Specialist Peer Mentoring at Warwick Medical School

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My name is Sophie Brockman and I am a final year medical student here at Warwick. My path to this point has been eventful, to say the least, as I required several attempts at the Phase 1 exams before I was successful. Doing resits and repeating a year were not the most pleasant of times, but the experiences taught me a lot about myself and how to cope with difficult situations. With the aim of making something positive come out of a negative, I decided to share some of this knowledge with the students in the year below who had found themselves in the same situation. With support from colleagues and staff, and using my own experiences and research, I developed a new programme of peer-led mentoring.
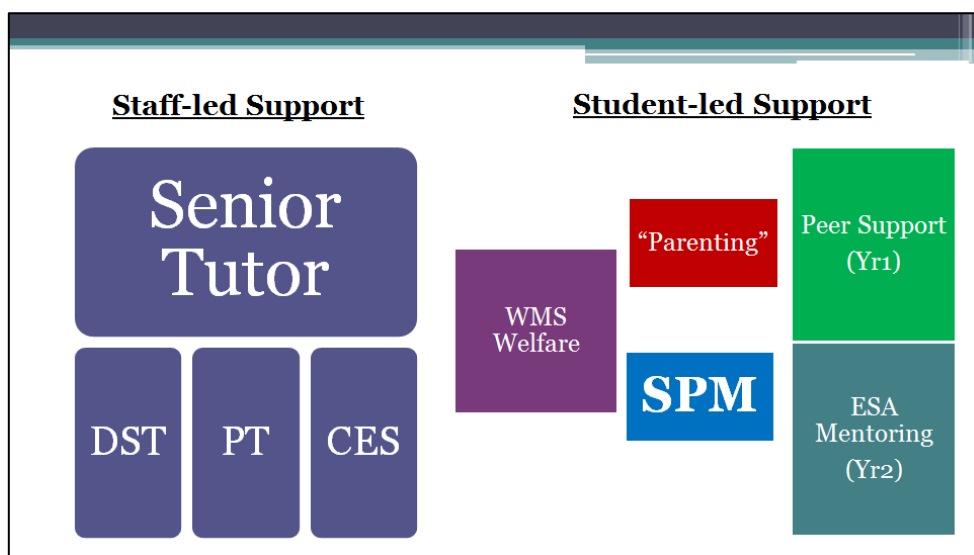
Peer mentoring and peer support are not *new* concepts in themselves, and are in widespread use at many medical schools across the country. Here at Warwick we already have a broad network of both staff- and student-led support. New students coming in are assigned a student "parent" to help them with orientation, and there is also staff support at various stages of the course from a Personal Tutor and a Clinical Educational Supervisor. For more serious problems students have the option to contact one of the Deputy Senior Tutors or the Senior Tutor, again depending on their stage of the course. On the student side, under the old curriculum Peer Support and ESA Mentoring have provided peer-to-peer teaching, and WMS Welfare has also been available as a peer-led and anonymous pastoral support resource. These are all great sources of support, but I felt there was a gap available for a new type of mentoring, targeted directly at those who most need it, and so the idea for Specialist Peer Mentoring was born.

The SPMs are unique amongst medical student peer support groups, because they utilise their own experiences of how they have coped in difficult circumstances to help guide others in a similar situation. They can provide pastoral support, advice on revision, or both, depending on what their student prefers. Under this system, resit students are provided with immediate access to an informal and non-threatening interface for support *when they most need it*, and this provides a safety-net for those who might not otherwise seek help.

Mentors themselves have access to the expertise of the staff to supplement their own experiences of having been through the process, and the resulting staff-student collaboration provides a powerful message of support to the resit student.

Creating the SPM programme led me to draw on several sources. Firstly, I reflected on my own experiences of resits and thought about how I was helped and what worked for me. Then I looked at peer support in other contexts, and found two papers particularly useful for what I wanted to achieve. Solomon's 2004 paper describes the effective use of peer support in a mental health rehabilitation programme, while the work of Creamer et al provided recommendations for the use of peer support in high-risk organisations. I also consulted with one of my colleagues who was already successfully running a student-led welfare service at

Warwick, for guidance on how to approach counselling and supporting fellow students. Throughout the whole process I was guided and advised by mentors of my own, whose contributions have been invaluable.

After all of this, I concluded that five basic elements were needed to make the programme work:

First, it needed to be *effective.* The key to SPMs is their personal experience, which allows them to relate to the problems and concerns of their students. By recruiting mentors who have gone through the same experience and been

successful, we can provide resit students with natural role-models who can inspire *them* to succeed. All of the SPMs receive training which clearly outlines their role and provides them with the basic skills to carry it out. The training programme is student-led but supported by staff, who provide mentors with the benefit of their vast experience in pastoral care.

Next, it was extremely important that the programme was *safe* both for the students receiving support and

the mentors themselves. During training the SPMs were given guidance on the use of confidentiality and advised on how to deal with difficult situations, as well as practicing case-studies of scenarios related to problems that may come up. They were also given some advice on how to take care of themselves by, for example, not making themselves available 24 hours a day. All SPMs had access to expert staff for support, both for guidance on how to deal with their student's problems, and for any difficulties they might be experiencing themselves.

