

## **Medical Student Mentoring Guide**

### **Co-Authors:**

Jacob Prunuske, MD, MSPH  
Margit Chadwell, MD, FAAFP

### **Resource Files:**

Mentoring Grid\_2.pdf  
Mentoring Prompts\_2 JP MC.pdf  
Mentoring slides.pptx

### **Objectives:**

The included files serve as a resource for medical student faculty mentoring sessions. By applying this educational resource, users will provide comprehensive mentoring appropriate for each student's educational stage.

### **Conceptual Background:**

Effective mentoring is a key element for student success in medical school and increases the likelihood of eventual student career satisfaction.<sup>1</sup> Frei<sup>2</sup> defines mentoring as the process where an “... experienced, highly regarded, empathetic person (mentor) guides another individual (mentee) in the development and re-examination of their own ideas, learning, and personal and professional development.” In the context of medical education, effective mentoring has been found to help with professional identity formation, professionalism development, research participation and productivity, career planning, support of overall student wellbeing and appears to be especially valuable for individuals who are underrepresented in medicine.<sup>3-13</sup>

There is wide variability in existing structure and function of mentoring programs across medical schools. Mentoring skills are not traditionally taught as part of PhD or MD/DO training programs and few medical school faculty have received formal training in this area. New mentors often experience doubts about their role and experience challenges balancing mentorship tasks with other responsibilities.<sup>14</sup> There is evidence for beneficial effects of formal mentoring programs, including benefits to the mentors. Serving as a mentor can stimulate interest in teaching and contribute to improved relationships with students.<sup>15</sup> Given that many new mentors, especially those not part of formal mentoring programs, may face uncertainty in their mentoring role, we sought to develop a resource to help guide mentors in approaching their medical student mentees and to facilitate the mentoring session.

Recognizing that mentoring domains are relatively stable but the topics within those domains vary by stage of training, we structured our tool in grid format with sample topics for each developmental stage. The examples listed are not meant to be exhaustive, but rather serve as a starting point for a mentor-mentee discussion in each domain. The domains and prompts included on the grid were developed *ad hoc* by the authors in

consultation with colleagues who also serve in mentoring roles and after a review of the literature cited.

### Practical Implementation Advice

It is important to consider the similarities and differences between the roles of “mentor” and “advisor”. The mentor focuses on personal and professional growth and development of the mentee. In a mentoring role, the mentor provides support and perspective with intent to foster long-term growth, development and success. The advisor focuses on logistics, resources, and processes. In an advising role, the advisor provides details and resources for task-oriented processes. For example, in the context of clinical rotation scheduling, a mentor will be concerned with the development of professional behaviors, attainment of clinical skills competencies, and maturation of a student’s self-identity as a physician, while the advisor will be concerned with the processes and logistics of scheduling clerkship rotations.

A number of factors contribute to effective mentoring sessions. In particular, having consistent availability and engagement as a mentor, clearly defining personal and professional boundaries, creating a safe space for discussion, ensuring adequate time and space for meeting, and having clearly defined expectations for mentoring meetings. Effective mentors encourage mentee reflection, provide honest, constructive feedback, take an individual interest in their mentees, and balance providing guidance with giving the mentee freedom to grow and develop. The most effective mentors also avoid complaining about issues beyond students’ control.<sup>1</sup>

At the University of Minnesota Medical School Duluth, there is a formal mentoring program. Each mentor assumes responsibility for a learning community of 10 students in each incoming class, which he or she maintains throughout the remainder of their medical school careers. In addition to other educational activities, mentors meet twice a year with each mentee individually. These meetings can be as brief as 20 minutes and may last up to an hour. The typical mentoring meeting averages 30 – 45 minutes. Mentors typically budget 1 hour for each mentor-mentee meeting.

