



# St. John's Medical College Hospital Department of Psychiatry



## **HANDBOOK FOR MENTORS OF MEDICAL UNDERGRADUATES**

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# INTRODUCTION TO MENTORING

## What is mentoring?

Mentoring is a relationship between an experienced and empathetic person (the mentor) and a less experienced junior/student (the mentee), with an aim of fostering professional and personal development for the mentee. A mentoring relationship involves direct interaction between mentor and mentee; providing psychological support and assistance for professional development of the mentee. The mentor also serves as a role-model for the mentee.

## Who is a mentor?

Mentors are not born. All teachers can aspire to be good mentors, with effort. Intentionally or unintentionally, we have all had mentors, who have helped us grow and enhance our competencies.

## Benefits of mentoring for a medical education programme:

Medical training has its own set of challenges. Any student is likely to value, and benefit from, the guidance of a trustworthy person who has travelled the path before him/her. However, the benefits of mentoring go beyond the student, to include the faculty member and the larger medical college community. Some benefits of mentoring are –

### *Student (mentee):*

- Career development – better academic performance, guidance for an academic career, foster greater interest in research
- Emotional benefits – improved self-esteem and reduced stress
- Improved relationships with faculty

### *Faculty member (mentor):*

- Emotional benefits – satisfaction of helping students, and positively impacting students' careers
- Strengthen connection to the medical school - fortifying identity and professional recognition, greater sense of community
- Personal development – engage in self-reflection about role in students' lives

### *Medical college community:*

- Advancement of clinical care
- More productive research programs
- Increased commitment to teaching

## MENTORING AT ST. JOHN'S MEDICAL COLLEGE

Mentoring programs are non-existent in most medical colleges in India. Even in places where they are operational, they are focused more on issues related to administration. Mentoring helps in the holistic development of the student. The mentoring program at St. John's Medical College (SJMC) aims to be promote all-round development for the medical student.

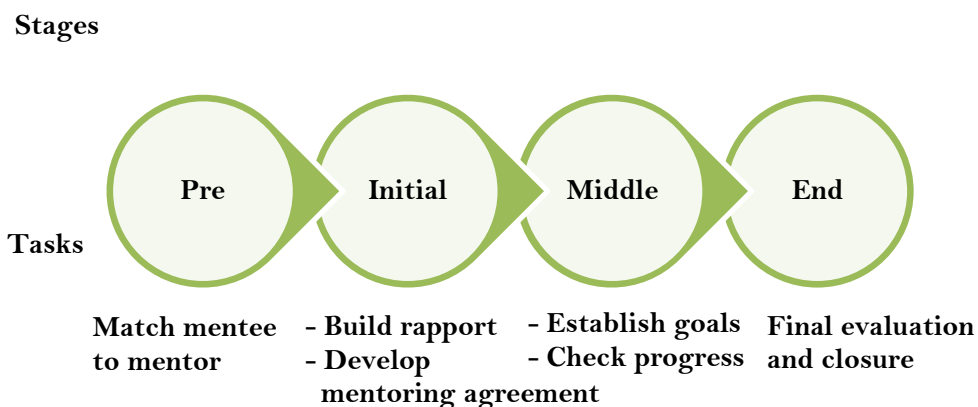
### Objectives of a mentorship program at SJMC:

The goal of SJMC mentoring programs is to provide a safe environment for the student, that encourages and fosters reflection, promotes self-care and wellness, guides personal development, enhances team building and problem-solving skills, and assists in career exploration. An important intention of mentoring at SJMC is to instil the values, ideals, and mission of the institution in the mentee. The mentoring programme at SJMC adopts both the objectives of Frei et al.<sup>1</sup>, and the approach of Jacobi<sup>2</sup>:

<i>Objectives</i>	<i>Approach</i>
1. Career counselling	1. The relationship is focused on achievement, or acquiring knowledge
2. Enhancing professionalism and personal growth	2. It comprises support, direct assistance, and role modelling
3. Increasing interest in research and academic careers	3. It benefits the mentor and mentee
4. Fostering interest in certain specialities	4. Mentors have influence/achievement within the organizational setting

### Stages in the mentoring program at SJMC:

Mentoring may be done individually or in small groups. The stages are common to both formats:



<sup>1</sup> Frei, E., Stamm, M., & Buddeberg-Fischer, B. (2010). Mentoring programs for medical students: A review of the PubMed literature 2000-2008. BMC Medical Education, 10(32). doi: 10.1186/1472-6920-10-32.

