

## How can an academic mentor improve support of tomorrows doctors?

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### ABSTRACT

Three years ago Dundee University Medical School created a post of a part-time academic mentor to strengthen support for students. The experience of the first two years of this post is described. Students give their views on aspects of the mentor's role that they found helpful and describe some of the barriers to seeking support. Finally we look forward with suggestions on how the role of mentor could be developed in future to improve student support.

**Key Words:** Academic Mentoring, Support, Medical Student

### Background

The modern medical curriculum emphasises self-directed learning and multiple assessments which tends to result in higher levels of stress among medical students.<sup>1</sup>

*A student comments: "Getting into medical school is a big enough challenge but what many students don't seem to realise that once they're there, there's plenty more to contend with. This completely new lifestyle and way of learning can come as a shock for many and in such an intense environment, students often feel the pressure. Many students feel inadequate in their studies; as part of our nature we strive for the best. Being surrounded by others with high academic standards may put pressure on ourselves. The reality however is, we're all in this together. Acknowledging that we are not superhuman and that to work is about not feeling afraid about seeking support. It takes great inner strength and not weakness to do so as there may be more than meets the eye even in the most seemingly well adjusted student. Self awareness of stress is key and the next important thing is doing something about it".*

*They continue: "Not only do we face great stresses through our course, starting medical school is for many students their first real experience away from home, having to manage their money and time without any guidance from their parents or anyone else. Not only that but we are faced with massive pressure of making new friends whilst we are all out of our comfort zone. Many students have troubles with flatmates they don't get on with or trying*

*not to succumb to peer pressure to go out drinking every night of the week even when we know the library is calling. It is a challenge to find that “work life balance” everyone tells you about. So along with our studies we still face many of the challenges of day to day life as well as growing-up. When talking to anyone else with these troubles we are very sympathetic of these challenges however when we begin to struggle ourselves, we feel guilty and embarrassed to go for help because we feel our problems are not worth someone else’s precious time.”*

Effective systems of student support are important, but they too have come under increasing pressure<sup>2</sup>. In January 2010 Dundee University Medical School created a part-time post of academic mentor to improve student support. The decision to develop this post was driven by a wish to improve support to medical students and was in accord with advice from the General Medical Council (GMC)<sup>3</sup>. The GMC has moved from a position, in 1993, where it placed responsibility for performance almost entirely on students, to their most recent advice, which recommends the establishment of support for students who have underperformed, in “ a confidential and supportive environment”<sup>3,4</sup> The GMC now requires medical schools to have a structured system of student support and that the tutors involved should be appropriately selected and trained<sup>3</sup>.

### **The Role of an Academic Mentor**

*A student writes “Medical school can be overwhelming in terms of being in a whole new learning, socialising and generally busy hospital environment. Sometimes students feel isolated in the medical school bubble and are unsure who to turn to during times of hardship. In my experience, I was having emotional problems but avoided seeking help for fear of making a fuss. Students had been assigned personal tutors but had I never even met them and since they are also clinicians, I was sure they would be too busy to listen to my problems. This made me feel rather stranded with my problem and unsure who in the university I should turn to. That was when, through word of mouth, I found out about and contacted the academic mentor, someone whose role is to listen to student’s concerns. I believe that knowing that support is out there is very reassuring, even if one does not need it at that moment. Having someone available in case of a time of need can really help make the process of getting through that period much smoother. I felt prior to this that I was being bounced around lots of different people but not actually getting anything done or addressing any of my issues. It is all very well being able to acknowledge and talk through problems, but the most important thing is getting something done about these. That is where an academic mentor can help provide valuable practical information and support to target these issues. Akin to the patient centred approach, a student centred approach is very effective.*

*Although there are also a general University counselling and mentoring services, medical students often face a very different set of problems due to the nature of the course so it is indispensable having a doctor, someone who has experience and a deeper understanding of the medical lifestyle, to discuss issues relating to this. I feel that had I not found the support available, and indeed many others in a similar situation would agree, my problems may have escalated even further. Luckily, having someone in the medical school to listen and even just guide you through a difficult period can really make all the difference.”*

The academic mentor's role is to provide an accessible and welcoming face and complement existing personal tutor support. The academic mentor also provides pastoral support to students with social and emotional problems.

