

RESEARCH ARTICLE

Qualitative study on perception of first-year medical undergraduates toward mentorship program

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ABSTRACT


Background: Program evaluation is essential in establishing an effective mentoring program. Identifying the perception of mentees becomes an important qualitative component of the measurement of the effectiveness of a mentoring program. **Aims and Objective:** The objective of the current study was to identify the perception of the 1st-year medical undergraduates toward the mentorship program. **Materials and Methods:** Parallel mixed method design involved an initial quantitative survey followed by a qualitative study by focused group discussion (FGD) during 3 months in the 1st-year medical students in Government Medical College, Kannur, Kerala. A total of 96 students ($n = 96$) were present for the survey following which focus groups were formed from the same participants with 7–9 students in each group. Three such groups completed FGD by when data saturation was reached. Data were analyzed by quantitative and qualitative technique of focused group analysis. **Results:** Survey results showed that though the program had poor satisfaction in time (12.5%) and stress management (19.8%) the students still liked (69.8%) and felt the need (72.9%) of the program. Focused groups also reflected similarity with the survey result and identified facilitating factors for the success of programs such as mentor's concern, genuine interest, mentor's positive attitude, encouragement and guidance, and some hindering factors such as less frequent mentoring sessions, lack of follow-up, communication, and personal interaction. **Conclusion:** The perception of students helped to identify the strengths and weaknesses of a mentorship program with the focused group responses forming the basis for recommendation strategies to modify and improvise program primarily by improving communication and mentoring relationship.

KEY WORDS: Qualitative Research; Focus Groups; Medical Students; Communication; Surveys and Questionnaires

INTRODUCTION

Mentoring in undergraduate medical education has assumed great relevance in the recent times with extensive database of information pertaining to its structure being either formal

or informal; benefits to the students ranging from academic progress to professional and personal development; scope applicable to students as a whole or merely to a section of minorities.^[1] Mentoring programs for medical students aim on one side to accompany mentees successfully through their studies, thereby providing them with a greater degree of satisfaction with their academic experience and, on the other side, they also help students pursue their specific goals, for example, a successful clinician, medical teacher or a researcher.^[2] Medical students do value mentorship to such an extent as indicated in surveys where the majority of them have rated mentoring as very important and shown great interest in developing a mentor-mentee relationship.^[3] The

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role of a mentor is complex, involving a dynamic personal relationship with the mentee in which the mentor teaches supports, promotes, and advocates for the mentee. This complex relationship can be enhanced by similar interests and challenged by differences.^[4]

Whether formally assigned or informally occurring mentorship, either both have the chance of reaching success in a mentoring relationship or they face the threat of disruption of such relationship.^[4,5] In the Indian context, gap exists in the form of lack of research and knowledge, attitude, and practice of mentoring in Indian medical education system.^[6] Thus, the evaluation of an ongoing mentorship program assumes relevance^[7] to identify the factors which pose a threat to the disruption of the mentoring relationship and to identify the strength and weakness of the program. An observation in a study^[8] says, “*the evaluation methods employed are built upon the known facts that the mentoring experience is difficult to define and even more difficult to accurately measure. Measurement relies upon the appreciation that there are two facets to the mentor-mentee relationship. One, the quantitative aspect that is relatively easy to measure and the other is the qualitative component that is more challenging and relies in part on perception.*”^[8]

