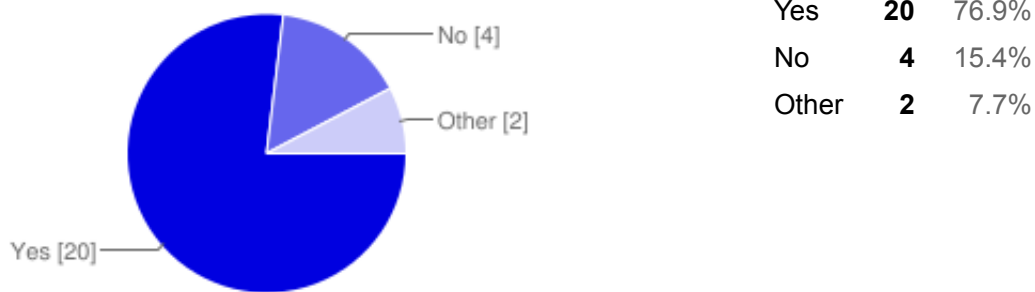


Peer Mentorship Questionnaire 2015

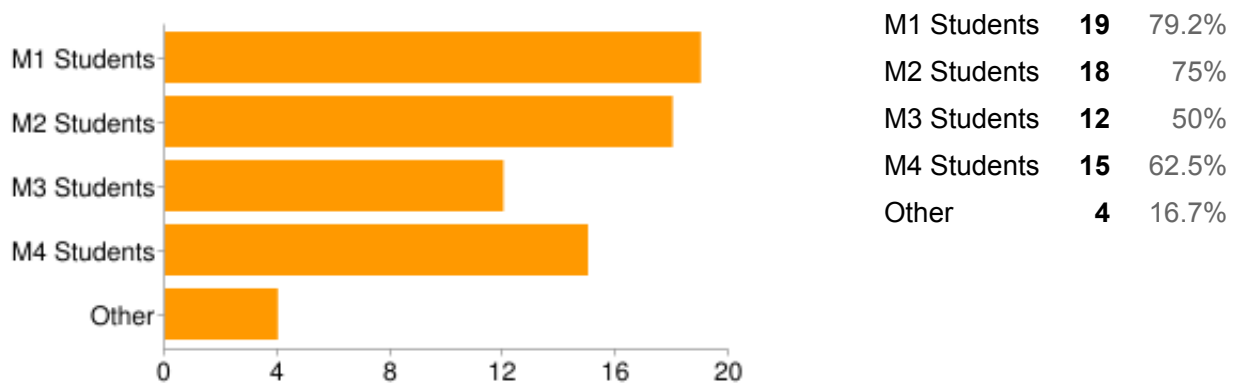
University at Buffalo, School of Medicine and Biomedical Sciences OSR

This questionnaire was created to better understand how medical school peer mentorship programs are structured. In total, 26 schools responded.

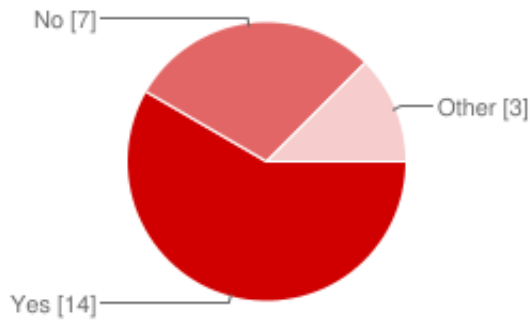
Does your school have a Peer mentorship program in place?



Which classes of medical students participate in your school's mentorship program?

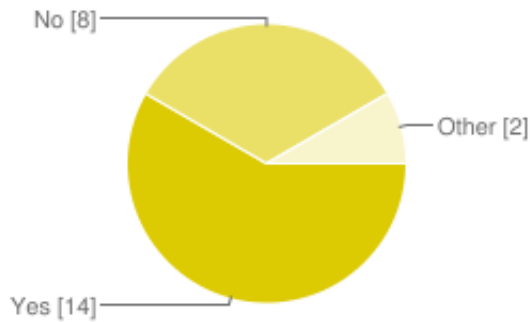


Do student remain with the same mentor/mentorship group throughout all four years of medical school?



