



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

Faculty of Health and Medical Sciences

Medical School

Student-Student Mentoring in Medicine

The Student MeDMentor and MeDMentee Program

2020



Mindfulness



Education



Nurturing



Training



Opportunity



Relationship

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The following sources were used as reference for this guidebook.

a) The University of Newcastle, Australia Mentoring Guidelines

b) Flinders University Website

c) UWA PDM Student Guidebook (Student- Clinician Mentoring Program and Portfolio)

Introduction

Studying to become a doctor is one of the most challenging courses in tertiary education. To paraphrase William Osler, “Your heart will be exercised as much as your head”. However nothing worthwhile tends to come easily - life as a doctor can be demanding, but it is an extremely rewarding career (<http://lifeinthefastlane.com/resources/oslerisms/>).

“We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do.”

– Atul Gawande, *Complications: A Surgeon's Notes on an Imperfect Science*

We know that life as a student doctor can be tough. Recently the Beyond Blue organisation published a National Mental Health Survey of Doctors and Students. They found that:

1. Medical students report high rates of general and specific distress
2. Female and Indigenous students are more at risk of mental health problems
3. Medical students perceive that there are stigmatising attitudes if doctors have mental health problems

https://ama.com.au/sites/default/files/The_Mental_Health_of_Doctors_and_Medical_Students_Roundtable_Summary_and_Outcomes_Statement.pdf



Most doctors develop supports to help them deal with the stresses of the job. In the MD course there is a theme on “Self Care” to assist you in developing supports and learning to recognise if you or your colleagues need assistance- remember it is difficult to care for others if you are not well yourself, and that the doctor who treats him/herself has a fool for a patient.

The UWA Faculty of Medicine Mentoring Programs

One of the support mechanisms that doctors often use is having a mentor. In order to help you in your transition from being an undergraduate student to becoming a doctor, the UWA Faculty of Medicine has two programs for the mentoring of medical students.

Mentoring occurs when one individual with knowledge and experience, assists with the learning and development of another. The UWA MD mentor programs are best thought of as frameworks which provide support for professional skills and relationships to develop. Some students may choose to use the mentoring programs at the minimum expected level (see individual program requirements), whereas others will utilise the mentor programs as a means of continuing their professional development right through to running Student MeDMentor training workshops.

“We are here to add what we can to life, not to get what we can from life.”
William Osler

Benefits of mentoring

Students who are mentored should:

- Transition better to the MD Course
- Receive encouragement and support in studies and work
- Reflect on their learning, learning styles and work life balance
- Discuss their career aspirations and options and develop career networks
- Develop new skills, knowledge and confidence
- Reflect on their personal and professional behaviours and attitudes

For those who provide mentoring, it may be a way to:

- Enhance skills in coaching and counselling
- Gain satisfaction from helping a student develop professional behaviours and attitudes
- Contribute to their own professional development
- Increase awareness of different areas of medicine and medical education

The Mentor role involves:

- Acting as a counsellor and coach – to help the student assess where they are and where they want to be; discuss relevant medical issues e.g. ethics
- Acting as a role model for the student
- Assisting their mentee in progressing through the MD course

UWA Faculty of Medicine has two mentoring programs for medical student mentoring. Each program has a different emphasis and requirements.

The first program is Clinician-Student Mentoring. UWA is the only Australian medical school to have a longitudinal mentoring program whereby all medical students have a clinical mentor involved in the student's professional development for the duration of the course. This program is outlined in detail in the Clinician-Student Mentoring Program Guidebook available on LMS.

Australian Medical Association Role of the Doctor Position Statement - 2011 Training the current and next generation of doctors

The relationship between experienced and less experienced doctors further improves the standard of patient care. Doctors value the mentoring tradition of medical learning where senior or more experienced colleagues pass on their knowledge and skills.

Doctors see it as a professional duty to mentor their newly appointed and less experienced colleagues and to be available informally as sources of advice, tutorship and support.

<https://ama.com.au/position-statement/role-doctor-2011>

For the MD course, UWA Faculty of Medicine in collaboration with the Western Australian Medical Students Society (WAMSS) expanded the UWA Student Services UniMentor program. This is called the **Student MeDMentor Program**. Your experience of being mentored by a senior student or mentoring a junior student can also be used as evidence of your professional development in your CV. The Student MeDMentor program is discussed in more detail in the remainder of this Guidebook.