But the quantitative or the qualitative aspect of evaluation criteria, either of them taken individually causes less accuracy in the measurement of mentoring relationship. Moreover, plenitude of subjective and objective elements contributing to the formation of mentoring relationship makes mentorship program evaluation a demanding task.^[8] Mentorship tools vary in their conceptualisation in different fields and in measuring varied aspects of mentorship; thus requiring greater effort to achieve greater accuracy in the assessment of quality and effectiveness of mentorship.^[9] Thus, gap may be identified in the measures of mentor-mentee relationship that is often inadequate or less accurate by survey or quantitative measures^[10] alone but whose validity and reliability is improved and triangulation of data achieved by complimenting or mixing quantitative with qualitative measures^[11] such as by examining the experiences or perception of mentees. Gap can also be identified in the mentorship program evaluation procedures.^[10] Having identified the above mentioned gaps in the Indian context a purpose is established in the current study to fulfill the gaps in research by supplementing the results of the current study to the literature database; to fulfill the gap in the knowledge base by identifying the experiences of the mentees; and to fulfill the gaps in the evaluation of mentorship program by mixing the qualitative and quantitative measures. Thus, the current study was designed to be carried out as a qualitative study combined with a survey with a primary objective to evaluate the perception of medical undergraduate students toward a newly introduced, group-based mentoring program in the institution and thereby secondarily identify the strength and weaknesses of the mentoring program.

MATERIALS AND METHODS

Mentorship Program

There were 100 first-year medical students of the 2015–2016 batches in an ongoing mentorship program. A program on mentorship orientation was organized at the outset for both students and the faculty. The mentorship program was started with the objective of providing holistic support to the students throughout the period in the 1st year. A group of 10–12 students were allotted to each mentor. The mentoring job was assigned to all faculties compulsorily in the 1st-year MBBS irrespective of their designation. Each mentor used to conduct at least two mentoring sessions per month for his/her group at students’ convenience. The students could approach their mentors on their interest. Attendance to the sessions was not made mandatory. Log books were maintained for each mentee to note their progress. The current study was carried out in 3 months in the institution nearing to the end of the 1st-year MBBS course. The study was started after getting approval from the Institutional Ethics Committee (G1.2747/12/ACME, dated 01/06/2016). Informed consent was obtained from the participants before the study.

Study Design

The current study followed parallel mixed method design^[12] with an initial quantitative survey using a pre-validated questionnaire followed by a qualitative study by focused group discussion (FGD). This approach helped to guide the discussion questions for the focused group and corroborate the findings of the survey, thus providing for the methodological triangulation and greater rigor to the study.^[11,13] Qualitative data were analyzed by constant comparison technique of focused group analysis.^[14,15]

Participant Recruitment

By purposive sampling, the 1st-year medical students who were available during the study period and who consented were enrolled for the study. Sample size at 95% confidence level and at confidence interval of 10 was calculated to be 96.^[16] A total of 96 students ($n = 96$) out of total 100 students were present for the survey before the FGD. Focus groups were then formed from the same participants with 7–9 students in each group. Three such groups completed FGD by when data saturation was reached.

Data Collection Tool

The survey was conducted using a pre-validated questionnaire^[1,17] with closed-end questions and five-point Likert-type responses, which was reduced to three-point scale during analysis. The questionnaire was checked for internal consistency (reliability) and later was peer validated. Cronbach’s alpha value of 0.907 (>0.7) confirmed its internal

consistency. The qualitative portion of data was collected through FGD using open ended questions.

Study Procedure

The participants were initially briefed about the study procedure. After obtaining informed consent, they were enrolled in the study. The survey questionnaire was administered to all students at a time to capture information pertaining to the perception of students toward mentoring program, mentor's attitude and approachability, professional developments, and future requirements of the student. Subsequently, over a few days, FGD was carried out to gather qualitative data using open-ended questions. Focus groups were formed with 7–9 students each from among the same participants. Discussion for each group was scheduled as separate one hour sessions. An audio recording of the discussion was done ensuring anonymity and confidentiality of subjects. The researcher transcribed the sessions verbatim on Word Processor file, which was verified by the comoderator. The transcription was supplemented with the field notes. Three such focused group discussions were conducted by which time the data saturation point was reached, and no further new concepts and ideas appeared in the responses of participants.^[14]

Data Analysis

The survey data were analyzed using descriptive statistics expressed as percentages with the help of SPSS software version 16. Focused group analysis^[14,15] was made by a constant comparative technique based on Glaser and Strauss (1967) as described in the classic analysis strategy for focus groups by Krueger and Casey (2015). In the three focused group transcripts, the comment from each participant was labeled alpha-numerically which formed the participant/response/source ID (e.g., a response from participant six in Group 2 for question B was assigned the number B2.6). The responses were then entered into an Excel database with each sheet in a file being used for each question of FGD. Three columns were labeled as participant ID, response/quote, and code. Each separate response was entered in separate line against participant ID. The coding column was filled during the next phase of analysis where the categories were synthesized both by deductive and inductive process.^[14,15]

Data Synthesis

Preset categories/theme

Preset categories/themes were identified in advance from the focused group questions. The questions themselves formed the preset categories under which the data were organized. This data on further categorization later gave rise to emergent themes [Table 1].