In the past medical students in the Medical School at Dundee University were supported by a personal tutor scheme which was found to be of variable quality.<sup>5</sup> The role of the tutor was mainly to give academic advice and to be available for pastoral support. However, a personal tutor might also have a role in assessing their students. Recent student surveys confirmed that the personal tutor support system was inconsistent. In one survey of 158 students with a 59% response rate only 29% said that they would contact their personal tutor about personal difficulties or health issues<sup>6</sup>. Sadly, it is often only when a student fails an exam that problems are identified<sup>1</sup>. At this point the student may feel solely to blame for the failure and so become further demoralised.

A student's perspective: *"I have always worked hard for my grades and any of my non-academic accomplishments, this has not been without struggles and setbacks however experiencing a marginal fail in an online exam at the end of second year really hit me hard. I knew I had given these exams my all and yet it hadn't paid off, I felt as though I had let everyone down least of all myself. I have strived for medicine all my life and it felt like everything was falling apart. Everyone else was coping so why couldn't I? I did not want to speak to my peers who had passed for fear of raining on their parade but I also found it difficult to speak to my fellow resists as I wanted to help them remain positive and not bring them down with me. At the start of second year I had been allocated a personal tutor but I had never met them and e-mail correspondence throughout the year did not make me feel comfortable about pouring all my worries and fears on to them-they did not seem interested. Through the medical school we were offered a 15-minute consultation with one of the doctors involved in the phase 2 teaching. I was genuinely terrified for this and had no idea what to expect. The meeting was formal and worked through a pro-forma of questions relating to the failure of the exam and what my plans were to improve and if the medical school could do anything extra. I did feel marginally reassured after the meeting that the medical school still had some faith in me but it was not quite the level of personal support I needed in my devastated condition, this doctor was not someone I knew or someone who knew me all they had was my exam feedback graph.*

*On an SSC allocation earlier that year I was lucky enough to meet the academic mentor, who otherwise I would not have been aware of existed. As soon as I received my results, an e-mail was sent and various meetings followed. The content of the meetings varied from talking through how I was feeling and how to cope, to practice questions to boost my confidence again. Without this support I truly believe I would have had a far bleaker outlook on my resists but having the reassurance from someone who knew my commitment and had been through it all and survived (not without their own blips along the way) was invaluable to my success. This view is shared by many of my fellow students who have also had an array of difficulties through out there medical school careers. This year I have been allocated a new tutor who I have met with on a semi-regular basis and I know is always only an e-mail away.*

*They have been fully committed to helping me improve my written submissions as well as improve my confidence about my capability at medical school in general. It has not taken much on their behalf, some constructive criticism on case discussions and a chat every couple of months just to see how I am doing. It may seem trivial but it has made the world of difference to me and I believe my peers would benefit just as greatly from this type of support, or even just the knowledge it is there for them if they need it.*

*I am still very anxious about my up and coming exams but I now feel I have a number of people who know me as a successful student and a struggling student that would be there to advise and support me through any future issues. People who I feel comfortable with and who I know have shared these experiences or similar.*

*I believe the academic mentor should have far greater advertising by the medical school as they are a priceless asset to both the school and its students. I also fully appreciate the time and effort that has gone in to the improvement of the student support scheme through personal tutors, I am aware work still needs to be done but as a student with both positive and negative experiences I can see the progress and feel very encouraged by it."*

### **The Role of the Academic Mentor in Student Support Services**

While the academic mentor is part of the 'package' of support services on offer to medical students, this role has very specific functions and rules of engagement to make this additional specialist support effective.

Mentoring is a relationship in which one person offers help, guidance and support to facilitate another person's learning or development.<sup>7</sup> The mentor should be a source of inspiration and assists in the students' academic progress. It is a natural and fulfilling way to pass on knowledge and to influence professional development. Both coaching and mentoring are processes that support learning, they differ in emphasis; coaching tends to be directed toward short term goals whereas mentoring tends to be a longer term relationship.<sup>7,8</sup>

Medical students (like doctors) find it difficult to seek help.<sup>9</sup>

*A student writes "I was reluctant to seek help as I knew as professionals they were very busy so I didn't want to bother them. I was sure my problems weren't as deserving as others would be so didn't feel worthy of their time. If we all thought this way however, no one would seek the help that's there for us, no matter how big or small our issue is, it is the job of an academic mentor to help us address these. Another reason was the pressure of my own time. I had so much academic work to do already that I didn't feel my wellbeing was a priority. This ends up being counterproductive as if you are not looking after yourself, this will eventually catch up with you and negatively impact on your work. Many other students may be blinded by their work that they do not wish to acknowledge their surrounding problems inhibiting us from striving to our potential."*

There may be many reasons for this, including a fear that any apparent weakness will jeopardise their assessment and future chance of qualification as a doctor. Other barriers to accessing support include a fear of intimidating personalities, a lack of tutor availability and not having information about available tutor support<sup>10</sup>.

