# **Reverse Mentoring in the Faculty of Medicine**

# Pilot evaluation report

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## *“*…our medical school is good at diversity, but not inclusivity. I didn't consider how important the distinction between the two were before…. The fact that we have so much diversity means it's even more important that we have an inclusive environment for students and staff. As a bonus, I think it would also result in our med school producing doctors that better understand the needs of their patients*.”*

## Sally Curtis

## Jacquie Kelly

## Joseph Hartland

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## "It has given me a deeper understanding of our medical students, their journey, their aspirations and limitations.…. It has hopefully made me a better PAT, mentor and lecturer."

# Executive Summary

1. The reverse mentoring pilot scheme was well received by all participants and successful in facilitating challenging conversations around discrimination, bias and race between mentors and mentees. It has raised awareness of issues around inclusivity and the different experiences and perceptions of the Faculty.
2. No concerns were raised by mentors or mentees about feeling unsafe or vulnerable as a result of engaging with this scheme. Careful consideration was given to supporting students and staff for the reversal of the power dynamic. This was an area some participants found difficult to adjust to, especially the mentees.
3. All participants reported enjoying the conversations held during the meetings, even if they were challenging. The sessions were effective in stimulating consideration and discussion of ways that staff and students can improve inclusivity and clear outcomes were been established.
4. There was a keenness expressed by all participants that the outcomes be reviewed and implemented wherever possible. Key outcomes included, more opportunities for staff and student interaction with increased mechanisms to enable sharing of stories between staff and students. Increasing staff and student EDI training, further consideration and support for students in financial hardship, curricula review and working together to reduce microaggressions were also raised.
5. An education EDI working group would be an appropriate way to work with the senior leadership team and Faculty EDI committee to review, develop and implement the outcomes of this scheme.
6. A key recommendation from this evaluation is to embolden the Faculty to clearly communicate its stance of support for students from all minority backgrounds and to develop a clear strategy and action plan to embed this stance in Faculty processes and actions.
7. Mentees reported feeling inspired, enlightened and having enjoyed the experience and mentors said they found the experience positive, empowering, insightful and informative. Everyone who took part said the pilot scheme it would be beneficial to the faculty to roll it out more widely across the Faculty and University.
8. Based on this evaluation it is recommended this scheme is rolled out more widely in the Faculty and across the University with considerations necessary adjustments for delivering on a larger scale.

# 2. Background

Students from minority backgrounds, frequently struggle to fit in to medical schools and find their sense of belonging and identity1. The Faculty of Medicine at the University of Southampton has a strong commitment to welcoming students from a wide range of backgrounds through its range of undergraduate programmes. However, programme evaluations and studies show that students continue to feel marginalised for a variety of reasons2-5, examples of this are the lack of understanding from staff and other students, high rates of imposter syndrome, financial difficulties, and a ‘white-centric’ curriculum with a lack of BAME clinical examples, resources, staff and sim patients.

Differential attainment (DA) is found across HE, in medical schools and in postgraduate training6-8. DA is mainly identified as affecting students from Black, Asian and Minority Ethnic (BAME) backgrounds. At Southampton, alongside two additional medical schools in the UK, DA has also been reported in students from low socioeconomic backgrounds, which has high intersectionality with BAME demographics9. Approximately 30% of the undergraduate BAME students at the Faculty of Medicine enter through our 6 year contextual admission route10 and frequently have continuing personal and financial circumstances that negatively impact on, and conflict with, the ability to optimise their academic and professional potential.

To help the faculty understand the perspectives and challenges that students from minority backgrounds face, and therefore be able to provide appropriate support, a reverse mentoring (RM) scheme was piloted with students from underrepresented backgrounds across the UG programmes and senior faculty staff. The RM scheme is designed to create safe spaces for difficult conversations, to challenge assumptions and perspectives and to identify positive ways in which staff and students can work together to:

* Create a more inclusive learning and working environment within the Faculty of Medicine
* Reduce the attainment gap for students from underrepresented and minority backgrounds

The aims of the RM pilot scheme are to:

1. Determine whether the framework for reverse mentoring is safe for all participants and effective in raising awareness of the experiences of students from minority backgrounds.
2. Create positive outcomes to increase inclusivity in the Faculty of Medicine
3. Determine whether this scheme could and should be rolled out more widely across the Faculty and University.

