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**KNOWLEDGE, ATTITUDE AND PRACTICES OF THE STUDENTS AND FACULTIES REGARDING THE FORMAL MENTORSHIP PROGRAM IN THEIR INSTITUTES IN RAJASTHAN**

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**ABSTRACT**

A qualitative study explored the knowledge, attitudes, and practices of faculty regarding student mentorship at 12 medical colleges of Rajasthan. The study used semi-structured interviews with faculty members. Four key themes emerged: 1. Knowledge of mentorship: Faculty reported limited knowledge on mentorship, regardless of seniority. 2. Attitude towards mentorship: Despite the knowledge gap, all faculty demonstrated a positive attitude towards participating in mentoring. 3. Practice of mentorship: The level of knowledge influenced the practice of mentorship, highlighting the need for faculty development. 4. Improving the mentorship process: Continuous faculty development and peer mentorship were identified as crucial for sustaining the mentorship program. The study highlights the importance of mentorship in health professions education, particularly in Rajasthan. Institutionalized mentorship programs can enhance student learning experiences, but faculty knowledge and attitudes play a significant role in driving the mentorship agenda. The findings suggest that faculty development programs focusing on mentorship are essential to bridge the knowledge gap and promote effective mentoring practices. By fostering a positive attitude towards mentorship and addressing knowledge gaps, institutions can create a supportive environment for student growth and success.

**INTRODUCTION**

Medical students have lengthy and complex studies which may create anxiety and stress affecting not only their learning but psychosocial and mental health. Mentoring plays crucial role not only in professional development but also in personal development. Considering the crucial role, mentoring is made mandatory by NMC. Mentoring is an important but underutilized educational tool. Lack of knowledge about mentoring may create negative attitude amongst students and mentors towards mentorship leading to negative outcome of the program. Many of medical colleges in Rajasthan have developed & implemented formal mentoring program But it have never been evaluated. Evaluation of the program helps to identify best practices and suggest intervention for improvement of program so that mentoring becomes more effective and have lasting positive impact in guiding future professionals.

**AIM AND OBJECTIVES**

Aim: Understanding the perceptions and identifying the gaps for improving the implementation and effectiveness of mentoring program. Objectives: To assess the knowledge, attitude and perceptions of the students and faculties about mentoring.

**MATERIAL AND METHODS**

**Study type:** Cross sectional/Google form survey.

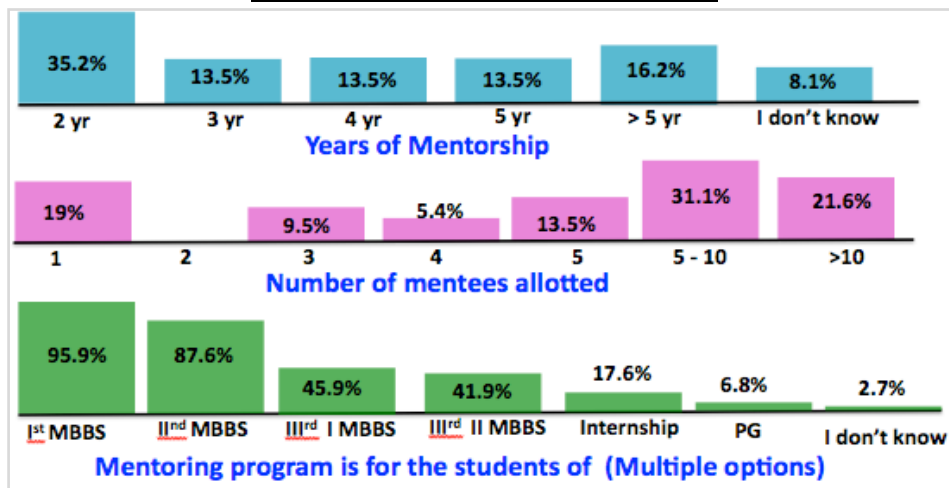
**Study participants:** Students & faculties of TWELVE different medical colleges of Rajasthan where there in mentoring program running for > 2 years. **Students:** 409 **Faculties:** 74, **Study duration:** Sept 2024 to Dec 2024. **Permission from Ethical committee** at PMCH, Udaipur obtained. **Questionnaire** (Both open and close ended) prepared in Google form. Internal & external validation of the questionnaire done. Pilot study for survey questionnaire was done with 3 faculties and 5 students. Permission from Dean/MEU of various colleges taken through personal meeting/ E mail/ phone calls. Google form kept on social media platforms of 12 different medical colleges of Rajasthan. Data analysis done using Excel, Google Doc & Likert scale.