It is important to ensure that students are reassured that seeking help is good professional practice and is regarded as a positive step by the medical school. The mentor needs to stress that meetings are confidential and that he is not involved in the academic assessment of students. This enables students to be frank in their discussions and facilitates disclosure of personal issues. While a trusting relationship depends on confidentiality, some matters cannot remain confidential. It is important to define these boundaries with the student from the outset. Behaviours which affect fitness to practice generally will need to be referred to the Medical School. A criminal conviction, drug or alcohol abuse, cheating and fraud are some examples of seriously unprofessional behaviour<sup>1</sup>. A tension can arise between maintaining confidentiality and accessing appropriate support for the student. If the student feels that information is to be shared they will be less likely to access support<sup>2</sup>.

### Support & Advocacy

Individual personal support and mutual respect are essential characteristics of a mentoring relationship. It is helpful to remind students that they are good students and that they have been subjected to a rigorous selection process to gain their place at medical school. Mentors need to display some authority to ensure that their advice on behalf of students is consulted by the medical school. Mentoring is involved in bringing about change not only in individual students but in systems of support for students.

Students particularly appreciate having an advocate when they are subject to consideration by the Academic Review Committee considering termination of their studies. They can be helped by having an opportunity to discuss their hopes for their future and to set realistic goals. Advocacy also plays a part if a student is making a complaint about harassment or bullying and in these situations it may be useful for the academic mentor to accompany the student to attend meetings with the university or NHS panels.

### Reflection, Feedback and the Learning Cycle

Despite evidence that reflection and feedback facilitate learning it is evident from meeting students that many of them feel that they do not receive sufficient feedback.<sup>11, 12</sup>

A student' view: *“ It is terrifying for us as a whole year of teaching is assessed in a few days of exams at the end of the year. As anxiety can be a big issue, for many brilliant students this may be their downfall on the day and we get no feedback on our results, other than a grade, so are left to ruminate on where we went wrong and why. If we don't know, then we cannot improve upon our skills and knowledge; a vital skill we need to develop as future doctors. Exams are often tick box exercises that do not truly reflect how good a doctor you will become. This is where the academic mentor helps; they let you reflect on how you have progressed thus far and where you want to go in the future; allowing us to develop*

*these reflective skills early. This will help us in our future careers as we should acknowledge and deal with the good, the bad and the difficult aspects of medicine”.*

It is disconcerting to discover that many senior medical students have low levels of self-confidence. The mentoring relationship provides a context in which to build students' self-confidence and demonstrate the use of guided reflection. Where reflection becomes too institutionalised it becomes a burdensome exercise and thus loses all value as a learning tool. Indeed, excessive self-reflection may reduce insight if it becomes purely rumination on problems<sup>11</sup>.

The student who lacks insight presents a particular challenge to mentoring. Insight is related to the motivation to engage in reflection but a student will not necessarily gain insight merely by self-reflection<sup>11</sup>. By using strategies such as role modelling and small group work it is possible to move slowly towards a stage when the student, who lacks insight, sets aside blame and begins to take responsibility for their professional development.

A mentor needs to understand the range of factors influencing effective learning. The emotional content of the learning process can also be explored within a mentoring relationship. Students need time and encouragement to ask questions such as “How do I feel about this issue?” or “Why do I feel this way?”. With appropriate guidance students can develop their ability to understand their own feelings and those of others.

### **Role Model**

Role modelling is a fundamental part of developing professionalism. The mentor should be able to help with the “hidden curriculum”; ethics, attitudes and professionalism. A mentor must have knowledge of the curriculum, clinical competence and an interest in the student's welfare. As mentoring is a reciprocal relationship, mentors can share their own vulnerabilities and in doing so the student learns of the uncertainties and dilemmas which are a part of clinical practice. An enthusiastic mentor can inspire a student to learn. Mentors need patience to remember that students who are struggling are often late for appointments and are slow to respond to emails. Students are encouraged to be self-directed in their learning and mentoring should support them to move towards this position, and also to be cognisant of the dangers of student dependence.

### **Personal Tutor Support and Networking**

A mentor can provide help both for students and personal tutors by establishing good relationships with tutors and to be open to accept referred students. For example, it can be useful, with a student's consent, to brief a block supervisor of a student's recent bereavement. Personal tutors can also discuss any student who is causing concern with the mentor so that support may be provided before any possible exam failure. Small group tutorials offering practical tips for new tutors are an opportunity to address tutors' concerns and to provide training.