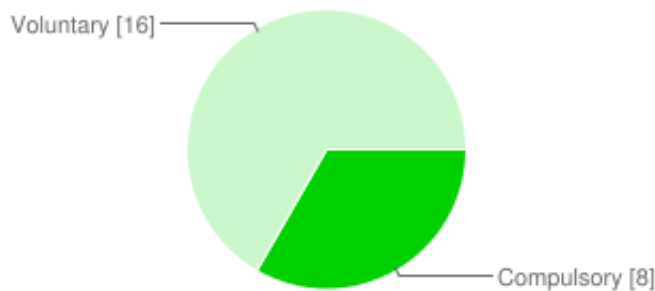
Yes	14	58.3%
No	7	29.2%
Other	3	12.5%

Does your mentorship program foster interaction between students in each medical school class?



Yes	14	58.3%
No	8	33.3%
Other	2	8.3%

Is participation in your school's mentorship program compulsory or voluntary?



Compulsory	8	33.3%
Voluntary	16	66.7%

If mentorship program participation is compulsory, please explain how participation is tracked.

We do not have a program

Attendance is taken at select lunch meetings where students and their mentors meet.

Entering M1s are assigned an M2 mentor during orientation to medical school. The level of communication is left to the students to decide.

Every 2nd year student is required to mentor a 1st year student but active participation is not

tracked.

With a log of hours

It isn't... but everyone is assigned a big sib/little sib. It is more of a cultural pressure thing than a administrative compulsory thing.

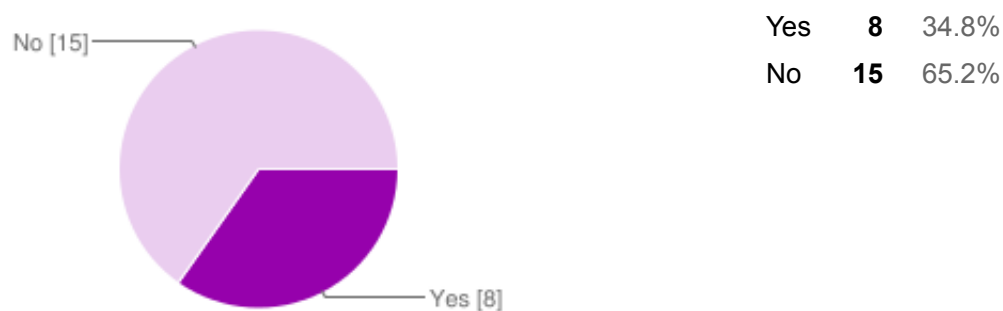
Each student is assigned to a group. Actual participation after that point is voluntary.

Students are assigned to learning communities, which consist of one Educator-4-Care faculty (who is a longitudinal clinical instructor & adviser) and 5-8 students per year. There are elements of the E4C interactions in the curriculum, but a lot of the social aspects are voluntary.

A fourth year medical student is paired with a second year medical student. The fourth year student provides feedback to the second years on required H&P writeups.

It is compulsory in that first year students are automatically assigned a mentor when they start, but voluntary for second year students who would like to become mentors. The mentors as a group decide at the end of the first year (when they are selected to serve as mentors for the incoming fall class) on a set of "gold standards", benchmarks that each agrees to meet (e.g. meeting with mentees in person within 1 month of school starting, taking mentees to dinner, staying in touch via email/phone at least once per month). Mentors fill out a Google spreadsheet once they have completed each item, and this is done on the honor system. We had one person on the leadership board who was responsible for checking the Google spreadsheet each month and reminding students who had not met the set standards to either fill in the Google sheet (if they had forgotten) or complete the activity.

Are there incentives for students to participate in your school's mentorship program?



If your mentorship program has incentives, please specify:

There's a certain amount of funding set aside for each E4C group to have social events.