<sup>2</sup> Jacobi, M. (1991) 'Mentoring and Undergraduate Academic Success: A Literature Review', Review of Educational Research, 61(4), pp. 505-532. doi: 10.3102/00346543061004505.

## **THE MENTORING PROCESS**

### **The Mentoring Agreement:**

Mentoring is an addition to one's professional and personal schedule, both for mentor and mentee. The mentoring partnership requires committed time, energy, and involvement to ensure success. To assist with this, a mentoring agreement is established. This incorporates a regular meeting schedule, with preferred times and frequencies; structuring the mentoring process. Be realistic in developing the mentoring agreement, bearing in mind the other commitments of both mentor and mentee. Decide to maintain a log of these meetings (sample provided in appendix).

### **Collaboration:**

Mentoring is a collaborative process, involving the mentor and mentee. Towards facilitating adequate mentee engagement, it is important to discuss pertinent aspects of mentoring in the initial stage. These include goals, expectations, confidentiality, feedback processes, and meeting logistics. It is important to bear in mind the study year of the mentee, in these discussions. For instance, newly joined medical students need an orientation to the medical school, focusing on adjustment to the new environment and coping with expected challenges. However, final year medical students require guidance on selection of postgraduate studies and future career path.

### **Mentoring meeting agenda:**

Across all stages of mentoring, every meeting needs to follow a setout plan – an agenda. This includes the following aspects:

- Specific goals/topics for the meeting
- Review progress made/successes, tasks undertaken to meet goals
- Discuss challenges faced – situations and feelings about them.
- Key learning from the meeting
- Follow-up actions of mentee and mentor.
- Reflect on aspects covered in the meeting
- Next meeting date and location, and tentative agenda

## **Progress checks:**

Schedule progress checks periodically throughout the established timeframe. Every two to three months is ideal. These can be incorporated into to your regularly scheduled meetings. This involves both the mentor and mentee asking themselves the following important questions:

- What goals or objectives are we currently attempting to address?
- What goals or objectives remain?
- What level of success have we attained thus far in the process?
- Are we headed in the right direction?
- Will the further accomplishment of our initial goals and objectives take us where we want to go?
- What changes or adjustments to our original plan are needed?
- Have we discovered a previously unidentified goal or objective?

The mentor needs to facilitate the mentee asking him/her self these questions and accurately answering them.

## **Final review:**

The final review is an instrument to identify what has been achieved. Few aspects to be covered in this discussion are –

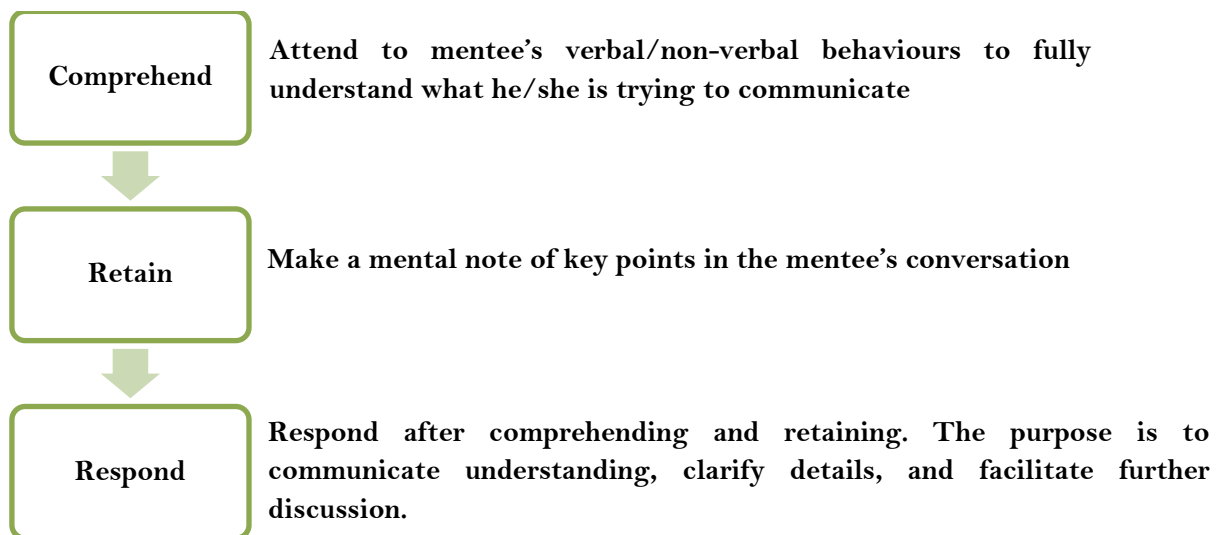
- Completion of the mentoring process
- Accomplishments of mentor-mentee pair, and learnings from the same
- Any pertinent goals that have been overlooked, and probability of addressing the same
- Reflect on the differences in communication between the first meeting and last
- Plan and organize a formal acknowledgement of the closure of the mentoring agreement.