### Identifying the Struggling Student

Support needs to be proactive, not simply responding to failure, but preventing academic problems. Mentors can provide continuity of support by tracking a student's progress. One of the early signs that a student may be struggling is a failure to respond to emails. The mentor needs to be made aware of those students who have failed exams.

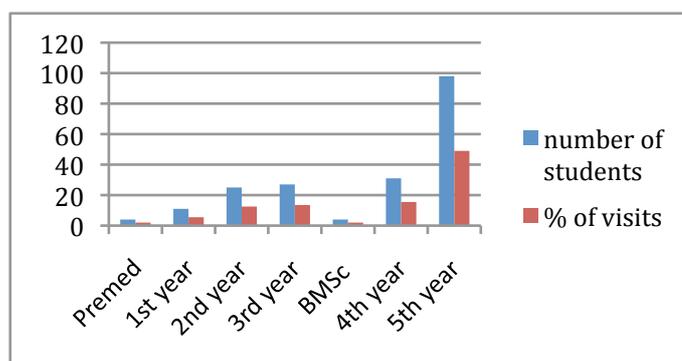
### One to One Support

Students need to be seen in a quiet environment on a one-to-one basis. Privacy is essential if students are to feel free to express emotions. Students need encouragement that seeking help is a professional way to behave. An initial meeting that is unhurried and relaxed allows both student and mentor to get to know each other and develop mutual trust and respect. Students often present at the outset of the meeting with a seemingly straightforward academic or learning problem but once trust is established complex issues can emerge. In Dundee Medical school there were approximately 100 individual students seeking help from the academic mentor each year. The following is a brief description of the first 200 students seen.

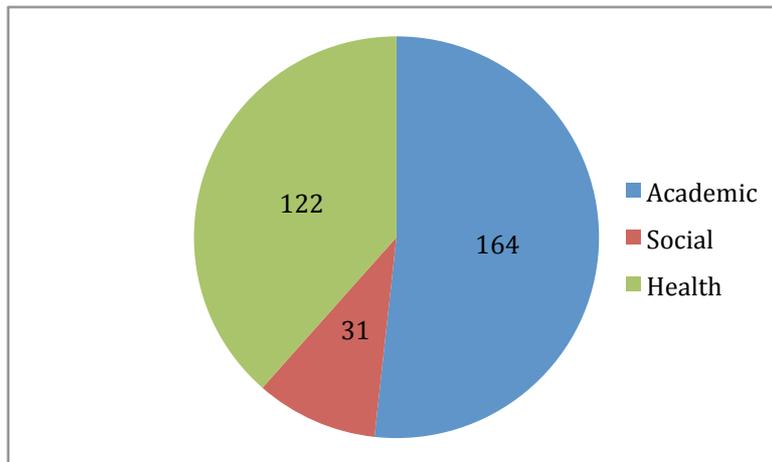
### Findings in Dundee Medical School – The First 200 Students Seen

62 students were male and 138 female, 45 students were referred by university staff and 155 were self-referrals. There were 17 graduate entry students and 28 international students. The spread of students across the years was as follows (Table 1). Many students presented with a cluster of differing problems: Academic 164, Health 122 and Social 31. (Table 2)

**Table 1: Students Presenting to Academic Mentor by Year Group**



**Table 2: Reasons for seeing the academic mentor**



### **Academic**

The majority of attendances in this category were examination related, either after failing or requests for coaching. Coaching activities included OSCE practice online multiple choice practice, Viva practice, Portfolio advice, learning styles advice and presentation skills. Career advice and questions of attitude or probity completed the academic reasons for seeking mentoring.

### **Exam Failure**

It is common for students either to be referred or to self-refer after they fail an exam. For many it may be their first experience of ever having failed an exam. Many high achievers have perfectionistic personality traits that may aggravate anxiety in the face of an exam failure. It is interesting to observe that some students do not seek any extra advice or support after exam failure.

### **Exam stress**

The method of assessing the performance of students can be critical. A student may have an obsession with passing a particular test which can be a block to developing wider understanding of a subject. For instance, many final year students were found to be stressed by a ward simulation exercise which involved them being filmed by a video camera. Considering evidence on social anxiety in medical students, allowed changes to be made so the exercise was perceived as less threatening and more centred on giving constructive feedback.<sup>13</sup>

A small number of students have acute performance anxiety that is manifest by a sudden “freezing” during OSCE or clinical exams where they are being observed. This condition is well known in the performing arts and students can be helped to regain their confidence to overcome “stage fright”.