Emergent categories/theme

From all the responses in the Excel sheets, common themes across the entries were looked for each question. The researchers independently participated in this process. Open codes, color codes, and axial codes were applied to the data. After all the comments as applicable to each FGD question were sorted in order, a summary was written. Finally, the emergent themes that appeared from the analysis of the summary were categorized as major and minor themes. Some relevant quotes were used in reporting the findings. The researchers lastly sought the help of the colleagues conversant with qualitative research to analyze the data after the initial analysis was complete. Discrepancies in the identification of themes were discussed until consensus was reached.

RESULTS

Findings of Focus Group Analysis [Table 2]

Theme 1: Necessity of a mentor in the medical profession

Many students believed that medicine, being tough unlike other courses, demands the need of mentors as a guide to learn important things; to show how to see this profession and to show what attitude to be developed toward this profession. The guide with enough experience would also help them prepare for the challenges to be faced, particularly in the new transition situation as students enter professional college after finishing schooling. A few students opined that mentors would give them a non-biased opinion about their performance as compared to parents who will always have a bias in their opinion about their children. Students felt that they were very new to the course where they knew nothing and had their own ideas about it. However, incorporating mentors' ideas, they believed, would certainly help them excel. One student believed that a mentor was most needed in the initial times of the course; the other felt that the mentor was certainly necessary but did not know how and what his place was. Overall students felt that they needed mentors to monitor and improve academics; as support in all aspects; in

Table 1: FGD questions that formed the preset themes

| Preset themes | FGD questions for which information was sought |
|---------------------------------------|---|
| Need for a mentor | As a medical student, do you need a mentor? Why? |
| Mentor characteristics | What characteristics do you prefer in a mentor? |
| Program satisfaction | Did you like mentoring program? If yes, why? If no, why not? |
| Professional or personal gain or loss | Have you gained or lost anything personally from mentoring program? |
| Improvement strategies | What do you think we should change or do differently next year? |

FGD: Focused group discussion

Table 2: Emergent themes from focused group analysis categorized as major and minor themes

| Major themes | Minor Themes | | | | |
|--|---|---|--|---|--|
| 1. Necessity of a Mentor in Medical Profession | | For experienced guidance | For non-biased opinions | In new environment | For monitoring, to help Self manage |
| 2. Qualities of a mentor as perceived by Mentees | Positive Trait | Friendly, comfortable, compassionate Personally interacting | Accessible, available, approachable | Positive, encouraging | Genuinely concerned, monitor |
| | Negative Trait | Dominating | Excessively formal, Noncommunicative | Blaming, discouraging | Non-committed |
| 3. Mentorship Program Aspects As Perceived By Mentee | Perceptions indicating great satisfaction in the program | Mentoring perceived as good in quality due to | | | |
| | | Mentor's Attitude: Positive attitude Enquiring attitude monitoring nature, encouraging nature Mentor's corrective role | Academic and psychological support: Overcome exam fears, mentor's presence imparting confident feel and psychological strength | Role model mentor: gives inspiration, imparts leadership attitude | Personality building Potential |
| | Perceptions indicating partial satisfaction in the program | Mentoring Perceived as limited in quality due to | | | |
| | | Limited Academic Support: Only Exam-time Mentoring, Only Marks-Targeted Mentoring | Doubtful Nature of Personality Development Support | Absent Personal Interaction: Due to Meeting of Formal Nature, Absent Emotional Support, Group-targeted Talk | Meeting Limitations: Limited Meetings, Limited Approachability |
| Perceptions indicating strong dissatisfaction in the program | Mentoring perceived as poor in quality due to | | | | |
| | Poor Communication | Minimal Meeting Inapproachability | Mentee's Minimal Active Participation | Blaming Nature | |
| 4. Qualities of a Good Mentorship Program: Mentee's perception | Fostering Relation by: Genuine Interest, Genuine Concern Friendly Talk motivates, Mutual Understanding Mentee's Mentoring Needs | Meeting Criteria: More Frequent With Follow-ups | Mentoring Criteria: Good Quality Need-Based Mentoring Problem-Focused Mentoring | Preference to Individual Mentoring: As it promotes personal interaction | |
| | | Assigning Mentorship thoughtfully: Avoid allotting Busy, Non-Approachable, Uninterested Mentor | Allow Personal Choice of mentor: Personal selection of mentor promotes personal interaction | Facilitate Personal Interaction by: Individual mentoring, Personal Choice of Mentor and Frequent Meeting | |
| | | Innovative ideas: Group tasks, Enjoyable session | Overcoming Mentor's and Mentee's Faults | E-mentoring | |