The Student MeDMentoring Program

For Student MeDMentees:

In the first few weeks of the course you will be allocated to a senior medical student mentor – your Student MeDMentor. These are senior students who have volunteered and undertaken UniMentor training (<http://www.student.uwa.edu.au/new/unimentor/mentoring#signing>).

The aim is that you develop an ongoing mentor relationship with them to assist you in transitioning to life as a UWA MD student and eventually becoming a qualified doctor.

The student can approach their Student MeDMentor to discuss issues and ideas that develop as part of the MD course. The MeDMentee may ask for feedback or advice to clarify situations.

The Faculty recommends meeting with your Student MeDMentor at least twice each year.

It is important that you have a Student MeDMentor for all of Year 1. Beyond Year 1 you may choose not to continue to have a Student MeDMentor. This is in contrast to the Clinician-Student mentoring program where *you must continue to have a Clinician Mentor for your Professional Development through the MD course (the Clinician-Student mentor program is compulsory)*. If you subsequently wish to re-join the Student-Student Mentoring Program please contact PDM Admin and you will be re-allocated another Student MeDMentor .

The MeD student mentoring relationship is to provide you with:

- *Pastoral care (orientation to the university and MD course, encourage good self-care habits, meeting regularly)*
- *Assistance with your professional development (attitudes and behaviour, reflective practice, legal and ethics)*
- *Feedback on how to achieve your professional and academic goals e.g. leadership, educator, advocacy, clinician, and/ or scholar*
- *Respect for your beliefs and opinions but also encourage you to reflect and consider alternative viewpoints*

The Student MeDMentor's questions or comments may help you see another perspective, consider other options and review your plans or actions. Whatever the matter discussed, it is the Student MeDMentee who must take responsibility for any decisions made or actions required, within professional, University and Hospital guidelines.

Participating in the UWA Student MeDMentoring program should play a useful role in your transition from being a medical student to becoming a qualified doctor.

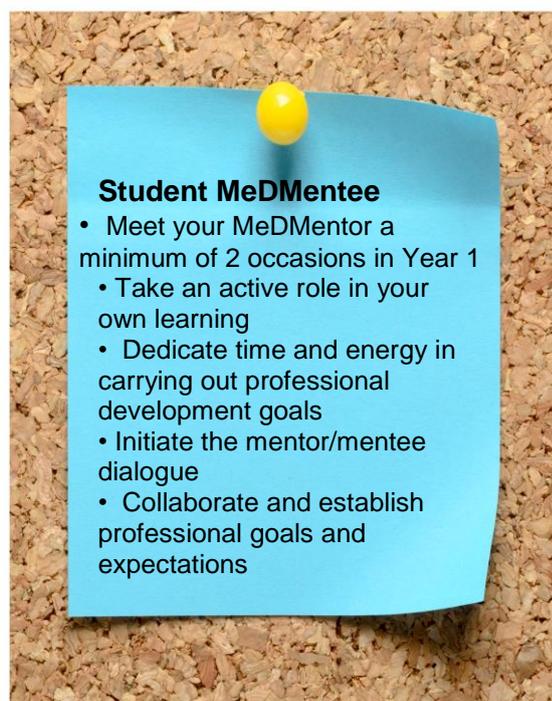
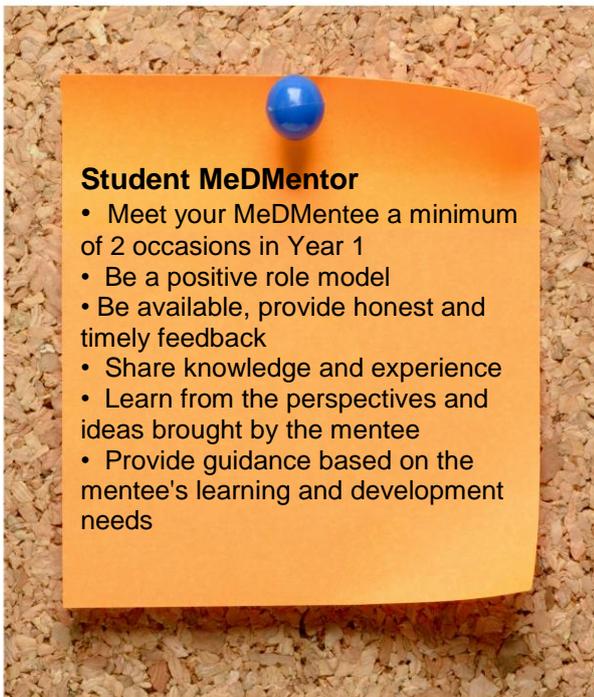
For Student MeDMentors:

Many doctors are mentors for junior colleagues; your participation in the Student MeDMentor program should be a useful and rewarding opportunity to develop your skills in this area. Your Student MeDMentee will provide you with formative feedback to assist in your development as a MeDMentor. Many of the skills and experience that you develop as a mentor can be used as evidence of your professional development in your CV.

Exemplary Student MeDMentors can be nominated by their mentee's for a Dean's Letter of Commendation to recognise mentors who have excelled in this role. Please e-mail PDM admin ppdmed-fmdhs@uwa.edu.au if you wish to nominate your MeDMentor and provide relevant information on why you think your mentor should be considered for this award.

"The value of experience is not in seeing much, but in seeing wisely."
William Osler

Summary of Roles and Responsibilities for Student MeDMentor and MeDMentee



Student MeDMentor/Mentee Program Minimum Requirements

- All Year 1 MD students should have a Student MeDMentor
- In Year 1 the Student MeDMentor/Mentee should meet at least twice
- Student MeDMentors must have completed the UniMentor Program and be registered with UWA PDM Admin as a MeDMentor
- Contact PDM Admin if you have any questions or concerns about the Student MeDMentor Program ppdmed-fmdhs@uwa.edu.au.

Each mentoring relationship is unique between the MeDMentor and MeDMentee, however these are some suggestions to help the mentoring process flourish:

First Meeting

Step 1 — Getting acquainted

The most important part of beginning your mentoring relationship is to get to know each other and your mentoring goals.



- **Explore your commonalities.** Talk about your social and academic backgrounds, how you became interested in medicine as a career.
- **Look for uniqueness.** What makes you different? For example, do you speak a foreign language, have you spent time overseas, etc.
- **Discuss your interests/ pastimes.** Describe what you like to do when you are not studying/ working.
- **Explore work styles.** Identify whether your personalities and/or your work styles are similar or different. For example, are you the type of person who will pay attention to quality and detail or do you prefer the big picture? Are you shy and quiet or do you tend to be outgoing and sociable?

“While medicine is to be your vocation, or calling, see to it that you have also an avocation - some intellectual pastime which may serve to keep you in touch with the world of art, of science, or of letters.”

- William Osler, from After Twenty-Five Years, in Aequanimitas

Step 2 — Discuss basic mentoring goals with each other

For the Student MeDMentee:

- Why do you want to be a doctor?
- What strengths and qualities do you have that should help in the course?
- What do you think you will find most difficult in the course?
- Have you any other career aspirations?

For the Student MeDMentor:

- Why did you want to be a doctor when you started the course? Have your reasons changed, if so why?
- What strengths and qualities have you found that have helped you in the course?
- What do you think has been the most difficult part of the course?
- Would you do anything differently with this knowledge and experience?

Step 3 — Clarify expectations and define boundaries

- Establish a meeting framework:
 - Where? UWA recommend avoiding places where alcohol is consumed (<http://www.hr.uwa.edu.au/policies/policies/conduct/code/conduct>)
 - When?
 - How? We advise face to face meetings at least twice per year, but e-mail or phone are acceptable if both students prefer
 - How long?
 - Frequency? We advise at least twice in the academic year
- Determine who will initiate meetings, and how best to organise (e-mail, phone).
- Establish your confidentiality agreement e.g. “everything we talk about stays between the two us”.

Discuss the “what if it is not working out” scenario. Although changing your MeDMentor or MeDMentee is allowed, students should reflect on why the mentoring relationship is not working. Addressing this can be an important learning experience, remember as a doctor you will need to be able to work effectively with a wide variety of people.

Subsequent meetings

Mentoring is a collaborative effort. Student MeDMentors should create a safe and supportive environment for the Student MeDMentee to examine behaviours or areas that they want to improve on. A Student MeDMentor can be a wealth of knowledge during this stage by sharing resources, encouraging reflection and providing ideas and opportunities. A key outcome of each meeting should be a plan of action by the Student MeDMentee, this is why meeting up at least twice per year is advised.

