

Students' experiences of a near to peer programme to combat empathy dampening effects of the Hidden Curriculum

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Abstract

Background: The transition from the pre-clinical phase to the clinical phase of medical education often induces stress and dampen empathy among medical students.

Objective: To explore students' experiences of a near to peer mentoring programme, which had been designed to reduce stress by fifth-year medical students helping third-year medical students transition to the clinical phase of their education.

Methods: A qualitative study, underpinned by a social constructivist stance, was conducted. Twenty-four pairs of third- and fifth-year medical students took part in the programme at Leicester Medical School during the 2022/23 academic year. Semi-structured interviews were conducted with students who had taken part in this pilot. Reflexive thematic analysis was used to analyse the data.

Results: Eighteen students (eight third-year mentees and 10 fifth-year mentors, 75% of the overall sample) participated in interviews between May and July 2023. Four themes captured participants' views and experiences of the near to peer mentoring programme: the value of near to peer understanding, provision of tailored advice, enhanced empathy, and greater structure to maximise the benefits of the programme.

Conclusions: We were able to successfully deliver a near to peer course to Leicester Medical Students. The course was well received with mentees reporting that it would help preserve their empathy. Clinical Trial: Not applicable.

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Original Manuscript

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ABSTRACT

Background: The transition from the pre-clinical phase to the clinical phase of medical education often induces stress and dampen empathy among medical students.

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KEYWORDS

Mentoring; Peer learning; Empathy; wellbeing; hidden curriculum

Introduction

Background

Therapeutic empathy improves patient [1, 2] and practitioner outcomes [3, 4]. Despite the recognised benefits of empathy, most studies that have measured medical student empathy have found that it declines as throughout medical school [5-11]. This decline appears to be most acute as students transition from the pre-clinical phase (usually involving mostly classroom-based training) to the clinical phase (usually mostly based in a clinical setting), which students find especially stressful [11-14]. This downward trend has been attributed to two main factors. First, medical students are faced with more complex patients than they have been exposed to in their previous personal or lecture-theatre based experience. Second, they are exposed to a 'hidden curriculum' [15], which includes a stressful organisational culture, lack of formal empathy teaching, prioritisation of biomedical knowledge, lack of encouragement, and a paucity of positive role models. This leads to adaptations such as professional distancing, cynicism and, in turn, lower empathy [16]. Overall, medical students often report feeling overwhelmed on placement and struggle to make the leap from learning from textbooks to learning from patients [16].

Evidence suggests that empathy can be taught [17], and that implementing interventions to enhance empathy will reduce, or even reverse, its decline in medical students [16]. These interventions include exposing students to more complex patients, stress management training, and educating students to identify positive role models [16].

Another promising intervention to address the empathy decline during the transition into the clinical phase of medical school is near to peer mentoring [18]. Near to peer mentoring involves a more senior learner (usually a year or more above) providing guidance and support to a more junior learner to enable them to navigate their education [19]. For medical students, near to peer mentoring has been shown to reduce stress [19], and to improve student experience [20], confidence [21], academic performance [22, 23] and general preparedness for practice [24]. Near to peer programmes have also been shown to address concerns, identified by students, that the university may not be able to help with [25]. As such, near to peer mentoring may help to address the factors attributed to the empathy decline during the pre-clinical to clinical transition [18].

Despite the potential benefits of near to peer mentoring for addressing the empathy decline in medical school, previous programmes have not focused on using near to peer learning to enhance

empathy [19-25]. Moreover, qualitative explorations of student experiences (including both mentors and mentees) of near to peer programmes are rare [26].

Aims and objectives

To explore students' experiences of a near to peer mentoring programme that helps third-year medical students transition to the clinical phase of their education to stem the decline in empathy.

Materials and methods

Study design

We conducted a qualitative study underpinned by a social constructivist philosophical stance, which views meaning as being actively created by individuals through social interaction [27]. This approach was selected as we sought to explore, in-depth, students' experiences of a pilot of a near to peer mentoring programme which involved regular interaction between third- and fifth-year medical students.

