The Class Mentor Program at the University of Wisconsin Medical School: A Unique and Valuable Asset for Students and Faculty

William E. Scheckler, MD; Gordon Tuffli, MD; Don Schalch, MD; Archie MacKinney, MD; Edward Ehrlich, MD

ABSTRACT
There is a paucity of published data on mentor programs for medical students. The University of Wisconsin Medical School has 19 years of experience with a unique Class Mentor Program. A single mentor is dedicated to each class of incoming medical students. The mentor attends all classes in the first 2 years and varied clinical venues in later years, following the class all 4 years through graduation. The mentors appointed have been experienced physicians who tend to be in the later years of their careers. As of 2003, 16 such mentors have been appointed. One mentor has taken 2 classes. Available survey data from students who have graduated demonstrate that most graduates recall their own mentor to have been a positive influence to student medical training. A recent accreditation review commended the Class Mentor Program as a unique help to students and to medical school curriculum evaluation. Five of the more recent mentors describe herein their own assessment of the Class Mentor Program and they encourage other medical schools to consider such a program for their own institutions.

BACKGROUND FROM THE LITERATURE
A literature search on an Ovid medical search program for papers published since 1990 about mentor programs for medical students brought up 31 citations in English. Twenty were from the United States or Canadian medical schools. Of these 20, only 6 were about mentoring medical students as a group and 3 focused on under-represented minorities. Two papers reviewed individual role models from a specific specialty as mentors in clinical years.

One brief paper from the University of California San Francisco mentioned a comprehensive formal structure of 5 mentors in 5 “advisory colleges” into which the medical school classes were divided. This program was begun to “counteract feelings of bureaucratic anonymity and isolation” and “…to foster the personal growth and well-being of students.” The system provides 20% salary support for each of the 5 advisory college mentors who are carefully selected by a committee chaired by the associate dean of student affairs. The mentors meet individually with each student in their college and then have bimonthly meetings with small groups of students throughout the school year. All of these meetings are incorporated into scheduled curricular time for the students.

No other comprehensive mentoring programs for medical students appear to have been published since 1990.
THE UW MEDICAL SCHOOL CLASS MENTOR PROGRAM

The UW program began in 1985 from an idea developed by 2 senior faculty members. The UW Medical School launched its class mentor program for first year medical students in fall 1985. A 1990 paper by Lobeck and Stone describing the program’s first 5 years details the initial objectives of the program.1

The objectives of the mentor program were to:

• Use senior clinical faculty to help students realize how information and concepts they learn are important in the practice of medicine and to help students understand the decision-making in modern medical science.
• Report on the quality of the teaching and the medical student curriculum to the school’s faculty and administration.
• Use respected senior faculty as advocates for incorporating innovative medical education concepts into the school’s medical education program.
• Provide a consistent role model for student professionalization.

The purpose of this report is to provide an update of this class mentor program from available data and the experiences of 5 recent mentors—the authors of this paper. The mentor program has been continuous since 1985, with the exception of 3 years.

There have been 16 class mentors to date, 5 from the primary care fields of Family Medicine, Medicine and Pediatrics, 8 from Medicine specialties and 1 each from Anesthesia, Psychiatry and a Pediatric Specialty. To date, 14 have been men and 2, including the mentor for the Class of 2006, have been women. Fourteen have been tenured faculty and 2 have been clinical faculty. All but 1 have been full professors in rank (Table 1).

In 1993 mentors from 1985 to 1993 were surveyed about the Class Mentor Program. The mentors reported:

• Class mentors were most important during the first 2 years of medical school.
• The presence of the class mentor improved the educational and the psychological experience for the majority of the medical students.
• The class mentors could effect needed curricular change by their interaction with course directors and the school’s Education Policy Council.
• Half-time was the right amount of time commitment; less would be inadequate.

The group was divided as to how effective the class mentor is in the clinical third and fourth years.

Finally, in preparing this report, the 5 authors answered the following questions:

1. How did you become a class mentor?
2. What is your background in teaching/mentoring?
3. What value do you see in the program for the medical students, your faculty colleagues, and yourselves?
4. Relate a couple of stories or vignettes that illustrate your points from #3 above.
5. What are the drawbacks of the Class Mentor Program, if any?