I also considered it to be crucial that support should be *freely available* to all students that need or want it. Every effort should be made to effectively communicate the availability of support so that there is equal access. However, every student is different and so should have the choice to change their mentor or not have one at all if they do not find them useful. For example, I tend to think a presentation isn't complete without a cat in it, but not everyone shares my sense of humour!

In my opinion the old adage about "you get what you pay for" is not applicable for medical education – while some medical schools have to pay their students to provide peer teaching, Warwick is fortunately awash with altruistic souls who give up their spare time for nothing more than a certificate and the odd free biscuit. As the Dean said earlier, Warwick is *special*. Most students recognise the personal costs to their mentor of giving up their free time to help for no obvious reward, and view such sacrifices as "priceless" rather than "worthless".

It was easy to see how this programme could be *beneficial* for the resit students. They would have access to another support provider specifically targeted to their needs, at the point they most needed it. Feedback from the 2012 resit students has been very positive in this regard. But what about the wider benefits of the programme? For the SPMs, as well as the chance to turn their negative experiences towards something more positive, they have the opportunity to gain some experience of mentoring very early on in their medical career. If they help their student with revision, they are continually refreshing their core medical knowledge. Furthermore, it is incredibly rewarding play some small part in the success and achievements of others. For the medical school as an organisation, this programme provides an important safety-net for students who might not otherwise seek support, and it may potentially reduce drop-out and failure rates.

Elements of the Programme

4. Beneficial

- For resit students
- For Specialist Peer Mentors
- For Warwick Medical School

Good Medical Practice — General Medical Council
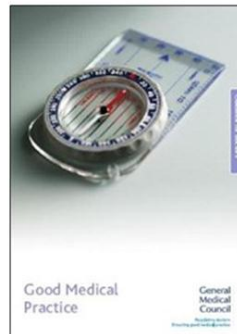
The final component of the programme was *sustainability.* I'm planning to graduate from this medical school at some point in the future, and would hope that there would be some people willing to carry on the project when I'm gone! This year I passed on the work that I have done to three student co-ordinators, who have developed the idea of resit support further and created "ReGroup" (which you will hear more about in the next talk). Time will tell if the programme will continue on, but one extremely positive sign is the increasing

Elements of the Programme

5. Sustainable

- ReGroup
- Summer 2012 – 1 SPM
- Winter 2012 – 6 new SPMs trained
- Summer 2013 – 21 new SPMs trained

uptake for SPM training as the scheme has become established. What is clear is that those students that have benefitted from receiving support in the past are the most *passionate* and *committed* about providing that kind of support to others in the future.
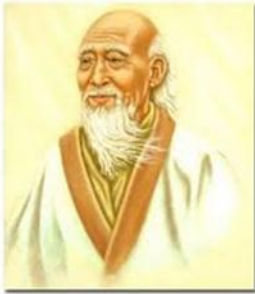
Now, it may be that some of you are sitting there wondering if all this is really necessary, whether we should be giving so much extra help to our resit students? Of course I am biased, but without the support I have received from my peers and from the medical school, I would not be standing in front of you today.

Unlike the Dean, I *did* actually leave school nearly twenty years ago, having been told I would never do anything more than work in a supermarket. I have, over the years, been the fortunate beneficiary of *great* mentoring that has brought me from the supermarket checkout to the brink of realising a seemingly impossible dream. I have used what I've learned to help students who were struggling with Phase 1 exams, and I've had the privilege of watching them achieve their goals and become strong and capable mentors in their own right. I strongly believe that the medical school is richer for their contributions since. I'm sure that even the most successful people in this audience can look back to a point in their career where they needed guidance to give them the confidence to go forward. *This* is the power of mentoring, and this is what I've tried to capture in developing the SPM programme.

So, I hope you have enjoyed hearing about SPMs and how the programme came about, and now I'd like to leave you with two "take-home messages". Firstly, if you are a personal tutor, bear the SPMs in mind if you have a student that needs some extra support. SPMs are most active around resit times, but are available all year round to mentor any students that need them. Students can self-refer by contacting WMS Welfare at the email address shown.

And my final point is: whatever level you are at, whether you're a student, a doctor or an administrator, anyone involved with delivering medical education can have an *important influence* on the personal development of medical students. Mentors are really important, especially in times of difficulty or when students doubt themselves. If your students are struggling, think about what you would do in their situation. If you have a relevant experience, then *share it*. Make yourself *relateable*. If you can look at your medical students and say, with sincerity, "*I believe you can do it*", then you will go a long way towards helping them become the strong and confident doctors of tomorrow.

Thank you.

Thank You

- The following people have all contributed to the SPM project:
  - Ms D. Markham, Dr R. Bland, Isabel Carbery, Dr J. Purkis, Dr A. Dolan, Katherine Hewitt, Lucy Thompson & Emily Knight.

- For further information or feedback, contact:
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