self-management; for experience and advice; for personality development.

Theme 2: Qualities of a mentor as perceived by mentees

Positive traits

Students believed that mentors should be friendly, comfortable, and compassionate enough to easily interact with them without any fear and inhibition. "I think mentor should be a very easy person to talk to. Because otherwise, there would be no communication and if no communication, then the whole point in the mentorship will not work. Definitely all our mentors will be the people with lot of expertise. I think

the friendly portion and how you communicate. That's what it is." One student felt that the mentor's positive attitude and encouragement always push them forward. Many feel that more than anything mentor should be accessible and easy to approach either by a person, phone, or even e-mail so that they are available whenever mentees need to talk. "We have come to a profession where there is lot of stress and exams and submissions etc. We see somebody who is positive and whose encouragement drives us forward. He should be friendly and we should feel comfortable in approaching him or her as and when the time requires." Few students felt that the mentors should be more enquiring relating to the problems of the

mentee and keep a note on the progress and status of their mentees. One even strongly asserted that mentors should be genuinely concerned about the mentees. *"The first thing is the mentor should be genuinely concerned. I am not saying that all mentors are not concerned. They should get to know their mentees; what their personal problems are; basically they should be caring and concerned that gives a good feeling; you know that we are so away from home."* Furthermore, a couple of students felt that mentor should be easy enough to share personal feelings and professional problems.

Negative traits

One student was of the opinion that the mentor should not be a dominating person expecting a mentee to accept each and every word of his; the other felt that mentors should not restrict themselves only to inquire about academic performances but also know the family background and personal problems of the mentee which helps develop good rapport with the mentor. A few students also pointed out that mentors should not blame the mentees for the minor mistakes that do occur but instead play a supportive and corrective role. Furthermore, mentors should not be a discouraging mentee or show lack of commitment.

Theme 3: Mentorship program aspects as perceived by mentee

Varied perceptions were seen in the program aspects related to mentors, their relation with mentee, benefits in the academic, professional, and personal developments of the mentee.

Perceptions indicating good satisfaction in the program

One student who strongly believed that she liked mentoring program quoted the reason that the program helped to overcome the initial fears about exams and the course. It was helpful, particularly in time and stress management. One student felt that there were mentors and teachers who supported not only in academics but also in psychological and stress problems though she herself did not have such mentor. One felt that though personally there was no much of interaction, the presence of mentor itself gave a feeling that there was someone they could always reach. One student narrated his experience indicating mentor's attitude and a corrective role where he was scolded by his mentor, but it made him realize that the medical profession was not simple. His perception was that our attitude determines what we gain. *"But I dint take this as a scolding. It was necessary. If it was not there I would have had another tendency to miss another exam explaining that I have duty leave for university games. So the gain is there. It is our attitude that decides what I have gained."* The same student had to say that mentor's enquiring nature also helps because when mentee answers mentor's question, the mentee could reflect on it and realize what his problem was. *"Whether they sincerely asked or not I don't know. When I answered that question, I could think and realize*

what my problem was, even though that was not a sincere question. So I gained from that." Few students indicated the role model aspect of mentor; that all mentors were professionally successful and a real inspiration. One student felt that mentoring program could really help in personality development and a mentor could help build self-confidence. *"I think mentoring program can really help me out in personality development. A mentor can help build self-confidence in mentee; change his sober attitude towards studies; make him more responsible. One of my mentors is very jovial and happy-go-lucky type. I try to inculcate his characters into me."*