## MENTORING SKILLS

Skills for mentoring are rooted in communication. The onus for effective communication lies on the mentor. Mentoring skills are to be utilized in each mentoring session, and throughout the course of the mentor-mentee relationship. These skills include (i) active listening, (ii) encouraging/inspiring, (iii) self-disclosure, and (iv) advising.

### Active listening:

Listening can either be passive or active; based on your intention. If the intention is to be an engaged participant in the interaction, then active listening needs to be followed. It facilitates in establishing rapport, and in creating an accepting environment that permits open communication. The steps in active listening are –



### Encouraging/inspiring:

Research suggests giving encouragement to be the mentoring skill most valued by mentees. Some ways mentors can encourage/inspire mentees are –

- Comment favourably on mentee’s accomplishments
- Communicate belief in mentee’s capacity for achieving goals, and facilitating personal/professional growth
- Respond to frustrations/challenges with words of support and encouragement
- Disclose about people/events that were personally/professionally inspirational
- Introduce mentee to colleague who can be additional resource for the mentee



## Self-disclosure:

The mentor functions as a role model for the mentee. Thus, appropriate sharing by the mentor regarding aspects of their life will likely benefit mentee's to problem-solve and chart their own course. It is important to only disclose experiences that were successfully resolved. These may include career and personal goals which were achieved, difficult times in college that were managed, and/or outside college struggles that were resolved. It will help the mentee to hear about the learning that the mentor has had from these experiences.

## Advising:

Advising is best done minimally, and towards the end of any mentor-mentee session. It is important to seek permission from the mentee before advising, so that he/she does not experience the mentor as being patronizing or preaching. The E-P-E model may be utilized by the mentor in advising –

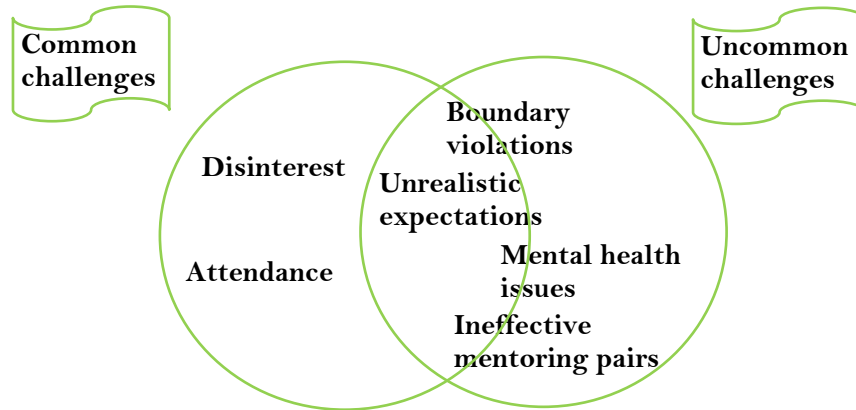


Once you seek permission from the mentee, share experience or provide suggestions for only that which is of current relevance to the mentee – keep it brief. Finally, inquire into the mentee's understanding/thoughts on the suggestions; and any queries or further requirements for the mentee.

A pertinent aspect to the use of all skills is **reflection**. The mentor needs to reflect on the manner in which he/she utilized the skill, its utility, impact on the mentee and the mentoring relationship. It is also recommended to routinely get **feedback** from the mentee on the mentoring sessions, benefits, and any suggestions.

## MANAGING CHALLENGES IN MENTORING

As in any relationship, the mentoring process may also face challenging times. The source of these challenges can be from the organization, mentor, and/or mentee. It is useful to understand these challenges across categories of common and uncommon.



