

Mentoring Across Divides for Medical Students: Contested Space for Mutual Learning or Paradox of Diversity

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ABSTRACT

Mentoring medical students is often a more complex exercise, which requires both institutional support and personal support as the experiential learning of medical students is entirely different from others. There are many aspects of Individual characteristics which offers challenges for Mentors, Mentees, and the Institution to overcome and have an effective Mentorship Program. Every mentor mentee relationship has a boundary which is created by the personal identities of both. Since the dialogue between mentor and mentee occurs in this space, there is always an opportunity for this space to be challenged. When this space is challenged, then there are two possibilities which can occur, either it provides an opportunity for both to learn or can become a battle ground for identities. Then it becomes a challenging enterprise for the mentor to handle the mentor-mentee relationship effectively across this divide.

Keywords: Mentor, Mentee, Diversity, Mentoring, divides

BACKGROUND

Mentoring has been in practice in United States since 1970's in corporate practice. It's only since 1990's that it entered into medical education. Then they were using mentoring, tutoring, guiding & coaching synonymously. It's only over a period we have been realising that

mentorship is more a dynamic relationship between the mentor and a mentee and requires active participation by both partners¹. Many of the studies have shown that mentorship program is essential and brings in some humanistic values in the mentee. Some of the essential values and attitudes like empathy, caring, compassion can all be nurtured when there is an effective dialogue amongst the mentor and the mentee². Although it has been accepted that mentoring is a key factor which nurtures good career outcomes as a Health professional, it has been very rarely practiced in most of the countries more so in India. Now with the new CBME curriculum and newly commissioned National Medical Commission, there is increased enthusiasm and a necessity to implement mentorship program in Medical colleges. But there are going to be issues in this relationship as they are divided by race, ethnicity, religion, gender, culture, disability, and social economic background. This diversified relationship is going to create a contested space for experiential learning³.

INTRODUCTION

Effective Mentorship programme is one of the major factors which contribute to success of a medical student. Due to high pressures of learning, medical students are bound to suffer from psychological issues

and burnouts. Hence effective mentoring of mentees goes a long way in creating a successful learning outcome for the student. Since there are always diverse populations who enter into medicine, they are bound to have relationships which are more complex and varied. In these complex relationship environments, there are opportunities to learn and unlearn⁴.

A mentor mentee relationship is an extraordinary relationship which can help both to learn from each other. But there are also times when this relationship gets strained. Any relationship be it a husband-wife, parent - children, children - grandparents are bound to get strained when the boundaries are crossed by either of them. In a mentor-mentee relationship, there are bound to be boundaries created for personal space. These boundaries may sometimes be so strong that it may create an impermeable wall and strain a mentor-mentee relationship. If we can pace each other either through matching or mirroring the other person's model of the world, even though we may not agree with his/her ideology and experience, we will start to recognise each other. The environment of dialogue to recognise each other will help the relationship to rebloom.

DIVERSITY IN MENTOR MENTEE RELATIONSHIP

Diversity is ever present in any situation, more so in clinical practice. The diversity in each relationship is because of differences in terms of gender, ethnicity, religion, caste, sexual orientation, disability and other groups⁵. Generally, these diversities are not visible or not given importance, hence it becomes a more serious problem. Mentoring is to balance delicately between group norms and individual differences. The situation faced by a female doctor⁶ in a highly volatile small town will be entirely different from a male doctor in the same situation. A gay mentee⁷ becoming a health professional will be facing an entirely different perspective of life if he/she must work in a conservative

primary care unit of a traditional village. A health professional belonging to a minority caste/religion⁸ will be facing an entirely different situation if he is made to work in a place of majority Caste / Religion. Hence if the mentor is blind to the fact that what works for him may not work for a mentee of a weaker group, then he is doing a disservice to an effective mentor-mentee relationship.

It is understandable that people live different realities based on their personal background and identities, which leads to contested space in mentor-mentee relationship⁹. This contested space can also be a ground for mutual learning. In a very diversified relationship as that of a mentor-mentee, if people are open to learning, there is a tremendous potential to learn from each other. This is one of the important spaces where each initiates dialogue and asks questions, hence creates an environment for experiential learning. Since it is a diversified relationship and a contested space, there is also a chance for lack of personal identification between the mentor and the mentee¹⁰. Personal identification of each other can help both mentor and mentee to learn from each other's experiences. But since mentor and mentee in a diversified mentoring relationship differ from each other in terms of individual characteristics (Religion, Caste, Gender) that differentiates them to different power related groups, this lack of recognition of each other can create a "Paradox of diversity" situation. It is a situation where diversity in mentor-mentee relationships should provide space for mutual learning, but the learning doesn't occur, since both are not able to connect to each other¹¹.

