Peer Mentor Schemes in Medical School: their need, their value and training for peer mentors

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Abstract

Objectives: To describe the setup, training and evaluation of a novel near peer mentoring programme developed in partnership with our students in the School of Medicine to enable such schemes to be established in UK medical schools and other HE institutions.

Methods: 49 second and third year medical student peer mentors were recruited and trained to be mentors for students in years below. The training and evaluation of experience of the peer mentors are described in this paper to review the effectiveness and appropriateness of the training.

Results: The effectiveness of the peer mentoring training programme was rated by the trainees as high with a mean (± standard deviation) session score of 4.37(±0.21) following the second training session and 4.33(±0.38) following the third training session, out of a possible maximum score of 5. Percentage satisfaction of preparedness for the role was 93.7% (84.9-100%) for the first session and 89.7% (79.1%-100%) for the second session. There was also no statistically significant difference in the mean student perception of learning score comparing both sessions ($p>0.05$).

Conclusion: Our results suggest that the training program for our medical student peer mentors effectively equipped them with the confidence, knowledge and skills to support their mentees and to effectively signpost them to the appropriate professional. Additional findings show that our peer mentors themselves have a greater understanding of University processes and procedures which helps them in their own medical school journey.

Introduction

Peer mentoring has been used within universities to assist students through the transition between secondary and tertiary education (Buddeberg-Fischer & Herta, 2006; Hill & Reddy, 2007). Having a more experienced mentor has been shown to help the less experienced student to engage more effectively in their education (Jacobi, 1991).

The field of undergraduate medicine has been slow to implement peer mentor programmes (Frei, Stamm & Buddeberg-Fischer, 2010). However, recently, medical schools have adopted peer mentoring schemes to address issues of resilience and to support students. Little has been published about such programmes and the type of training programmes required for medical student peer mentors have not been described to date.

Medical peer mentoring has been shown to benefit mentees academically, socially and emotionally (Singh, Singh & Dhaliwal, 2014); not only improving the mentees' and mentors' communication and interpersonal skills (McLean, 2007; Yusoff, Rahim, Noor, Yaacob & Hussin, 2010), but also improving the perceived professionalism of mentees (Kosoko-Lasaki, Sonnino & Voytko, 2006).

Smink (1999) suggested that the most critical component, in the design and implementation of any mentor program, was the preparation and execution of a mentor training plan, from start to end. Ramani, Gruppen & Kachur (2006) suggested certain tips when it comes to developing effective mentors. These tips include presenting clear expectations whilst providing continuous support to the mentors throughout their role.

There is, therefore, a need to provide evidence-based training to medical student peer mentors for the benefits of peer mentoring to be realised. However, a literature search of Pubmed, Embase and the Cochrane medical library using the keywords; Peer Mentor, Students, Medical, and Training did not identify any studies describing and evaluating training provided to medical student peer mentors in such schemes. This is the first paper to describe an effective training programme for such mentoring schemes.

Support Structure(s) for Medical students

Various levels of welfare support exist within the medical school at the University of Nottingham (UoN). These include personal tutors, senior tutors, clinical sub-deans and a student-led welfare support group. A university counselling service is also available to students. Personal tutors are available for student support and personal and professional development with timetabled meetings throughout the academic year. Senior tutors have overall responsibility for the pastoral care and support of students in years 1, 2 and 3 and the clinical sub-deans have overall responsibility for pastoral care and support for students in years 4 and 5. All personal tutors and clinical sub-deans are part of a senior tutor network led by the university senior tutor. Each personal tutor oversees a medic family consisting of all their tutees from years 1 to 5 of the course (Figure. 1).

However, student feedback suggested that medical students are more likely to discuss issues with their peers, and so in liaison with the students themselves a near-peer mentoring scheme - to strengthen and support the transition phases in medical school - was established in 2015. This paper describes the setup, training and evaluation of the

novel near peer mentoring programme adopted in the School of Medicine so that other such schemes may be established in UK medical schools. Evaluation of the feedback received from peer mentors throughout the training is presented, as well as suggestions for future training of medical student peer mentors at UoN and other institutions.

Methods

This was a prospective observational study evaluating training provided to medical student peer mentors at the University of Nottingham. Formal research ethics approval was not required as it was considered solely training/service evaluation (NHS Health Research Authority, 2016).