The following is a summary of the answers to these questions.

BECOMING A CLASS MENTOR

The Associate Dean for Students selects the mentor from candidates suggested by current class mentors, chairs of departments, members of the medical school administration, or who volunteer themselves. The authors were interested in the position either through their work with students and/or from conversations with previous class mentors. The authors all were enthusiastic about the opportunity and they remain enthusiastic about the program. Most have continued to remain active in their other “half-time” role—in clinical, research, and/or other teaching activities. Note that only 2 of 16 mentors have been women. This likely is a cohort phenomenon as there were few women in medical school classes in the 1950s and 1960s. The mentor

Table 1. University of Wisconsin Medical School Class Mentors

<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th>Year Began</th>
<th>Specialty</th>
</tr>
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<tbody>
<tr>
<td>William Segar, MD</td>
<td>1985</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Robert Schilling, MD</td>
<td>1986</td>
<td>Medicine—Hematology</td>
</tr>
<tr>
<td>Frank Larson, MD*</td>
<td>1987</td>
<td>Medicine—Endocrinology &amp; Laboratory Medicine</td>
</tr>
<tr>
<td>Betty Bamforth, MD</td>
<td>1988</td>
<td>Anesthesia</td>
</tr>
<tr>
<td>George Rowe, MD</td>
<td>1989</td>
<td>Medicine—Cardiology</td>
</tr>
<tr>
<td>Benton Taylor, MD</td>
<td>1990</td>
<td>Medicine—Pulmonary</td>
</tr>
<tr>
<td>Leonard Stein, MD*</td>
<td>1991</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>J.D. Kabler, MD*</td>
<td>1992</td>
<td>Medicine</td>
</tr>
<tr>
<td>Douglas Smith, MD</td>
<td>1993</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Edward Ehrlich, MD</td>
<td>1996</td>
<td>Medicine—Endocrinology</td>
</tr>
<tr>
<td>Gordon Tuffli, MD</td>
<td>1997</td>
<td>General Pediatrics &amp; Pediatric Endocrinology</td>
</tr>
<tr>
<td>Don Schalch, MD</td>
<td>1998</td>
<td>Medicine—Endocrinology</td>
</tr>
<tr>
<td>Archie MacKinney, MD</td>
<td>1999</td>
<td>Medicine—Hematology</td>
</tr>
<tr>
<td>William E. Scheckler, MD</td>
<td>2000</td>
<td>General Medicine &amp; Infections Diseases/Public Health</td>
</tr>
<tr>
<td>Sandra Osborn, MD</td>
<td>2002</td>
<td>General Pediatrics</td>
</tr>
<tr>
<td>Carl B. Weston, MD</td>
<td>2003</td>
<td>General Internal Medicine &amp; Medical Administration</td>
</tr>
</tbody>
</table>

*Unable to stay with class through graduation
Table 2. Class Mentor Activities and Programs

For the first and second year students:
1. Attend lectures and selected small groups.
2. Be present during gross anatomy dissection labs.
3. Provide clinical case vignettes related to basic science lectures.
4. Answer clinical questions raised by students or faculty colleagues during lectures or small groups whenever possible, depending on the mentor’s background.
5. Participate in monthly first and second year Course Directors Meeting, both for feedback and future planning interactions.
6. Be available to students informally between classes, in labs, or in an office to listen, problem solve, and counsel or refer to the proper resources needed.
7. Attend social functions for the students.
8. Read excerpts to the class from literature on the philosophy and values of medicine.
9. Establish a lunch break twice a month where students can voluntarily perform music or share their own travel stories—about a third of the students have musical talent.
10. Invite students in small groups to the mentor’s home for dinner.

Just “be there” for the students, during their initial orientation to Medical School through their first 2 years.

For the third and fourth year students:
1. Attend small group sessions, grand rounds, and other activities based in Madison hospitals, depending on mentor’s skills and background.
2. Travel to the affiliate programs in Wisconsin for 1 day or overnight stays to attend rounds and conferences during the Med 3 year.
3. Continue to attend student social functions when they occur.
4. Be present during Med 3 “Core Days” when all the students get back to the Madison campus for special learning sessions.
5. Be present during residency “match day” in March for Med 4s.
6. Be present during honors convocation and all of the activities of graduation week.
7. Briefly speak at the graduation “hooding” ceremony of the mentor’s own class.
8. Consider inviting groups over to the mentor’s home.
9. Continue to provide feedback to the Academic Deans about the third and fourth year courses.