Since there are power differentials amongst the mentor and the mentee, there are always opportunities to be abused and misused. There are also some ethical issues which will be raised in the relationships. Since mentoring criss-crosses both professional and personal relationships, and with obvious power differentials, there is always a chance for abuse of this power.

There are also specific groups like women, minorities, etc who obviously have low self esteem and low expectations and then suffer from a sense of isolation¹².

CROSSING BOUNDARIES FOR EFFECTIVE MENTORING

So how do we cross boundaries to mentor across divides created by differing power equations. To address this question, first it is important to understand how identification is important for having a quality mentorship and apply social identity theory. According to Humberd & Rouse personal identification in a relationship can happen through three mechanisms: Projection, Recognition, & Integration. In Projection mentor and mentee build their images based on their backgrounds and experiences. When a mentor and mentee appreciate the shared aspects of the other person through dialogue and good listening, the stage of recognition will ease in. In the stage of Integration each tries to accept the shared aspects of each other. Any challenged differences can be overcome by high quality interactions¹³.

Once we understand the process of identification, then comes the process to understanding empathy. According to John Heron, for empathy to occur in any relationship, there are four ways of knowing; Experiential, Presentational, Propositional and Practical. Experiential learning is the foundation of knowing, where one learns by living through lenses of our values and belief systems. In presentational knowing we learn through drama, stories, art, metaphors. Propositional knowing is based on observational evidence, logic, and theory. Practical knowing is about acting based on ideas and theories. If mentor and mentee try to know each other through experiential and propositional knowing without a layer of presentational knowing, the relationship will be limited to cognitive empathy without the richness of affective empathy¹¹. Cognitive empathy is more like both mentor and mentee working towards an already constructed model, whereas

affective empathy is more like being sensitive and experiencing the feelings of others. Mentors and mentees who would like to improve their relationship should practice presentational knowing like interacting amongst themselves through stories, working together in a role play. With expressive and creative forms of knowing each other can enhance a better mentor mentee relationship in a diversified mentoring relationship.

Mentor mentee relationships come from diverse identities; hence it becomes difficult to handle. For any method to work across the differences, both should understand that they should lean into the relationship and not escape from the same¹⁴. Some of the recommendations which can be provided are.

- a) **Creating a Safe environment:** Creating a good standard operating procedure for good mentoring including those on how to mutually respect each other's identities. Starting the discussion with trying to understand what the mentee needs in a relationship. Also, a mentor can share some difficulties he faced during his journey as a mentee and how he overcame the same.
- b) **Opening lines of communication:** Making the mentee comfortable is more important so that he opens to communication. So the mentee can be taken for a breakfast meet/ or a dinner meet. Mentee may also be taken to an academic conference.
- c) **Address differences openly:** Many times trying to talk about differences openly can help in developing a good relationship. When we talk openly about our identities, both will understand the differences they carry in their life and futility of clinging on to them in any relationship.
- d) **Leaving hierarchy:** As a mentor he has already slogged in his life and worked across many hardships and has gained some professional positions in life. But once the mentor starts to feel that he has professional superiority over the mentee,

then it becomes difficult to enter into a good relationship. Hence the mentor has to learn to leave the hierarchy at the doorsteps so that the mentor opens up to a dialogue.

- e) **Setting aside our labels:** Most of the time we cling on to our labels of caste, religion, groups because it gives a false sense of security. But these labelings will create an “egotistical anchoring”, then it becomes difficult to get out of it. To overcome these assumptions and labeling it is often better to practice “bracketing”. Bracketing is done by suspending our judgments and beliefs in life occasionally to understand the perspective of another person.
- f) **Learning from each other by doing:** The best way both can effectively bond in a relationship is when they start not only to recognise their differences but also work to advocate for other people's differences.
- g) **Learn to forget and forgive:** Finally learning to forget and forgive the other person's differences goes a long way in cementing a good relationship to mentor across divides.