Perceptions indicating partial satisfaction in the program

Few students who showed only limited liking toward the program pointed toward the very little benefit the mentoring gave them in the academic area and indicated that mentoring mostly occurred only during exams and mostly focused the discussion only on exams and marks. One student felt that mentoring dealt mostly with academics and she did not know whether it really benefited personality development, but she also felt that mentee might realize later that mentoring might have helped. *"Personality development, I don't know. it might have helped; may be at some point I may realize that ma'am had told like that."* Some had the complaints that personal interaction was very much lacking in mentoring with very little psychological support. Any talks or advice by the mentors were only directed to the group as a whole. However, some felt that there was neither loss nor gain from the program, but there were only a few formal meetings without any emotional support. Some expressed dissatisfaction in terms of frequency of meetings and with mentors not being easily approachable. However, some also felt that mentors had offered their support in terms of personality development, but mentee's might not have realized or utilized it due to inadequate communication. *"They have offered support. So at least in this area if anything is wrong it is because we haven't felt comfortable enough to approach."*

Perceptions indicating strong dissatisfaction in the program

Few students who strongly disliked the program cited the reasons such as lack of meeting; poor communication; lack of approachability; and mentor's blaming character. (A) *"My mentors are not seen frequently or at least once a month. They did not communicate/talk to me like, - "why u got low marks in exam?" That's why I think it is not a good program."* (B) *"He used to say you have to adjust... you have to adjust... not saying how to."* (C) *"I don't support mentoring as a program. I think students themselves can choose their mentors because if I felt comfortable with some teacher then I could approach them. We are not actually able to approach them."* (D) *"I also did not like the program as such. It actually increased my stress. Mentor meeting is conducted only after the exam. They usually blame us."*

Theme 4: Qualities of a Good mentorship program mentee's perception

All that a good mentoring program needs are fostering good relationship between mentor and mentee by taking a genuine interest in mentoring. *"What I feel is that people who become mentors also should feel genuinely interested in the program."* Furthermore, there has to be mutual understanding where each one realizes one another needs. *"The mentor needs a mentee and the mentee needs a mentor. That relation, if it exists, then this program will be a very good idea."* Meeting needs to be more frequent with more follow-ups. Mentoring sessions and quality of mentoring should always be fruitful. *"Regular meeting, I don't know how it is possible. But if possible in single meeting itself it must be something that we should get."* Furthermore, mentoring should be need based where it is confined only to those who actually need support and guidance, but for otherwise, it could be a waste of time for both teacher and the student. Furthermore, it should be problem focused mentoring where mentors focus on problems of the mentee and interact accordingly. Furthermore, a few of them support the concept of e-mentoring as a good idea. Many students stressed the need for personal interaction with their mentors and thought individual mentoring and personal choice of mentors give mentees more chance to speak out their problems personally. *"I think there should be more personal interaction in a mentoring program. It should not be a formal way. I think use of books and logs is not a good idea. We can talk and communicate with mentors."* Many participants gave preference to the individual mentoring than group mentoring because in groups, the mentees may not feel comfortable to speak out their problems. However, one student chose both types; *"I prefer individual mentoring as it gives chance to speak our problems personally. And why I prefer group mentoring is because we get to know others' problems; what their opinions are."* Many students felt that they should be allowed to choose their own mentors. *"It is not necessary that we be comfortable with the mentor that we are assigned with. So it is better that we only choose our mentors."* A few opined that rather than allotting mentors right, in the beginning, the mentees could be given enough time to know the mentors and choose them on their own. The mentees could even be allowed to change their mentors if necessary. Mentorship needs to be thoughtfully assigned to those who show genuine interest. *"If a teacher is busy with his own works it is better not to assign that person as the mentor. We don't know whether they are genuinely interested in this."* Innovative ideas can be brought in, particularly in groups mentoring such as by indulging mentees in interesting group activities related to academics or non-academics. Mentor as well as mentee may both equally be at fault. The mentor should reach out and convey his views effectively to the mentee while at the same time, the mentee should be equally receptive and accept constructive criticisms.