Setting

The near to peer mentoring programme involved pairing third- and fifth-year medical students as mentees and mentors, respectively. The students were based at Leicester Medical School, in the East Midlands of the United Kingdom (UK), and were enrolled on a five-year undergraduate medical degree. In total, 24 pairs of students (24 third-year mentees and 24 fifth-year mentors) took part in a six-month pilot of the programme during the 2022-2023 academic year. As preparation for the near to peer programme, mentors attended a training session delivered by one author (DS). This was delivered online because it had the advantage of delivering the required material efficiently (16), whilst students were in dispersed geographical locations on clinical placement. There was an opportunity for mentors to ask questions and clarify their understanding of the programme during the training session. Mentors were informed that they were expected to meet with their mentees at least three times during the 6-month pilot of the programme. At the end of the programme, students were asked to write a short reflection about their learnings from the programme and how they would apply this in the future.

Sampling and recruitment

We used convenience sampling to recruit third-year mentees and fifth-year mentors to participate in this study [28]. All students who had participated in the pilot of the near to peer programme were

invited to take part in the study by one author (DS). Follow-up emails were sent to boost recruitment and ensure we recruited similar numbers of mentee and mentor participants.

Data collection

Between May and July 2023, one author (DS) conducted interviews with mentees and mentors from the near to peer mentoring programme. As a social constructivist study, it was important that the interviews were semi-structured discussions to allow participants to construct their own meanings of the near to peer programme through language [27]. Topic guides were used to aid the interviews (Supplementary Appendices A and B). Given that many of the students were on placements in healthcare settings in different areas of the UK, we offered participants the choice of conducting their interviews either online or in-person. Data collection ceased upon reaching saturation: the point at which a “richly textured understanding” of participants’ experiences of the near-to-peer program had been achieved [29].

Data analysis

The interviews were anonymised, transcribed verbatim, and analysed using Microsoft Excel. Four authors (LK, JS, ABW, and JH) analysed the data using reflexive thematic analysis [30]; an analytic approach selected for its theoretical flexibility and suitability for exploring participants’ experiences of social phenomena [31]. First, the authors became familiar with the data by reading the interview transcripts. Then, two authors (LK and JS) began coding the transcripts, before clustering the codes into themes and writing summaries to accompany them. At this stage, a third and fourth author (ABW and JH) helped to refine the themes and define their titles, through discussion and by revisiting the raw data. Finally, the authors (LK, JS, ABW, and JH) selected paradigmatic data extracts to support each theme.

Reflexivity

We met regularly as a research team to critically reflect on how our own subjective experiences and assumptions might have influenced the construction of knowledge in this study [27, 32]. In particular, during the analysis, we consulted the raw data several times to ensure that we did not project our own positive beliefs about near to peer mentoring for enhancing empathy on participants’ accounts [27]. We achieved this by repeatedly engaging with the raw data to ensure the analysis reflected participants’ views and experiences, rather than ours.

Ethics

Ethical approval was granted by the University of Leicester Research Ethics Committee (reference: 38089-ds729-ls: medicine).

Results

Eighteen students participated in interviews about their views and experiences of the near to peer mentoring programme. Ten of these students were in their fifth-year of medical school and were mentors. Eight students were in their third-year year of medical school and were mentees. Each participant was assigned a unique participant identification (ID) code that combined a number with the word “mentor” or “mentee” (as appropriate) to indicate their role in the near to peer programme. Participants’ characteristics are summarised in Table 1.