The position of the challenges in the intersecting circles displays how common/uncommon they are. While disinterest and attendance are common challenges faced in mentoring. The remaining overlap, however some being more uncommon – mental health issues, ineffective mentoring pairs, and boundary violations. The subsequent portion of this chapter discusses each of these challenges.

### **Attendance:**

As mentioned earlier, mentoring is a committed and collaborative relationship between mentor and mentee. The basic requirement to ensure this, is for the mentor and mentee to attend scheduled sessions. Other pertinent tasks may lead the mentor/mentee to cancel/postpone a mentoring meeting. To prevent this from occurring, the following are recommended –

- At the outset, establish the formal necessity of these meetings; much like a class or work-place requirement.
- As soon as the mentoring agreement is established, both mentor and mentee block out that time for the semester in their planner/calendar/app on the phone.
- Set multiple reminders, and send reminders to the mentee at least twice before the scheduled meeting

## **Unrealistic expectations:**

Unrealistic expectations, and assumptions about the mentor/mentee/mentoring relationship can contribute to significant issues. There is a need to concur on realistic expectations at the outset. This can be achieved by establishing mentoring objectives and goals in the first meeting. Also, when unrealistic expectations come to light, it is best to correct them through reflection and discussion at the earliest, when arising from mentor and mentee respectively.

**Overdependence**, a common problem, ensues from unrealistic expectations/faulty assumptions. This can arise from both mentor and mentee. For instance, expecting the mentee to follow-through on every suggestion of the mentor, be an ideal mentee; or the mentee expecting the mentor to be available at their behest, to provide more support than is feasible in the given situation. This can be pre-empted by –

- Mentors keeping their egos in-check, and reminding themselves that the relationship is about the mentee, not the mentor.
- Facilitate mentees to take on the responsibility for their academics and professional life by minimizing active advising.
- Enable mentees to make their own decisions, and to be only a source of support for the mentee.

## **Disinterest:**

It is presumed that mentors are interested in taking up this role. However, mentees may not be as interested in the process. If it seems as if your mentee is disinterested or lacking motivation, it is best to discuss it openly at the earliest. Understanding the underlying cause of the perceived disinterest in the mentee is key to remedying the situation. Some pointers for the same –

- What is the mentee feeling?
- Does he/she find mentoring unnecessary/ineffective?
- Does he/she perceive that the mentor is not as supportive or involved in the process?
- Is the mentee finding it difficult to stay engaged in mentoring due to other commitments?
- Is the mentee facing any personal issues or struggles that are overwhelming him/her?

Once there is some clarity from the discussion, resolve/clarify issues that are readily amenable such as scheduling, correcting expectations/assumptions. However, if the issue is beyond the

scope of the mentor's role such as significant mental health concerns and/or larger administrative issues, it is best to refer to the college counselor or mentoring coordinator respectively (contact details in appendix).

### **Boundary violations:**

Boundaries are limits; recognized limitations and expectations for a given relationship. Both mentor and mentee need to appreciate and follow the prevalent rules of a 'Boundary' without losing regard for each other. First, it is important to identify boundary violations in a mentor-mentee relationship. These may include –

- Using the relationship for personal or professional purposes, that are beyond the goals of the mentoring relationship
- Advances for purposes of friendship, romance, sexual needs
- Meeting for purposes other than mentoring, and/or in places that are not part of the mentoring agreement
- Mentees expecting mentors to fix their issues; and/or mentor expecting mentees to assist in their personal/professional work.

Certain considerations for maintaining boundaries between mentor and mentee are –

- Maintain your integrity, and err on the side of caution in interactions with mentee
- When in doubt, adopt formal rather than informal interaction styles
- Avoid informal meetings and unwarranted socialisation with mentees
- Follow do-no-harm policy
- Be aware of the law, with regard to boundary violations
- Treat your mentee with respect
- Do not encourage any gifts/rewards from mentee
- When ethical dilemmas arise, do not take decisions in isolation – seek assistance from seniors and mentoring coordinator

### **Ineffective mentoring pairs:**

Despite best efforts from mentor and mentee, some pairings may just not be compatible. Although rare, this situation may arise. If such a scenario arises, it is best to reach out to the mentoring coordinator at the earliest.