DISCUSSION

The current study has given the researcher a scope to analyze the perception of mentees toward mentorship program utilizing both the survey response [Table 3] and the FGD response. Although the survey results [Table 3] indicated that majority of the students felt good (69.8%) about the program; liked (52.1%) it showed reasonably good attendance of the sessions (66.7%) with the program; helped majority of the mentees to cope up with initial difficulties in academic adjustments (52.1%); still the program did not help them much in time (12.5%) and stress (19.8%) management or in coping with the day to day problems in academics and personal life (8.3%). The program helped them in academics (42.7%) and career development (50%) only to a reasonable extent. Although focused group showed similar responses, there were still variations in some areas. Whether the program certainly influenced mentees to meet up (41.6%) or made them feel comfortable talking (29.2%) with their mentors and whether the mentors had a genuine concern (43.2%) toward mentees could not be relied upon from survey results as a similar percentage of students have disagreed or given a mixed opinion. However, the focused group opined greatly on the lack of communication or personal interaction. As what was learnt from the focused group regarding discontent in the accessibility, availability or approachability, the same was reflected in the survey results (34.4%). Regarding benefit in the professional development, the focused group indicated this benefit to have occurred only from the academics point of view, which is the same as in survey results. The survey result showed that the students have felt the need (72.9%) of the mentorship even in future though it appears from a focused group that this requirement is to be met with modification and improvisation in the program. The focus group showed that many students have felt that their mentors were friendly, receptive, patient enough in listening, supportive, etc., although availability, accessibility, and approachability of mentors were dissatisfactory in the mentorship program. A few students have strongly felt that their mentors have been a real inspiration; have given a feeling of confidence; have made them responsible; have changed the sober attitude towards studies; and given leadership qualities; all of which point toward the mentee's recognition of role modelling attitude of mentor.

The above findings bear similarity with the perception of mentees regarding mentoring relationship as outlined in a qualitative study that followed the grounded theory approach.^[5] The current study indicates that students do realize the need of mentors particularly in the first professional year as experienced guides to prepare them to face new challenging scenario at the outset of the course. A similar qualitative study^[18] in medical students mentions that although the mentoring needs of students decrease over time during the later years of their course due to widening of their network of connections and familiarity within their place of learning

Table 3: Survey result of mentee's perception of mentorship program expressed as median and percentage of responses

