

Tasmanian University Medical Students Society student mentor scheme: a model to help students in distress

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THE TASMANIAN UNIVERSITY Medical Students Society (TUMSS) and the Tasmanian Branch of the Australian Medical Association (AMA) have jointly run a mentor scheme linking students with doctors since 1994. However, the scheme was not meeting the needs of students. In particular, there was a lack of support for students who were distressed or affected by adverse life events, such as mental or physical illness and loss of family support. The impact of such problems was seen to contribute to the average annual loss of 11 students for the academic years 1999–2000.

Here, I focus on the history and development of this model for helping students in distress.

History of the scheme

The Tasmanian Branch Council of the AMA started the mentor scheme in 1992. Mentor doctors were paired with students on a one-to-one basis, and the scheme was run by a committee of doctors. In 1994, the running of the scheme was passed to the student representative on the AMA Council. As a consequence, the scheme waxed and waned for a few years, depending on the amount of time the student representative had available.

In 1998, the model was altered to involve six students, one from each year of the course, with one doctor. As a final-year student left, a first-year student would be added to the group.

The aims of the scheme, which have remained consistent from the beginning, are:

- to develop integration between the years in the course;
- to link students with doctors to help them appreciate the bigger picture beyond medical school;
- to facilitate student networking in both giving and receiving support;
- to provide doctors with insight into the current medical course; and
- to allow doctors to have a role in shaping the future for current medical students.

Problems with the group format

The most recent format — groups of one doctor and six students — did not meet these aims as successfully as hoped and many of these groups eventually foundered. Participant representatives of each group in the scheme were contacted

and feedback was sought on their experiences. Some of the reasons given for the scheme's shortcomings were:

- The long-term commitment demanded of doctors by the continuous replacement of final-year students with first-year students gave no natural break point for mentors to “bow out gracefully”.
- The model, being predominantly face-to-face, was not practical in the fifth and sixth years of the course, when students study in remote parts of the State. This made it very difficult for them to maintain their involvement with a group.
- While the group model was good for networking, it could also be restrictive for those unwilling to raise issues in a group setting. Some students indicated that they did not feel they could contact the mentor for a one-to-one meeting because the scheme was defined as a group event.
- Consistent contact was not maintained with each group and no central point of leadership existed to motivate the groups, or assist in resolving problems within groups.
- Group members were selected by a third party and demographic characteristics were used to match members. However, this system was not always as successful as hoped in finding compatible group members and mentors.
- Entry was limited to the start of the year, when students did not feel they had any problems. Later in the year, when they were confronting problems, students had to single themselves out to gain entry to the scheme, and often had to join established and even full groups.

In summary, anecdotal evidence indicated that the scheme was a good opportunity for networking, but the number of people to network with was limited. Furthermore, the scheme provided limited scope for linking students with a suitable mentor to help them cope with a particular difficulty they were experiencing at the time. The result was that the scheme could do little to address the needs of the handful of students who were lost from the course each year for want of appropriate support.

Current direction of the scheme

It was decided that this gap in student support could best be met through a model based on the Tasmanian Doctors' Health Advisory Service. Ailing students will be linked with appropriate clinicians, primarily via a web-based referral system. This system will enable “mentors” with an interest in student health to be drawn from a relevant specialty for a specified period of time on an “as-needed” basis, with confidentiality maintained.

The proposed changes to the scheme present several advantages. Rather than dictating a long-term contact with a mentor, it allows for students to make brief contact with a

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mentor to deal with problems as and when they arise. Students are not discouraged from forming ongoing relationships with their mentors, nor from building up a network of contacts with a number of doctors. Students may approach each mentor in a selective fashion to deal with a range of issues, including health, career, medical politics and study, and do so in the way they feel most comfortable with.

The use of the web in this scheme also allows rural and remote doctors and students to participate, and no longer disadvantages fifth- and sixth-year students at teaching sites far from the main campus. Instead, the opportunity now exists to locate a mentor in their local area and build new networks that should make their stay in the north or north-west of the State more enjoyable and fulfilling. International students, who have been identified as one group having particular difficulty during their time in rural areas, may gain more support and guidance from the new scheme.

For doctors, the new scheme provides various categories of involvement to choose from. They are able to dictate just how much or how little they would like to be involved and the types of information or advice they feel comfortable providing.

While such a model is theoretically simple, its development has highlighted a number of issues. These include:

- Protecting the interests of doctor mentors and preventing their being misused (or abused);
- Developing an adequate network of mentors to meet a range of student needs;
- Defining the limits of confidentiality and indicators for disclosure when student ailments prevent satisfactory ward work or study practices; and
- Identifying an acceptable avenue for disclosure and action by a medical school given the lack of an independent regulatory body for medical students.

Features of the modified scheme

Some aspects of the current one-doctor-to-six-students structure of the scheme are being retained and new components are being introduced. Face-to-face meetings are still encouraged. Technology is not being promoted as a substitute for personal meetings, although it will help to lessen the impact of distance. It is anticipated that a blend of email and telephone contact and face-to-face meetings will make this scheme invaluable for students remote from the main campus.

Rather than attempting to duplicate the Doctors' Health Advisory Service, links will be developed with the service. This will allow students for whom the mentor scheme is not sufficient to draw on the expertise of professionals experienced in dealing professionally with people who are not coping well.

To maintain some cohesion and motivation for the scheme, regular social gatherings and educational forums are planned.

In addition to doctors acting as mentors, some senior students are being encouraged to act as mentors for more junior students. Students have a lot to offer their peers: help

with understanding the direction of the course and how to survive it; how university works; and where to find practical assistance.

Constraints of the scheme

For the scheme to be a success, its scope must be limited to providing effective assistance with small problems. Students with chronic problems or ailments requiring active therapy will be referred to their general practitioner or other appropriate healthcare provider. Thus, the scheme is not seen as a "bypass" for fee-for-service healthcare and students will need, and be encouraged to have, their own GP.

Future directions

The web-based mentor scheme I have described is still at its fledgling stage. Future improvements will increase the efficiency of providing mentors and decrease the level of maintenance required. Other improvements are:

- The gradual upgrading of the website so that it is largely self-administering. One of the burdens of the scheme to date has been the huge workload required to maintain the electronic and telephone service.
- The involvement of mentors from other States and overseas to represent specialties or interests not available in Tasmania.
- The involvement of junior doctors in the scheme, with a gradual transition as their confidence and experience grows, from being mentored to being mentors.

This scheme has the potential to be valuable to students and doctors in the support it offers and in the networking opportunities it provides. However, there is a need for other structures. An independent regulatory body associated with medical student registration is required to assist when a student is no longer able to function appropriately in a clinical setting, and requires more direction and support than mentoring can provide. □