

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

UC Irvine Emergency Medicine Interest Group: Overcoming Barriers to Mentorship in Undergraduate Medical Education through Structured Mentorship Opportunities

Permalink

<https://escholarship.org/uc/item/814011p7>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 12(3)

ISSN

1936-900X

Publication Date

2011

Copyright Information

Copyright 2011 by the author(s). This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, available at <https://creativecommons.org/licenses/by-nc/4.0/>

Peer reviewed

UC Irvine Emergency Medicine Interest Group: Overcoming Barriers to Mentorship in Undergraduate Medical Education through Structured Mentorship Opportunities

Erica Frumin, MSIII
Hal Jakle, MSIII

University of California, Irvine School of Medicine, Irvine, CA

There is a growing body of literature suggesting that physicians with mentors are more likely to be promoted, publish more frequently and are more satisfied with their jobs.¹ Furthermore, physicians who do not identify a mentor frequently cite this as one of the factors hindering the progression of their career.² It is reasonable to assume that these tenets also hold true for medical students. An overwhelming majority of medical trainees desire a mentor relationship.³ Despite this, less than 40% of medical students report actually having one.¹

A wide variety of barriers exist to forming these relationships. Potential mentees may be unsure of how to initiate or maintain a mentor relationship. They may perceive that mentors are too busy or unavailable.² With an increasing number of preclinical courses taught by doctors of philosophy rather than MDs, students may simply be less familiar with potential mentors in their field of interest. At many institutions preclinical teaching occurs at a campus apart from medical centers. The physical distance and travel time serves as a barrier for faculty and residents with clinical responsibilities and for students with impacted schedules. Meaningful exposure to faculty and the hospital setting frequently does not occur in the preclinical years unless these opportunities are actively and aggressively sought out.

There are strategies to facilitate mentorship of medical students including devoted time for residents and faculty, incentivizing mentorship, and providing structured opportunities. Mentored individuals are historically more productive however mentoring may be undervalued in the evaluation of faculty being considered for promotion. Administrative bodies should recognize mentorship as an essential part of an academician's professional profile. In addition to tangibles such as increased number of publications, quality mentors infuse their departments and institutions with a spirit of collaboration and dedication to peers.

Student mentees can improve the productivity of their mentor relationships by 'managing up.' Specifically they should direct the relationship letting the mentor know they need at specific points in their career exploration and planning. They can plan specific times to meet and have a prepared agenda and purpose. Being engaged, following

through with assigned tasks and requesting feedback will make the relationship more productive and satisfying for both parties.⁴ Students can initiate observational experiences with faculty and residents. These experiences have been shown to impact students interest in emergency medicine (EM) and the number and variety of exposures increased their perceived value to students.⁵ In addition they expose students to those within the field and increase the likelihood of finding a good fit between mentor and mentee.

University of California Irvine Emergency Medicine Interest Group (UCI EMIG) sets out to address barriers to mentorship and employ strategies that foster mentorship through a program designed for a small group of second year students who identify themselves as interested in a career in EM. The Preclinical Emergency Medicine Program will focus on facilitating exploration of the field of EM and it's various venues of practice. The program will include several elements 1) shadowing community physicians and academicians 2) participation in critical appraisal through established venues within the UCI residency program as well as student lead endeavors and 3) formal and informal mentorship opportunities 4) participation in national and local conferences. As part of this program UCI EMIG is establishing a list of EM physicians throughout the state of California who are willing to be mentors. All EM physicians are welcome to participate. If you are a physician who is interested please contact Hal Jakle, Co-President UC Irvine EMIG (hjakle@uci.edu).

REFERENCES

1. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systemic review. *JAMA*. 2006;296:1103-15.
2. Garmel, G. Mentoring medical students in academic emergency medicine. *Acad Emerg Med* 2004;11:1351-57.
3. Yeung M, Nuth J, Stiell I. Mentoring in emergency medicine: the art and the evidence. *Canadian Journal of Emergency Medicine* 2010;12:143-149.
4. Zerzan J, Hess R, Schur E et al. Making the most of mentors: A Guide for Mentees. *Academic Medicine* 2009;84:140-4.
5. Garahbaghian L, Hindiyeh R, Langdorf M et al. The effect of emergency department observational experience on medical student interest in emergency medicine. *JEM* 2010;40:458-62.