THE POSITIVE IMPACTS OF MENTORING IN UNDERGRADUATE MEDICAL EDUCATION

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INTRODUCTION:

- Transitioning into the medical education system is a demanding and stressful time for learners. Previous research has shown mentorship aids in the following three domains:
  1. Personal & Professional Development (PPD)
  2. Stress Reduction (SR)
  3. Ease of Transition into medical school (ET)
- Due to an increasing number of new medical schools opening to combat the physician shortage, the inaugural class of students lacks the opportunity to have an upperclassman cohort as a resource for advice/mentorship.
- The purpose of the study was to identify sources of mentorship and compare the subjective growth of the inaugural and second classes of a newly established medical school in the three domains.

METHODS:

Study Design	• IRB-approved cross-sectional survey • Survey questions administered via SurveyMonkey pertaining to: 1. Unidentifiable demographics 2. Sources of mentorship 3. 5-point Likert scales assessing characteristics related to the three domains
Study Population	Idaho College of Osteopathic Medicine inaugural and second year classes
Outcome Measurements	• Types of mentorships utilized • Quality mentor/mentee characteristics • Three domains (PPD, SR, & ET)
Statistical Measurements	Mean difference (95% CI)

A **structured** and **well-implemented peer mentorship** program is paramount for medical schools due to the inability of other sources of mentorship to adequately address the function of on-campus peer mentorship, especially **with respect to stress reduction**, a key target in medical education.

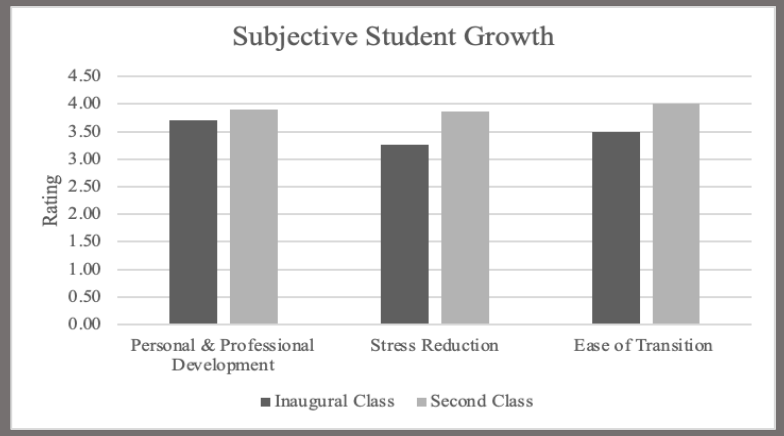

Figure 1: Subjective growth of students in personal & professional development, ease of transition into medical school, and stress reduction

RESULTS:

- The second class (n=9) rated their subjective growth higher in all three domains (PPD, SR, & ET) than the inaugural class (n=14).
- Most utilized types of mentorship by class:
  - Inaugural class: faculty mentor (78.57%) & informal PM (71.42%)
  - Second class: on-campus PM (100%), faculty mentors & informal PM (77.78%).
- Greatest mean growth by type of mentorship (Table 1):
  - PPD: faculty mentor (0.442)
  - ET: faculty mentor (0.560)
  - SR: on-campus peer mentor (0.865)
- Informal peer mentorship utilization correlated with less growth in all three domains.

DISCUSSION:

Qualitative data analysis led to the emergence of three themes:

1. Students utilizing their faculty mentor have the greatest growth in PPD and ET.
2. Students utilizing on-site peer mentorship report the greatest mean growth in SR.
3. Informal peer mentorship utilization correlates with less growth in the three domains.

REFERENCES:

1. Akinla, O., Hagan, P. & Atiomo, W. A systematic review of the literature describing the outcomes of near-peer mentoring programs for first year medical students. *BMC Med Educ* 18, 98 (2018). https://doi.org/10.1186/s12909-018-1195-1
2. Andre, Christine, Jessica Deerin, and Luci Leykum. "Students helping students: vertical peer mentoring to enhance the medical school experience." *BMC research notes* 10.1 (2017): 1-7.
3. Association of American Medical Colleges. *AAMC Medical School Enrollment Survey: 2020 Results*.Association of American Medical Colleges; October 2021.
4. McLaughlin, C. (2010). Mentoring: What is it? how do we do it and how do we get more of it? *Health Services Research*, *45*(3), 871–884. https://doi.org/10.1111/j.1475-6773.2010.01090.x
5. Nimmons, Danielle, Shaista Giny, and Joe Rosenthal. "Medical student mentoring programs: current insights." *Advances in medical education and practice* 10 (2019): 113.