# 3. Reverse mentoring scheme development

The overarching framework was designed to help mentors and mentees achieve the aims of the RM scheme (Figure 1). It was crucial that the safety and well-being of all participants was core to the development of this scheme. This required creating safe spaces for the training sessions and the mentoring sessions. The reversal of the power dynamic between students and senior staff, as well as the difficult and often challenging nature of the conversations around bias and discrimination, could leave all participants in a vulnerable position.

This necessitated training for all participants as well as providing support for the mentors to plan and deliver their sessions and to create meaningful outcomes.

Figure 1 – Overarching framework of the reverse mentoring scheme

Safe Space

Structure and support

Students as educators

Staff as active listeners

Meaningful outcomes

Challenging conversations

The scheme’s structure consisted of:

* An initial training session for mentors and mentees – this started and ended with all participants together but the main training was undertaken separately for mentors and mentees.
* Four mentor/mentee meetings over a period of 3/4 months
* A mid-way support session for mentors
* A separate evaluation and outcomes session for mentors and for mentees

A Handbook for Mentors was given to all mentors at their initial training session to provide information and guidance, including suggested content for the four mentoring sessions. Further discussion material was emailed to mentors after the initial training session.

(The Handbook for Mentors and a detailed framework of the scheme is available upon request)

Ethics study approval number 54470

# 4. Recruitment

Following ethical approval, email requests containing information about the scheme were sent to members of the Faculty Operating Board and Directors of Programmes to ask for volunteer mentees. A request for volunteer mentors, written by the project lead, was distributed in a student weekly news bulletin by the Faculty President (student).

Dates for the training session were established and the staff and students who were able to attend were then recruited into the scheme. We asked 2 extra students to attend the training in case any mentors were unable to continue and they could step in as reserves. Pairing was undertaken by the project lead who had insights into the majority of participants.

\*A wider recruitment strategy would need to be carefully considered as this method is not sustainable or possible on a larger scale.

# 5. Evaluation methods

Several layers of evaluation were built in to this pilot to obtain detailed feedback on the process, experience and impact of taking part.

There were three main aspects of the evaluation:

1. Short narrative or written accounts written before the training session and after the mentoring sessions (but before the group evaluation session). These accounts will be analysed using a discourse analysis to look for changes in the language used and perceptions of the participants after engaging with the mentoring scheme.

Mentors

1. For the pre-training task mentors were asked to write a short narrative account, which tells a story or provides an account of what they think mentoring a senior member of staff may be like.
2. Following the mentoring sessions mentors were asked to write a short narrative account, which tells a story or provides an account of what it was like mentoring a senior member of staff.

Mentees

1. For the pre-training task the mentees were asked write a short narrative account, which tells a story of a journey (or part of a journey) through Higher Education of a student from a minority background
2. Mentees were asked to complete the same task after the mentoring sessions
3. Evaluation sessions – Teams meetings were held separately for mentors and mentees to discuss their experiences of the scheme and what staff and students can do going forward to help make the Faculty of Medicine more inclusive.
4. Evaluation questionnaires – completed after the evaluation session, which includes questions on the process of the scheme as well as perceptions of the mentoring sessions

\*The results from evaluation methods 2 and 3 are presented in this report. A further research paper identifying whether the scheme affected participants’ perceptions, through a discourse analysis of the written accounts, will be disseminated at a later date.

# 6. Results

The RM pilot scheme began a couple of weeks before covid-19 caused a return home for students and the consequent lockdown. The mentoring sessions were intended to be held face to face but the vast majority of mentoring sessions occurs via Microsoft Teams (or similar software). In some cases this also reduced the number of sessions it was possible to arrange.

There were 18 participants (9 mentor / mentee pairs) invited to the training session. Of the 9 pairs who attended 8 completed the scheme. The pair unable to complete, due to the change in workload as a consequence of Covid-19, have asked to join the scheme as a pair when it is run again.

The mentors were students from the BM5 (traditional) and BM6 (widening participation) medical degree programmes. The mentees were members of the Faculty Operating Board and senior academic staff.

# Questionnaire responses

100% response rate from the mentors (8/8)

75% response rate from mentees (6/8)

General feedback themes, supported by a selection of quotations, are used to summarise and illustrate the free text comments from the questionnaires.

**Q1 - Was your experience of the mentoring scheme as you expected? Did anything surprise you?**

Mentors described being surprised at how well it worked, the impact it had and how much their mentees had learnt.

