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Title: Help Wanted: Medical Student Looking for a Mentor

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"A mentor is someone who has more imagination about you than you have about yourself."[1]

– Suzzane Koven, MD

Shortly after beginning her first year of medical school, a friend asked, "How do I find a mentor?" Her question represents the uncertainty of entering a profession where mentorship is important, but often poorly defined. We thus provide an overview of medical student mentorship that we intend to be helpful to both student and mentor, alike. Recognizing the myriad challenges medical students face while finding an appropriate mentor, identifying the various types of mentors they may encounter, and establishing strategies for building effective mentor-mentee relationships can offer clarity when engaging in mentorship throughout medical school.

The Dilemma

Medical students face circumstances that make mentorship both challenging and formative. Until late in medical school, many have not decided on a specialty, and until this point, mentorship may be viewed as a risk for both mentors and mentees. As new trainees, medical students may have limited reciprocal value in a mentor-mentee relationship, as well as finite time. Similarly, faculty members often have competing interests that make mentor-mentee relationships challenging. Students from groups historically underrepresented in medicine or non-traditional backgrounds may face

unique challenges in the pursuit of mentorship.[2] Yet even small bits of guidance can have a disproportionate impact on a trainee's career decisions and professional identity.

The Mentors

Mentors within academic medicine generally align with one or multiple mentor archetypes[3] — the traditional (or career) mentor, the coach, the sponsor, and the connector. Specifically, "the mentor guides, the coach improves, the sponsor nominates, and the connector empowers, but always the mentee benefits."[3] Medical students may identify these archetypes among the following types of mentors:

1. **Assigned medical school advisors** are often introduced through a medical school's professional development curriculum. These mentors generally provide consistent, reliable support, allowing for longitudinal observation of a student's progress throughout medical school or support with the residency application process. While career alignment between a formally assigned faculty member and medical student is often discordant, the greatest value this mentor may have for a medical student is as an early coach, offering general advice that is not specialty-specific, and as a connector, helping to introduce a student to more compatible mentors and experiences.

2. **Clinical preceptors** are faculty members whom medical students are assigned to work with during clinical rotations. While clinical preceptorship can become an additional mentor-mentee relationship beyond the clinical setting, these mentors are typically categorized as clinical coaches as they help medical students improve their clinical skills. Clinical preceptors might also serve as sponsors when medical students apply to residency training programs.

3. **Student-identified mentors** are ascertained through a student's own volition. A self-identified mentor selected out of curiosity about a specific clinical discipline may represent a traditional mentor, as the mentor helps the mentee navigate their long-term career goals. This is often the case in research, where a student identifies a mentor to work in their lab, and learns the principles of that mentor's research. Self-identified mentors may serve as connectors to other mentors in a student's specialty of interest or as sponsors, offering letters of recommendation or comparable endorsements to enhance a mentee's candidacy for their next steps of training.

4. **Peer (or near peer) mentors** are trainees, including senior medical students and residents. These mentors provide practical guidance as they have more recently been in the "same shoes" as the mentee. They may serve as coaches, offering institution-specific or general advice. When successful, peer mentorship minimizes hierarchical structure, encourages candid exchange, and enables frequent advice.[2] The perspectives of peer mentors, however, are limited to their level of training.

5. **Pre-established mentors** refer to mentor-mentee relationships that were established prior to the beginning of medical school. These mentors can continue to mentor a medical student as a "distance mentor."[4] Distance mentors can offer diverse perspectives, either from a different academic institution or career sector (e.g., business, government)[4] and may serve as effective connectors.

Proposed Strategy

In **Table 1**, we present a step-by-step guide to successful mentor-mentee relationships while in medical school, highlighting recommended actions for both mentees and mentors, along with common pitfalls.[3, 5, 6] Some schools have recommended times and cadences to meet mentors. This advice is not meant to supersede an established system endorsed by a school and understood by their faculty.

One recommendation warrants attention: the mentorship circle. A mentorship circle consists of the mentee and several mentors with unique career paths and perspectives. Rather than meeting as a group, we suggest the mentee meet one-on-one with each mentor at regular intervals to encourage logistical feasibility. The mentorship circle may help medical students avoid the pitfall of believing that choosing a mentor is analogous to selecting a career path. To achieve this, we suggest that mentees identify mentors whose values align with their own or who have unique skill sets (e.g., research, education, policy). This way, even if a mentee pursues a career different from a mentor, they gain transferable skills and perspectives, while the mentor benefits from the contributions of their mentee.

With multiple mentors, medical students may receive conflicting career advice which can serve as a source of stress and confusion. Having strategies to reconcile disparate advice is paramount for effective decision-making. In these circumstances, involving a medical school advisor or dean for medical education can provide impartial, informed guidance.