First meeting of the year (aim to meet within the first 4 weeks of term)

For the Student MeDMentee:

- What do you want to achieve academically/ professionally this year?
- How do you intend to achieve these goals?

For the Student MeDMentor:

- Are the MeDMentee’s goals achievable?
- Have you any comments about their plans to achieve these goals?
- Based on your experience of the course is there any advice you can offer about managing this year

Last meeting of each academic year

For the Student MeDMentee:

- Did you achieve your academic/ professional goals this year?
- If not, what were the reasons?
- What have you learnt about yourself this year?
- Would you have done anything differently this year with the benefit of hindsight?

For the Student MeDMentor:

- Do you agree with the MeDMentee's assessments? Explain why and why not?
- What have you learnt about yourself this year?

Mentoring on the UWA LMS System

Professional Development and Mentoring in the MD Program can be viewed on LMS, MD Community (<http://www.lms.uwa.edu.au>).

Please note that the MeDMentoring Program Student Guidebook is updated annually, and students should refer to the electronic version on the LMS for the most up to date information.

Reflective Practice



By three methods we may learn wisdom:
First, by reflection, which is noblest;
second, by imitation, which is easiest;
and third by experience, which is the bitterest.
Confucius

To be an effective doctor, you will need to be a reflective practitioner. This means that you will need the knowledge and skills to do complex things, but also be able to observe and evaluate your own behaviour and actions, being appropriately critical, recognising your own shortcomings and using your observations as the basis for your continuing education and development. These are skills which you should develop as a student.

A reflective account consists of 3 steps:

1. Description of the situation: This provides the background detail of what has prompted the reflection. Ideally it includes both details about the event and details about the writer's feelings and thoughts at the time of the event.

2. Analysis: this stage of reflection involves uncovering our assumptions or beliefs. We tend to live our daily lives without questioning why we might hold certain views or recognising that there could be other perspectives. When we are able to identify 'why' we do or say what we do, we are then able to make choices that have been informed by our own self-understanding rather than doing something in a particular way because that's 'how I've always done it' or because it's 'how everyone else does it'.

The Johari Window

1 Open Known to self and to others	2 Blind Not known to self but known to others
3 Hidden Known to self but not to others	4 Unknown Not known to self or others

<https://www.mindtools.com/CommSkill/JohariWindow.htm>

3. Conclusion and Action Plan: Seeking new information or different perspectives about the same event will assist us in gaining fresh insights that may in turn result in developing a different perspective and arriving at different conclusions – about ourselves and about others. These new insights may motivate us to take action and plan steps that can be taken to ‘do it differently’ next time.

One of the purposes of the ePortfolio is to encourage you to reflect on your experiences, behaviour and actions. You should reflect on what you think you may have learnt about yourself, what remains for you to learn, or what skills you wish to develop further.

FAQ’s about the Student MeDMentoring Program

How do I become a Student MeDMentor?

1. Complete the UWA UniMentor program- UniMentor's Recruitment, Training and Development Program are all managed through [Career Hub](#).

To be part of the program, you must first complete the registration form on the Career Hub website. If you have not used Career Hub before use your UWA student ID and pHEME password.

After registration there are 5 Key Stages to qualify as a UniMentor

- Stage 1: Complete 3 elements of Mandatory UniMentor Training;
 - i) Online Training Module
 - ii) UniMentor Induction Session
 - iii) Cultural Competency and Diversity Training
- Stage 2: Complete an online Orientation Briefing module
- Stage 3: Book into and attend the UniMentor Orientation activities
- Stage 4: Complete 3 online Progress Reports
- Stage 5: Maintain Ongoing Contact with your Mentees

2. Contact PDM Admin (Email: ppdmed-fmdhs@uwa.edu.au) to register as a MeDMentor. If you have not yet been nominated a Student MeDMentee you will be placed on the MeDMentor Program list and allocated as appropriate.

What if the mentoring relationship is not working?

If Student MeDMentoring partners are unable to build a satisfactory relationship you may contact PDM Admin for assistance (Email: ppdmed-fmdhs@uwa.edu.au) - who will try and resolve any problems. Although changing your MeDMentor/Mentee is permitted, students should think carefully about this before doing so - it can be a good opportunity to gain knowledge and experience in professionalism. As doctors you will need to work with a wide range of people in your professional life so it is important to consider why your mentor relationship is not working.