In this programme, 49 medical students were recruited and trained to act as mentors for their peers, with each peer mentor responsible for providing near-peer mentoring within tutor families for younger medical students. Each peer mentor allocated to a medical family was supported in their role by the personal tutor heading the medical family as well as by senior tutors (Figure 1).

Initial recruitment of students in the first year of the programme was organised by the Senior Tutors in collaboration with two interested student volunteers. In subsequent years, the recruitment process, although supported by staff, was carried out by a group of experienced peer mentors from the previous year. The students involved in recruitment developed a role profile and expectation/commitment description and short application form. The criteria for being allocated to students to peer mentor was to apply and to attend the first training session, with the expectation to complete the training throughout the year.

Each peer mentor, for the 2015/2016 academic year, undertook a comprehensive training programme designed to enable them to not only understand their role but also to provide an initial first layer of support for all students in their medical family and to assist their younger peers during the transition phases. The training mainly concentrated on supporting the first-year medical students' transition needs.

The training comprised of three training sessions in total amounting to 6 hours of formal training over a period of 8 months as described in detail below. Following completion of the second and third training sessions, the mentors were asked to complete evaluation forms. Free text responses and ratings were then used to (a) evaluate the effectiveness of the training in assisting the mentors with their role and (b) to improve the peer mentor programme further. In this report, we will describe the type and effectiveness of our training sessions so that they may be of use to others when setting up peer mentor schemes.

First Training Session

This first training session was held at the end of the academic year (May, 2015), with the aim of introducing the role of the peer mentor to the peer mentor volunteers for the incoming students in the next academic session starting September 2016.

Students were introduced to the concepts of peer mentoring, the benefits of peer mentoring for both mentee and mentor, and a detailed explanation of the structure of student-led welfare/support and how it would fit in with pre-existing support structures in

the School of Medicine (Figure. 1). In this session, the role of a peer mentor as a first port of call, giving the mentees more choice of who to go to for support, rather than a substitute for other welfare services provided by the University was clarified. During this session, students were introduced to a virtual learning environment (VLE) page which was developed and populated over the course of the subsequent academic year (as the peer mentor programme evolved by both staff and student peer mentors with relevant material and information to provide ongoing support for the mentors. One of the main tasks of this training session was to start to identify the main “risk/high stress points” when peer mentors should contact their mentees e.g. within first week, six week point just prior to the first and subsequent formative and summative assessments, mid-November when students are thinking about accommodation for next year and just before and return to studies after holidays.

At the end of this first session peer mentors were asked to re-evaluate and decide if they could commit to our programme after the responsibilities of such a role were understood as was suggested by Colvin & Ashman, 2010. 80% of our student volunteers were able to commit to the training programme continuing to become peer mentors.

Allocation of peer mentor to incoming first year student

First year students were informed via email prior to the start of term who their peer mentors would be and an informal welcome event was arranged to facilitate introductory meetings between mentor and mentee. Peer mentors encouraged their mentees to make contact when required, however, in order to facilitate further establishment of the mentee/mentor relationship, contact was actively made by the peer mentors at various “high-stress” points; identified in training session 1 as previously described. The allocation of peer mentor to student was random, however as the programme has become established matching of peer mentor to student is now carried out for certain groups of students e.g. international students are paired to international student peer mentors and students who come through our 6-year widening participation medical course are paired with peer mentors who have progressed through that programme.

Second training session

The second training session took place at the beginning of the academic year (September, 2015) prior to peer mentors meeting with their first-year mentees.

The session was structured as a ‘speed training’ session where mentors-in-training were given role play scenarios and alternated between role playing the mentor and mentee with the aim of gaining an understanding of both situations. Discussion was facilitated throughout this session and, as a group, peer mentors explored how some of the issues highlighted in the scenarios not only affected them but also how they might support/advise mentees experiencing such situations (Figure 2). Peer mentor evaluation feedback was collected at the end of this training to determine the efficacy of such a training session in preparing students for their role as mentors (Figure 3).

Third training session

The third training session was held in January 2016. This session, facilitated by the Senior Tutors, acted as a de-briefing and further training session in which problems that mentees had commonly faced were confidentially reviewed and information and support requirements for mentors was explored.