| Mentee's perception | Median Score | Response percentage % (n=96) | | | | |
|---|--------------|------------------------------|------|------|------|------|
| | | 1 | 2 | 3 | 4 | 5 |
| Mentoring program | | | | | | |
| I think the mentoring program was good | 4 | 3.1 | 9.4 | 17.7 | 55.2 | 14.6 |
| I liked being mentored in this program | 4 | 7.3 | 13.5 | 27.1 | 39.6 | 12.5 |
| I attended mentoring sessions regularly | 4 | 7.3 | 13.5 | 12.5 | 27.1 | 39.6 |
| The program helped me cope with initial difficulties in psychological adjustments | 3 | 10.4 | 32.3 | 24 | 28.1 | 5.2 |
| The program helped me cope with initial difficulties in academic adjustments | 4 | 5.2 | 17.7 | 25 | 45.8 | 6.3 |
| The program helped me cope with day-to-day problems in academics/personal life | 2 | 31.3 | 35.4 | 25 | 5.2 | 3.1 |
| The program helped me in managing my academics | 3 | 5.2 | 27.1 | 25 | 34.4 | 8.3 |
| The program helped me in managing my time | 2 | 13.5 | 38.5 | 35.4 | 11.5 | 1 |
| The program helped me in managing my stress | 2 | 18.8 | 32.3 | 29.2 | 18.8 | 1 |
| The program influenced me to meet up with my mentor | 3 | 3.1 | 17.7 | 37.5 | 33.3 | 8.3 |
| Mentor's approachability | | | | | | |
| My mentor showed enough interest/concern towards me | 3 | 4.2 | 16.7 | 36.5 | 25 | 17.7 |
| I was always comfortable talking with my mentor | 3 | 11.5 | 20.8 | 38.5 | 21.9 | 7.3 |
| I wished to meet my mentor often | 3 | 11.5 | 19.8 | 32.3 | 18.8 | 17.7 |
| My mentor was easily accessible and available | 3 | 17.7 | 25 | 22.9 | 21.9 | 12.5 |
| Student's professional development | | | | | | |
| I learnt professional attitudes from my mentor | 3 | 18.8 | 21.9 | 29.2 | 26 | 4.2 |
| My mentor helped me to improve in my academics | 3 | 6.3 | 9.4 | 38.5 | 39.6 | 6.3 |
| My mentor helped me to understand my career goals | 3.5 | 4.2 | 16.7 | 29.2 | 45.8 | 4.2 |
| My mentor facilitated my learning behavior | 3 | 11.5 | 20.8 | 49 | 16.7 | 2.1 |
| My mentor maintained an environment for learning | 3 | 7.3 | 24 | 39.6 | 25 | 4.2 |
| Mentor's attitude | | | | | | |
| My mentor was committed to teaching profession | 4 | 1 | 7.3 | 15.6 | 32.3 | 43.8 |
| My mentor was committed to life-long learning | 4 | 3.1 | 13.5 | 32.3 | 28.1 | 22.9 |
| Future expectation | | | | | | |
| I propose my mentor for future mentoring activities | 3 | 3.1 | 10.4 | 43.8 | 24 | 18.8 |
| I wish to continue with my mentor next year | 3 | 3.1 | 13.5 | 35.4 | 36.5 | 11.5 |
| Overall, my mentor was a big benefit to me | 3 | 8.3 | 10.4 | 38.5 | 32.3 | 10.4 |
| I wish to have mentors in successive years | 4 | 7.3 | 6.3 | 13.5 | 27.1 | 45.8 |

still a longstanding firm mentoring relationship is maintained throughout their course period.^[18] The same study while making a point contrary to the generally perceived notion that personal choice of mentors by students gives mentees an advantage in terms of personal interaction and building rapport with their mentors, it outlines that the participation in formal type of mentoring would bear an influence in shaping the mentoring relationship that is not as strong as the participation in the mentoring type where mentees have the freedom for choice of their mentors.^[18] This observation bears greater importance as the above study was primarily based on the one-to-one mentoring program. However, many students in the current study favored the personal choice of mentors for reasons, as stated in the results.

In line with the previous studies^[19,20] innovations, genuine interest, individual mentoring, personal choice of mentorship, mentor's and mentee's positive attitude, encouragement and

guidance, and mentee's active participation were some of facilitating factors while less frequent mentoring sessions, lack of follow-up, less frequent communication with no personal interaction, sessions only being limited to exams and marks were some of the hindering factors for the success of program as identified by the focus group in the study. The current study scenario where the students' perceptions indicated varied reactions to the ongoing mentorship program calls for application of differential mentorship^[21] which involves both generalized and specific mentoring programs; with one program being applied to all the students and the other being targeted to the specific necessities such as academic, personal, professional, or psychological developments; together, both programs appearing to serve as an important joint interventions for increasing the success and satisfaction of students.^[21] Focus group response in the current study which favors differential mentorship mentions that the program should be confined only to those students

