

Medical Education

Experience of a faculty development workshop in mentoring at an Indian medical college

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ABSTRACT

Background. Our medical college is running a mentoring programme for undergraduate medical students since 2009. The academic leadership of the college identified the need to change the focus of the programme from mere problem-solving to professional and personal development of mentees.

Methods. A core group of faculty designed and implemented a workshop on mentoring for 28 mentors. The workshop included reflections on the participants' previous experiences about mentoring, discussion on perceptions of mentees about the existing mentoring programme, self-analysis of mentoring skills, overview of the Surrendering, Accepting, Gifting and Extending (SAGE) model and demonstration of effective mentoring skills using role plays and a film. We collected written anonymous feedback from participants at the end of the workshop to elicit their responses regarding various aspects of the programme, change in their views about mentoring and suggestions for future workshops.

Results. A majority of the participants (17, 60.7%) said that role plays and reflection on role plays were the most valuable part of workshop as they provided clarity on the concepts about mentoring. The most frequently identified take-home messages were: building trust with the mentee (7, 25%), balance in life and approach towards the mentee (6, 21.4%), and understanding that mentoring is a process geared towards personal and professional development of the mentee (6, 21.4%).

Conclusion. The participants' reaction to the workshop was positive. The responses of participants suggested that the workshop was successful in changing their views regarding the purpose of the mentoring programme.

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INTRODUCTION

Mentoring is a process for informal transmission of knowledge,

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social capital and psychosocial support that facilitates professional and personal development of a novice.¹ A systematic review on mentoring in academic medicine suggests that although the current evidence is inconclusive, mentoring can have a positive effect on personal growth, career choices and research productivity of the mentee, and it should be encouraged.² Mentoring programmes are well established in medical schools in western countries.^{3,4} While the Indian Institutes of Technology (IITs) and Indian Institutes of Management (IIMs) have developed a mechanism to run mentoring programmes, this concept is yet to gain popularity in medical colleges in India.⁵

Our academic medical centre requires its faculty to work towards ensuring that the students are sensitized to its vision and at graduation they constitute a pool of professionals who will enhance the image of the profession. The medical college has introduced professionalism and ethics curriculum in its undergraduate programme and has been running a mentoring programme for its undergraduate students since 2009 to support the progress of the students. The programme involved designating volunteer faculty as mentors to entry-level students. When the students progressed to the next phase of the undergraduate programme, different mentors were allotted to them. Each mentor was allotted about eight to sixteen mentees. The mentoring process involved two to three pre-arranged face-to-face meetings of mentors and mentees per year. Some mentors also met their mentees as and when required during personal crisis situations. Although academic performance was discussed with mentees, the major focus in these meetings was on issues other than personal and professional growth. In the pre-arranged meetings, mentors recorded problems reported by the students. These records were forwarded to the office of the Dean for perusal.

During one of the review meetings of the mentoring programme, mentors expressed a need for developing mentoring skills. The perceptions of the students about the existing programme collected as part of routine evaluation were also reviewed in this meeting. The students expected psychological support, academic support and guidance on day-to-day problems from mentors and saw lack of confidentiality, being judged and non-availability of time as perceived or actual problems in the mentor-mentee relationship. The academic leadership of the college also observed that the existing programme had become a platform to address problems. The leadership felt there was a need to develop expertise among mentors for early identification of students in distress and change the focus of the programme from problem-solving to personal and professional development of students. A core group was therefore formed to develop and implement a faculty development programme to address the issues identified with the mentoring programme.

METHODS

Our college was designated as the first Foundation for Advancement of International Medical Education and Research (FAIMER) centre in February 2012 to enhance faculty development in medical education. The core group of faculty conducted a long distance journal club with global faculty from FAIMER on a topic of mentoring with focus on the key lessons relevant to our context.⁶ The objective of the mentoring workshop was to clarify the concept and process of effective mentoring.