*“I was not expecting someone to listen to me, of course seeing someone who is a senior member of the university I had assumed they had far more important things to take care of. However, my mentee has learnt a lot from hearing about my experiences and I feel this scheme has a chance in making a massive difference improving diversity and the conversations surrounding it.”*

Mentees stated that it was better than expected, insightful, informative and inspiring

*“It was more inspiring and much better than I imagined. My Mentor was honest, open and engaging. His life experiences are nothing short of remarkable. It reminded me again that everyone has a "back story" and it is too easy to judge people without understanding what is going on in their world”.*

**Q2 - Was there anything you found challenging?**

Some mentors found planning the sessions and the logistics of holding meetings from the family home difficult during the pandemic. They also reported that having difficult conversations was challenging due to lack of confidence, worrying about being misunderstood and sharing personal experiences.

*“I found it challenging to walk through experiences in a reflective exercise. Sharing experiences is always personal, but it was pivotal for the forward thinking discussions we had particularly in session 2.”*

Some mentees also found organising the meetings during the pandemic difficult but the main challenge reported was adopting the mentee role and not being able to solve the problems.

**Q3 - Did you have any concerns that you felt unable to raise with Sally, Jacquie and Joseph?**

6 of the 8 mentors had no concerns relating to their experience

One mentor expressed concerns at the demographic of the project team

*“Honestly, I feel like the demographic of the team was white, middle class professionals that there was a barrier in being able to engage with our concerns.”*

Mentees reported no concerns

**Q4 - Did you have any concerns that you felt unable to raise with your mentor/mentee?**

No concerns were raised by mentors with one mentor commenting;

*“I felt that my mentee was eager to learn, provide his opinion, willing to see perspective and acknowledge differences in a way that wanted to create tangible change. Sometimes I took for granted how much the mentee may/may not know so it was interesting to see this with each conversation. On a whole, I felt that I was able to have difficult conversations with my mentee without any concern.”*

Mentees reported no concerns

**Q5 - Please describe one key thing that you have learnt from this experience that will stay with you.**

Mentors identified a range of learning points including the realisation of how much inequality there is in higher education, especially a traditional subject like medicine and was that there is just as much difference within the BAME community as between the BAME and White communities, but with the need to always consider personal experiences. The importance of having difficult conversations about racism, sexism etc. to challenge thinking and unconscious biases was also noted.

Privilege was also a factor mentioned, including the potential for good that can come out of privilege and powerwith one mentor commenting;

“Checking my own privilege made it easier for me to help my mentee realise his”.

Another mentor realised;

“It is important that I also don’t label myself as someone who is unable to carry out tasks due to my upbringing and use these experiences to drive me to reach my goals whatever they may be”

Mentees reported an increased understanding of white privilege and that although the faculty may believe they are addressing or listening to the students, it is very likely that this does not include some minority groups. Additional support for students from minority backgrounds throughout their journey suggested as helpful including financial and other support e.g. role models, pastoral and information.

One mentee reflected that;

“Discussions with my mentor exposed a tendency in me to seek shared experience as a way of empathising and as a result, I don’t think I was curious enough”

And another stated

“Two BAME people can start with very different views on structural unfairness in society, but communicating these to each other can lead to greater understanding of the opposite viewpoint, and most importantly, can help give confidence in dealing with the challenges that life often throws up.”

**Q6 - What were the most helpful aspects of the scheme’s organisation?**

The handbook was overwhelmingly noted as helpful by mentors and also the initial training session

The mid-way training support meeting was also appreciated;

“*It also helped to see how varied everybody's approach was, as previously I felt I wasn't doing it 'right'. After this meeting though, I realised everyone would have a different approach depending on them and their mentee.”*

Another mentee commented they were;

“….*very aware during the scheme how to seek senior support advice and guidance and appreciated regular check ups and clarifications…”*

Mentees identified support and training for the mentors as well as structure and timing of the sessions as most helpful

**Q7 - What were the least helpful aspects of the scheme’s organisation?**

Generally mentors did not identify anything as unhelpful but one identified the lack of information for mentees and another would have liked more discussion ideas in the handbook.

A few mentees mentioned the difficulties that arose through the pandemic, one mentioned a slightly restricted view among organisers of the range of BAME views (among BAME people) at the outset and another found the amount of evaluation they were asked to undertake unhelpful.