What if my MeDMentor/ Mentee defer a year/ leave the course?

Although Year 1 MD students must have a Student MeDMentor and meet at least twice in that year, in the remainder of the course the Student MeDMentor Program structure is flexible to allow students the options to decide whether they wish to have a Student MeDMentor. Most students who have a good Student MeDMentoring relationship will wish to continue this for the duration of their course; if their MeDMentor leaves they can contact PDM admin (Email: ppdmed-fmdhs@uwa.edu.au) and be given a new MeDMentor.

I stopped being involved in the Student MeDMentoring Program after Year 1 - can I re-join as I think I will benefit from having a Student MeDMentor now?

It is important that you have a Student MeDMentor for all of Year 1. Beyond Year 1 you may choose not to continue to have a Student MeDMentor, but most students will benefit from continuing their Student MeDMentor Program. If you subsequently wish to re-join the Student-Student MeDMentoring Program please contact PDM Admin and you will be re-allocated a Student MeDMentor. If you have a potential Student MeDMentor who agrees to be your mentor please let PDM Admin know.

How much paperwork is there?

Very little! MeDMentors need to register with PDM admin and provide a copy of their UniMentor completion to enrol. Although you must meet your Year 1 MeDMentee at least twice, there is flexibility for the other years and no requirement for paperwork unless you wish to use this activity as an ePortfolio Flexible asset.

Can I be a Student MeDMentor and also be a Student MeDMentee?

Yes - this is mentoring working best; whereby you will have continued your own mentoring relationship with your MeDMentor beyond year 1 and been motivated to enrol and train as a UniMentor with a view to becoming a MeDMentor in year 2 or beyond.

Can I still be a MeDMentor if I graduate?

No - Student MeDMentors must be enrolled as MD students. The Clinician Mentoring program is available for doctors who are more than 3 years post qualification to mentor MD students. When you leave the course your MeDMentee should contact PDM Admin if they wish to be allocated to another Student MeDMentor.

What about privacy & confidentiality?

Any meetings with your student MeDMentor/Mentee are confidential unless mutually arranged otherwise. Please ensure that if you discuss clinical cases this is done in an appropriate environment and that patient confidentiality is always maintained.

In circumstances where unethical or unprofessional conduct or behaviour is suspected, please contact the PDM Program Director for advice/ assistance.

What if I want to describe an incident unrelated to my medical course?

This is acceptable, but you should explain how the experience will impact on your future career in medicine.

What if I want to express a controversial opinion?

You can discuss a potentially controversial opinion in an appropriate and productive manner.

Note that the Australian Medical Council states that medical students should demonstrate the following professional attitudes which are fundamental to medical practice:

- Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community,
- Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own wellbeing,
- Respect for every human being, including respect of sexual boundaries,
- Respect for community values, including an appreciation of the diversity of human backgrounds and cultural values,
- A commitment to ease pain and suffering,
- A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness,
- An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources,
- A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that in such situations they need to consult and/or refer the patient for help, including help in cultural, social or language-related matters,
- An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout one's professional career,
- An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues,
- An appreciation of the system's approach to health care safety, and the need to adopt and practise health care that maximises patient safety, including cultural safety,
- A commitment to communicating with patients and their families and to involving them fully in planning management,
- A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources,
- A preparedness to work effectively in a team with other health care professionals, and
- A realisation that one's personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management, including referral to another practitioner.

<https://www.medicalboard.gov.au/documents/default.aspx?record=WD12%2F9607&dbid=AP&cksum=mKcLYqFT37K8nKYviDFi5A%3D%3D>

What if I want to describe an incident in which I made a significant mistake?

All doctors make mistakes; the most important thing is to learn from them. Students are encouraged to reflect on their mistakes. If you are very concerned about an error you have made or witnessed please contact the unit co-ordinator or PDM Program Director to seek advice and/or assistance.

To make no mistakes is not in the power of man; but from their errors and mistakes the wise and good learn wisdom for the future.
Plutarch

What if I can't get hold of my mentor or mentee?

Let PDM Admin know if you experience difficulty in contacting your mentor/ mentee; they may have an alternative address or phone number.

How long should the mentor meetings last?

This is up to you and your mentor, usually 30-60 minutes is sufficient.

