

## Mentorship in India: Changing scenario

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### Abstract

Mentorship programs are integral part of the medical education across the globe. It is different from mere teaching, coaching and counseling. Mentorship in education is an age old concept in India. It was delivered through Guru-Shishya Parampara (tradition). These programs are now much more structured in nature. The positive effects of mentorship are being observed across the country. All the health universities in India are advocating mentorship program for undergraduate and postgraduate students.

**Keywords:** Mentorship, Counselling, Medical Education.

Mentorship programs are integral part of the medical education across the globe. It is a voluntary program in many medical institutes in India. Health universities in India are promoting mentorship in all the medical colleges.

### What is mentorship?

There are various definitions of mentoring. It is different from mere teaching, coaching and counseling. Standing Committee on Postgraduate Medical and Dental Education (SCOPME)<sup>(1)</sup> describes mentorship for doctors as "a process whereby an experienced, highly regarded, empathetic 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 field as the mentee, achieves this by listening or talking in confidence to the mentee."

In reference to the mentoring of young academic surgeons Wiley W. Souba<sup>(2)</sup> described the roles of mentor as to 'motivate, empower and encourage, Nurture self-confidence, Teach by example, offer wise counsel and raise the performance bar'. Mentorship is a non-competitive relationship between a mentor and a mentee. It should be seen as a long term process.

**History of mentorship in India:** Mentorship in education is an age old concept. It is existent in India since centuries. In ancient India education was given by saintly scholars (Sage) in Ashram. Ashram was a place where pupils (shishya) were staying with teachers (Guru/Sage). Basic life skills were taught along with the basic education at these places. This is also called as Guru-Shishya Parampara (tradition). Guru would remain as a lifelong teacher for that particular student. Such education in ashrams under saintly scholars is an example of mentoring students under supervision.

Though "mentorship in modern medicine" is relatively a new terminology this phenomenon is in practice since many years. Mentorship in medical

education dates back to the era of education in ashram. Teachers (Guru/Sage) were using traditional ayurvedic principles to treat illnesses. Pupils under these scholars would learn medicinal value of various plants under the guidance of their teacher.

In USA mentoring was developed in the 1970s for large private-sector corporations to support needy staff. Mentoring programs have been introduced in medical professions since 1990s.<sup>(3)</sup> These programs are now much more structured in nature.

In last decade mentorship programs are also started in medical schools in the developing countries.

**Changing scenario of mentorship in India:** In early and mid 19<sup>th</sup> century most medical colleges in India were running undergraduate courses. Teachers and senior students would serve the purpose of mentors for the new students (mentee). Mentorship was mainly focused on academic issues. Teachers were respected traditionally. Dynamics between Teachers and students were woven with the threads of respect, tradition culture, academics etc.

It is with the advent of postgraduate study in the medical colleges' issue of mentorship propelled in real sense. The nature of postgraduate training in India is different from many countries. In India postgraduate students learn subject under the guidance of teachers approved by the health university. They work in the respective subject for a minimum period of 3 years. During this period students are called as "resident doctors". As term suggests, it is a residential training program. During this period of training, student – teacher bond cannot be limited to the academics and teachers need to look after the students as parent, friend, motivator & philosopher. At this point of training teacher actually mentors his or her student in the true sense.

In India mentorship during under-graduation has a different scenario. Professional closeness which we observe between postgraduate teacher & students is not seen among teachers and under-graduate students.

Various factors are responsible for that. Training of under graduate students in medical colleges is mostly restricted to academics. Students interact with the teachers on non-academic issues during annual cultural gathering. Even this exposure is not sufficient. Participation of teachers beyond academics is limited. At the same time proportion of extracurricular activities in medical colleges are decreasing substantially. Students are busy with the multiple part completion examinations slated by the health university. Some authorities think that mentoring should be provided for advanced postgraduate trainees only.<sup>(4)</sup>

In last 5-10 years many medical colleges and universities are giving emphasis on mentorship program for the medical students. College is the second home for the students and teachers have to play multiple roles to meet the needs of the students. Mentorship is important during all the years of training but it matters the most during first year of the college. During first year students are apprehensive about the studies, vast curriculum, new environment and senior students. Considering this fact many institutes run the mentorship program mainly during the first year of the students. Some institutes take help of senior students to act as mentor for the junior students. Though mentorship program for undergraduate is running in many colleges in India, it is yet to evolve as meaningful as it is for postgraduate students.

**Mentorship programs:** There are various types of mentoring programs in practice. They are broadly divided in to individual or group mentoring. In individual mentoring mentee is guided by the mentor individually. In group mentoring, a specific group of mentees are allotted to a mentor and process is conducted in a group. Role of the mentor is played by the teacher or senior students.

Various topics can be discussed in the mentoring program. Career options, academics, work related stress is few common topics targeted in the mentorship programs. Coates WC et al described the effect of mentoring in fourth year medical school curriculum reform. Students reported a higher degree of overall satisfaction with respect to educational experiences and careers.<sup>(5)</sup> Goldstein EA et al described the role of mentoring in promoting fundamental clinical skills in undergraduate medical education.<sup>(6)</sup>

**Effect of mentorship:** There are various advantages and disadvantages of the mentorship programs. There are various evidences to support the favorable effects of mentorship. The program is beneficial to the mentees, mentors and organization. Both mentees and mentors find satisfaction out of mentoring. It helps mentees to share experiences and personal growth.<sup>(7)</sup> Mentoring also helps mentees to deal with the stress and work-life balance.<sup>(8)</sup> There are some disadvantages of mentorship programs like issues related to confidentiality and fostering dependency among mentees. There are many benefits to the organizations. It helps to promote

good student-teacher relationship and growth of the organization.

Mentoring also fosters the interest in research among mentees. Study of Zier K et al supports this hypothesis.<sup>(9)</sup>

Overall mentoring offers many advantages over its disadvantages. Greater satisfaction, personal growth, coping with stress, work-life balance and increased interest in research are among the main benefits.

**Factors affecting mentorship:** There are various factors which are in favor of mentorship program like research evidences of its effectiveness, directives from health universities and positive mindset at local level. Effectiveness of mentorship program largely depends on the mentor, mentee and topics of discussion.

Mentor is an integral part of the mentoring. A mentor who is dedicated, nonjudgmental and open for the suggestions would be an ideal mentor. Rose et al.<sup>(10)</sup> in his article about mentoring between faculty and medical students commented on mutual respect and explicit communication about the relationship. Ability to set agendas, accept criticism, reassessing performance by mentee is important for the successful mentorship.

There are some factors, which are not in favor of mentorship program in medical education. Extremely busy schedule of study is one of the most important factors. Students entering in the first year get less time for the study. Teachers also struggle to finish the curriculum. There are few psychodynamic issues in the mentorship program. People from two generations are trying to establish the relationship. Teachers have different sets of expectations while students have their own ideas. Many teachers feel uncomfortable to discuss beyond-the-book issues with the students. Students of new generation are very assertive. Behavior of current generation students is quite different from the students of few decades back. Teachers often correlate the behavior of current students with their own behavior when they were students. These are few important mental blocks in the development of fruitful mentorship. Mentorship programs are also debated for fostering dependency among students and for the issues of confidentiality.

Efforts are required at all the levels for the sustenance of mentorship programs in the medical colleges. Factors like motivation of teachers, motivation of students, college level support, university level support and financial aid are extremely important for the development of the meaningful mentorship program.

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