**Q8 - How many meetings did you have with your mentor?**

The majority of pairs had 4 meetings although the pandemic meant that a couple of pairs had one or two less meetings.

**Q9 - How many meetings would you recommend for future schemes?**

The majority of mentors and mentees suggested between 4-6 meetings however one mentor and one mentee both suggested 10

**Q10 - What have you achieved personally and/or professionally from being a part of this scheme?**

Mentors reported gaining insight into others experiences and into themselves alongside personal development. They also reported they had learnt how to structure conversations in an effective and systematic manner to reach a common goal. Other personal achievements included a sense of satisfaction and pride, seeing value in their own experiences and using them to fuel change.

Achieving a deeper understanding of our medical students and appreciation of privilege were reported by mentees;

“It has also made me more aware of the inequalities that some people have to deal with and think about things which I didn't even perceive as being unfair beforehand”

At the end of the scheme, all mentors felt empowered with 4 describing feeling extremely or very empowered and all mentees felt enlightened with 5 describing feeling extremely or very enlightened.

**Q11 - How beneficial do you think this scheme will be for the medical school?**

All mentors stated this scheme would be very beneficial for the medical school

“Very! Somebody in the evaluation session pointed out that our medical school is good at diversity, but not inclusivity. I didn't consider how important the distinction between the two were before that. The fact that we have so much diversity means it's even more important that we have an inclusive environment for students and staff. As a bonus, I think it would also result in our med school producing doctors that better understand the needs of their patients”

All mentees also stated this scheme would be beneficial

“I really hope that the result of this will be to make some changes for the better within the school with the senior leadership team leading by example.”

**Q12 - What advice would you give us for running the scheme in the future?**

Both mentors and mentees thought an increased diversity within the scheme would be helpful, with both groups suggesting mentors from a wider range of minority backgrounds.

One mentor also suggested;

"Maybe have more diversity in the facilitators. Pick difficult members of staff not just open ones”

Other advice from mentors included; expanding the discussion material in the booklet, suggesting mentors to identify and learn about their own privilege. And from mentees; ensuring issues raised are further reviewed and discussed at senior leadership levels and to have follow on meetings for up to a year after mentoring sessions.

# Outcomes from evaluation sessions

The main aims of the reverse mentoring scheme are to increase inclusivity in the faculty to help reduce differential attainment and the scheme was specifically structured so mentees and mentors could identify and discuss ways to increase inclusivity in their final mentoring session. Two separate evaluation sessions were held following the final mentoring sessions, one for mentees and one for mentors, where the suggested ways increase inclusivity in the faculty were raised (see Table 1).

7/8 mentors attended and 7/8 mentees attended their respective sessions.

Table 1 mentor and mentees combined suggestions to increase inclusivity in the faculty

|  |
| --- |
| **Proposed methods to increase inclusivity** |
| Faculty level |
| Ensure outcomes from the reverse mentoring (RM) scheme are acted on and reviewed, create an action plan |
| Share experiences and outcomes of the RM scheme with staff and students |
| Roll the RM scheme out more widely in the faculty |
| Organise events to bring staff and students together |
| Increase opportunities for staff to listen to students, hear individual student stories |
| Address micro-aggressions, create a climate to facilitate calling each other out |
| Build effective teams within the faculty |
| Address the lack of diversity in the senior leadership team |
| Provide workshops on diversity, bystander training, WP, inclusivity, for faculty staff, include as part of induction |
| For / with students |
| Provide more career advice and mentoring |
| Increase opportunities for students to engage with wider groups of staff, students want to know who the staff are – for staff to be accessible |
| Develop and install a system for students to call out inappropriate behaviour in clinical placements. |
| Raise awareness of the faculty EDI stance in the student community, reduce the ‘us and them’ |
| Understand that internet or privacy issues can disadvantage some students in accessing online teaching and learning, resources. |
| Finance |
| Provide greater financial support - Bursaries only cover 4 years of the programme which disadvantages BM6 students disproportionately |
| Provide a system that overcomes difficulty for students finding a guarantor to underwrite rental agreements |
| Address accessing opportunities such as the MMedSc, especially as applying for a loan goes against Muslim values and beliefs |
| University-wide |
| Address the lack of halal food on menus |
| Curriculum |
| Decolonise the curriculum e.g. diversity in images used in teaching |
| Include bystander training in the curriculum |

# 7. Conclusions and recommendations

The main intentions of this pilot were to evaluate the structure of the reverse mentoring scheme and the experiences of the participants. This evaluation aimed to:

1. Determine whether the framework for reverse mentoring is safe for all participants and effective in raising awareness of the experiences of students from minority backgrounds.