**RESULTS:**

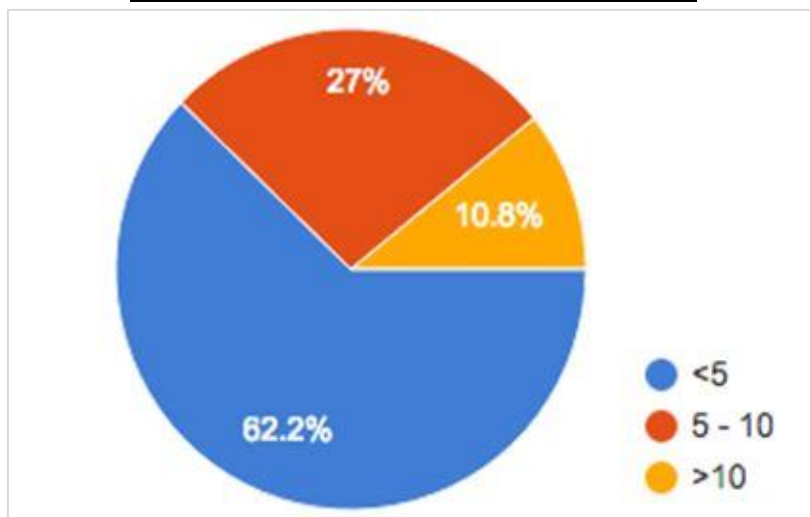
**MENTOR’S RESPONSE:**

Mentors from 12 Different Medical Colleges ( n = 74 )			
<b>Gender</b>	<b>Male : 28</b>	<b>Female : 46</b>	
<b>Phase of MBBS</b>	<b>54 - Preclinical</b>	<b>10 - Para clinical</b>	<b>10 - Clinical</b>

