Mentoring in Medical Institutions: A Need of the Hour

Medical education is not only the transfer of knowledge; it is the transformation of character, competence and commitment. In this transformation, mentoring is the invisible bond that holds the framework of academic medicine together. Yet, in several medical institutions of Pakistan and other developing countries, structured mentoring is either absent, informal, or reduced to a worthless exercise. It is the right time to recognize that mentoring is not a luxury, it is a need of the hour.

The Changing Paradigm of Medical Education

The medical profession faces myriad of challenges in present age. The overwhelming growth of knowledge, incorporation of technology and artificial intelligence, competency-based learning, need of research and publication, and the ethical integration of patient care have laid huge pressure on both the teacher and the taught. Our medical students and the junior faculty encounter a system that expects them to be competent clinicians, excellent teachers, innovative researchers, and empathetic human beings — all at once. Without proper coaching, many pass through stress, anxiety, burnout crisis, and career disorientation. The circumstantial evidence of anxiety, depression and disorientation among medical students is really alarming.

What they need is not just a teacher who teaches, but a mentor who guides, counsels and inspires.

Mentoring vs. Teaching vs. Supervision

Teaching transfers knowledge. Supervision augments compliance. Mentoring nurtures life.

A mentor is a trusted guide, role model, and facilitator who helps the mentee navigate professional and personal challenges. Unlike a supervisor who is entrusted, a mentor is accepted. While teaching is short-term and curriculum-based, mentoring is long-term, voluntary, and holistic covering academic, professional, psychological, and ethical growth. A structured mentoring process creates critical thinking, professional progress, research acumen, ethical values, and leadership qualities the very attributes we wish to see in our graduates.[1,2]

Why Mentoring is Failing in Our Institutions?

Despite its accepted significance, formal mentoring organization is rare in our medical colleges and universities. Several factors contribute:

1. Lack of Institutional Culture: Institutions do have well-defined curricula but no well-organized mentoring program. Mentoring is dealt as a chance encounter rather than a conscious structured interaction.

2. Faculty Workload: Senior faculty are over occupied with administrative, teaching and examination duties, leaving little scope for mentoring.

3. Lack of Training: Mentoring is an art. Majority of faculty members have never been trained as mentors. They practice mentoring based on their intuition rather than evidence-based culture.

4. Generational Gap: Today's students have varying learning styles, expectations and stressors. Without proper understanding and mutual trust, mentoring generally fails.

5. No Recognition: Mentoring is seldom considered for promotion, appraisal or academic awards, making it a non-rewarding activity.

The Evidence is Clear

Global literature is evident that effective mentoring improves academic performance, research productivity, career satisfaction, retention of faculty, and reduces burnout. For students, mentored individuals are more likely to choose challenging careers, demonstrate professionalism, and develop resilience. For institutions, mentoring builds institutional loyalty, succession planning, and a culture of excellence. Institutions like Harvard, Mayo Clinic, and Aga Khan University have institutionalized mentoring as a core pillar of faculty development and student support. It is time for our institutions to follow suit, adapted to our context.[1]

The Way Forward: A Road Map

At some medical colleges and universities mentoring is being institutionalized through a structured, accountable, and a practical model. Based on our experience, I propose:

1. Institutional Mentoring Policy: Every medical institution must have a formal Mentoring Policy approved by its Academic Council, with clear objectives, structure, and monitoring mechanism.

2. Structured Pairing: Each undergraduate student and junior faculty should be assigned a trained mentor,

with a ratio not exceeding 1:10, ensuring continuity from admission to graduation and beyond.

3. Mentor Development Program: Regular Faculty Development Workshops on Mentoring Skills, communication, counseling, and professional ethics should be mandatory. A Certified Mentor recognition can be introduced.

4. Protected Time and Credit: Mentoring hours should be protected in the timetable and given due weightage in annual performance evaluation, promotions, and Best Teacher Awards.

5. Triad of Mentoring Domains: Mentoring should address three domains — Academic Mentoring (learning skills, career guidance), Research Mentoring (research methodology, publications), and Personal Mentoring (stress management, work-life balance, ethical dilemmas).

6. E-Mentoring and Peer Mentoring: Complement faculty mentoring with peer mentoring and digital mentoring platforms are especially useful for female students and those in distress.

7. Monitoring and Evaluation: Confidential feedback from mentees, reflective portfolios, and annual mentoring audits should be used to improve the program, not to punish.

A medical college without mentoring is like a hospital without nursing care technically functional but humanly deficient. We produce doctors, but do we nurture healers? We award degrees, but do we build character? The answer lies in mentoring. Let us pledge that no student shall feel lost, no junior faculty shall feel unsupported, and no talent shall be wasted for want of guidance. Mentoring must become a movement from an occasional courtesy to an institutional culture. The hour is late, but the opportunity is still with us.

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