## Mental health issues:

Mental health issues for the mentee may range from mild sadness/tension to depression/anxiety. Interpersonal issues amongst peers and with superiors are common for mentees. A particular concern for mentors is when mentees express thought of self-harm, and/or acts of the same; and use of substances (drugs/alcohol). Thus, there is a range of mental health issues that may manifest in mentees, of which the mentors need to be cognizant.

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Sadness/tension

Depression/anxiety

Substance use/thought or acts of self-harm

The above figure depicts that on one end, mentees may express sadness/tension, while on the other end, they may experience depression/anxiety. Through the entire range, there may be experience of thoughts or acts of self-harm; and/or substance use. The suggestions to manage these vary. A screening checklist for mental health issues is provided in the appendix.

### *Sadness/tension:*

It is normal to experience a range of emotions on a daily basis. Mentees may experience situations that cause them to get sad or tensed. These may include issues with friends, academic performance, upcoming exams, teachers scolding, personal troubles, and so forth. The first step is to understand the severity of these emotions. Few aspects to explore include –

- How long has this situation been going on/when did it happen?
- How sad or tensed is the mentee? – The mentee can rate on a scale of zero to 10.
- Does the mentee feel he/she can manage the situation?
- How confident is the mentee that he/she will overcome the situation/emotional state?
- What resources does the mentee have to manage the situation/emotional state?



**IF:** (i) the situation that caused the sadness/tension is recent and, (ii) severity of the emotional state is not much (< 6 on the scale) and, (iii) the mentee is confident about being able to manage and/or actively seeks support of others – the mentor may provide support and help the mentee in managing themselves/situation.



**IF:** (i) the situation has been going on for a long time and, (ii) severity of emotional state is high ( $> 6$  on the scale) and, (iii) mentee is under-confident about managing and/or hesitant to seek others' support – the mentor may need to seek guidance/refer to college counsellor.

### ***Depression/anxiety:***

States of depression/anxiety are considered to warrant professional attention. A mentor needs to assess if a mentee is depressed or anxious. Few pointers to assess the same –

- How long has the mentee been feeling this way?
- How severe is the depression/anxiety? – Mentee can rate on a scale of zero to 10.
- How much does this state interfere with the mentee's daily routine?
- What has the mentee not been able to do because of the depression/anxiety?
- How is the mentee's sleep and appetite?



**IF:** (i) the emotional state has been there for more than 1 week, and (ii) severity of the emotional state is high ( $> 4$  on the scale), and (iii) the emotional state interferes with daily routine/prevents mentee from doing tasks – the mentor needs to refer the mentee to the college counsellor.

### ***Substance use:***

Use of substances is common on college campuses, due to both availability and age of students. Thus, it may be expected that your mentee may experiment with either alcohol or drugs. The problem arises when the use is frequent and/or excessive. Mentees are unlikely to be open about using substances. The mentor needs to observe for indications for the same. These may include –

- Irregular attendance to classes, mentoring meetings, and other academic and extra-curricular requirements
- Poor hygiene and grooming
- Reports from others regarding change in mentee's behaviour
- Irregular eating and sleeping patterns
- Disinterest in academic/extra-curricular pursuits
- Active denial of use of substances despite indicators for the same



**IF:** the mentor suspects the mentee of substance use that is impacting his/her functioning; it is best to seek guidance from college counsellor and/or mentoring coordinator.

***Thoughts/acts of self-harm:***

Maximum suicides occurred between age groups of 18-45 years. Mentors who are inexperienced in working with students who have suicidal thoughts may naturally feel uncertain on being able to manage such a situation. Sometimes, mentees may not express thoughts to kill themselves, but rather just that they were dead; termed death wish. As thoughts/acts of self-harm and death wishes warrant referral to a mental health professional. The mentor's role is to ensure recognize the need, and effectively ensure referral to a mental health professional (college counsellor or department of psychiatry).

Some red flags to note are –

- Cut/ligature/burn marks on exposed body parts
- Significant substance use
- Signs of withdrawal, in the absence of substance
- Preoccupied thoughts or significant restlessness
- Significant anxiety/depression or other negative mood states (E.g.: anger)
- Any diagnosis of a psychiatric illness
- Feeling hopeless, helpless, and/or guilt
- Past history of suicide attempt/thoughts, or death wishes expressed by the mentee
- Family history of suicide or suicide attempt
- Speech tone that is very low/high pitched, slow, and/or is incoherent
- Mentee appears depressed/anxious, is tearful or agitated



**IF:** the mentee volitionally expresses suicidal thoughts/death wishes and/or reports an attempt, the following steps may be followed –

- 1) Communicate understanding for the mentee's difficulties
- 2) Acknowledge report of suicidal thought/attempt or death wish
- 3) Normalize mentee's emotional distress, by expressing that others may also experience the same in a similar context.
- 4) Provide feedback that the mentee's emotional state may prevent him/her from seeing probable solutions.