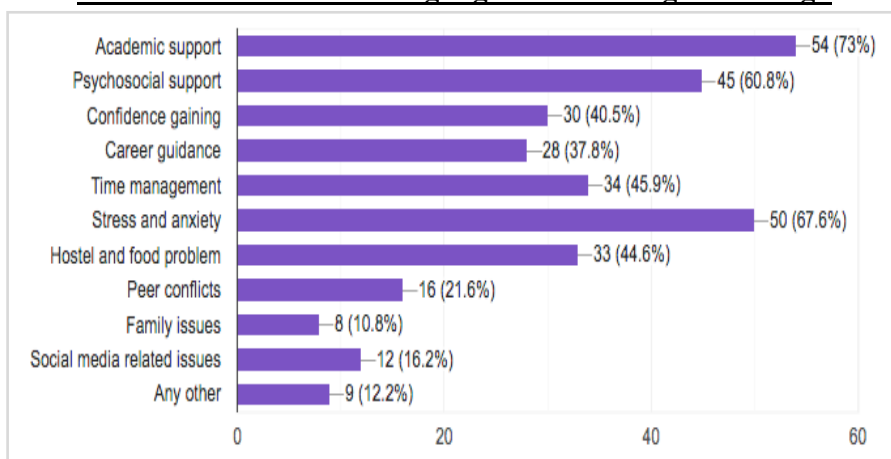
**PERCENTAGE OF RESPONDERS:**



**Number of mentoring sessions held in a year:**



**Issues in which mentees sought guidance during mentoring :**



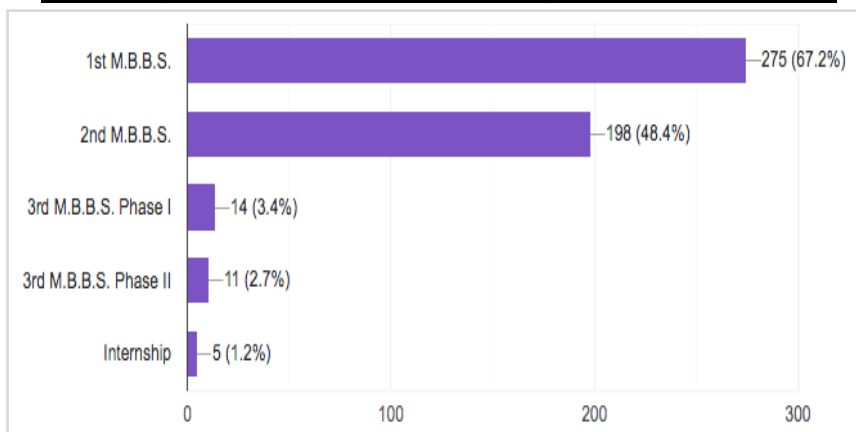
**Mentors' perceptions;**

Perceptions of faculties (n = 74) Males - 28, Females - 46	% Agree
Mentee communicated regularly	52%
Mentee sought advice & guidance from me	51.3%
Mentoring promotes better student teacher relationship	83.7%
Mentoring improved my communication skills	71.6%
Mentoring improved my teaching skills	44.5%
Mentoring made me both empathetic towards students	70.2%
Peer mentoring is beneficial	71.6%
Mentoring program should continue in all phases of M.B.B.S	83.7%
I am satisfied with mentoring program	59.4%
I would like to be a Mentor for future batches	59.4%
I anticipate an extended future relationship with my mentee	58.1%
Mentorship felt like an extra burden to me	6.7%

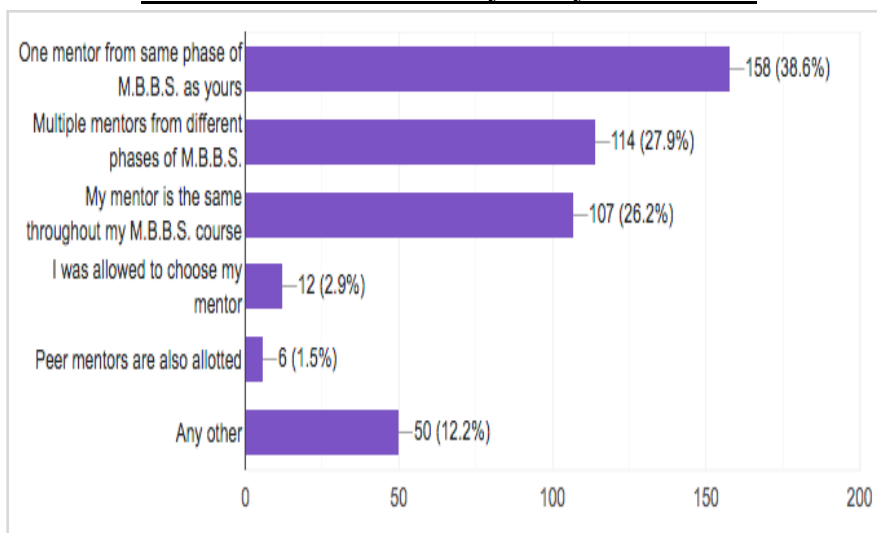
**Mentees' responses (n=409) :**

Mentees from 12 Different Medical Colleges ( n = 409 )			
<b>Gender</b>	<b>Male : 250</b>	<b>Female : 159</b>	
<b>Phase of MBBS</b>	<b>2<sup>nd</sup> ( 378 )</b>	<b>3<sup>rd</sup> I (18)</b>	<b>3<sup>rd</sup> II (14)</b>

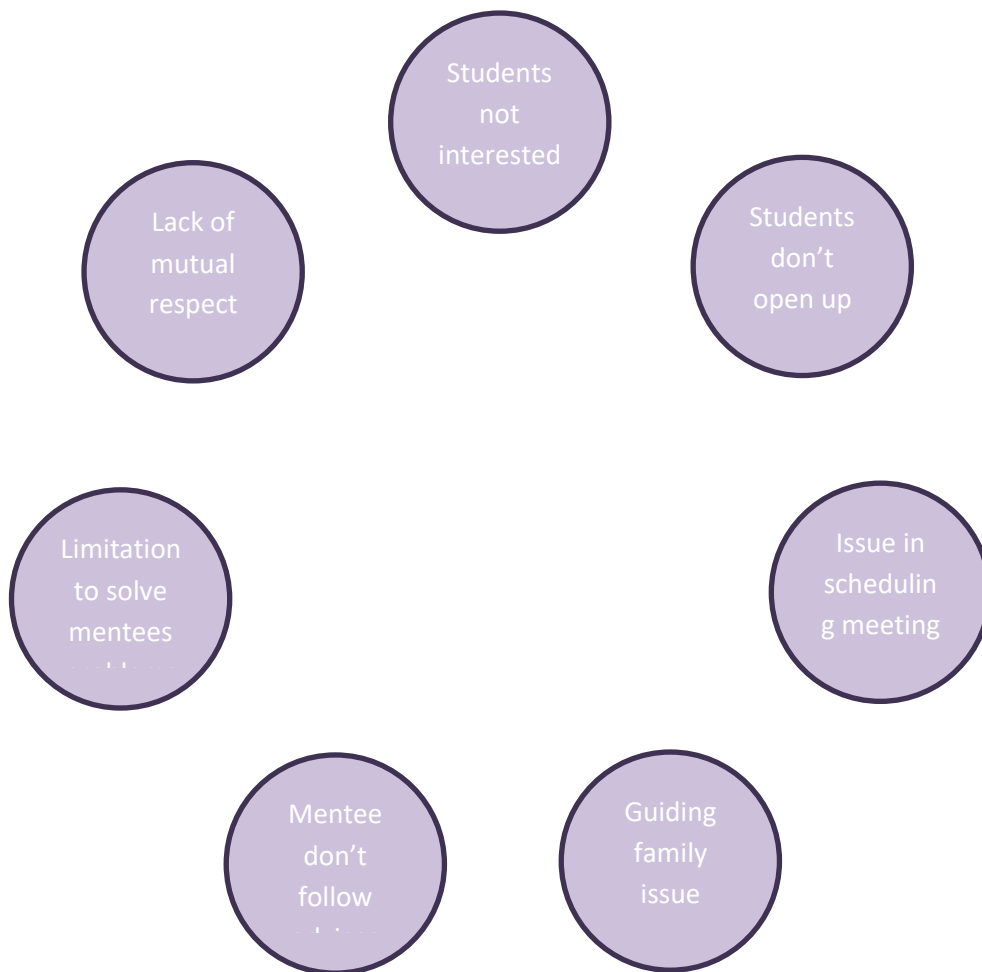
**In which phase of MBBS you have been provided with Mentor?**



