'Development of a student-led, semi-structured, near-peer student guides program to help students navigate through medical school'

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MEDICAL EDUCATION RESEARCH

Background: Near-peer mentorship pairs senior mentors with junior peers to help navigate academic, professional, and social aspects of training. In 2016, an institutional needs assessment completed by 60% of first-year and 50% of second-year medical students reported that barriers to cultivating peer-mentor relationships included limited interclass communication, difficulty identifying interested peers, and time burden on senior mentors. In response, the Navigating Medical School (NMS) Student Guides Program was piloted in 2017. The pilot program paired first-year medical student (MS1) guidees with self-selected near-peer fourth-year medical student (MS4) guides.

Objectives:
Assess the feasibility and usability of the NMS Student Guides Program.
Assess the academic, professional, and social impact of the NMS Student Guides Program on guides and guidees.
Explore barriers to sustainability of the NMS Student Guides Program.

Methods/Design: In this convergent parallel mixed methods study, we assessed the feasibility, usability, professional and social impact, and barriers to implementation of a 16-week semi-structured, near-peer, student guides program involving 39 MS1s and 41 MS4s. Student enrollment was quantified, guide-guidee meetings tracked, and >2 meetings defined as feasible. Meeting topics, impact on student advising, and barriers to sustainability were assessed qualitatively.

Results: 22% of all MS4s and 46% of MS1s enrolled in the program; 67% of guides facilitated the requisite two meetings with their group, which was less than our predetermined feasibility criteria of 75%. Most guide-guidee interactions occurred in person (91%), but text messages (82%) and video/mobile messaging apps (78%) were also used. 92% of guidees recommended the program, and 85% were satisfied with guidance received. Common meeting discussions included plans on the summer after first year (57% of meetings), wellness strategies (57% of meetings), academic goals and resources (51% of meetings), and the road ahead in medical school and beyond (35% of meetings). Barriers included meeting coordination, infrequent meetings, and informal meeting structure.

Conclusions: While the program was infeasible by predefined frequency criteria, participant satisfaction was high and near-peers reported academic, professional, and social benefits. In response, programmatic revisions now incorporate MS3-MS1 guide-guidee pairings, centralized support for meetings, more frequent guide-guidee interactions, including via large group social events, and formal guides leadership development.