For the class matriculating in 2002 is a woman and more women should become available in the future. Of UW medical students in classes matriculating from 1999 to 2003, 402 (56.7%) have been women.

From 1985 to 1993, the Class Mentors were provided half of their base university salaries (not counting compensation from clinical practice) from the general medical school budget. No mentors began in 1994 or 1995 at the decision of the second dean involved in the program. The program was restarted in 1996 by a new dean and was funded at a more modest rate of $12,000 per year for the first through the third year of each mentor’s class. In a few cases, the mentor’s “home” department made up the difference between the new rate and 50% of base salary. This modest funding has not been a deterrent to recruiting class mentors.

CLASS MENTOR BACKGROUND IN TEACHING AND/OR MENTORING

Class mentor experience teaching medical students and residents was substantial prior to appointments as Class Mentors. The 5 authors had been teaching medical students, residents, and fellows for 30-43 years. In addition they had a variety of experiences as academic advisors, mostly for fellows but occasionally for small groups of medical students. As senior faculty members, they had served on many review and advisory committees for the more junior members of their departments.

These past experiences provided the mentors with a rich variety of students and challenges on which to build in performing their role as class mentor. The teaching experience enhances their value as evaluators of courses and teaching strategies, and sensitizes them to many of the challenges facing colleagues teaching in lectures, small groups, and in clinical settings.

PERCEIVED VALUES OF THE CLASS MENTOR PROGRAM

For Medical Students

The authors are convinced that the presence of an experienced clinician in lecture, small group, and lab settings for the first 2 years is helpful in a variety of ways. For example, the class mentor can provide clinical vignettes and clinical correlations, connecting basic science concepts with clinical problems. Their presence in the anatomy dissection lab has proven satisfying because their understanding of pathology complements the anatomy colleague’s knowledge of normal structures and their variants. Table 2 summarizes many of the class mentor activities through the 4 years of medical school. This will provide a sense of the myriad ways mentors have found to connect with the students.

For some students, the Class Mentor Program was crucial in their decision to choose the UW Medical School. The program is a recruiting tool for the deans.

The students also find class mentors valuable as senior colleagues to whom they can turn for advice—personal or academic. They enjoy having the class mentor at social functions and they seek out their clinical and personal stories. Although some of the authors do not
view themselves principally as advocates for either the students or the school, mentors tend to be viewed by the students as thoughtful intermediaries.

For Faculty Colleagues and Administration
Mentors offer a unique academic resource by providing comprehensive first-hand appraisal of the medical school curriculum. Since they spend half of their time with students in their courses, they have a comprehensive view of the curriculum, and can assess and advise on the correlation between courses. They are able to see successful teaching practices and advise on possible improvement.

Mentors can provide their views on the courses to the academic deans and the course directors in a variety of ways. For example, mentors are asked by some course directors for specific feedback about their courses. Mentors can also submit written curriculum evaluation summaries at the end of each academic year, or can attend the course directors’ monthly meetings with the academic dean and education staff. Class mentors usually meet once or twice a year to compare notes, share ideas, and focus on courses where more improvement is warranted.

Examples of course changes initiated by class mentors include the expansion of case-based small group learning into all of the second year pathophysiology courses, improvement in the structure and lecture sequence of Pathology, and the integration of Histology into the Gross Anatomy classes.

For Ourselves
Four of the authors have now completed our 4 years as class mentor. One is currently mentor for third and fourth year students. The best way to describe our universal enthusiasm for the Class Mentor Program is with verbatim comments:

“The Mentor Program has been the zenith of my own career, the most rewarding experience of my entire academic life.”

“...the mentor gets more in return than can be given.”

“It’s an experience that must be lived to be believed; it’s like finding 140+ new friends all at once.”

“I love it. It’s the best job I ever had. What makes it especially fun for me is the quality, energy, and commitment of the students.”