Medical students, particularly those who wish to enter competitive specialties, should be cognizant of the benefits and limitations of mentors in leadership roles. For

example, a department chair can uniquely endorse a medical student's professional candidacy but may not have time to be a consistent mentor. Conversely, while a junior faculty's endorsement may have less credibility, they often have more capacity for consistent mentorship.

Conclusion

While mentor-mentee relationships in medical school can present challenges, they offer a disproportionate impact on a trainee's career decisions. When executed intentionally, these relationships shape professional identity, foster career exploration, and develop skills that will well serve both mentees and mentors throughout their careers.

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Table 1: Step-by-Step Guide to Successful Mentorship for Medical Students

Step	Mentee Action	Mentor Action	Pitfalls
Step 1: Clarify goals of mentorship[6]	Reflect on what you hope to achieve from mentorship (e.g., career exploration, research).	Reflect on how much time you can allocate to mentorship and what kinds of mentoring you can provide (e.g., research mentor, career mentor).	Nonspecific goals (e.g., I need help with my career) may come across a large commitment to mentors compared with specific requests, therefore reducing the likelihood of an agreeable mentor.
Step 2: Identify prospective mentors	Utilize institutional websites and mentor/peer recommendations to create a list of prospective mentors. Discuss with your school-assigned mentor if you have one.	Consider what skills, perspectives, and goals you hope for prospective mentees to have.	A narrow list of prospective mentors risks anchoring bias and future discouragement if mentors are not agreeable to mentorship.
Step 3: Coumminicat e requests and advocate for yourself	Communicate mentorship goals to prospective mentors and why they are an optimal fit. Link mentorship to short- and long-term career goals (e.g., publishing a paper, residency match). Communicate your skills and experiences. Consider how you can unqiuely help the prospective mentor. Send an up-to-date curriculum vitae. If there is no response, follow up after two weeks. After that, contact a new prospective mentor.	Decide if you wish to meet with the mentee to further discuss a mentor-mentee relationship. Before meeting, begin to evaluate compatability with the mentee and set realistic commitment boundaries.	Failing to specify why a particular mentor is a strong fit for a mentee's goals risks the mentor-mentee relationship appearing transactional, misaligned, unsustainable, and non-reciprocal. A busy mentor may not have time to pursue a mentor-mentee relationship without reciprocity. Failing to demonstrate how a mentee can contribute to a mentor's work can make the relationship appear one-sided. If mentorship were to occur, opportunities for collaboration and growth may be cease to exist.
Step 4: Meet:	Evaluate compatability, including logistical factors (e.g., time),	Be candid about the feasibility of fulfilling the requests of a mentee.	If compatability is not discerned, mentorship may proceed with minimal

Evaluate compatability and make a decision	career/project opportunites, and likelihood of achieving goals in a prespecified timeframe. Communicate how frequently you wish to meet (e.g., quarterly for career mentoring).	Evaluate if the mentee has the time and qualifications to fulfill expectations of mentorship. Establish communication preferences (e.g., email). Set expecations for communicating project updates and expectations for response time.	benefit or enjoyment to mentor and mentee alike. Without clarifying deadlines and expectations for meeting frequency, the mentor and mentee risk not achieving goals by prespecified timeframes (e.g., residency application submission, conference deadlines).
Step 5: Respect mentors' time[6]	Prepare meeting agendas, arrive on time for meetings, follow through on assigned tasks. Underpromise and overdeliver.	Set clear expectations and deadlines. Recognize that similar to the mentor, the mentee has competing interests as a medical student (e.g., clinical rotations, exams).	Failing to uphold expectations of mentorship may come across as disrespectful and unreliable, jeopardizing the mentor-mentee relationship.
Step 6: Build a diverse mentorship circle[4]	Build a circle of mentors with diverse perspectives. Do not fixate solely on the clinical specialty of a prospective mentor. Identify mentors whose values align with your own or who have unique skill sets (e.g., research, education, policy). Have a plan for managing disparate advice from mentors. Engage medical school advisors or deans for informed guidance.	Recognize that a single mentor cannot fulfill all of a trainee's mentorship needs. Suggest that mentees create a mentorship circle.	Relying on a single mentor narrows perspective which, in extreme cases, may prematurely terminate career exploration. It is also important to consider that generally a single mentor cannot meet all of a mentee's career needs. Disparate advice can be a source of stress and confusion for medical students. At worse, this can lead to poorly informed career decisions if advice from credible stakeholders is not solicited.

Step 7: Know when to step away[5]	Discuss concerns with a mentor if pre-specified expectations are not being met, or if mentorship malpractice behaviors are being exhibited. Step away if necessary.	Assure there are clear expecations for mentees. Consider terminating the mentor-mentee relationship if the mentee is habitually not adhering to pre-specified expectations.	Unmet expectations and deadlines may jeopardize career opportunities for both mentors and mentees (e.g., conference presentation before residency applications).

Footnote: The mentorship advice presented in this table is not meant to supersede an established system endorsed by a medical school and understood by its faculty.