### **International students**

International students form a vulnerable group as they have to adjust to a new university and a different culture. English is often not their first language and they may have difficulty integrating and experience loneliness.

### **Graduate students**

Students arriving with an earlier degree often have a maturity that can be an advantage on the medical course. However, graduate students may become lonely as they do not want to attend the social events catering for much younger students. They may present with a range of social problems related to combining student life with running a home and young family. They may also have difficulties adjusting their learning styles to cope with the self-directed spiral curriculum.

### **Coaching**

Coaching activities, such as practice vivas, may be conducted on an individual basis whilst common problems such as performance/exam anxiety management or the finals portfolio can be helped by tutorials. These tutorials help students to gain confidence by giving them some idea of what is expected of them in the exam and reaffirming their skills and knowledge. Some students may use the group setting to assess whether they feel comfortable in arranging an individual meeting with the mentor. Students also gain confidence in sharing their problems with their peers. In small groups they come to appreciate that others experience the same difficulties as they do.

### **Health problems**

90 % of health problems presenting were due to anxiety, depression, low self-confidence or, bereavement. A small group (8%) had, severe mental health problems requiring specialist psychiatric referral. Physical health problems accounted for about 10% of the students seen by the academic mentor.

### **Social problems**

These included family and relationship problems, finance, accommodation, bullying or harassment and cultural issues.

### **Psychosocial Support**

These workload figures confirm the high levels of anxiety and emotional disturbance in medical students found in earlier studies.<sup>14</sup> This is reflected later in the high rates of stress related problems, suicidal risk, marital breakdown and alcohol abuse experienced by doctors.<sup>15</sup> Students may also have feelings of inadequacy which can be aggravated by loneliness or lack of feedback. As well as course related stress, medical students' mental health problems are affected by negative life events<sup>16</sup>.

For support to be most effective it is essential for the mentor role to be separated from assessment. One of the most challenging aspects of devising an effective support system is that the students most in need of help often do not seek help. The university works towards developing a culture of support for medical students that mirrors the patient centred model

of care in the NHS. This support culture values professionalism that is not limited to concerns about how we interact with patients but places a high value on how doctors and medical students interact with each other. In such a teaching and learning environment humiliation or bullying of students or doctors, is simply not acceptable.

Building the student's self-confidence and self-awareness is a core part of mentoring. Students who have appropriate levels of self-esteem and confidence tend to be more responsive learners because they are more likely to seize learning opportunities and to take responsibility for improving their performance.<sup>7-8</sup>

### **Mental health problems**

A Norwegian study showed that a third of medical students report mental health problems during their first three undergraduate years and over half do not seek any help.<sup>16</sup>

Students with serious mental health problems face difficulties not only in their academic progress but also in accessing care. Many students fear the stigma of mental illness. The traditional route of referral to GPs is often not responsive to the timescales of student life<sup>17</sup>. Furthermore, waiting times for clinical psychology input are often lengthy. Sometimes students with serious mental health problems are advised to temporarily withdraw from the course. Even when they are withdrawn temporarily to receive treatment, experience shows that support is often ill co-ordinated and patchy.<sup>17</sup> The complexity of tracking students between university, outblocks and home often results in them missing appointments. A tension exists around the transfer of confidential information between various agencies. If a psychiatrist is asked to make a formal assessment of the student's ability to continue their studies they should not be involved in that student's treatment<sup>17</sup>

A recent report by the Royal College of Psychiatrists recommends closer collaboration between the NHS and Higher Education providers and that students should be seen promptly for help.<sup>17</sup> The report also grapples with the adverse impact of alcohol misuse in students and this is particularly relevant since many social events for medical students are based around alcohol.<sup>17</sup>

### **Impact of the Mentor on student support**

*"As a medical student you can often feel like you are running a constant treadmill, not getting anywhere. In reality we're running an amazing marathon, and the academic mentor can act as a sort of coach, spurring us on by showing us just how far we've come and help us plan towards reaching our goals the end".* A student

Mentoring is about enabling change both in individuals and in systems. It is difficult to measure the outcomes of mentoring as it is only a small part of the total student support system. Mentoring is often informal and often invisible<sup>18</sup>. Although there is little evidence of the effectiveness of mentoring of medical students in the literature, it is generally accepted that mentoring develops professional attributes<sup>19,20</sup>. An American study using such a focus

group showed medical students value mentoring in terms of the interpersonal dynamics of the relationship with a particular emphasis on connection and advocacy<sup>21</sup>.