We do not have a program

No formal incentives, but very strong culture for mentorship. Also lots of events (dinners, trivia

nights, miniature golf, etc.) for people participating.

For our M4/M2 teaching track, you can decide what month you would like to schedule the activity for although it occurs all year. So some kids will get an "extra month off" so to speak although they will fulfill the requirements for the months throughout the year.

- Student affairs provides money to sponsor dinners for the sib lineages - There are events sponsored by the med school a few times a year specifically for sib interaction (e.g., mixers). - There are some cultural incentives (e.g., we always get the first years a gift after their first quiz and the first years always buy the 2nd years a keg after they finish finals).

can apply for funding to do activities, go to dinner, etc. with group

Rewards for "big sib little sib families" that hang out the most. Events held for big sib little sib interactions by the medical student council.

Food is provided at select student-mentor meetings.

Big sib little sib program has \$50 vouchers per family of 8 to spend money on food to hang out and talk.

Who manages your school's mentorship program (e.g. students, faculty, Office of Medical Education)?

Student driven

We do not have a program

Students

Students & Deans

faculty

Med Ed

Office of Medical Education

students and staff from student affairs

Student

OME

students designate pairings, student affairs offers financial support

Student Groups

Students and office of student affairs

none

Wellness Committee (student committee overseen by Office of Med Ed)

students

Students (student council)

I think student affairs

How are peer mentors selected in your school's mentorship program?

A questionnaire is sent out to the current first years and the incoming first years and they are paired based on interests/likes/hobbies.

They apply to be mentors

An application that has been passed down through several years of students. I am not entirely sure how the application originated, but asks students to list interests and extracurricular activities, assess their time commitment/availability, and desire to be a mentor/past mentoring experience. We also have a short interview process.

We do not have a program

it is compulsory

The incoming class fill out a form and try to pair up with an upper classmen with similar interests.

Vote

An email soliciting students who would be interested in mentoring incoming 1st year students is sent to the entire school. For the most part, 2nd year students comprise the majority of responders. First year students are accordingly designated to upperclassmen volunteers, usually on a 2- or 3-to-1 basis.

random assignment

based on incoming student survey and known upper classman's interests

Everyone is involved.

Not sure - I think groups are assigned randomly

none

Big sib-little sib program, created by M2 class for incoming M1 class. Theoretically, the relationship should continue through all four years.

Application process with resume and essay review

Faculty will recommend you for the teaching track, whereas the M1/M2 buddy program and the college mentorship are strictly mandatory.

Random, everyone is assigned to a family within a house.

Every ms3 is paired with one m1. They are matched by gender.

Mentors self-select.

All incoming first years fill out a survey on how they like to spend their free time, hobbies,

interests, where they're from, religious beliefs, etc. They are then "matched" to a second year student based on similar interests. The student then becomes part of a "family" (4th year, 3rd year, 2nd year, 1st year) who all participate in events together.

Everyone is a mentor and is matched with a "little sibling."

What factors are used to assign students to specific mentors/mentorship groups?

I believe it is usually done in alphabetical order

Interest in certain specialties, hobbies, etc.

We do not have a program

A group of fourth year students try to match MS4 with MS2 who have similar interests, if possible.

Hobbies, interests, cultural background, religious background, language, etc.

None

hobbies, specialty interest, personality, favorite food, etc

Gender and year in medical school

Interests, past experience, personality

none

We fill out a survey indicating our specialty interest, where we're from, hobbies and undergrad institution. Also things like if we have kids or are married.

Whether or now they showed enough leadership and good qualities while on a rotation.

Career interest, activities, hobbies, undergrad institution- anything they have in common!

(a classmate of ours "matches" incoming students based on their survey results and what they know we spend our time doing - e.g., long distance running, from the same undergrad institution, enjoys cooking, has a baby, etc.,)

age, gender, hobbies, interests in medicine, undergraduate institution

Unsure. Random at worst.

Hometown, undergraduate university, interests (roughly in that order).

No specific factors to the best of my knowledge

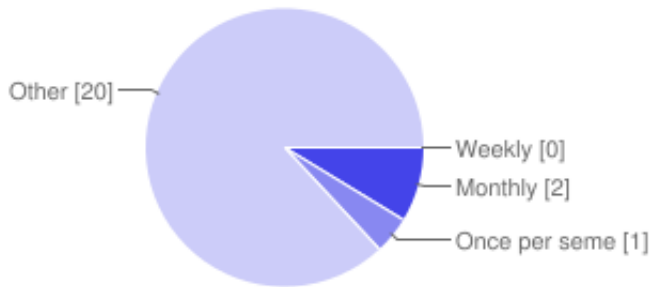
All incoming students are randomly assigned to be in a group of with 10-11 other incoming students. These students are assigned two second-year mentors, three fourth-year mentors, and one faculty mentor.

See above

It is done mostly randomly - each mentor is assigned 4-5 incoming first year students, and we try to have a mix of genders in each group. We also asked the incoming students last year if

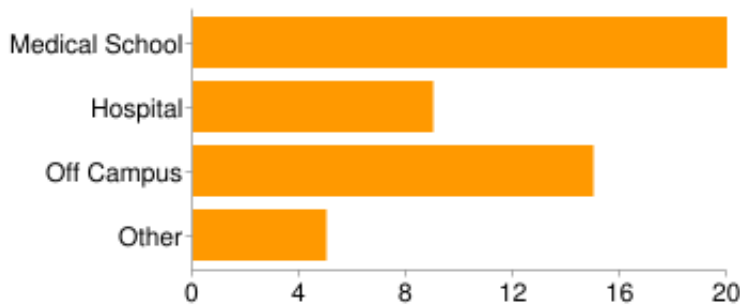
they preferred to have a mentor of a specific type (gender, race, non-traditional student, career interest, etc.) to email us, and we also took that into consideration when possible.

How frequently do students meet with their mentor/mentorship group?



Weekly	0	0%
Monthly	2	8.7%
Once per semester	1	4.3%
Other	20	87%

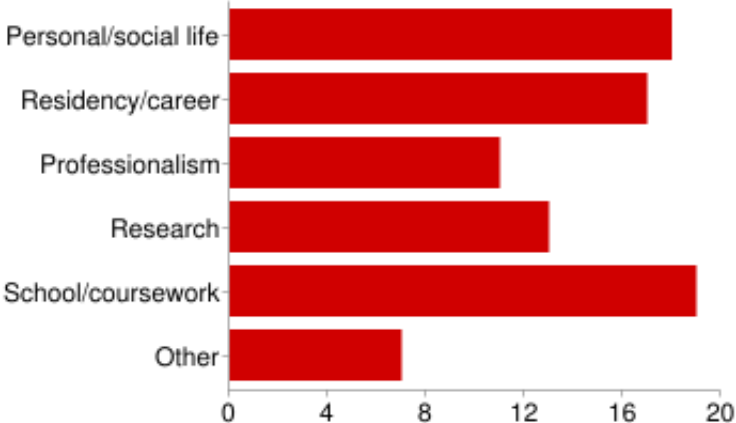
Where do students interact with their mentor/mentorship group? Check all that apply:



Medical School	20	83.3%
Hospital	9	37.5%
Off Campus	15	62.5%
Other	5	20.8%

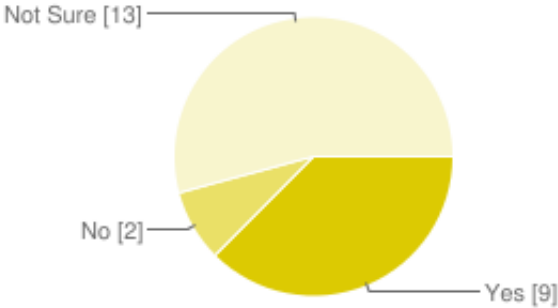
What topics are discussed in your school's mentorship program? Check all that

apply:



Personal/social life	18	75%
Residency/career	17	70.8%
Professionalism	11	45.8%
Research	13	54.2%
School/coursework	19	79.2%
Other	7	29.2%

In general, are students satisfied with your school's mentorship program?