Except for serious illness, all of the Mentors have stayed with their class the full 4 years, despite only a modest honorarium. The lack of dropout is due to selecting senior clinicians in their 60s who have demonstrated a proclivity for student teaching. The enthusiasm each of the authors and their predecessor class mentors have had for “their class” may help explain the low attrition rate for this program at the University of Wisconsin.

Student Comments
In May 2000, a perceptive former student summarized well how mentors should view their functions:

“I think a good Class Mentor is someone who is visibly present during class time, both during busy and tough times AND during slow and less rigorous times. As a student, the best way I could tell if our mentor cared and if he was interested was if I saw him at class, contributing his input during lecture/small group, and popping his head in during small group. Other important factors are getting to know everyone’s name and general story, being available to talk about an issue, school-related or personal, being present at some of the social functions, putting a clinical and real-life oriented perspective on what we learn from books/lecture, sharing his own experiences and enormous wisdom, showing his own personal side, and helping us keep all the studying and pressure in perspective, especially around exam time and Boards time.”

A student at the end of the second year commented to the Class Mentor:

“I would like to thank you for your contribution to guiding my fellow classmates and me into this period of discovery and change. It is important to have someone who has been there before lead the way and provide an example. As our Virgil, you have shown us a path through strenuous times. You have given us focus with your clinical correlations and you have reminded us to broaden our horizons with your dedication to the arts and humanities. Your presence at events so disparate as the candlelight vigil for universal health care and Friday parties has shown us that there is much more to the life of a physician than medicine. Social concerns, love of family, and love of life have all been demonstrated by you as equally important. Again, thank you for dedicating the time to being our mentor. If you have grown and changed even one hundredth of the amount that
I have in the past 2 years, I’m certain you would have found your time with us fulfilling. Thank you, and I hope to see you in the next 2 years.”

In 1997, graduates from 1989 to 1996 were surveyed (N=1087). Of the 360 respondents, 66% indicated that their class mentor had had a positive impact on their career.8

DISCUSSION
In 2002, the UW Medical School was reviewed by the Liaison Committee on Medical Education (LCME). In its letter, providing a full 8 years of accreditation, the review group specifically noted the UW Class Mentor Program as one of the significant strengths of the school.9 The letter stated: “The class mentor program that allows a practicing physician to take classes alongside students is a distinctive and creative approach that provides the dual benefits of well-formed student counseling and useful feedback about the educational program.”

The flexibility of the program allows the class mentor to decide how and when to spend “half-time” with the class. Although the authors have all provided some feedback about the curriculum to their colleagues, the extent and form of this has varied. There is no specific evaluation process of or for the mentor. Unfortunately, there is a paucity of survey data from students after graduation to validate the substantial individual feedback the students have provided the authors about the genuine value of this program.

The value of the program during the first 2 years is clear. The strategies for the third year vary from a mentor sitting in on the variety of clinical rotations to visiting the Med 3s in the 3 major out-of-Madison locations (La Crosse, Marshfield, and Milwaukee). There is now a consensus among students and mentors that the Class Mentor Program is important for the Med 3 year. Because of the diffusion of electives for the Med 4 year, the student connection with the mentor becomes more challenging. However, the Residency Match Day in March and Graduation in May are highlights of the medical school year for students and mentors alike.

During the duration of the Class Mentor Program, the UW Medical School has used a variety of strategies to allow students to have individual or small group mentors based on student interest and faculty volunteers. This is most often based on specialty interest. In addition, there is an extensive student support and academic advising service available through the Office of the Dean of Students. The Class Mentor Program is quite different from these. By becoming part of the overall group dynamic of the class, both within the courses and socially, the class mentor shares the medical student experience in a unique and, we believe, useful way.

Medicine has become increasingly complex. The volume of basic and clinical science can seem overwhelming. Interpersonal structures can be disturbed. The mentor is perhaps the only faculty member with whom UW students have spent more than 1 month. However, it is unrealistic to expect that 1 individual, no matter how experienced or interested, will be able to connect with all students at all times. Student needs and personalities differ. Given this, it is remarkable how well the UW Medical School Class Mentor Program has worked to date.

REFERENCES
8. Albanese M. Personal communication. UW Medical School Office of Medical Education and Research, survey done in 1996 and 1997 of 1989 to 1996 UW Medical School graduates regarding the Class Mentor Program.
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