In this third training session peer mentors gained further expertise and insight into the issues that most affect medical students. The peer mentors rotated around five 12-minute stations that were targeted around different themes. The stations were; Extenuating Circumstances, Computer-Based Signposting to University Support Services, Resilience, Revision/Study Skills and Mental Health. At each station mentors were exposed to/given a written resource which they could keep for future reference.

Description of stations

1) Extenuating Circumstances station, mentors revisited the University's quality manual "Extenuating Circumstances Policy and Procedures" and were given the opportunity to view "real" extenuating circumstance submissions that were redacted to maintain confidentiality.
2) The Computer-Based Signposting station was an exercise to navigate around the University Information Systems so that peer mentors could effectively and appropriately signpost mentees to support. This was implemented in response to feedback from mentors that the University Information Services' sites were complicated to use. Students were given scenarios and had to find the link to the appropriate page on the University website for signposting purposes.
3) The Resilience station explored the concepts of resilience and how to build resilience in medical students. Coping strategies were determined from students' personal experiences, which allowed them to identify resilience issues in themselves as well as in their mentees. Additionally, a 10 tips leaflet designed to help peer mentors understand resilience and to enable them to help their mentees improve resilience was discussed and circulated (Figure 5).
4) The Revision and Study Skills station explored issues around studying and revising, illustrating to peer mentors the available resources and support, so that they could communicate such information to their mentees. Mentors discussed disruptive and ineffective studying habits so that they could identify them in their mentees.
5) The Mental Health station explored the importance of good mental health and wellbeing. Peer mentors discussed action when poor mental health seems to be an issue. Mental health issues common to medical students were discussed and the support services available were communicated. It was reiterated that the role of the peer mentor in such situations was to signpost and enable their mentee to seek support and not to become the counsellor.

To conclude, a facilitated discussion enabled mentors to discuss scenarios that they had encountered either already in the first few months with their mentees or in this session and then deliberated, with the staff coordinators, to come to a consensus on the appropriate response. Confidentiality and anonymity were always maintained.

Ongoing Support (For Peer Mentors)

Over the year, an online forum was used to remind peer mentors to contact their mentees at times when mentees might require the most support. Students were also given access throughout the programme to online resources through their VLE. Resources included: access to online toolkits for further training, signposting links, medical student experience blogs submitted by our students and advice on “Do’s and Don’ts” of being a peer mentor. The school Senior Tutor team were available to support the peer mentors.

Evaluation

Objective feedback from training sessions was obtained by asking peer mentors to complete a five-item Likert scale questionnaire with a series of statements, and responses to each statement ranging from “strongly disagree” to “strongly agree”, with strongly agree corresponding to excellent and strongly disagree to very poor on the final question, rating the overall session (Figure 3). The content of the questionnaires administered rated the peer mentor’s perception of whether or not the training sessions met their expectations, application of knowledge learned, confidence in their roles, perceived support, knowledge about where to sign-post mentees when indicated and overall questions about the quality of the trainers and materials/course content. The questionnaires administered during the third training (Figure 3) evaluated similar items to the second training session but was amended to incorporate questions eliciting specific feedback on some of the new issues discussed and not covered in the former session (resilience, mental health and revision/study skills).

Responses to questions were scored from 1 to 5, reverse scoring negative statements where appropriate (i.e. low scores (one) reflecting a negative outcome and high scores (five) reflecting a positive one) and multiplied by the number of respondents to each question (figure 4). Data were then analysed using Microsoft Excel 2010.   The average ‘perception of learning’ scores were calculated for each question with high and low-scoring questions noted. The mean student ‘perception of learning’ score for each session was then summarized by calculating the overall mean (± standard deviation), student ‘perception of learning score’ for all the questions asked in that session. Differences in the mean student perception of learning score between the second and third training sessions were then compared using a student’s T Test with a p value of less than 0.05 considered statistically significant.
Satisfaction scores were also found by calculating the proportion of peer mentors who answered either “agree” or strongly agree” to each statement. Confidence intervals were then calculated for each of these satisfaction scores using $p=0.05$.

Results

Twenty-nine medical student mentors responded to the questionnaires handed out following the second session and thirty-two responded following the third session. Overall, both sessions were rated highly with a mean (± standard deviation) session score of 4.37 (± 0.21) following the second training session and 4.33 (± 0.38) following the third session, out of a possible maximum score of 5. There was also no statistically significant difference in the mean student perception of learning score comparing both sessions ($p>0.05$) (Figure 4).

The question that was rated highest following the second session was the question "I feel that I will be supported in my role as peer mentor", with a mean score of 4.72. The question asking; "the training met my expectations" was rated lowest with a mean score of 4.03. The question that was rated highest following the third session was the question "The trainer was knowledgeable", with a mean score of 4.72. The question asking; "My own revision strategy will change in light of the station on revision/study skills" was rated lowest with a mean score of 3.13.

Overall the training was rated highly with the second session being rated higher – with 93.7% (85.9-100%) satisfaction – than the third – 89.7% (79.1-100%). Again, the training aspect rated highest was "I feel that I will be supported in my role as peer mentor" in the second session – 100% satisfaction – and peer mentors were 100% satisfied with three aspects of the third session; "The trainer was knowledgeable," "the training met my expectations" and "I feel more confident in my role as peer mentor now." The lowest satisfaction was again in the aspect, "my own revision strategy will change in light of the station on revision/study skills" with only 34.4% (17.9-50.8%) satisfaction.

Discussion

This is the first study to describe and evaluate the training for medical student peer mentoring. This study found that feedback, about the quality of training to medical student peer mentors, at the University of Nottingham was very good. The two sessions that were formally evaluated (second and third sessions) were rated highly and there with no statistically significant difference in ratings when sessions were compared. Student mentors did not rate the training provided on revision skills as highly as the others. However, this may have arisen due to inappropriate phrasing of the question. The session was designed to equip the peer mentors on strategies to help their mentees with revision skills rather than their own.

In a few non-medical peer mentor programmes, attempts at evaluation have used the Kirkpatrick's 4-level framework and all but the exception of one study (Hamilton, Stevens & Girdler 2016), only evaluated to level 1 (Akinla, Hagan & Atiomo, 2018). Although mentor perception of learning through training was good following our training sessions, the challenge is measuring whether this translates into improved knowledge, improved practical application of that knowledge and skills as well as improved student well-being as a result of having a medical student peer mentor, as desired in the Kirkpatrick's (Kirkpatrick, 1996; Kirkpatrick, 2007) four level model of training evaluation. There are also potential benefits to the peer mentors themselves and an efficacy study measuring

impact of peer mentoring on the resilience of our medical student peer mentors themselves, is ongoing. However, our peer mentors have anecdotally reported that they themselves have a greater understanding of University processes and procedures which helps them in their own medical school journey and that their understanding of resilience and professionalism developed whilst taking part in our training and peer mentor programme.

We did not find published literature, measuring the effectiveness of training medical students in peer mentoring prior to or following the completion of this study. We therefore do not have other comparable studies against which to compare our results. We did, however, find one study aiming to understand the impact of peer mentor training on seven psychology and occupational therapy masters and undergraduate university student mentors working with university students with an Autism Spectrum Disorder (ASD) (Hamilton, Stevens & Girdler, 2016). The mentors described how their overall experience had been positive and reported that the training and support provided to them was pivotal to their ability to succeed as peer mentors to students with ASD. The delivery of their training included a power-point presentation, question and answer sessions, and a panel discussion involving the mentor program coordinators and a student with high functioning autism, who had participated in a generic mentor program and graduated from university. The evaluation in the study (Hamilton et al., 2016) also included a pre-test post-test training questionnaire measuring mentor learning from the training experience (Kirkpatrick's level 2) and a semi-structured interview comprising of six open-ended questions approximately three months after the training to evaluate the application of knowledge (Kirkpatrick's level 3). Future training sessions with new cohorts of peer mentors will include additional levels of evaluation in our project in keeping with Kirkpatrick's model.

With respect to future research, it would be useful to compare the opinions of mentors and mentees on the effectiveness of the programme and to determine how well trained the mentees consider their mentors to be. It would also be useful to survey our mentors towards the end of their medical course to determine if the skills developed by being a mentor facilitated their own journey through medical school. Although not done in this study, it would be useful to explore in greater detail some of the concepts and benefits of peer mentoring and effective peer mentor training via student focus groups and qualitative data collection.

This study showcases an effective training programme that is longitudinal and develops in sophistication as our peer mentors gain experience. It also highlights the need for effective support of the peer mentors themselves.

In conclusion, we have shown that our peer mentor training program was useful and effective. It equipped peer mentors with the confidence to support their mentees, knowledge and skills to signpost mentees to access support. It had been noted that mentees with both serious issues and those which may have been thought to be of lower importance have been supported by our mentors. We hope that sharing our experience in Nottingham and our comprehensive supportive training programme will be of value to other Higher Education establishments looking to set up similar peer mentoring schemes.

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Figure 1: Peer mentor support and training structure and the interaction with the existing personal tutor lead medical family

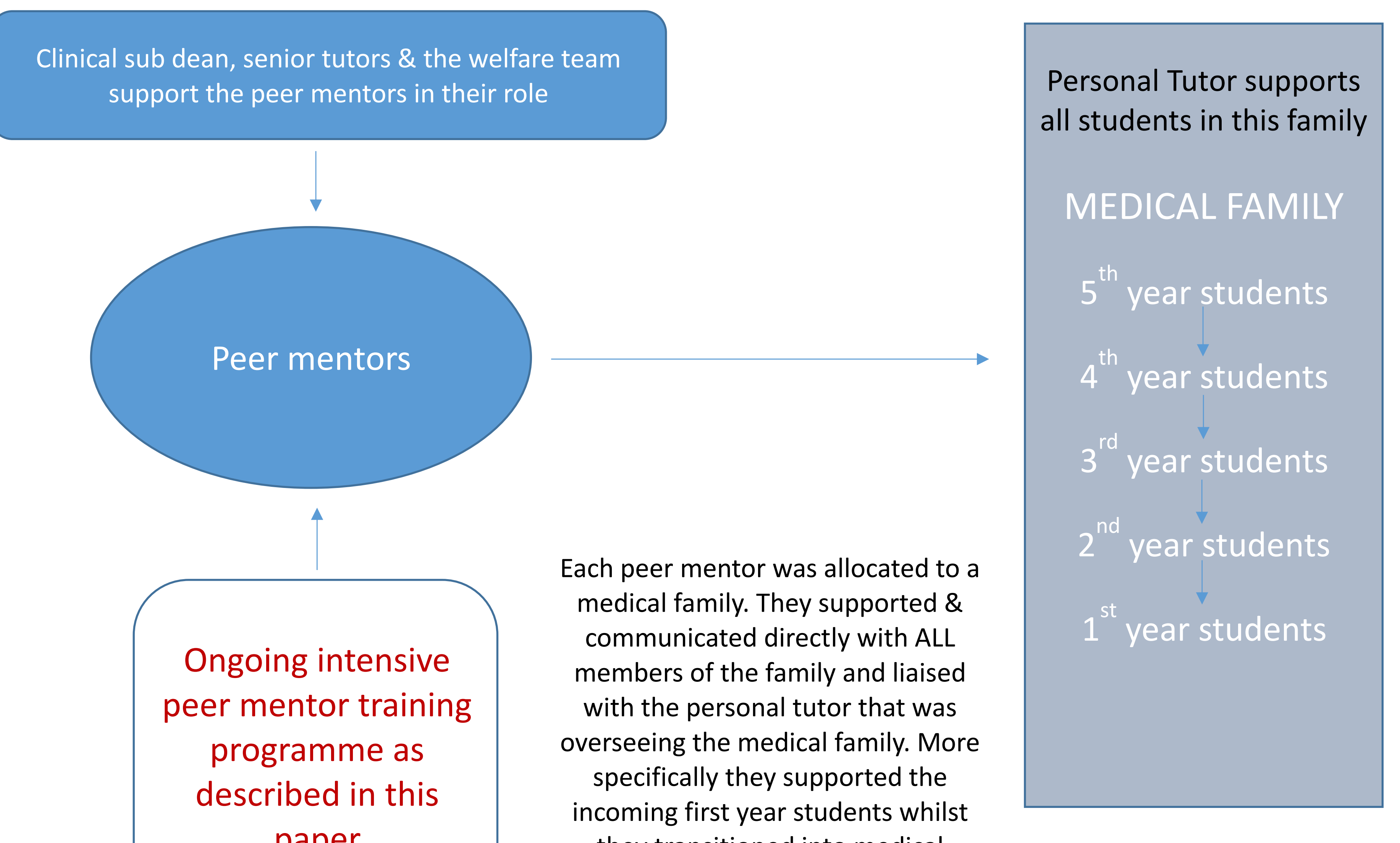

Figure 2: Training scenarios explored by peer mentors during training session 2

Scenarios	
I was depressed during my A levels, but somehow managed to get my 3 A grades to get here. I am so glad that you are my peer mentor because you seem intelligent, can you help me pass my exams?	I am really struggling with anatomy & clinical skills. I have always been really squeamish and can't stand the sight of blood. I stand at the back and try not to look. As a result, I don't really understand what is going on and I am beginning to feel completely overwhelmed with the subject.
I don't have time for anything other than Uni work, in fact I cannot fit it all in, I seem to be working all hours. I am not enjoying this life.	I am a very religious person and feel very uncomfortable when students talk about (that subject). This is worrying me.
I am really worried about my flat mate as I hear her throwing up in the toilet all the time, especially after meals. I don't know what to do.	I don't want to overreact, but someone in my clinical skills group keeps bragging about taking ecstasy at the weekends. I feel very uncomfortable with this.
My father has lost his job and is finding it difficult to give me money for Uni, I feel so guilty as I know my parents are really struggling. This situation is getting me down. What should I do?	I was so happy when we found this flat, but it is more of a nightmare now. The neighbours are so noisy, I can't sleep. I haven't slept all weekend and it's the exams in 3 weeks, what can I do about moving and getting out of my lease?
I just can't seem to make lectures before 10.00am? That normal right?	I don't drink, I am not good at sport and I feel so lonely.
We all started off great friends, but as the workload increased I explained that I had to do Uni work instead of going to the pub. Now they seem to be leaving me out and I feel so isolated.	I am the eldest in my family and therefore I am expected to look after my younger siblings every Saturday while my parents work. I feel as if I am always behind.