The core group met regularly over a month to brainstorm and plan the workshop. The Chief Executive Officer of our academic centre supported the change process and gave inputs for the mentoring workshop. The tips for developing mentors suggested by Ramani and Gruppen were adapted with minor modifications for this workshop (Box 1).⁷ The core group deliberated on the Surrendering, Accepting, Gifting and Extending (SAGE) model of mentorship and adopted it to address the points suggested by Ramani and Gruppen.⁷ The power differential in the mentor-mentee relationship may induce anxiety. Anxiety minimizes risk-taking, which is an important ingredient for growth. Surrendering is about creating balance in the mentor-mentee relationship so that mentees' anxiety is lowered and courage is heightened. Accepting is about having 'unconditional positive regard', providing encouragement and support. Gifting has been described as the main event of mentoring where the mentor gives advice, feedback, focus and let the mentees test their wings. Extending has been described as pushing the relationship beyond its expected boundaries and nurturing mentees' independence.⁸ We designed the sessions keeping in mind adult learning principles, constructivism and reflective practice (Table I).⁹⁻¹¹

We invited designated mentors of existing undergraduate and newly started postgraduate mentorship programmes to participate in the mentorship workshop. After listing the objectives of the workshop, the facilitators probed participants' prior knowledge about the meaning of mentoring. Using the think-pair-share

technique, the participants were encouraged to share their previous experiences of mentor or mentee roles.¹⁰ The snow-ball technique was used to make the participants reflect on these experiences and identify factors that promoted and hindered mentoring.¹⁰ The facilitators explained similarities and differences between teaching, mentoring, parenting and coaching, and shared feedback received from undergraduate and postgraduate mentees of the institution. The facilitators then compared the expectations of mentees of the institution with what is known about expectations of mentees from the literature.¹²⁻¹⁴ Subsequently, the participants self-analysed personality traits of sociability, openness and dominance using the mentor scale.⁸ The facilitators then explained the interpretation of the mentor scale.

An overview of the SAGE model of mentorship was discussed using an interactive PowerPoint presentation.⁸ Role plays enacted by the facilitators were used to demonstrate essential skills that would facilitate initiation and maintenance of mentoring relationship, i.e. rapport building, communication skills, elements of trust building, and preparing mentor and mentees for their roles. After each role play, reactions were invited from the participants. The initial role play depicted a scene describing a first meeting between a mentor and mentee where the mentor demonstrates ineffective communication skills, ineffective ways of rapport building, focuses only on problem-solving and has a judgemental attitude towards the mentee. The second role play depicted an over-friendly and intrusive attitude of the mentor which makes the mentee feel uncomfortable. The third and fourth role plays showed effective ways of rapport building, use of reflective questioning, ways of giving constructive feedback and that the intended relationship can progress over a period of time. The fifth role play was a scene between a mentee who is a postgraduate student coming to his mentor to discuss departmental issues. The reaction of the mentor to this situation was designed to depict over-involvement with the mentee. The workshop ended with the screening of the film 'Karate Kid', which illustrates how the mentor-mentee relationship evolves according to the mentoring stages. The film was followed by a de-briefing session.

At the end of the workshop, written anonymous feedback was collected from the participants to elicit their responses regarding the most and least valuable aspects of the programme and the reasons underlying their opinions, change in their views about mentoring, take-home messages and suggestions for future workshops. The responses were documented question-wise and content analysis was done by finding common threads from them.

The study was approved for publication by the Institutional Ethics Committee of the H.M. Patel Center for Medical Care and Education, Karamsad. The feedback forms presented to the participants were preceded by explanation of its purpose and assurance of confidentiality. Since it was an anonymous feedback, we did not obtain written informed consent and response to the questionnaire was implied as consent.

RESULTS

Of the 37 participants who had registered for the workshop, 28 (11 women) completed all the sessions. Non-attendance might have been due to a surprise inspection by the Medical Council of India (MCI) on the day of the workshop. Twenty-four participants were teaching faculty at the medical college and 4 were non-teaching senior-level managerial staff who had volunteered to function as mentors. Of the 24 participating faculty, 12 were professors, 8 associate professors and 4 assistant professors.

All participants responded to the feedback. Whereas the majority

Box 1: Tips for developing mentors

- Education on expectations of their roles and enhanced listening and feedback skills
- Understanding on balance between support and challenge
- Heighten awareness of gender and cultural issues
- Education on professional boundaries
- A forum to express their uncertainties and problems

Adapted from Ramani and Gruppen with minor modifications⁷

TABLE I. Programme of the day-long workshop on mentoring

<i>Agenda</i>
Introduction: Session objectives, definition of mentorship, brief history of mentorship
Process of mentoring: Effective mentoring, qualities of mentor and mentee, meaning of parenting, teaching, coaching and mentoring
Sharing of students' perceptions on the existing mentoring programme
Self-administration of mentor scale ⁸
Overview of the SAGE model of mentorship ⁸
Skills for effective mentoring: Rapport building and communication skills, setting expectations, building trust, handling difficult situations
Screening of the film 'Karate Kid'

of the respondents (18, 64.3%) answered the feedback completely, the rest (10, 35.7%) did so partially (Tables II and III).