Table 1. Participant characteristics

Participant ID code	Gender	Medical School Year	Mentee/Mentor
Mentor 1	Female	Fifth-year	Mentor
Mentor 2	Female	Fifth-year	Mentor
Mentor 3	Male	Fifth-year	Mentor
Mentor 4	Female	Fifth-year	Mentor
Mentor 5	Female	Fifth-year	Mentor
Mentor 6	Female	Fifth-year	Mentor
Mentor 7	Male	Fifth-year	Mentor
Mentor 8	Female	Fifth-year	Mentor
Mentor 9	Female	Fifth-year	Mentor
Mentor 10	Female	Fifth-year	Mentor
Mentee 1	Female	Third-year	Mentee
Mentee 2	Female	Third-year	Mentee
Mentee 3	Female	Third-year	Mentee
Mentee 4	Female	Third-year	Mentee
Mentee 5	Female	Third-year	Mentee
Mentee 6	Female	Third-year	Mentee
Mentee 7	Female	Third-year	Mentee
Mentee 8	Female	Third-year	Mentee

Reflexive thematic analysis of the mentor and mentee interviews generated four themes that capture participants’ experiences of the near to peer mentoring programme: value of near to peer understanding, provision of tailored advice, enhanced empathy, and greater structure to maximise benefits.

Value of near to peer understanding

All of the students who participated in the interviews were positive about the near to peer programme. The third-year students (mentees) valued talking to somebody who had, somewhat recently, been through similar experiences and could therefore understand their concerns. Similarly, the fifth-year students (mentors) clearly remembered their days as third-year students and stated that they would have benefited from a similar programme. They explained that this provided motivation for them to be mentors. The near to peer aspect of the pairings appeared to be of value in itself. Participants explained that this was because it normalised their experiences and emotions as medical students, and made them realise they were not alone.

“...having a mentor...that had been through something similar... and also not long ago... offered me reassurance...you're not the only person going through it, which is nice.” (Mentee 6)

“...this was something I would have utilised as a third-year myself...any sort of help over and above what you get from the medical school...from another student's perspective, who has gone through it...I would've liked to have had [that].” (Mentor 4)

Provision of tailored advice

The enhanced understanding achieved through near to peer relationships enabled fifth-year students to provide their mentees with tailored advice. Receiving practical and relevant guidance clearly benefitted third-year students, which, in turn, helped fifth-year students to feel valued in their roles as mentors. The advice given primarily focused on learning effectively on placements and time management. With regards to the former, third-year mentees were unsure of their role in placement. Specifically, they struggled with knowing when to ask questions (and of whom), and how to engage rather than being a passive observer. Having a fifth-year mentor to answer their questions supported mentees to become more confident and develop strategies for actively seeking learning opportunities on placement. In terms of time management, third-year mentees expressed concerns about balancing their time on placement with exam preparation and their social lives. Mentors reassured mentees that they could have autonomy over their time and, could utilise self-directed study where appropriate to prepare for upcoming examinations. They also shared revision resources that they had found helpful. Importantly, mentors advised mentees that *“...it is so helpful...for our own mental health and sanity, to be involved in things outside of medicine.”* (Mentor 5)

“I was a lot less scared and actually started looking forward to [placement], because I was actually able to ask questions that I've always wanted to ask, but didn't know who to ask...it helped me find that balance...” (Mentee 3)

“You could see that the third-years, when they first came on [placement], a lot of them were a bit like deer in the headlights...I tried to help them get more comfortable...so they know they can ask for help...it's okay to tell people [on placement] that you're struggling.” (Mentor 9)

Enhanced empathy

Some of the mentee participants believed that the near to peer mentoring experience had enhanced their empathy and attributed this to having received empathy from their mentors. Indeed, fifth-year students perceived the expression of empathy to be a central part of their roles as mentors. Moreover, they observed changes in their mentees' empathy throughout the programme. Interestingly, although participants thought that the mentees' empathy towards patients had improved because of the mentoring programme, they noted that the biggest changes were in mentees' empathy towards other healthcare professionals (or healthcare students). Mentees explained that their mentors reminded them to treat others how they would like to be treated, including patients and other healthcare professionals. They also recalled conversations they had about their mentors' experiences of being third-years on placement, which they perceived as helping them develop empathy for other healthcare students.