This pilot began just before the covid-19 lockdown and as such the delivery of the mentoring meetings were not conducted face to face as originally intended. However, despite some logistical challenges, the majority of planned meetings took place with only one pair being unable to take part. Most meetings took place on Teams which some mentors found challenging due to their home environment. These challenges also contributed to the mentoring discussions in raising awareness of disadvantages faced by some students.

There were no concerns raised by mentors or mentees about feeling unsafe or vulnerable as a result of engaging with this scheme. Students felt supported through the initial and mid-way training sessions and found the Handbook for Mentors particularly helpful. However, feedback suggests this handbook could be expanded to include more material and guidance for session planning and delivery. Ensuring easy access to support for students throughout this scheme is crucial for their wellbeing and was appreciated by students.

Careful consideration was given to supporting students and staff with the reversal in power dynamic and the evaluations showed this was an areas some participants had difficulty adjusting to, especially the mentees. This is a key training area that needs to be retained and clearly addressed in the initial training session.

1. Create positive outcomes to increase inclusivity in the Faculty of Medicine

From the evaluation questionnaires and initial exploration of the evaluation session transcripts it is clear the scheme was well received by all participants and successful in facilitating challenging conversations around discrimination, bias and race between mentors and mentees. This scheme has helped raise awareness of issues around inclusivity and the different experiences of the Faculty for all participants.

All participants reported enjoying the conversations held during the meetings, even if they were challenging. The sessions stimulated consideration and discussion of ways that staff and students can improve inclusivity and clear outcomes have been established.

There was a keenness expressed by all participants that the outcomes be reviewed and implemented wherever possible. Key outcomes included; more opportunity for staff and student interaction, with increased opportunities to share stories between staff and students more widely. Increased staff and student training, further consideration and support for students in financial hardship, curriculum review and working together to reduce microaggressions were also raised.

A key recommendation of this pilot is to embolden the Faculty to clearly communicate its stance of support for students from all minority backgrounds and to develop a clear strategy and action plan to embed this stance in Faculty processes and actions.

1. Determine whether this scheme could and should be rolled out more widely across the Faculty and University.

Mentees reported feeling inspired, enlightened and having enjoyed the experience and mentors said they found the experience positive, empowering, insightful and informative. Everyone who took part said the scheme it would be beneficial to the faculty to roll it out more widely across the Faculty a d University.

It must be borne in mind that, as stated by one mentee;

“We are all enthusiastic and curious volunteers, who have tested a system rather than used it” and the outcomes may be different if the participants are less engaged.

This is a key consideration when disseminating the scheme and whether a scheme of expected participation may yield less favourable results and therefore have greater potential to negatively affect students mentors.

## Considerations for future delivery

Based on this evaluation it is recommended this scheme is rolled out more widely in the Faculty and across the University. Considerations for expanding the scheme include:

* Adjustments to the framework will need to be made to deliver to a larger group, with consideration to the recruitment and pairing of the mentors and mentees.
* Providing training and support for the scheme is resource intensive and needs to be factored in to further plans.
* Increasing the content of the Handbook for Mentors to include more material for discussion
* To deliver the training and sessions in work time, so this is not perceived as an additional extra, rather an integral part of our roles and responsibilities.
* Students receive recognition for their contribution to the scheme
* Ensure support and ‘buy in’ from the senior leadership team at the start

# Acknowledgements

With heartfelt thanks to all students and staff who took part in the pilot scheme and the time and care taken providing detailed evaluations.

# Contributions

The training and session materials were developed by Prof Sally Curtis, BM6 programme and widening participation lead, Faculty of Medicine, University of Southampton, Miss Jacquie Kelly, Staff development Lead, Faculty of Medicine, University of Southampton and Joseph Hartland, lead for 3D (Disability, Discrimination and Disadvantage) at the University of Bristol. The initial training session was facilitated by Joseph Hartland and Sally Curtis and the mid-way training and evaluation sessions were facilitated by Sally Curtis and Jacquie Kelly.

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