The majority of participants (17, 60.7%) reported that role plays and the subsequent discussions were the most valuable part of the programme. Thirteen participants (46.4%) reported that the film was the most valuable part of their programme as it clearly showed the process of mentoring. Seven participants (25%) found all the sessions valuable, while one participant each found the SAGE model and self-analysis the most valuable.

In response to the question on how the workshop had changed their thinking about mentoring, 4 participants (14.3%) reported re-affirmation/refinement of previously held views about mentoring and 12 (42.8%) opined that the workshop brought clarity about the process of mentoring. Participants felt they came to understand the importance of various mentoring skills such as keeping a balance in building rapport (3, 10.7%), building trust (2,

7.1%), committing time to the relationship (7, 25%) and understanding of mentees' expectations (1, 3.5%).

Building trust with the mentee (7, 25%), balance in life and approach towards the mentee (6, 21.4%), understanding that mentoring is a process geared towards personal and professional development of the mentee (6, 21.4%) were the most frequently endorsed take-home messages. Other take-home messages reported by participants were: mentor needs to be patient (3, 10.7%), good listener (1, 3.5%), open and proactive (2, 7.1%), understand mentees' expectations (1, 3.5%) and invest time in the relationship (2, 7.1%).

Most (19, 79.1%) of the participants did not find any part of the workshop as less valuable on questioning about the least valuable part of the programme. Two participants (8.3%) felt lectures were the least valuable as they were seen as 'boring' or of 'lesser importance'. One participant (4.1%) felt that the role plays were performed well, but the underlying messages could have been delivered more directly. One participant (4.1%) each felt the post-role play discussion and the feedback process were the least valuable part of the programme.

The question on the muddiest point during the session had the lowest response rate (Table II). Most respondents (16, 84.2%) did not find any part of the workshop unclear. One participant each (5.2%) expected more information on the SAGE model, ways to address problems in the current programme and ways to select a mentor.

Six participants (24%) did not have any suggestions for future workshops, other participants suggested representation of mentees in the workshop (5, 20%), to have similar workshops for mentees (1, 4%), have similar workshops at regular intervals (3, 12%) and for other faculty members (2, 8%), inclusion of additional role plays instead of lectures (4, 16%) and increased participant involvement by giving hands-on experience (3, 12%).

TABLE II. Response rate by participants on individual questions

Question	Response rate n (%)
Which part of the programme did you find most valuable and why?	28 (100)
Which part of the programme did you find the least valuable and why?	24 (85.7)
How has this workshop changed your thinking about mentoring?	28 (100)
What were the two most important take-home messages from this session?	28 (100)
What was one muddiest point during this session?	19 (67.8)
Do you have any suggestions for future workshops?	25 (89.3)

TABLE III. Some quotes about various themes captured in the feedback

<i>Most valuable part of the programme</i>	
'Role plays ... demonstrated correct message.'	
'Role plays and film ... provided clarity on the concept of mentoring.'	
'Role plays ... it tells most of the dos and don'ts precisely.'	
'One was able to relate very well with the mistakes and faux pas that one commits with the role plays being enacted.'	
'While all the parts were valuable, the role plays and the film stand out as two parts that provided the most learning since these provided a practical application in day-to-day situation.'	
<i>Change in thinking about mentoring</i>	
'A sense of clarity has come as to what is actual mentoring and how a mentor should focus on ...'	
'It is a long-term relationship with mentees.'	
'It is more than teaching, learning and counselling.'	
'Mentorship is a lifelong relationship. It grows as it progresses.'	
'Apply the balance factor in ... initiating ... it would surely allow me to develop and sustain a healthy relationship with the mentees.'	
'We should be comfortable and respect the mentee and we should give enough time and should have interest in doing the things.'	
'All finer qualities like listening, giving time, understanding needs of mentees, ways to build a rapport with mentees, etc. would have to be looked upon to become an effective mentor.'	
<i>Important take-home messages</i>	
'Have a balanced approach. Take initiative to start a relationship with mentees.'	
'Mentor should be able to build up an understanding with the ward, so that the mentee has their complete trust.'	
'Mentorship is a responsibility of mentors in personal and professional development of mentees.'	
'A mentor has to be patient, undemanding and understanding.'	

DISCUSSION

Mentoring is a two-way process that needs inputs from both the mentor and mentee; requires dedication in terms of time and energy as well as resources—physical, emotional and intellectual.⁶ Medical teachers are busy with their clinical, research, administrative or educational responsibilities. Once they assume the mentoring responsibilities, they have little opportunity to discuss the challenges faced by them.⁶ The needs expressed by existing mentors at our centre to develop mentoring skills may be indicative that they did not feel sufficiently prepared in their role as mentors. This may also indicate that training faculty in mentoring skills before they accept the role may be beneficial. Trained mentors are more likely to engage in supporting behaviours and exhibit better communication with the mentee.^{15,16}

Wright *et al.* describe a two-phase workshop on training effective mentors for students and teachers.¹⁷ Phase 1 of their workshop on imparting mentoring skills consisted of lectures, role plays simulating real-world experience and discussions on the role of mentor and mentee, mentoring models, communication skills and problem-solving. Both phases combined provided 30 hours of training spread over one week with 15 hours spent on developing mentorship skills. Connor *et al.* describe a 6-day contact programme spread over 6 months for developing senior doctors as mentors.¹⁸ The overall objectives of the programme conceived by Connor *et al.* were to develop mentoring skills, provide a forum for personal and professional development for senior doctors and develop mentoring network. Their workshop was based on the framework described by Egan.¹⁹ Feedback from

participants in their workshop indicated that demonstration of mentoring skills by facilitators; practising them and giving feedback in small groups were most helpful in development of mentoring skills.

We designed our workshop around the tips suggested by Ramani and Gruppen and adopted the SAGE model of mentorship to deliver the concepts of effective mentoring.^{7,8} Our mentoring programme has been in place since 2009 and the faculty had undergone training in mentoring earlier; therefore, we designed a one-day workshop to address the core issues raised during the review meetings. The duration of contact in our workshop was 6 hours. A focus on theoretical content was limited to achieving a platform for discussions. Most of the time during this workshop was used for demonstration of practical skills through role plays and small group discussions for reflection.¹⁰ However, there was no provision for participants to practise the skills, need for which is reflected in participants' suggestions for more role plays and increased participant involvement by giving them hands-on experience. We attempted to reinforce the key messages further through screening of the film 'Karate Kid'. The film narrates the life story of a teacher–student interaction illustrating the psychosocial roles of the mentor. An attitudinal change requires activation of the learner's reflective process. Films stimulate the reflective attitude in the learner, provide quick, direct and non-threatening teaching scenarios.²⁰

Overall, the reactions from the participants were positive and they found the workshop valuable. Participants' feedback on the change in thinking about mentoring and suggestions for more workshops in the future reflects that the workshop was successful in changing the view of mentors regarding the purpose of the mentorship programme. The workshop was effective, also because it was designed with the local context in view. It was possible to tailor the format of the workshop to the local context by brainstorming and planning among the course director and course faculties.

The participants in this workshop requested more hands-on experience. We intend to include hands-on experience in future workshops using various techniques such as analysing videos of brief mentoring session, use of simulated mentees with feedback from simulated mentees, and role plays using mentor–mentee pairs from among the participants.²¹ Their suggestion to have a workshop for mentees was followed up with a programme to sensitize a batch of undergraduate medical students regarding the meaning of a mentorship programme and to shift the focus of the current mentorship programme from 'problem-solving' to 'facilitation of professional and personal growth'. From the new academic session, our student support cell has brought about changes in the process of allocation of mentors. Students were given the choice to select a mentor.

The limitations of this study include presentation of findings

at reaction and learning level and lack of follow-up support for the participants. Though the findings may not be generalizable, there are lessons from our work for other institutions providing education to health professionals.

Faculty development programmes are an important strategy to effect a change in the educational philosophy of the medical faculty. These programmes need to be designed keeping in mind the local context, and requests that arise out of discussions and review meetings.²² A variety of teaching–learning methods should be used to drive home the key lessons.

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