to some extent but the quality of this evaluation is variable. Many assess short-term impact that are conducted within a short period of time at the end of a program, for example, after a week. Programs that evaluate on a more frequent basis use results to continuously make improvements to the design and delivery of the mentoring initiative.

Very few initiatives look at long-term effectiveness. One example is the Stanford Medical Youth Science Program, a widening participation program for high school pupils from under-represented minority groups. Its aim is to support these students in developing the skills required for college admission. The program followed 96% of candidates for up to 18 years, with 81% of pupils having earned a 4-year college degree, of which 52% had graduated from medical or graduate school. The authors concluded that 10 years was a sufficient follow-up duration.

Benefits of mentoring

Mentoring programs have been shown to be of value to mentees, mentors, and institutions, including medical schools and benefits can be seen. Mentoring has been identified as crucial to the retention and recruitment of trainees in medical and surgical specialties, as well as promoting research and academia. One example is a recent study of a research-mentoring program for junior doctors and medical students within a Melbourne cardiothoracic surgery department. The study covered a 10-year period, and reported success in engaging students early in training, with 81% of mentees publishing at least one research article, attainment of scholarships, doctoral degrees, and recruitment to cardiothoracic specialty training. The authors concluded that academic mentoring benefitted not only the individuals' careers, but also ensured that the unit was able to maintain a high research output.

Challenges to mentoring

The benefits of mentorship programs are well recognized, however, effective delivery of such programs can face a number of challenges. Challenges can arise from the fact that mentors are often clinician-educators who may not have received adequate training when taking on the role of a mentor. The need to provide mentors with clear expectations of their roles, and equip them with means to develop key listening and feedback skills, as well as knowledge of professional boundaries was highlighted by Ramani et al in "Twelve tips for effective mentors" and remains relevant. A study of the challenges reported by mentors at the Faculdade de Medicina da Universidade de São Paulo highlighted difficulties surrounding expectations about the mentoring role and activities. Similar concerns were also raised by mentors at the University of Washington School of Medicine.

Implication and future of mentoring

Mentoring programs are increasingly recognized in medical schools as crucial components of the curriculum, and can aid in developing students' professionalism, personal growth, knowledge, and skills. They have also been shown to be of benefit in the retention and recruitment of trainees to under-subscribed specialties, including academic medicine. Medical student mentors are able to develop their teaching and communication skills, as well as contribute to widening access programs that can help to increase diversity in the medical profession.

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