How do I nominate an exemplary mentor for Faculty recognition?

Student MeDMentors perform their role altruistically. They volunteer their time as part of their professional development. Students are encouraged to nominate exemplary student MeDMentors for the Dean's Letter of Commendation if they wish the Faculty to recognise mentors who have excelled in that role. Please email PDM Admin, ppdmed-fmdhs@uwa.edu.au with your mentor's name and document why you consider them suitable for this award.

Key Contacts:

□ **PDM Admin:**

Ms Deborah Chapman

Email: ppdmed-fmdhs@uwa.edu.au

P: 08 6457 1886

Office Location:

Room 224, Level 2, R Block, QEII Campus (Emergency Medicine Academic Unit)

Mailing address:

Medical School, MBDP: M516

Faculty of Health and Medical Sciences

University of Western Australia

35 Stirling Highway, Crawley 6009 WA

□ **Mentor Programs Co-ordinator** – Assoc. Prof. Paul McGurgan

Email: paul.mcgurgan@uwa.edu.au

Appendices

1. MeDMentee Program Formative Feedback Meeting Template (Mentee to complete)
2. MeDMentor Program Formative Feedback Meeting Template (Mentor to complete)

Student MeDMentee Formative Feedback Meeting Template

Mentee to complete

The purpose of this form is for MeDMentees to provide constructive feedback to their Student MeDMentor. The template should be completed prior to your meeting with your MeDMentor. Please note that your MeDMentor will have completed their reflection on their role as a mentor which should be discussed at the same Feedback meeting.

(Please Print)

Mentee Name: _____ **Student No.:** _____

Mentee Year of MD course: _____ **Interview date:** _____

Mentor Name: _____ **Mentor Email:** _____

Mentor Year of course: _____

Please spend some time thinking about how your MeDMentor has affected your professional development then complete the sections below.

Feedback Criteria	Comments
<p>Things which my MeDMentor did well (examples):</p> <p><i>Pastoral care (orientation to the university and MD course, encouraged good self-care habits, offered to meet me regularly)</i></p> <p><i>Assistance with my professional development (attitudes and behaviour, reflective practice, legal and ethics)</i></p> <p><i>Provided feedback on how to achieve my professional and academic goals e.g. be a better leader, educator, advocate, clinician, and/or scholar</i></p> <p><i>Respected my beliefs and opinions but encouraged me to reflect and consider alternative viewpoints</i></p> <p><i>Other comments:</i></p>	

Any areas which my MeDMentor could develop further to improve their mentoring skills (provide specific examples if possible)?

Pastoral care

Assistance with professional development

Feedback on achieving my professional and academic goals

Respect for opinions and encouraged reflection

Other comments:

Free text for other comments:

Student MeDMentor Formative Feedback Meeting Template

Mentor to complete

The purpose of this form is for MeDMentors to reflect on their role. The template should be completed prior to your meeting with your MeDMentee. Please note that your MeDMentee will have completed their Formative feedback for you which you should compare with this form and discuss at the same Feedback meeting.

(Please Print)

Mentee Name: _____ Student No.: _____

Mentee Year of MD course: _____ Interview date: _____

Mentor Name: _____ Mentor Email: _____

Mentor Year of MD course: _____

Please spend some time thinking about how your role as a Student MeDMentor has affected your professional development then fill in the table below.

Feedback Criteria	Comments
<p>Things which I think I did well (examples):</p> <p><i>Pastoral care for mentee (orientation to the university and MD course, encouraged good self-care habits, offered to meet regularly)</i></p> <p><i>Assistance with MeDMentee's professional development (attitudes and behaviour, reflective practice, legal and ethics)</i></p> <p><i>Provided feedback to MeDMentee on how to achieve their professional goals e.g. be a better leader, educator, advocate, clinician, and/ or scholar</i></p> <p><i>Respected mentee's beliefs and opinions but encouraged them to reflect and consider alternative viewpoints</i></p> <p>Other comments:</p>	

Areas which I could develop further to improve my mentoring skills (provide specific examples if possible)

Pastoral care

Assistance with professional development

Feedback on MeDMentee's professional/academic goals e.g. development as a leader, educator, advocate, clinician and scholar

Respect for MeDMentee's opinions and encouraged reflection

Other comments:

Free text for comparison between your MeDMentee's feedback and your reflections on your role as a MeDMentor: