Using experience from supporting medical students to develop effective near-peer mentoring in Higher Education

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Abstract

Near-peer mentoring has been used within Higher Education settings for several years to support students through their transition from secondary to tertiary education. The goals of mentorship centre around support, development, and retention of students who themselves feel satisfied, fully engaged in their learning environment and are socially responsible. Having a more experienced mentor (near-peer) with lived experience can help guide and engage mentees providing measurable benefits to both, with mentees gaining a greater degree of social support and insight into their future learning requirements to help navigate them through their academic journey, and mentors enhancing their interpersonal skills such as communication, listening, networking and leadership. With the growing evidence that near-peer mentoring benefits all involved, it is perhaps unsurprising it is becoming commonplace in Higher Education. However, for these benefits to be recognised it is essential that behind the scenes there are dedicated staff who develop and support the peer mentoring programme ensuring they are fit for purpose. The following tips draw on experience of near-peer mentoring within a medical education setting but are considered applicable and transferable to other Higher Education programmes. Fundamental to all successful near-peer mentoring schemes should be clearly defined processes for selection, training (Tips 1-4) and programme implementation (Tips 5-9). Continuous reflection, improvement, and the importance of near-peer mentor recognition (Tip 10) should also be at the forefront of any near-peer mentoring scheme.

Keywords: Mentorship; near-peer; Higher Education; support; student transitions; medical students.

Introduction

Transition to university can be an exciting, yet complex and challenging time in a young person's life. Exposure to new experiences provides students with a deeper understanding about themselves, which in turn facilitates the enhancement of skills required for life post-university (Bloom, Hartley & Rosovsky 2007). The opportunity to meet new people, develop fresh ideas and obtain new skills are some of the reasons why students choose to attend university. However, moving from further education to Higher Education (HE) is a transition requiring adjustment to a set of new academic and social expectations (Cage et al. 2021), which create a unique set of challenges for students.

Certain assumptions exist within the literature on transition to university that suggest students entering HE will encounter positive experiences due to their exposure to new opportunities both socially and in terms of enhanced career prospects (Chow & Healey 2008). However, the reality can be very different, with students portraying various misgivings of their HE experience (Chow & Healey 2008) as they move into unfamiliar territory both culturally and geographically (Menzies et al. 2015). In addition, there is growing evidence which suggests that over the last decade students are experiencing increasingly higher levels of stress and mental health issues, relative to the general population (Campbell et al. 2022), partly driven by the pressure to adapt to this transition. In the UK HE landscape, this context has created renewed focus on supporting student mental health during transition to university, with national standards such as the Mental Health Charter (Hughes & Spanner 2019) and the Office for Students revised conditions of registration for HE providers (OfS 2022) now influencing the way in which the sector responds.

Due to their individual characteristics, students cope in different ways when exposed to certain challenges, which means their varying adaptability to the pressures that arise make supporting the transition to HE inherently complicated for educational institutions (Gale & Parker 2014). There are however some common themes that underpin negative transition experiences, with first-year students likely to encounter issues relating to homesickness, isolation and increased interpersonal conflict (Loots 2009; Boute et al. 2007). Considering the variable experiences of new students when entering HE, it is vital for the sector to invest in proactive support systems to ease this transition.

Whilst increased support needs for students entering university is a sector wide pattern (Sheldon et al. 2021), data also indicates that students on medical and healthcare courses are significantly more at risk of experiencing stress, burnout and reduced wellbeing compared to students on other courses (Jordan et al. 2020; Dyrbye, et al. 2019). This is due in part to the nature of their academic programmes being inherently linked to facing traumatic and emotionally challenging situations, but also due to higher course demands in terms of workload and academic attainment requirements (Dyrbye, et al. 2014). Therefore, the need to provide effective support systems for these students in particular, is key (Hodgson and Bretherton 2021). In

our case, one of the avenues of supporting medical students during their first year as they enter university has been to initiate a peer mentoring support system (Merrick et al. 2021). The increased support needs of medical students have meant that the requirement to implement such practical initiatives to ease transition have pre-dated the sector level recognition of the importance of student support, resulting in a wealth of practical knowledge that can be useful to educational providers of a range of academic subjects.

Peer mentoring itself is not a new concept, and indeed, the etymology of the word 'mentor' was derived from Greek mythology where the responsibilities of 'welfare and guidance' were considered an integral component of the role (Steiner et al. 2004). In contextualising the principles derived from Greek mythology to the medical education context, the role of a mentor comprises a unification of teacher, coach and counsellor (Keshavan and Tandon 2015). Notably, as part of the role, a mentor may contribute to the development of their mentee through a diverse range of skills including practical, personal and professional development, research development, academic development, as well as offering emotional support (Siddiqui 2014). A large-scale UK study found that four times as many non-peer mentored students had seriously considered leaving university after the first 10 weeks of term, compared to peer mentored students (Collings, Swanson & Watkins 2014). This underpins a renewed focus on mentoring as providing the key cultural capital required by students as they enter university to aid this transition (Beals et al. 2021).

As a profession, medicine has long relied on the diverse provisions of mentoring, with clinical development, professionalism and personal development relying heavily on the advice and guidance of near-peers throughout the post-graduate professional training structure (Stamm & Buddeberg-Fischer 2011). Furthermore, in the UK, there has been an increased focus over recent years on widening access to medicine pathways, which aim to increase the diversity and number of medical students from underrepresented groups, both ethnic and socio-economic (British Medical Association 2021). This has led to an increased need for medical schools to provide schemes to help bridge the gap in the tacit professional knowledge gained historically from students having a family history of medical graduates. Peer mentoring has been a key way to help meet this aim, as it pairs up students from diverse backgrounds, thus enabling them to increase their social networks and future professional support systems.

In addition to our own experiences of facilitating mentoring for medical students (Merrick et al. 2021), a recent review of the effectiveness of near-peer mentoring schemes for supporting healthcare students found that this intervention reduced stress overall and was particularly useful in addressing short term anxiety levels (Kachaturoff et al. 2020). Similarly, evidence suggests that medical students benefit from peer support at all levels of the training, and that mentoring has a positive impact on career success and satisfaction (Dalgaty et al. 2017). Whilst acknowledging the importance of mentoring overall, evidence suggests that near-peer mentoring is a particularly effective adaptation of the concept, which is a core

element of the support offered to medical students at our institution. Near-peer mentoring serves as a useful intervention that provides one-to-one support tailored to an individual's needs, provided by a mentor who is close in educational stage to the mentee. It is defined as a process through which an experienced individual guides and encourages a less experienced individual to develop their potential within a shared area of interest (e.g. common degree course) (Sambunjak et al. 2006). Moreover, near-peer mentoring provides support which contributes to the overall learner experience and plays an important role in the formation of learning communities, which impact student confidence, motivation and, ultimately retention and attainment (Oddone Paoluccis et al. 2021; Altonji et al. 2019; Fayram et al. 2018; Ward et al. 2010).

Despite the concept of near-peer mentoring being well established in the literature, there has been some data to suggest that peer support fails to consistently impact on student transitions and associated attainment in HE (Fowler & Muckart 2004; Durkin & Main 2002; see also Crisp & Cruz 2009). These studies provide a valid perspective on the complexities of student support needs, and the cautionary note that 'one size does not fit all' when seeking solutions for effective student interventions. In line with our experience, it is necessary to recognise that there are specific factors surrounding the implementation of peer mentoring that make such schemes most effective (Carragher & McGaughey 2016). As a reflective effort formulated from multiple years of supporting medical students through their HE journey, this article highlights our 'top tips' to consider when initiating a near-pear mentoring programme. The main objective of this paper is to share best practice, with a focus on the recruitment of near-pear mentors, training provisions, and inclusivity considerations which permit parity of experience and opportunity for all. Finally, as with all support interventions, it is important to factor in evaluation and formally recognise the work that peer mentors carry out within the institutional setting.

Tip 1: Recruitment and selection of near-peer mentors

Building a successful relationship

The process of mentor recruitment is incredibly important in establishing the dynamic of a mentor-mentee relationship. It is crucial to recruit mentors who are willing to undertake the role and understand what it involves in order to maintain commitment and interest during the scheme. Our experience from selecting students on healthcare courses to be mentors is that they often have high levels of empathy and are already predisposed to wanting to provide help and support to others, by the nature of the profession they are training to join, which means that there are often plenty of applications to the scheme. However, it is important to ensure that there are opportunities for prospective peer-mentors to seek information about the expectations of the scheme and their suitability before committing to it. One useful approach is to hear from current and former peer-mentors about their experiences, and to encourage dialogue with prospective mentors during the recruitment phase (Crisp & Cruz 2009). Medical student mentor schemes are often successful because

they have the ability to draw from students across all 5 years of their cohort, due to the extended degree length compared to other undergraduate programmes. The benefit of this is that within the student body there is a lot of corporate knowledge and perspectives held about the effectiveness of being a part of the peer mentor scheme, which also allows prospective mentors to draw on the collective wisdom and experiences of former student mentors in more senior years. Consequently, the mentor scheme should be established as an 'opt-in' as opposed to an 'opt-out' process, thus confirming all near-peer mentors have actively chosen to take on this role (Cho &Lee 2021). The recruitment process should aim to establish a diverse pool of near-peer mentors from different backgrounds with a focus on equity, diversity, and inclusion during the recruitment phase (see Tip 3). This ensures that a peer mentee has the best chance of being paired with someone who shares a similar lived experience, but also is akin to their values and ideas (see Table 1; Burgess, et al. 2018).

Studies suggest the best way for a relationship to succeed is for near-peer mentors to be selected from a pool by the peer-mentee rather than assigned (Page & Hanna 2008). This is because when near-peer mentors are randomly appointed, rather than chosen by the mentee, the mentorship relationship may be less likely to flourish as it is not based on mutual respect and shared interest (Burgess et al. 2018). Selecting an appropriate mentor is therefore extremely important and should be facilitated where feasible.

Key element	Description
Attraction	The peer mentee must be attracted to their mentor in the sense that they want to emulate them in some way. In return, the near-peer mentor must see potential in the peer mentee. The near-peer mentor should have a personality that allows them to get along easily. They should be someone the peer mentee admires and looks up to and is good at what they do.
Affect	The near-peer mentor should be positive, supportive, and encouraging, displaying respect for the peer mentee. This is often achieved through good communication and rapport.
Action	The near-peer mentor needs to be willing to invest time and energy into the peer mentee through guidance and support. They need to be available and respond in a timely manner.

Table 1: Three key elements considered when a peer mentee selects a near peer-mentor (adapted from Burgess et al. 2018).

In some organisations it may not be feasible to operate a fully peer-mentee led selection-based approach, perhaps due to logistical issues surrounding timings of incoming new students, peer-mentor recruitment and training periods, and limited opportunity for students to meet each other prior to arrival on their programme. Scale

of student cohorts also present a logistical issue when trying to avoid random allocation. However, in these instances effort should be made to obtain some key biographical information from both mentors and mentees which can be used to aid the matching process as best as possible. Possible models of mentor mentee allocation include staff-led, random allocation or in-depth survey response based matching processes. Evidence indicates that depending on the level of intensity of the mentor investment required by the scheme (i.e. in terms of time commitment and outcomes being measured), the more time taken to match mentees with mentors the better the likely outcomes for both parties. On a practical level, we have found taking a balanced approach of ascertaining key demographic characteristics and personal interests from each party prior to matching is the most feasible way to achieving a suitable dyad pairing.

Tip 2: Non-hierarchical mentoring scheme

Peer mentees should view their near-pear mentor as a colleague

Peer mentees should view their near-pear mentor as a colleague rather than as a senior in order to gain insight, experience, guidance, and support (Nimmons et al. 2019). Recognising this dynamic makes a peer mentee more likely to respect their near-peer mentor and share their thoughts and ideas peer-to-peer. This is shown to be a core feature of successful mentoring (Straus et al. 2014). To achieve this non-hierarchical approach, it is wise to appreciate the phases in development of a peer-mentoring scheme. There are typically four key phases: initiation, cultivation, separation, and redefinition (see Figure 1), each of which can occur over several months (Kram 1983, as cited in Burgess et al. 2018).
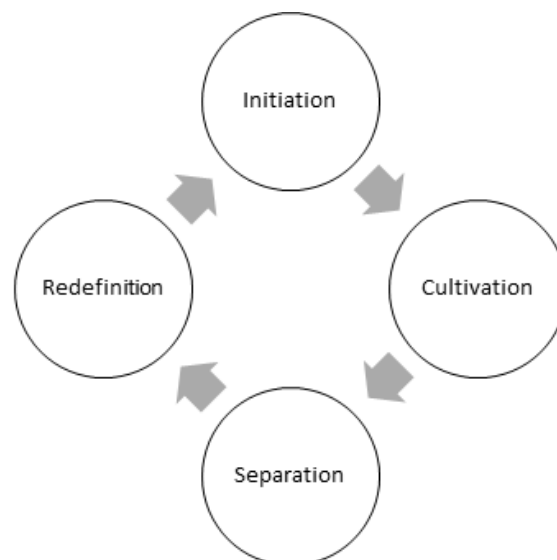

Figure 1: Achieving non-hierarchical near-peer mentoring through initiation, cultivation, separation, and redefinition.

The initiation phase is where the peer mentoring relationship commences, commitment is gained, and objectives and expectations are set. The following cultivation period presents with frequent and progressively more useful meetings between the near-peer mentor and their mentee. During this period, both parties derive optimum benefits from the relationship (Sugimoto 2012). The separation phase occurs as the peer mentee becomes more confident and self-reliant. At this stage, both the mentee and mentor should have gained satisfaction from the achievement of their objectives. If the separation phase occurs prematurely, feelings such as abandonment or resentment may be experienced, and this can break down the mentoring relationship. The redefinition phase may be indefinite. The relationship between the mentee and mentor may close or change in nature, where the 'hierarchy' is reduced or no longer exists. The mentee is now ready to become a mentor and the cycle can repeat (Burgess et al. 2018). Whilst this is just one theoretical model for understanding mentor-mentee relationship building, it is particularly relevant to near-peer mentoring in the Higher Education setting, as it reflects the flexibility of social integration that comes with students at different stages on a degree programme.

Tip 3: Inclusivity, culture, and gender considerations

Provide a diverse pool of mentors

Some studies have shown that less than one third of universities and colleges have inclusion criteria for the recruitment of mentors (Sheri et al. 2018). However, inclusion criteria are important to achieve a diverse pool of mentors that are equipped to support a diverse group of mentees. Current statistics on UK undergraduate students show that over 17% declared a disability or specific learning difference in 2019/2020 (Hubble & Bolton 2021) and 28% of entrants to Higher Education in the UK in that year came from ethnic backgrounds that were non-white (HESA 2022), so providing mentors that are representative of the diverse student body they will be supporting is crucial. It may be that a mentee prefers a mentor with similar traits, interests and lived experience to themselves to enable personal connections to be made (Straus et al. 2013). Therefore, near-peer mentoring schemes should consider whether the best approach would be to let mentees request certain characteristics of their mentors as a way of generating pairings, whilst acknowledging that success of the mentoring relationship often hinges on establishment of trust and a good personal rapport (Carragher & McGaughey 2016). This process must be managed appropriately to ensure effective matching, although it is recognised that this and may be limited by the number of mentors and the diversity of the setting. What is important is that no assumptions on allocations should be made, so pairing students because they are both international for example, is not necessarily appropriate. Equally some students may benefit from being matched with a mentor who is dissimilar to them in characterises, as they feel better able to learn about alternative points of view and perspectives, thus increasing their social capital. This should be an option made available to mentees.

Tip 4: Training for near-peer mentors

Long-term effectiveness obtained and maintained through training

Amongst other obstacles to peer mentor programs including time constraints, lack of funding and accountability in designing and coordinating the program, the training needs of the mentors is a factor that must not be overlooked. Training is fundamental in establishing and clarifying the near-peer mentor's role, which enables full understanding and commitment from them before commencement of the peer mentoring relationship. A widespread study of peer mentoring showed that 15% of mentoring relationships failed because mentors did not understand what their role and obligations were to their mentee (Sheri et al. 2018). Previous research looking at medical student mentor schemes shows that mentors often need upskilling in specific areas, such as giving constructive feedback and setting appropriate goals and expectations (Nimmons et al. 2019; Taylor et al. 2013). Therefore, training allows mentors to be aware of their roles and responsibilities and to ensure they feel confident carrying this out, as well as giving them the chance to hone their skills to provide the best mentee experience. Ragavan (2012) also suggests that effective training as part of the mentor role increases the likelihood that mentors will develop the transferable skills needed to solve the issues they may encounter during the scheme. Some near-peer mentor training may be based on generalised mentorship and communication skills techniques, but experience from supporting medical student mentors shows that in-house, personalised training should also be available to ensure school/course specific knowledge (Chatterton et al. 2019). This localisation knowledge is vital to ensure that the purpose of the mentor scheme as a support process for transition into university is mostly fully met.

Previous research suggests that mentor schemes which had a more formal structure are more likely to result in positive outcomes for the mentees and mentors (see Crisp & Cruz 2009) therefore training should be a mandatory element, recognising the evolving needs of mentors and mentees as the relationship grows (see Figure 2). Ongoing training is important to keep skills up to date, reinforce a goal centred approach, remind the role boundaries of the relationship and to advertise support networks for the mentors (Merrick et al. 2021). One way to emphasise the importance of this training would be to consider whether mentors should be 'contracted' when they enrol to uphold the ethos and core principles of the scheme.

Figure 2: Topics to incorporate in near-peer mentor training.

We have also found that training should also be front loaded, to ensure that peer-mentors feel equipped to establish a connection with their mentee and provide adequate signposting from the outset. However, it should also be made available at regular intervals throughout the mentoring journey. This can assist mentors in honing their skills and refreshing their knowledge on effective coaching and signposting strategies. Ongoing training also helps keep commitment of mentors to the scheme, helping to ensure that the mentor-mentee relationship does not fade away due to lack of commitment or perceived inability to seek or provide effective support (Straus et al. 2013).

Tip 5: Timely and meaningful contacts

Prompting mentor contact ensures consistency

There is evidence that ensuring a regular frequency and structure of peer mentoring contact points within a scheme provides more effective outcomes and higher engagement levels for the mentor and mentees (Cornelius, Wood & Lai 2016). Establishing a planned schedule of near-peer mentor contact points throughout the academic year can also be beneficial when a new relationship is being formed as it helps the mentor adjust to their role. Moreover, prompting the near-peer mentor to have regular contact with their mentee ensures mentees receive a consistent and equitable level of support. These contacts should be centred around a discussion topic and pre-identified 'trigger' points within the course and or transition to HE setting (Merrick et al. 2021). Academics supporting the near-peer mentoring scheme and the peer mentors themselves should review the contact points and the objective of each of them on an annual basis to ensure they reflect the current course and its

requirements. An opportunity for pre-arrival contact is also desirable, but not always practical. Therefore, it is useful to initiate contact between mentor and mentees as early in the course as possible, to ensure that the relationship is deemed useful and fruitful by both parties.

Tip 6: Boundaries and expectations need to be established and maintained

Managing expectations through setting of boundaries

Setting clear boundaries for near-peer mentor dyads is essential to protect both parties. Boundaries refer to the processes of having pre-established parameters of communication and interaction, including mode, frequency and availability, recognising that the peer mentor relationship is different to a friendship formed in a purely social capacity. Clear parameters mean that both parties can then engage with the connection when required and available, in line with the agreed structure, which aims to avoid over-enthusiastic interactions that become unwanted by the other party. Additionally, poorly defined expectations at the outset may increase the possibility of psychological burden on mentors and unmet support needs in the mentees. A key part of the mentor training programme needs to include a focus on how to set expectations from the outset and the necessary steps to take if boundaries are crossed or either party feels uncomfortable (Egege & Kutieleh 2015). Some schemes also advocate for holding mentee training separately to the mentors, to provide information for them on expectations and raising concerns. An effective training approach to impart these skills is to use fictional scenarios or vignettes of a range of support issues that a mentee may raise with a mentor, which allows the mentors to practise holding supportive conversations in simulation with each other, before being placed in that situation with their mentees (Merrick et al. 2021).

A core element to near-peer mentoring in medical courses is the requirement to continue to abide by professional codes of conduct and ethical standards even outside of the formal classroom environment. This means that although the peer mentor relationship is an extracurricular support process, both individuals need to be aware that disclosures of behaviours that may bring harm to themselves or others, or that may bring their future profession into disrepute, will need to be escalated. Similarly, the mentor needs to be able to provide advice and understanding of the mentees' support needs in the context of the complex clinical education setting, but also be skilled enough to know when something is a red flag (Hodgson & Bretherton 2021). Therefore, a focus on confidentiality between parties underpinned by a clear escalation process if required, will build trust from the outset and promote an effective mentoring relationship. This is another example of where contracting both parties would be beneficial to establish these boundaries and expectations.

Tip 7: Face-to-face meetings are key

Invest in in-person conversations

Putting a face to the name of the near-peer mentor and mentee from the outset is an important start to building a meaningful and supportive relationship (Cho & Lee 2021). Being able to see the other person is a crucial part of building and maintaining a relationship in allowing participants to incorporate nonverbal cues, monitor reactions to advice or guidance given and to observe the extent to which the other person is invested in the conversation. However, the Covid-19 pandemic has taught us that whilst in-person meetings are not always possible, if effectively executed a virtual peer mentoring support scheme can still provide a high level of support (Merrick et al. 2021; Hodgson & Hagan 2020). Where this is the case, it is important that a video call can be held, which is more effective than solely a phone call or emails. Keeping the visual element of the meeting is the key and so virtual meetings can be used as an alternative to face-to-face meetings to ensure a rapport is still built. Hixenbaugh et al. (2006) evaluated outcomes from an e-peer mentoring scheme and found that effective support in Year 1 moderated the impact of reductions in self-esteem within mentees in the mentored cohort, compared to the non-mentored cohorts. Although interactions can take place virtually, it is important that the near-peer mentors are familiar with the local area and facilities that their peer mentee will be using, in order to share similar experiences when considering the social aspect of transition and integration support (Merrick et al. 2021). Virtual meetings can be effective, less time consuming and in recent times obligatory (noting the Covid-19 pandemic restrictions), but the aim should be to set up in person meetings first in order to build up that rapport.

Tip 8: Regular and consistent mode of contact

Parity of experience for all

One of the fundamental drivers for success of relationship building in student near-peer mentoring is the frequency of contact points between mentor and mentee. Given that establishing priorities with short-term and long-term goals is extremely important for a peer mentoring programme (Burgess et al. 2018), regular meetings become a necessity to track progress, as well as keeping a list of action items. It is not always necessary to establish the exact frequency of meetings, but rather agree that they should be regularly scheduled. This is best done at the start of the mentorship programme. The agreed mode of contact for meetings should be established too – preferably face to face and if not over video call. However, some communication can still be used over telephone and email (Hodgson & Hagan 2020), as agreed upon by both parties. One of the benefits of having a more formally structured scheme is that opportunities for interactions are designated initially, prompting higher engagement from both parties.

Tip 9: Support for near-peer mentors

Support the supporters

An often overlooked part of peer mentoring is the impact on the mentors' own wellbeing. Mentors within undergraduate programmes are likely to be new to the role and participating in near-peer mentoring schemes may be the first time they have undertaken a more formal supportive responsibility. Our experience from supporting medical students shows us that a significant part of the mentorship role links to example setting of professional behaviours and accountability for mentees, and this can create pressure for mentors who have a responsibility to highlight and challenge behaviours or attitudes of their mentees. Similarly, the complexity of young people's lives whilst at university may mean that mentors are exposed to circumstances that they feel unequipped to deal with, or which may have impacted on them emotionally. Therefore near-peer mentors need a way to access support for themselves if they have any concerns, or if a mentoring situation has had a negative impact on their own wellbeing. This support may be offered by staff members involved in the peer-mentoring programme, and signposting should be available if another route for support is deemed more appropriate.

It is good practice to ensure support systems are introduced during the initial training session and that these are reinforced during subsequent ongoing training sessions (Chatterton et al. 2019). There should be emphasis during training on both who to contact for support and a focus on helping the peer-mentor to recognise when they may need support. Most universities have student welfare or wellbeing services available and so it is useful to engage professionals from these support services in the mentor training provision. This helps familiarise mentors with avenues of support for themselves and their peer mentee. It is also important to de-stigmatize help seeking and ensure confidentiality of the need to seek psychological support is maintained (Hodgson & Bretherton 2021). Peer mentors will likely build relationships with staff as they work towards a common goal within the mentoring scheme, and through this training, staff can disseminate their knowledge and expertise, removing potential barriers to institutional information and support. This can lead to an enhanced sense of belonging, alongside developing more enthusiasm and motivated peer mentors (Seery et al. 2021). Debriefing sessions for mentors within the academic year are also advised to allow generalised concerns to be discussed proactively, rather than waiting for evaluations of the scheme at the end of the year. Our experience shows that where organisational or support issues arise, dealing with them promptly is best for all parties. Debriefing is also a key part of the personal and professional development of mentors, as it allows space for reflection on the challenges faced and progress made (Beals et al. 2021). This is a crucial element to the success of near-peer mentoring schemes, acknowledging that the mentors themselves are likely to be similar in age and experience to their mentees, differing only by stage of their degree course.

Tip 10: Recognition and Evaluation

Establish an evidence-basis for good practice

One of the important motivating factors for mentors to maintain the quality of their mentoring relationship is feeling that their contributions are valued. It is recommended that formal recognition for near-peer mentors is put in place, acknowledging and rewarding the commitment involved in delivering a successful peer mentoring scheme. This may take the form of a presentation of certificates following completion of the mentoring role, although with the growing recognition of the importance of such mentoring schemes, many institutions have established a more formal acknowledgement of the role. This can include accreditation towards institutional employability schemes to help students prepare for the job market, where formal recognition of their extracurricular activities is reflected in their degree certificate.

Linked to recognition is the importance of scheme evaluation to allow useful forward planning. Feedback from the near-peer mentors and mentees should form the basis of an annual appraisal and evaluation of the scheme (Chatterton et al. 2019; Merrick et al. 2021). Incorporating a clearly defined feedback approach to drive programme modifications, bringing about improvements and significantly enhancing the success and benefits of the scheme, is seen as best practise (Hall & Jaugietis 2011). The scheme evaluation should adopt a validated method of assessment (Cho & Lee 2021; Eret et al. 2018) where a combination of qualitative and quantitative evaluation is optimal, through a variety of approaches including focus groups feedback (Indyk et al. 2011), semi-structured interviews (Kalén et al. 2015) and Likert-based questions (Bhatia et al. 2013) of the sample populations (e.g. mentor and mentee). Results from the evaluations should feed-forward into tangible adaptations, and it is good practice to feedback to outgoing mentors any changes to the set up and implementation of the scheme based on their responses. This has the benefit of aiding the ongoing development of the mentors as they can see that their views and experiences have been formally recognised. Feedback to outgoing mentors on adaptions is also important in near-peer mentoring schemes which usually involve students on a rolling basis as they progress through the years of their programme, as the attitude of former mentors to the effectiveness of the scheme will have a big impact on how the scheme is perceived within the wider student body.

Conclusions

Each student will experience a unique set of challenges as they transition to the HE setting. Their own individuality and how they react in differing ways to the pressures they face makes supporting students challenging. Near-peer mentoring can exert huge benefits for the mentee and mentor alike, which can help provide the guidance needed to navigate and succeed in academia, but moreover, provide invaluable life skills. A successful peer mentoring relationship is something that can be achieved through a well-conceived and executed near-peer mentoring programme.

Fundamental to its success is a team of dedicated staff who can ensure processes are in place to allow relationships to flourish with all parties feeling recognised and valued.

References

Altonji S. J., Baños J. H. & Harada, C. N. (2019) Perceived benefits of a peer mentoring program for first-year medical students. *Teaching and Learning in Medicine*, 31, 445-452.

Bhatia A., Navjeevan S. & Dhaliwal U. (2013) Mentoring for first year medical students: Humanising medical education. *Indian Journal of Medical Ethics*, 10(2),100–103.

Bloom, D.E., Hartley, M. & Rosovsky, H. (2007) Beyond Private Gain: The Public Benefits of Higher Education. In: Forest, J.J.F., Altbach, P.G. (eds) *International Handbook of Higher Education. Springer International Handbooks of Education*, Vol 18. Springer, Dordrecht.

Briggs A.R.J., Clark J. & Hall I. (2012) Building bridges: understanding student transition to university. *Quality in Higher Education*, 18(1), 3-21.

British Medical Association (2022) *Widening participation in medicine*. Accessed at: https://www.bma.org.uk/advice-and-support/studying-medicine/becoming-a-doctor/widening-participation-in-medicine.

Buote V. M., Pancer S., Pratt M. W., Adams G., Birnie-Lefcovitch S., Polivy J. & Wintre M. (2007) The Importance of Friends: Friendship and Adjustment among 1st-Year University Students. *Journal of Adolescent Research*, 22, 665-689.

Burgess A., Van Diggele C. & Mellis C. (2018) Mentorship in the health professions: A review. *Clinical Teaching*, 15, 197-202.

Cage, E., Jones, E., Ryan, G., Hughes, G. & Spanner, L. (2021) Student mental health and transitions into, through and out of university: Student and staff perspectives. *Journal of Further and Higher Education*, 45(8), 1076-1089.

Campbell, F., Blank, L. & Cantrell, A. (2022) Factors that influence mental health of university and college students in the UK: a systematic review. *BMC Public Health* 22, 1778.

Carragher, J., and McGaughey, J. (2016) The effectiveness of peer mentoring in promoting a positive transition to Higher Education for first-year undergraduate students: A mixed methods systematic review protocol. *Systematic Review*, 5, 68.

Chatterton E., Anis F., Atiomo W. & Hagan P. (2019) Peer mentor schemes in medical school: Their need, their value and training for peer mentors. *Student Engagement in Higher Education Journal,* 2, 47-60.

Cho, M. & Lee, Y. S. (2021) Voluntary peer-mentoring program for undergraduate medical students: Exploring the experiences of mentors and mentees. *Korean Journal of Medical Education*, 33(3), 175–190.

Chow, K. & Healey, M. (2008) Place attachment and place identity: First-year undergraduates making the transition from home to university. *Journal of Environmental Psychology*, 28, 362-372.

Collings, R., Swanson, V. & Watkins, R. (2014) The impact of peer mentoring on levels of student wellbeing, integration and retention: A controlled comparative evaluation of residential students in UK Higher Education. Higher Education, 68, 927–942.

Cornelius, V., Wood, L. & Lai, J. (2016) Implementation and evaluation of a formal academic-peer-mentoring programme in Higher Education. *Active Learning in Higher Education*, 17(3), 193–205.

Crisp, G. & Cruz, I. (2009) Mentoring College Students: A Critical Review of the Literature Between 1990 and 2007. *Research in Higher Education*, 50, 525–545.

Dalgaty, F., Guthrie, G., Walker, H. & Stirling, K. (2017) The value of mentorship in medical education. The Clinical Teacher, 14(2), 124–128.

Dyrbye, L. N., Sciolla, A. F., Dekhtyar, M., Rajasekaran, S., Allgood, J. A., Rea, M., Knight, A. P., Haywood, A., Smith, S., and Stephens, M. B. (2019) Medical School Strategies to Address Student Well-Being: A National Survey. *Academic Medicine: Journal of the Association of American Medical Colleges*, 94(6), 861–868.

Dyrbye, L. N., West, C. P., Satele, D., Boone, S., Tan, L., Sloan, J. & Shanafelt, T. D. (2014) Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Academic Medicine: Journal of the Association of American Medical Colleges*, 89(3), 443–451.

Egege S. & Kutieleh S. (2015) Peer mentors as a transition strategy at University: Why mentoring needs to have boundaries. *Australian Journal of Education*, 59, 265-277.

Eret E., Guneri O.Y. & Aydin Y.C. (2018) Evaluation of Peer Mentoring Program in Higher Education: Does it Support Smooth Transition of New Faculty to the Academia? *Journal of Higher Education and Science*, 8(3), 532.

Fayram J., Boswood N, Kan Q, Motzo A. & Proudfoot A. (2018) Investigating the benefits of online peer mentoring for students confidence and motivation. *International Journal of Mentoring and Coaching in Education*, 7, 312-328.

Hall, R. & Jaugietis, Z. (2011) 'Developing peer mentoring through evaluation'. *Innovative Higher Education*, 36(1), 41–52.

HESA (2022) *First year entrants onto undergraduate study*. Accessed at https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/higher-education/first-year-entrants-onto-undergraduate-degrees/latest.

Hixenbaugh, P., Dewart, H., Drees, D. & Williams, D. (2006) Peer E-Mentoring: Enhancement of the First Year Experience. *Psychology Learning & Teaching*, 5(1), 8–14.

Hodgson, J. & Bretherton, R. (2021) Twelve tips for novice academic staff supporting medical students in distress. *Medical Teacher*, 43(7), 839-844.

Hubble, S. & Bolton, P. (2021) *Support for disabled students in Higher Education in England: House of Commons briefing paper*. Accessed at https://commonslibrary.parliament.uk/research-briefings/cbp-8716/ .

Hughes, G. & Spanner, L. (2019) *The University Mental Health Charter*. Leeds: Student Minds

Indyk D., Deen D., Fornari A., Santos M.T., Lu W.H. & Rucker L. (2011) The influence of longitudinal mentoring on medical student selection of primary care residencies. *BMC Medical Education*, 11(1), 27.

Jordan, R. K., Shah, S. S., Desai, H., Tripi, J., Mitchell, A. & Worth, R. G. (2020) Variation of stress levels, burnout, and resilience throughout the academic year in first-year medical students. *PloS one*, 15(10), e0240667.

Kachaturoff, M., Caboral-Stevens, M., Gee, M. & Lan, V.M. (2020) Effects of peer-mentoring on stress and anxiety levels of undergraduate nursing students: An integrative review. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 36(4), 223-228.

Kalén S., Ponzer S., Seeberger A., Kiessling A. & Silén C. (2015) Longitudinal mentorship to support the development of medical students' future professional role: a qualitative study. *BMC Medical Education*, 15(1), 97.

Keshavan, M. S. & Tandon, R. (2015). On mentoring and being mentored. *Asian Journal of Psychiatry*, 16, 84–86.

Loots A.G.J. (2009) Student involvement and retention in Higher Education: the case for academic peer mentoring programmes for first-years. *Education as Change*, 13, 211-235.

Menzies, J. L., Baron, R. & Zutshi, A. (2015). Transitional experiences of international postgraduate students utilising a peer mentor programme. *Educational Research*, 57, 403-419.

Merrick D., Hodgson J., Hagan P. & Mbaki Y. (2021) Virtual peer mentoring: A partnership between two UK Medical Schools. *IMPact e-journal*, 4,1-9.

Nimmons, D., Giny, S. & Rosenthal, J. (2019). Medical student mentoring programs: current insights. *Advances in Medical Education and Practice*, 10, 113.

Oddone Paolucci, E., Jacobsen M., Nowell L., Freeman G., Lorenzetti L., Clancy T., Paolucci A., Pethrick H. & Lorenzetti D.L. (2021) An exploration of graduate student peer mentorship, social connectedness and well-being across four disciplines of study. *Studies in Graduate and Postdoctoral Education*, 12(1), 73-88.

Office for Students (OfS) (2022) *Registration with the OfS: Conditions of registration.* Accessed https://www.officeforstudents.org.uk/advice-and-guidance/regulation/registration-with-the-ofs-a-guide/conditions-of-registration/

Page, D. & Hanna, D. (2008) Peer Mentoring: The Students' Perspective. *Psychology Learning & Teaching*, 7(2), 34–37.

Ragavan, S. K. (2012) Acquiring skills for a globalized world through a peer mentoring scheme: A UK law school experience. *The Law Teacher*, 46(1), 15–37.

Seery C., Andres A., Moore-Cherry N. & O'sullivan S. (2021) Students as Partners in Peer Mentoring: Expectations, Experiences and Emotions. *Innovation in Higher Education*, 46, 663–681.

Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., Gleeson, H., Sow, K., Hind, D. & Barkham, M. (2021) Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *Journal of Affective Disorders*, 287, 282–292.

Sheri K., Too J.Y.J.M., Chuah S.E.L., Toh Y.P., Mason S. & Krishna L.K.R. (2019) A scoping review of mentor training programs in medicine between 1990 and 2017. *Medical Education.* DOI: 10.1080/10872981.2018.1555435

Siddiqui, S. (2014) Of mentors, apprenticeship, and role models: a lesson to relearn? *Medical Education Online*, 19, 25428.

Stamm, M. & Buddeberg-Fischer, B. (2011) The impact of mentoring during postgraduate training on doctors' career success. *Medical Education*, 45(5), 488–496.

Steiner, J. F., Curtis, P., Lanphear, B. P., Vu, K. O. & Main, D. S. (2004) Assessing the role of influential mentors in the research development of primary care fellows. *Academic Medicine*, 79, 865-872.

Straus S.E., O'johnson M.O., Marquez C. & Feldman M.D. (2013) Characteristics of successful and failed mentoring relationships: A qualitative study across two academic health centers. *Academic Medicine*, 88, 82-89.

Sugimoto, C.R. (2012) Initiation, Cultivation, Separation and Redefinition: Application of Kram's Mentoring Framework to Doctoral Education in Information and Library Science. *Journal of Education for Library and Information Science*, 53, 98-114.

Taylor, J. S., Faghri, S., Aggarwal, N., Zeller, K., Dollase, R. & Reis, S. P. (2013) Developing a peer-mentor program for medical students. *Teaching and Learning in Medicine*, 25(1), 97–102.

Ward E.G., Thomas E.E. & Disch W.B. (2010) Goal attainment, retention and peer mentoring. *Academic Exchange Quarterly*, 14, 170–176.