In the past when students were asked about support they made it clear that the previous system of support, whilst acceptable for some, left others with no support whatever.<sup>(5)</sup> It is a characteristic of an open supportive culture that their views were taken seriously and helped to develop a more responsive system of support.<sup>5,10,22</sup> The practice of medicine is stressful either as a student or a graduate. Seeking help must elicit support rather than stigmatising the student as a failure. Student support should not be viewed as a remedial service but something that every student can access<sup>23</sup>. Students seek inspirational role models and advisors. In expressing a personal interest in the student a mentor also demonstrates his belief that the student has the attributes to become a skilled caring doctor.<sup>24</sup> Mentoring helps students to reflect on their professional development and encourages them to take appropriate risks and to confront their fears.<sup>24</sup>

More female students than males used mentoring yet subsequently, fewer female doctors are referred to assessment agencies with difficulties.<sup>25</sup> It is possible that female students are more comfortable than male colleagues with establishing networks of support that then persist after graduation. More students came to the mentor because they chose to rather than being referred. This element of choice to “opt in” is integral to the mentoring relationship.<sup>24</sup>

Being a mentor is a most rewarding experience as it leads to a greater understanding of younger colleagues. In supporting them and helping them in their academic progress the mentor learns a great deal about teaching and learning and their own professional development.<sup>26</sup>

## Way Forward : New Developments

The academic mentor post has now been established following the initial 3-year pilot scheme. In response to student feedback and the GMC requirements for provision of student support, a restructured personal tutor system was launched this year in the Medical School. It is hoped that students will now feel comfortable about contacting their personal tutors and to have feedback on case discussions and learning portfolios.. However, recruitment of personal tutors by the lead for student support has been difficult due to the increasing workload for all NHS clinicians and university staff.

The students in Dundee are also in the process of creating their own peer support network with the encouragement of the academic mentor. This system, run by a core group of interested students from across the five years of the curriculum will allow students with issues to contact a central point of contact via text-message or by online means. The peer supporters will then triage all requests and refer appropriately: for example, issues regarding the process of completion of year 2 work might be referred to a year 3 student for advice; issues regarding applications for the FY programme may be referred to junior doctor contacts or to the postgraduate department.

The academic mentor has a role within the medical school to facilitate cultural change. Moving towards a more student centred approach may mean building more effective links between the faculty and the student body which on the face of it may not appear to be 'student support' per se. This may involve positive role modelling, but benefit will also arise from healthy discussions with faculty administration, senior academics and clinicians to help improve systems of communication between the students and the faculty. In all contact that the students have they should feel the faculty is available, approachable and supportive; this should be true within the arenas of administration, the VLE, teaching, assessment, remediation and discipline.

The academic mentor may also be in a good place to encourage activities promoting health and wellbeing within the student body. Examples of such activities might include faculty sponsored yoga and mindfulness classes or joint faculty and student charity events. It is vitally important that the individuals appointed to the role of academic mentor have unencumbered access to the senior level of faculty administration. For individual students in difficulty this is often hugely helpful, and for influence on systemic or cultural change it is imperative.

## Discussion & Conclusion

Students are interested to learn and to take part in supporting their colleagues.<sup>6,10,22</sup> They appreciate the presence of an advocate who is not in a position of assessment and value positive feedback. Every medical student should have an opportunity to reflect on the question 'What kind of doctor do I want to be?', with an experienced mentor. The mentor can help students in their transitions from school to university and from student to doctor.<sup>27</sup>

What gives mentoring its particular force and makes it different from teaching coaching or supervision?<sup>24</sup> It is the unique facility of having confidential meetings with students, believing in them and helping them to achieve their aims without having to assess them academically. Communication is effective because there is an atmosphere of trust, friendliness and a mutual respect. Mentoring depends on the character of the mentor and the individual student. Support from a mentor must embrace both the professional and the personal self of the student since these are bound together<sup>27</sup>. Support should be available for all students not just those who are struggling. Respect should be shown for each student with a willingness to work with them to devise a solution tailored to their particular problems. Mentoring which is part of a student support system that is designed to support both personal and professional development has the opportunity to break down institutional barriers and to enhance the learning and development of "Tomorrows' Doctors".

**Ethical approval:** This paper does not describe research on human subjects so ethical approval was not deemed necessary.

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