who need it but for otherwise, the program becomes a failure. An expert panel in the same study^[21] recommends mentor-mentee allotment process to be occurring by students' choice of mentors based on the display of mentor profiles that include information pertaining to mentor's qualifications, areas of interests, expectations, and requirements from the potential mentees.^[21] This approach holds well in the current study, where many students have expressed their preference for personal selection of mentors. Another study^[22] based on comprehensive review of literature on mentoring programs has identified various programs such as the online Professional Development Portfolio Program where evaluation process of students in terms of professional and personal development is based on the portfolio maintained by the mentees; or an individual one-to-one mentorship program where each faculty mentors an individual student with focus on improving mentee's clinical skills and professionalism; or the Master Scholars Program where a group of students is mentored by one or two faculty members.^[22-24] Application of these concepts appears to have greater relevance in the ongoing mentorship program, which has realized a serious lack of its concern in the students' professional and personal development. The above study^[22] has also noted from literature that the top-down hierarchical system including senior faculty members and physicians should preferably plan and implement the mentoring structure and program while the bottom-up system made by the mentees should carry the responsibility of progressing and shaping mentoring relationship and activities.^[22] Mentees play an active role in fostering mentoring relationships.^[19] Similar views have been expressed by a few students in the current study where one even placed the responsibility for the success of mentorship program on both the mentor and mentee and stressed that mentee has to be equally receptive and ready to take constructive advice but for otherwise, the program becomes a failure. Some of the traits that are perceived by mentees to be important in fostering mentor-mentee relationships are mutual respect and open communication between the mentor and mentee.^[5] The current study also shows one student who strongly believed that the mentorship program is a good idea only in the presence of mutual understanding and mutual necessity between mentor-mentee. Regarding the need of open communication many in the focus groups have expressed dissatisfaction toward mentorship program in their own ways to the extent that they strongly preferred the personal choice of mentors for reasons that it allows better communication; better understanding; better rapport and thus help the building of a relationship. A qualitative study^[20] also suggests that mentors should establish a communication framework such as a checklist of discussion items on various issues of mentoring which brings more clarity on priority issues pertaining to the mentees and thus facilitates mutual understanding between mentor-mentee.^[20] Other few perceived major drawbacks in the current mentoring program were lack of personal interaction, availability, accessibility and approachability. They may be overcome by complying

with following recommendations: a) by increasing the pool of mentors and providing a list of potential mentors to the mentees b) by creating 'a space' for interaction outside the institution c) by making mentoring meetings and contacts regular and more frequent to help foster personal interaction and relationship^[19] d) by adjusting frequency of meetings based on the demands of students and resources of mentors.^[21]

The current study has a merit that it allowed to open up the views of many of the students by survey and in the focus group regarding facilitating and hindering factors in the success of mentorship program that later contributed to the outlaying of strategies to overcome such hindrances. Some limitations that could be identified in the current study were as follows: (a) The views expressed by students were only limited to their understanding or perception of the ongoing mentorship program. Supplementing them with additional prompts related to the topic from the literature would have further expanded their views and response. (b) Further questions in the focused group to probe the student's perception of the mentee's role and mentor-mentee relationship in greater depth would have widened the scope of our understanding. (c) As the study is limited only to the perception of 1st-year medical students, perceptions of the students in the later years and the mentors toward mentoring is ignored.

CONCLUSION

The current study was carried out with a purpose to explore the perception of mentees toward ongoing mentorship program in the 1st-year of medical undergraduate students. This enabled the researcher to carefully elicit and systematically analyze the students' responses methodically in this qualitative study design to arrive at a conclusion that the revelation of mentees' perception by reflecting on their experiences in the program certainly contributes to the program evaluation to a great extent. It will identify the strength and weakness of the program which later helps to plan, design and implement new policies and strategies suitably to improvise and fit a refined program for functioning in the system. Although there were certain strengths perceived to exist in the current mentorship program by the mentee, it also had as many limitations perceived that need to be focused in the aspects related to the mentor, the mentor-mentee relationship and the mentorship program design. The focus group responses formed the primary basis for recommendations to implement corrective strategies primarily by improving communication, mentoring relationship, and also by incorporating other few strategies that are outlined in the present study.

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