**Medical Education**

**UPDATE IN MEDICAL EDUCATION**

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**Introduction**

The word mentor can be traced back to Greek mythology. According to Homer, when Odysseus, King of Ithaca, set off to fight the Trojan wars, he entrusted the care of his young son Telemachus to his faithful friend Mentor, charging him with the sacred responsibility of acting as role model, wise counselor and trusted adviser, as the boy made the transition from childhood to king. In ancient Greece it was common for young males to have someone to guide them through the trials and tribulations of manhood. In the educational field the concept of mentoring became popular in the 1980s. In the United States its growth stemmed from a desire to improve the quality of education. Educationalists became aware of the need to provide on-the-job support and advice to teachers early in their professional career, the idea being that experienced teachers would act as mentors and models for their junior colleagues. This could help the smooth transition from novice to competent professional. The dictionary meaning of mentor is experienced adviser and supporter: somebody, usually older and more experienced, who advises and guides a younger, less experienced person. The role of mentor may vary according to the working conditions or institution. Mentoring has been defined in differing ways. Mentoring is off-line help by one person to another in making significant transitions in knowledge, work or thinking. It is the process of helping others learn and enhance their professional role. A mentoring relationship is one that is enabling and cultivating: a relationship that assists in empowering an individual with the working environment. Mentoring is a complex, interactive process, which incorporates interpersonal or psychosocial development, career and/or educational development. This one-to-one relationship is developmental and proceeds through a series of stages which help to determine both the conditions affecting and the outcomes of the process.

**Local Relevance**

In developing countries like ours, mentoring is mostly a voluntary affair, or even incidental event. In industrialized countries, mentoring system is actively developed by the institutions for different purposes, with either volunteers or appointment within a faculty or department. Formal mentor program is still a rare concept in this region. There is no official system of mentoring. Most get experience of mentoring in informal way, with mutual, mostly unexpressed, understanding. Many of the mentees are junior colleagues who come for discussion mostly regarding their career plan and clinical management and academic teaching problems. Some even discuss and seek advice about their personal life activities like timing of marriage or pregnancy, when they perceive such activities clashing with their career. It is not necessary that mentoring is restricted to the novice or the newcomer. In many cases the experienced professional may seek a mentor in order to gain new levels of expertise or to help continue a move up the career ladder. Senior colleagues may seek
informal mentoring when faced with varied, especially newer, situations like clinical referral system when posted new in the institute, academic administration, teaching learning activities, and guiding students in their thesis work etc. Need of discussion and advice while facing difficult situation with new people in the new place is also a common reason. In the new situation, some may need support to get adjusted. Changing roles of the health professionals in the last one decade and lack of opportunities for peer support due to competitive environment are common background reasons. Apart from their fields of expertise, now there are increasing responsibilities in the forms of teaching/learning activities, research activities, research and academic administration etc, along with the understanding of the newer technology and knowledge, which may need sharing and discussion with someone even for senior professionals. Need of enhancing the professional role, adjusting the personal and social life, is the background of mentoring.

Focus of Mentoring

Educational issues are the general focus of mentoring, but personal agendas are also brought to mentors. The role of the mentor can be wide-ranging. It may focus on induction, orientation, instructional improvement, a way of changing to a more collaborative environment or a combination of all of these. One of the common situations for mentoring is to speed up the learning of a new job and reduce the stress of transition. Supporting new staff members could be in the form of providing introductory information, a guide to the staff, faculty information, research, socialization in the ‘family’ etc. Some examples of helper functions of mentor are adviser, coach, counsellor, guide, networker, role model, sponsor teacher, resource facilitator.

Process

There is no hard and fast rules of mentoring relationship building; four phases have been described, establishing rapport (initiation), directioning setting (getting established), progress making (development) and moving on (finalizing / maintenance). The practicalities to be confronted within a mentoring relationship need to be established; they could be varied like career counseling, job searches, curriculum vitae preparation, professional obligations and responsibilities, organizational leadership, professional development issue, personal or professional conflict issues etc. Desirable personal qualities of mentor include warmth, empathy and facilitation, non-judgmental acceptance, with a positive regards for others, insight and tolerance, and the ability to confront and challenge appropriately. Mentoring is a professional development activity and one may rely on one’s sense of purpose for mentoring to guide the ways which one might adapt and use this rich resource. Sometimes mentee may approach with problems about which mentor is not sure, then honestly admitting so and searching materials and information from other sources are important. It is obvious that mentors can not provide all the answers. Sometime there could be ego, misunderstanding or psychological problem on the part of mentee. Honest discussion and unbiased or non-judgmental attitudes are important on the part of mentors. While meeting with mentees in other daily activities, mentors should behave with them like other colleagues. Mentors should not only maintain the confidentiality but also assure the mentees about it both by their words and by behavior. If anytime mentees start showing hostility or awkwardness and stop coming for mentoring, the mentors should continue to behave with them normally as with other colleagues. Mentors
should not get discouraged to mentor others. The three important factors for the process of mentoring are empathy, driven by the mentees’ need and communication and counseling. Many of the principles and steps of feedback may also be relevant to the mentoring process.\textsuperscript{11}

**Advantages**

It is obvious mentees can benefit a lot from the mentors. But mentoring is not a one way process. If it is successful both mentor and mentee will gain considerable benefits.\textsuperscript{3}

While mentoring, the mentor helps the individual and gets satisfaction by the feeling of helping others, i.e. ‘feel good factor’. Further while mentoring someone, the mentors may also have newer information as well as different perspectives and learning experiences. As the mentors and mentees may remain in the same field or institutes and nobody can be expert in all the fields, mentors and mentees both may, continue to, learn from each other, thus the difference between the individual mentor and mentee getting blurred ultimately. The mentee may prove to be the best friend of the mentor. But basically mentoring is related to betterment of institutes and patients care in the community by supporting the mentee, i.e. the manpower involved. Successful mentoring not only gives immense satisfaction but also tests the ability of the mentors in wide area. Mentoring has become almost a part of medical professionals. In the expanding role of medical professionals, anyone may need the benefits of others’ experience. Thus, as a professional, one should be ready to assume the role of both mentor and mentee. Mentoring relationships should be encouraged at both junior and senior levels and mentoring should be encouraged as part of one’s professional responsibilities.\textsuperscript{10}

**References**

1. Centre for Medical Education. TL: 5 Mentoring and Student Support. Dundee: Centre for Medical Education 2003.