“I guess it's all it also kind of links into having a mentor...to have empathy towards me... makes me think about...how I should be empathetic towards like other people that I work with and also patients as well...” (Mentee 4)

“...empathy seems to dwindle...as you sort of go up the ranks...suddenly you certainly can relate to being one of the younger medical students...I remember feeling very disheartened... so...I felt like I could share that with someone...” (Mentor 5)

Greater structure to maximise benefits

Both mentors and mentees made suggestions to improve the near to peer programme. These suggestions centred largely around adding structure to the programme to maximise the benefits, particularly for mentees. Participants asserted that beginning the programme earlier in the academic

year would allow them to schedule more regular mentoring meetings while having enough time in between meetings to prepare discussion-points. Several participants added that the structure of the mentoring meetings would be improved if they had a workbook including conversation prompts. Finally, mentors thought that setting clearer expectations or objectives for the programme would be helpful.

“I think [having a mentor] maybe slightly earlier in the year when people aren't under as much exam stress...and then you can take the advice earlier on in your career versus a bit later. You can continue to learn from that...” (Mentee 5)

“I think sometimes in the meetings I had with my mentee, if they didn't...come with anything they wanted to talk about, it was difficult or slow going just because...I maybe didn't have too much direction...just some prompts or like starting points, to be like ‘maybe we should think about these sorts of topics’ might have helped that.” (Mentor 1)

Discussion

The near to peer mentoring programme was considered to be of overall benefit to both mentors and mentees. Fifth-year students demonstrated a shared understanding of the issues facing third-year students on placement based on their own experiences and were able to provide tailored advice about learning effectively on placement and time management, including the importance of maintaining a work-life balance. In many of the mentor-mentee pairings emotional support and advice about managing stress were also offered, which often included giving reassurance that what the third-year students were facing was normal. Students clearly identified a link between receiving empathy from their mentors, engaging better on placement, and being more empathic to others.

Comparison with other evidence

Our findings both align with and extend previous research on near-peer mentoring in medical education. The core benefits we identified mirror those found in a systematic review [19], particularly regarding professional development and transition support. Our theme “value of near-peer understanding” demonstrates how the mentoring relationship facilitated smoother transitions into clinical training phases, while “provision of tailored advice” contributed to mentees' professional development. These findings reinforce previous evidence that near-peer mentoring can effectively support students through challenging educational transitions.

However, our study makes several unique contributions to the literature. First, we identified the enhancement of empathy as a distinctive outcome. While previous studies have noted mentors' increased ability to empathize with mentees [19], our findings suggest that the mentoring relationship actively developed empathic capabilities in both mentors and mentees. This bilateral development of empathy represents a novel finding in near-peer mentoring research.

Some previous qualitative studies have reported varied levels of student satisfaction [26], noting particular challenges in maintaining consistent participation. While our study identified areas for improvement, particularly around programme structure, participants consistently reported positive experiences with the core mentoring relationship. This suggests that certain elements of our programme design may have successfully addressed common challenges in near-peer mentoring implementation.

Strengths and limitations

A strength of the study is that it explored both mentees and mentors' experiences and synthesized them. A limitation may be that the researchers used convenience sampling rather than purposeful sampling, or the fact that some interviews were conducted online.

Recommendations for future research and practice

The near to peer mentoring scheme can be optimised by providing more structure for the mentor-mentee meetings, scaled up, and expanded. Other medical schools can also adapt this programme for their setting and anticipate benefits. The Leicester Medical School can scale it up to include most or all year three and year five students. Additionally, it seems that fifth-year students found it easy to be empathic to third-year students because of the similarity of their experiences and close proximity in time to those experiences. The near to peer empathy could be linked to teaching empathy towards patients. Additionally, future research might specifically investigate which structural elements most effectively support the development of empathy and other professional competencies within near-peer mentoring relationships.

Finally, a similar programme could be developed for medical trainees, whose wellbeing and empathy also decline throughout their training [33].

Conclusion

This exploratory qualitative study found that near to peer mentoring benefited both fifth-year mentors and third-year mentees. Mentees reported that the programme reduced their stress and increased their ability to empathise. This programme can now be scaled up to include most or all students within the Leicester Medical School, and other medical schools can adapt and use it in their settings.

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Declaration of interest statement

None of the authors have any conflicts of interest to declare.

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Supplementary Files