- 5) Suggest option of professional mental health care, and refer mentee to college counsellor or department of psychiatry (as per mentee's choice)
- 6) Ensure mentee establishing connect with mental health professional, by informing them in the presence of the mentee.
- 7) Follow-up on mentee's progress with mental health professional
- 8) Continue mentoring support for mentee



**IF:** the mentee does not volitionally report suicidal thoughts/attempts or death wishes, and the mentor perceives otherwise – it is best to inquire. The misconception that inquiry into suicidal thoughts may cause someone to become suicidal holds no merit. Inquiry is often therapeutic, facilitating an individual to feel less alone in their struggle and encourage expression of thoughts that are otherwise not stated. Thus, with an empathic frame of mind and calm tone, mentors are suggested to inquire into suicidal thoughts of their mentee. Few sample scripts to inquire –

- You have described all your problems in detail. It must have been very difficult for you. Many individuals in similar situations often report that they have lost hope, and have thoughts to harm themselves. Has this happened to you too?
- You mentioned that you are not sure whether the future will be better. Several individuals in similar circumstances often report wanting to die. Have you also felt like this?
- Have you actually thought of harming yourself or taking your life?
- Have you planned as to how you would try to go about doing so?



**IF:** the mentee acknowledges suicidal thoughts/attempts or death wishes during the inquiry, follow-up with steps 1 through 8, listed earlier.



**IF:** the mentee continues to deny in the inquiry, the following steps may be followed:

- 1) Express personal concern regarding mentee's emotional state
- 2) Suggest and follow-through on more closely spaced mentoring sessions
- 3) Post mentee's approval, have friends/peers/seniors keep vigil over him/her
- 4) Post mentee's approval, inform college counsellor
- 5) Post mentee's approval, inform mentoring coordinator



## **IMPORTANT CONTACTS**

### **College Counsellor:**

Name: Ms. Sangeeta Dinanath  
Location: #213, 1<sup>st</sup> floor,  
Robert Koch block  
Phone: +91-9591990404/080-49466119  
Email: Sangeetha.deenanath@stjohns.in

### **Vice-Dean (UG)**

Name: Dr. Anuradha Ananthamurthy  
Location: Vice-Dean office,  
Ground floor, College building  
Phone: 080-49466012  
Email: anuradha.a@stjohns.in

### **Mentoring Coordinator:**

Name: Dr. Deepthi Shanbagh  
Location: Department of Community  
Medicine, 1<sup>st</sup> Floor, College building  
Phone: 080-22065062/49466133  
Email: deepthi.s@stjohns.in

### **HOD, Psychiatry**

Name: Dr. S.M. Manohari  
Location: 3<sup>rd</sup> floor, Unit of Hope building  
Phone: 080-22065460  
Email: hod.psych@stjohns.in

## APPENDIX – I

### Log Sheet:

Meeting No.	Date	Duration of meeting	Discussion Points	Further plans	Mentor's Signature	Mentee's Signature

## APPENDIX – I

### Mental health checklist:

Sl. No.		Yes	No
1	My Mentee does not attend his mentoring meetings consistently		
2	My mentee is facing a difficult situation from long time		
3	My mentee has irregular college attendance		
4	My mentee feeling sad/tensed for long time		
5	My mentee is using alcohol/drugs on a regular basis		
6	My mentee has substance withdrawal signs		
7	<b>My mentee is feeling hopeless</b>		
8	<b>My mentee has a diagnosis of psychiatric illness</b>		
9	<b>My mentee has previous history of suicidal attempt</b>		
10	<b>My mentee currently has suicidal thoughts/ideas or death wishes</b>		
11	My mentee has irregular eating and sleeping pattern for a long time		



Refer the mentee to the *college counsellor*, IF:

- Response to any item in red is 'yes', OR
- Responses to more than 5 items is 'yes'