Prior to meeting with each student, mentors should review the student’s academic performance, board scores (if applicable), notes from the last mentoring meeting and any items flagged for follow-up. This preparation is typically brief, requiring less than 5 minutes. Scheduling of meetings can be done by an administrative assistant or via email to the student directly. Mentors typically meet with 1<sup>st</sup> & 2<sup>nd</sup> year students in the mentor’s office in the medical school, giving students the option to have the door open or closed as they prefer. In schools with a distributed clerkship model, many clerkship students may not be on campus. Mentors may meet with clerkship students in person if they are in town, or hold meetings by phone, Skype, or Google Hangout.

This guide was developed for use in individual mentor-mentee interactions, though parts of it may be appropriate for adoption into group settings. It may be used in both formal and informal settings. The guide is structured in a developmental progression, with prompts

for each level of medical student education. The prompts are not meant to be inclusive or exhaustive and not all prompts will be applicable to all mentees. The prompts are intended to serve as a guide to stimulate discussion and direct conversations.

In meeting with each student, mentors should open by asking how things are going and whether or not the student has any specific issues or concerns he or she would like to discuss. Mentors should allow the conversation to flow naturally from topic to topic following the student needs and preferences and take notes as necessary. When the student has no other issues to discuss, the mentor should review the mentoring grid for any content or topic areas that may not have been covered and ask the student about these issues as appropriate.

Documenting mentoring encounters should be done in a way that is compliant with applicable school, state, and federal privacy requirements. Users of this tool should adhere to their own institutional guidance and requirements for documentation of mentor-mentee encounters. The information documented should be secure and confidential, with access limited such that each mentor can only access information on his or her individual mentees. The information documented in the system should not be made available to other faculty, instructors, course or clerkship directors and is meant to provide continuity of the mentoring experience, a record of the students professional development, and guidance provided to the student by the mentor. Mentors may find this documentation useful in writing portions of the Medical Student Performance Evaluations (MSPE, Dean's Letter).

No single resource will comprehensively meet the needs of all mentor-mentee relationships. Users of this mentoring tool should integrate the tool with knowledge and references from peers, colleagues, and other published sources and references such as the following:

- AAMC Careers in Medicine website
- Remediation of the Struggling Medical Learner, by Jeannette Guerrasio, MD,
- Mentoring in Academic Medicine by Holly J. Humphrey, MD of the ACP Teaching Medicine Series

#### Experience with the Mentoring Resource:

This resource is only recently developed. Dr. Prunuske has served as an informal mentor for medical students since 2003 and as a formal mentor since 2011 as part of the University of Minnesota Faculty Advising Program. More information on the program can be found at <https://www.meded.umn.edu/students/advisors/>. In his formal mentoring role, Dr. Prunuske mentors students in a learning community of ten students per class for each of their four years in medical school. In addition to learning community curricular teaching, he meets individually with each student twice a year and has been using this resource in his mentoring meetings since the fall of 2013.

Mentors may want to review the resource prior to meeting with the mentee, however, the resource has been most effective as an adjunct for review prior to concluding the

mentoring meeting and has helped assure potentially relevant issues are not inadvertently excluded from the mentoring conversation. Like any resource, it has potential to become distracting, with a mentor focused on the individual example prompts, rather than other issues which may be more relevant to a given mentee. It is for this reason that the tool is structured for the mentor to ask about mentee issues or concerns first. Since using the resource, Dr. Prunuske has found his mentoring meetings to be more expansive than in the past and he feels more confident he is not excluding important issues for mentees. Drs. Prunuske and Chadwell presented this resource at the 2014 Society of Teachers of Family Medicine Medical Student Education Conference where it was well received by attendees. Several participants in a breakout session commented on the usefulness of the resource for organizing mentoring sessions, relevance for their roles, and the value of the conceptual framework.

#### Next Steps:

We would like to pursue development of a mobile device app that would cover the same content. We seek to rigorously evaluate the resource in practice. We are currently planning a study evaluating the effectiveness of the resource from the perspective of mentors as end users and would ultimately like to investigate the impact on mentoring quality and student outcomes. We are also interested in expanding this resource to enhance applicability for residency training programs.

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