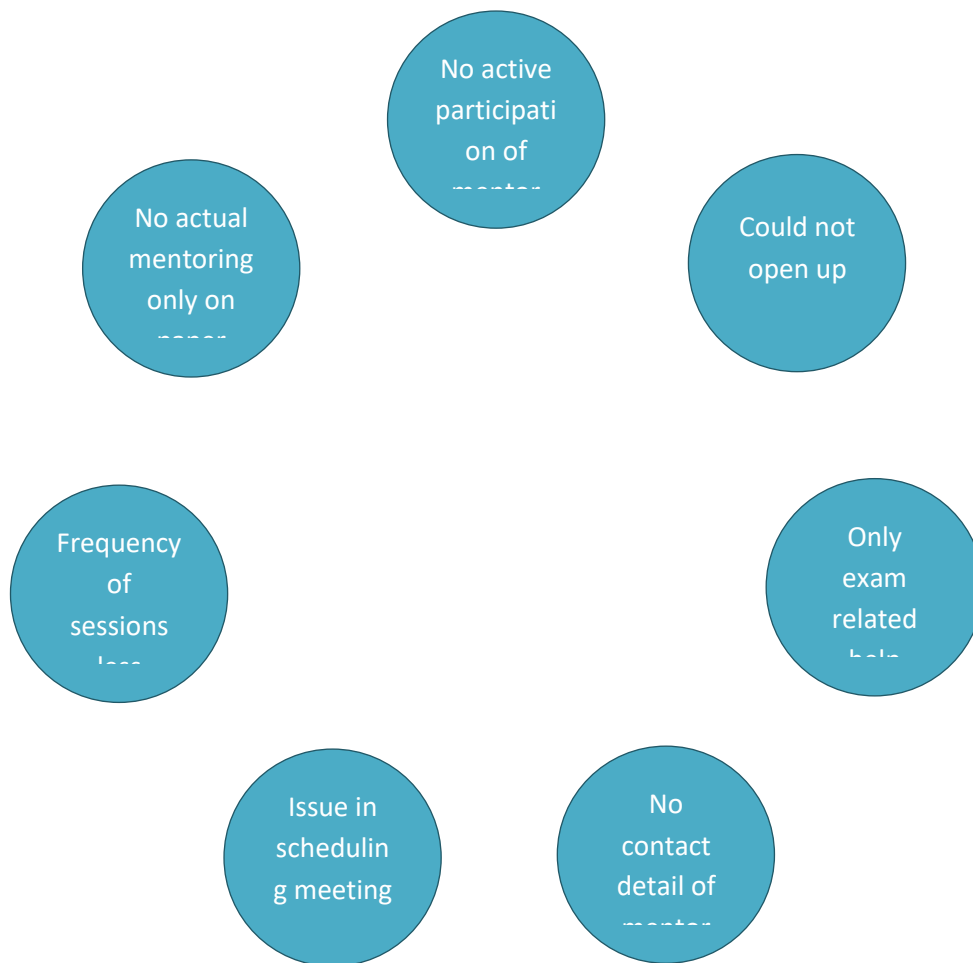
**How is a mentor allotted to you in your institute?**