CONCLUSIONS

Mentoring in medicine constitutes one of the most tangible bridges to explore. The experiential learning one gains in the process will help the mentee in career advancement and professional development and the mentor for self-exploration. When the mentees find a good mentor, it changes their journey in both professional and personal development. They excel in academic careers and become great mentors later in their academic practice. All faculties should be encouraged to take mentorship programs seriously and should develop effective communication skills for mentoring across divides. Mentor mentee though belong to different power groups, they should refrain from thinking that they are representative of these groups. They may be aware of their group's affiliations, but they should be open to understand the

other's stories. Unless both make concerned efforts to understand each other through expressive ways of knowing, it would be difficult to have a good mentor-mentee relationship. There are both intended and unintended benefits of mentoring in a difficult situation for both mentor and a mentee. Mentoring across divides will help frame better identification of both the mentor and the mentee, it helps both to understand each other better. Like it is said by Audre Lorde, it is not our differences that divide us, it's our inability to recognise, accept and celebrate those differences.

REFERENCES

1. Frei E, Stamm M, Buddeberg-Fischer B. Mentoring programs for medical students--a review of the PubMed literature 2000-2008. *BMC Med Educ.* 2010 Apr 30;10:32. doi: 10.1186/1472-6920-10-32. PMID: 20433727; PMCID: PMC2881011.
2. Bhatia Arati, Singh Navjeevan, Dhaliwal Upreet. Mentoring for first year medical students: humanising medical education. *Indian Journal of Medical Ethics, [S.I.], v. 10, n. 2, p. 100, nov. 2016. ISSN 0975-5691.* Available at: <<https://ijme.in/articles/mentoring-for-first-year-medical-students-humanising-medical-education/>>. Date accessed: 30 Nov. 2020.
3. de Dios MA, Kuo C, Hernandez L, et al. The development of a diversity mentoring program for faculty and trainees: A program at the Brown Clinical Psychology Training Consortium. *Behav Ther (N Y N Y).* 2013;36(5):121-126.
4. Vogan CL, McKimm J, Da Silva AL, Grant A. Twelve tips for providing effective student support in undergraduate medical education. *Med Teach.* 2014 Jun;36(6):480-5. doi: 10.3109/0142159X.2014.907488. Epub 2014 May 2. PMID: 24787521
5. Osman NY, Gottlieb B. Mentoring Across Differences. *MedEdPORTAL.* 2018;14:10743. Published 2018 Aug 24. doi:10.15766/mep_2374-8265.10743
6. Regitz-Zagrosek V. Sex and gender differences in health. *Science & Society Series on Sex and Science. EMBO Rep.* 2012;13(7):596-603. Published 2012 Jun 29. doi:10.1038/embor.2012.87

7. Risdon C, Cook D, Willms D. Gay and lesbian physicians in training: a qualitative study. *CMAJ*. 2000;162(3):331-334.
 8. Clawson DK. Challenges and opportunities of racial diversity in medical education. *Clin Orthop Relat Res*. 1999 May;(362):34-9. PMID: 10335275.
 9. Shinsuke Eguchi, Mary Jane Collier. Critical Intercultural Mentoring and Allying: A Continuing Struggle for Change in the Academy. *Departures in Critical Qualitative Research* (2018) 7 (2): 49–71. <https://doi.org/10.1525/dcqr.2018.7.2.49>
 10. Baerlocher MO, O'Brien J, Newton M, Gautam T, Noble J. The mentor-mentee relationship in academic medicine. *Eur J Intern Med*. 2011 Dec;22(6):e166-7. doi: 10.1016/j.ejim.2011.05.018. Epub 2011 Jun 22. PMID: 22075315.
 11. Rajashi Ghosh (2018) Diversified mentoring relationships: contested space for mutual learning?, *Human Resource Development International*, 21:3, 159-162, DOI: 10.1080/13678868.2018.1465670.
 12. Bird SJ. Mentors, advisors and supervisors: their role in teaching responsible research conduct. *Sci Eng Ethics*. 2001 Jul;7(4):455-68. doi: 10.1007/s11948-001-0002-1. PMID: 11697001.
 13. Ho Kwong Kwan, Haixiao Chen, Zhonghui Hu, Jinsong Li. The effects of mentor alcohol use norms on mentorship quality: The moderating role of protégé traditionality. *Human Resource Management*. First published: 24 June 2020. <https://doi.org/10.1002/hrm.22022>
 14. Bickel J, Rosenthal SL. Difficult issues in mentoring: recommendations on making the "undiscussable" discussable. *Acad Med*. 2011 Oct;86(10):1229-34. doi: 10.1097/ACM.0b013e31822c0df7. P
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