

## Mentoring programme for faculty in medical education: South-Asian perspective

Muhammad Shahid Shamim

### Introduction

History of 'mentoring' is almost as old as the man himself. However, the word 'mentor' has its origin from the Greek mythology where Odysseus (Ulysses in Latin), entrusted his friend named Mentor with the care and education of his son Telemachus, before setting off to a journey to Troy.<sup>1</sup> Mentoring programmes for faculty development in medical education formally started in the late 1990s in USA<sup>2</sup> and are now considered a crucial intervention for developing effective medical professionals and teachers. Institutions utilise mentoring programmes for their proven benefits in developing junior faculty in a cost-effective and time-consuming way.<sup>3</sup>

Different universities around the world are using mentoring as a tool for faculty development, and much has been published as evidence in favour of such programmes.<sup>4</sup> The scenario in the South-Asian region (the sub-continent) is not the same. Geographically, South-Asia, comprising developing nations of India, Pakistan, Bangladesh, Nepal, Maldives, Bhutan, Sri Lanka and Afghanistan, contains one-fifth of the world population and provides medical education through more than 500 medical colleges.<sup>5</sup> The region is peculiar in its socio-cultural values and practices, and shares most of the methodologies and issues in medical education.<sup>6</sup> There is a dearth of reports on formal mentoring from the subcontinent. A few published articles have discussed mentoring for medical students.<sup>7</sup> However, mentoring for faculty development, in medical education, is almost a virgin territory.

This paper will provide an insight into the mentoring programmes for faculty development; their proven benefits, potential issues and an outline of framework for implementation in South-Asian medical colleges.

### What is Mentoring?

Mentoring is often described as per the description

.....  
Memon Medical Institute Hospital, Karachi. Presently working in King Abdul Aziz University Rabigh, Jeddah, KSA.

**Correspondence:** Email: doctsaab@gmail.com

provided by Standing Committee on Postgraduate Medical and Dental Education (SCOPME) in London, 1998:

"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 organisation or field as the mentee, achieves this by listening or talking in confidence to the mentee."<sup>7</sup>

The concept of mentoring is not new for the people of the sub-continent. It is a norm among students and professionals, including medical educators, to identify an elder in family, teacher or senior colleague as an unplanned and informal 'mentor', and effectively seek guidance from him/her. Informal mentoring may prove successful in some cases, but lacks standardisation, control and cannot be evaluated for possible improvement.<sup>3</sup>

Formal mentoring, however, is a planned and focused process of developing 'mentor-mentee relationship' which is supportive and protective and has a potential to offer observable improvement in the mentee's overall performance.<sup>3,4</sup> Such programmes, specifically for faculty development in medical colleges, have not been reported from the medical colleges of the subcontinent.

### Benefits of Mentoring Programme

The initiation, acceptance and continuity of any faculty development programme depend on the potential benefits it offers to all the stakeholders who are a part of the 'educational process', which is the fundamental reason for the existence of any institute.

During the last two decades, mentoring programmes in developed countries have proven beneficial for not only the mentees and their institutes, but also for the mentors (Table).<sup>8,9</sup>

Table: Reported Benefits of Mentoring Programme.

Stakeholders	Benefits
Mentee	<ul style="list-style-type: none"> <li>◆ Felt more confident in their profession</li> <li>◆ Improved professional socialisation and collaborative relationships</li> <li>◆ Increased research opportunities</li> <li>◆ Reported greater career fulfillment and satisfaction</li> </ul>
Mentor	<ul style="list-style-type: none"> <li>◆ 'Rejuvenates' careers</li> <li>◆ Pride in developing the next generation</li> <li>◆ Personal fulfillment and increased confidence</li> </ul>
Institute	<ul style="list-style-type: none"> <li>◆ Increased productivity</li> <li>◆ Improved recruitment efforts and faculty retention</li> <li>◆ Motivation of senior staff</li> <li>◆ Enhancement of services offered</li> </ul>

### Issues of Mentoring in South Asia

Each of the countries in South-Asia has a unique mix of cultures, languages, religions and socio-political conditions. This diversity affects relationships among co-workers and professional outcomes. Since universities and medical colleges do not consider these differences while hiring faculty, the faculty members working together are a culturally heterogeneous group of individuals belonging to different cultural and social backgrounds.

In order to develop an effective mentoring programme, it is vital to understand how these factors can influence a mutually beneficial mentor-mentee relationship that is built on trust, support, protection and progression.<sup>10</sup>

Issues that need to be considered while planning a mentoring programme are as follows:

**Cultural differences:** Most of the South Asian societies are conservative in their approach towards relationships. Generally speaking, the culture of subcontinent is mostly male-dominant with teachers and senior colleagues having a paternalistic position. Individuals belonging to the same country may still differ in their values and beliefs.

**Gender issues:** In mostly conservative societies of the subcontinent, a close relationship between colleagues of different genders is not considered acceptable by the majority and is looked upon with 'suspicion'. People generally feel uncomfortable in discussing their issues and problems with colleagues of the opposite gender.

**Languages:** There is usually a single national language in place. However, people speak different regional languages and relate to each other on linguistic ethnicity basis. The situation is more pronounced in relatively larger countries of the region like India, Pakistan and Afghanistan.

**Socio-political views:** The subcontinent has a long history of political turmoil, which has created a sense of political-thought among the general population. It is not uncommon to have professionals with strong and often conflicting political opinions that may influence their interpersonal relations at the workplace.

**Religions:** Likewise, religious views of people in South Asia are also multiple, strong and potentially conflicting. The countries within the region and regions within the countries have a history of violent conflicts on the basis of different religions and sects within the same religion. A meaningful relation of trust is only possible if there are no negative feelings for each other, to start with.

The above factors, although important to consider, may not affect relationships in all mentor-mentee matchings. Literature from developed countries has shown that cross-cultural matching of mentors and mentees can also be effective if the mentors are aware of and can overcome their personal, gender and cultural biases.<sup>8,11,12</sup>

### Developing a Mentoring Programme (The PRIME Framework)<sup>13</sup>

#### Planning

The planning of any mentoring programme requires a core group of senior faculty in collaboration with medical educators to decide on the basic format. The decisions to be taken will be in the following areas:

#### ◆ Core Group

The first step is to identify a core group of people, preferably from the department of medical education and faculty with knowledge and experience of the proposed programme.

The core group, with brainstorming and discussions

should prepare a 'road map' to develop the programme, from needs assessment to evaluation.

#### ◆ Faculty Needs Assessment

The core group has to identify the faculty members who are potential mentees and areas where these mentees require support through mentoring. These can be career building, skills development, progress in research activities, etc.

#### ◆ Developing a Concept Paper

It is vital to bring all stakeholders on board and discuss the results of needs assessment. A concept paper should be generated as a result of this discussion. The concept paper will be a document with specific objectives of the programme, driven from the needs assessment of the institute. A decision on credits, protected time and rewards for mentors should be decided at this point and documented in the concept paper along with methodologies for monitoring and evaluation of the programme.

#### ◆ Mentoring Styles

The concept paper should also determine the appropriate mentoring style required to achieve the objectives in the institute. Different mentoring styles that can be applied are:

**One-on-One mentoring:** This is suitable for colleges with large number of experienced mentors, willing to take one or more mentees under their supervision.

**Team mentoring:** This is suitable when a team of mentors provide guidance and support to mentees in their specific areas of interest, overseen by a career mentor for each mentee. The team can include mentors with specific areas of professional development, different cultural backgrounds or different genders for making the mentoring smooth and effective.

**Group mentoring:** This is applicable for group of mentees, mentored by a single mentor or team of mentors. This method is suitable for regions where people are culturally accustomed to living and working in groups or units. Group mentoring is also effective where collaborative progress is required.

#### Recruitment

For the implementation of an effective mentoring programme, thoughtful recruitment is essential.<sup>14,15</sup> Few unmotivated or inappropriately selected mentors

can be extremely detrimental for the mentoring programme. Research has listed some basic characteristics of potentially effective mentors.<sup>8</sup> These include:

- ◆ Proficient and respected in their field
- ◆ Responsive and available for mentees
- ◆ Have interest in mentoring
- ◆ Have knowledge of mentees' capabilities and potential

Some faculty members have in-born attitude and skills of mentoring. Others can acquire them through faculty training sessions. Skills that are considered essential for mentoring are:<sup>10,15</sup>

- ◆ Listening to the mentees
- ◆ Giving positive and negative feedback
- ◆ Identifying professional and personal boundaries as mentors

For recruitment of mentors, the programme core group will identify a list of potential mentors from the faculty. These faculty members will then be short-listed according to the needs of the mentees identified earlier. The members of the final list can then be interviewed and offered the option of becoming mentors. Every faculty member does not have to be a mentor. However, those who have interest in mentoring can acquire and/or improve their mentoring skills.

#### Implementation

In order to implement a mentoring programme, certain environmental conditions in the institute must prevail. Implantation of a successful programme is possible if the process is properly articulated with the senior management firmly believing in the concept and demonstrating its commitment to faculty. Formal mentoring programmes have more successful outcomes when "the mentoring is entirely voluntary, confidentiality is ensured and the process is promoted as a valuable form of personal and professional development".<sup>1,7,10</sup>

Relevance to local perspectives and faculty needs, consideration of cultural issues and recognition and reward for mentoring services of faculty are other areas which require institutes' support.

The process of implementation may include the following steps with a pre-defined timeline for each

step in implementation:

1. Selection of core committee/programme coordinators, including volunteers from senior faculty members and medical educationists
2. Developing objectives of the programme in accordance with the identified needs
3. Identifying the mentees, their 'needs' and the preferred mentoring style
4. Administrative acceptance of the proposed programme along with protected time, recognition and reward policy for the mentors
5. Recruitment of appropriate mentors
6. Training and programme orientation of the mentors through workshops on mentoring and skills required for mentoring
7. Assigning mentees to the mentors, with consideration of the socio-cultural backgrounds and gender issues pertaining to the local scenario

Once the programme is implemented, the core committee must assure a process of monitoring and evaluation of the programme.

### Monitoring

Smooth running of the mentoring programme requires strict monitoring of the process. It will enable the institution to improve confidence in the programme, as well as, identify and rectify issues arising during the process.<sup>15</sup> The monitoring responsibility can be taken by the core committee/coordinators.

Monitoring can be achieved through:

- ◆ Maintaining data of the regularity of meetings between the mentors and mentees
- ◆ Interviewing the mentees for their satisfaction with the process and comfort level with their mentors
- ◆ Developing a forum for the mentors to discuss their problems and support each other in the process of mentoring, without breaching the mentee's confidentiality
- ◆ Identifying the mentor-mentee relationships that are not working well and making provision for re-matching such groups
- ◆ Documentation of all activities (mentor-mentee interactions) and feedbacks, both from the mentees and the mentors, is essential for monitoring

### Evaluation

Periodic evaluation of the mentoring programme by the mentors and mentees is necessary for a successful outcome.<sup>9,12</sup> The mentors and mentees should be asked to reflect on their relationship at least 3-4 times a year, report ongoing problems and suggest changes for improvement.<sup>8</sup>

Evaluation of the mentoring programme should at least look at:

1. Process (for clear objectives and regular purposeful meetings)
2. Content (independent feedback from the mentors and the mentees)
3. Outcome (progress and achievement of the objectives)

A structured evaluation of the mentoring programme, using pre-decided evaluation tools, provide documented evidence of the success or shortcomings of the programme, which is extremely useful for the continuation and progress of the programme.<sup>15</sup>

### Conclusion

Formal faculty mentoring programmes in medical education can be beneficial for faculty and institutes of South Asia in improving the standards of education and research possibilities. Socio-culturally, South Asia is different from the Western world and these differences must be considered while implementing mentoring programmes in the region.

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