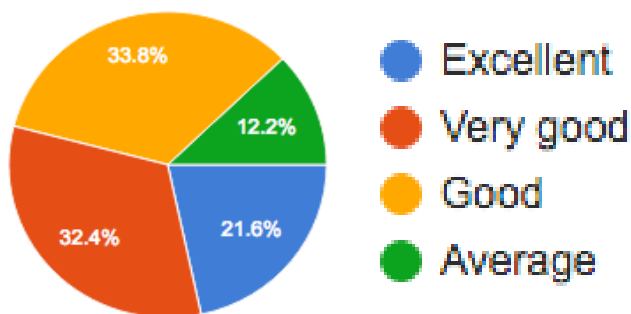
**CHALLENGES FACED BY MENTORS:**



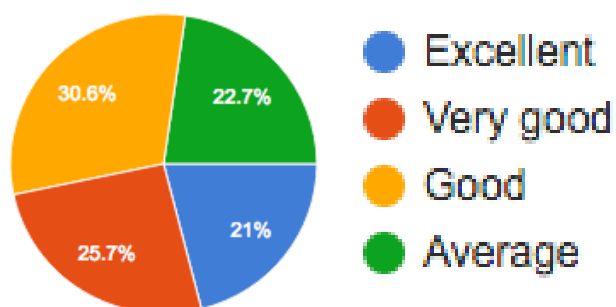
**CHALLENGES FACED BY MENTEES:**



**MENTOR'S PERCEPTION:**



**MENTEE'S PERCEPTION:**



## **DISCUSSION**

Despite the reported knowledge gap about mentorship, all faculty who participated in the study generally demonstrated a positive attitude and willingness towards mentoring students. This intrinsic faculty motivation to engage in student mentorship should not be ignored, and it could be an important entry point by the institutional leadership. The explanation for the observed positive attitude is not clear-cut. However, such positive attitude expressed could perhaps be due to the fact that all faculty do interact with students and participate in teaching and learning. Therefore, we hypothesize that majority of the faculty are probably interested in the growth of their students. This may explain their willingness to train and become more effective mentors. The faculty practices of being actively engaged in mentorship revealed mixed findings. For example, whilst some faculty reported being involved in some formal mentorship of students allocated to them, others were not sure if they were mentoring students when interacting with them. Yet others were not involved in mentorship at all. It has been reported that limited knowledge of mentorship can potentially influence the practice of engaging into mentoring others. The deficit in knowledge of faculty regarding mentorship observed in this study arguably seems to have influenced their practices of mentorship. The fact that some faculty did not know as to whether they were mentoring or not when interacting with students deserves urgent attention. To problematize this further, all faculty that participated had at least undergone an induction session on mentorship and the College of Health Sciences has well documented mentorship guidelines. In addition, some seemed to create tension between mentorship and supervision. This points to two things. First, it is almost definite as demonstrated in this study that perhaps a single induction session for new faculty is not adequate. There is need to plan for periodic faculty development refresher training sessions if a strong mentorship culture is to be achieved. Second, the fact that some faculty had no clear knowledge on mentorship yet they had attended an induction session on mentorship and the institution has mentorship guidelines highlights this as an urgent issue to consider by the institution. The one session may not be adequate to synthesize what mentorship actually is. However, it also points to the fact that the institutional guidelines on mentorship are not known and are not availed to the faculty, but are simply kept where they cannot be accessed. As a first step, such mentorship guidelines need to be availed to the faculty during and after mentorship training sessions for reference. This can then be augmented by the periodic refresher training sessions on mentorship. In addition, mentorship and supervision are two different concepts. Though one can be both a mentor and a supervisor, one can be a supervisor without necessarily being a mentor. There is greater need to deconstruct mentorship and supervision and create awareness among both faculty and students of how mentorship differs from supervision.

## **CONCLUSION**

Many of the Medical colleges in Rajasthan have formal mentoring program. While most of the participants showed awareness of the concept of mentoring, there was a gap in understanding its structured implementation & long term benefits. Both mentors and mentees showed mixed perceptions with some expressing skepticism about mentoring process however, both agreed upon that mentorship program should be there for all phases of MBBS.

## **IMPLICATIONS**

Results obtained from this study can be supplemented or alternatively used in our institute mentorship program over traditional teaching for promoting effective learning and competency through active student participation for CBME as envisioned by NMC.

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