Yes	9	37.5%
No	2	8.3%
Not Sure	13	54.2%

What are the strengths of your school's mentorship program?

Everyone gets involved, but are able to opt-out if they like.

Hmm, probably that ms1s learn what it means to be an ms3 and what's expected of them as ms3

Mentorship is longitudinal. Each student has multiple mentors who are at various stages in their medical careers. Students are also mentored in groups, which fosters cohesion among students and gives them a built-in support system as they begin medical school.

it provides an opportunity for students who want to be engaged with others to do so without forcing students who are disinterested to be involved.

They are voluntary so they get a variety and high number of participants.

Building the program into a curricular piece with a dedicated faculty member in each group makes it more permanent. Typically, the conversations progress as students move up in years; the M3/M4s have quarterly "Doctoring with Care" sessions that are chances to debrief about difficult clinical experiences.

The school hosts mentor/mentee social events and study breaks to facilitate conversation.

Matched based on personal interests/attributes, stays the same all 4 years

no program

none

It is culturally ingrained, so people tend to be pretty enthusiastic about it, even without a lot of incentives or compulsory measures.

All mentors are volunteers, which we believe creates a better relationship with the mentee than if mentorship was compulsory. Additionally, 1st year students meet with their mentors during orientation and are given a small amount of money (\$10-15) to get a meal or coffee together.

Pairing first years with second years allows the first years to get a better understanding of expectations and how to succeed.

Extremely flexible

Informality

The program is student-led and easily changed/modified by each incoming group of student mentors. It is really left up to mentors what to discuss and do with his/her mentees besides the basic requirements we had agreed upon (e.g. taking the group of 4-5 mentees out to dinner at the beginning of the school year).

Very casual.

What aspects of your school's mentorship program could use improvement?

Some people are more active than other or are assigned a mentor or mentee who is less engaged than they are. We are trying to figure out how to adjust it so that everyone is happy.

Making it so every student would have a default mentor. Not a niche program that is underused

Make it more mandatory, more involvement from 3rd years

It's not really a life mentorship, it's a requirement.

Some students are more active than others. Really depends on the students within each group.

The program could probably use a bit more structure to ensure strength in the continuity of the program, which would be easier with more administrative oversight. Also, it has proved difficult to keep all mentors accountable for keeping in touch with their mentees, despite the fact that the group as a whole agreed on the frequency of the "minimum" contact we should have with mentees.

The matches are not always great and I feel badly when a first year is stuck with a really un-engaged second year student.

Compulsory participation means some mentors never contact their mentees and are not helpful. It'd be better if volunteers who were very interested and were willing to take on more than 1 mentee participated.

Not all mentor interactions are required, and many students don't take full advantage of having a mentor.

Continuity throughout medical school. Mentor-mentee relationships tend to drop off after 1st year, if they even held together that long in the first place. There is no oversight by any students or faculty after the initial meeting between mentor-mentee pairs, and no structured activities to bring them together after orientation.

no program

There could be better followup between the mentors and the meentes

none

some students never contact their mentors/mentees. there is no formal structure so it is possible for students who want a mentor to slip through the cracks

Probably need more faculty directed mentorship in the 1st and 2nd year rather than peer directed mentorship for career choice guidance.

I'd love to have more formal events for mentorship families. I'd also like to have specific residents or faculty members tied into each family (or perhaps a group of families)

Making it compulsory may help.

Some mentors meet with their M1 more often than others, giving a wide range of experiences.

Because the groups are just large enough, there is a lot more within-class interaction compared to between-class interaction. There is actually currently interest from our Office of Medical Student Wellness in restarting a voluntary big sib/little sib program for students who want a more personal relationship with older students, but this has not be rolled out yet.