Now that we are talking, can I ask you something, I don't know how to start, I feel so ashamed...... (The mentee clams up and decides against it).	I was shocked when she rolled up her arm and said she wanted to talk about her self-harm. I know I should help but don't know what to say. Do you have any advice?
I know it is ok to go out, but my clinical skills partner is drunk almost every night and he is still drunk the next day at Uni. I feel I should say something. What do you think?	I was so stupid last night and got lifted by the police; I am terrified that I will be chucked out of med school, what should I do?
My girlfriend of 3 years split up with me two weeks ago. I am devastated and can't stop thinking about her, I can't concentrate on anything else and want to leave Uni, what should I do?	I have lost my purse and I do not have any money until my new bank card comes through next week, do you have any advice?

Figure 3: Responses to feedback questionnaire evaluating the training provided to medical student peer mentors at the University of Nottingham.

Raw Data						
Student Peer Mentor Evaluation form completed after training session 2 (September 2015)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Number of respondents to each question
Questions						
The training met my expectations	7	18	2	2	0	29
I will be able to apply the knowledge learned	8	20	1	0	0	29
I feel more confident becoming a peer mentor now	14	14	1	0	0	29
The content was organised and easy to follow	12	15	2	0	0	29
The materials used were pertinent and useful	8	18	3	0	0	29
The trainer was knowledgeable	20	8	1	0	0	29
I feel that I will be supported in my role as peer mentor	21	8	0	0	0	29
I know more about where to sign-post students and who to direct them to for advice	8	16	5	0	0	29
Class participation and interaction was encouraged	17	11	1	0	0	29
Adequate time was provided for questions and discussion	15	13	1	0	0	29
	Excellent	Good	Average	Poor	Very Poor	
How do you rate the training overall	10	18	1	0	0	29
Student Peer Mentor Evaluation form completed after training session 3 (January 2016)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Questions						
The training met my expectations	12	20	0	0	0	32
I will be able to apply the knowledge learned	17	14	1	0	0	32
I feel more confident in my role as peer mentor now	17	15	0	0	0	32
The content at each station was useful	13	16	3	0	0	32
The materials distributed were pertinent and useful	13	17	2	0	0	32
The trainer was knowledgeable	23	9	0	0	0	32
I feel supported in my role as peer mentor	21	10	1	0	0	32
I know more about where to sign-post students and who to direct them to for advice	18	10	4	0	0	32
I feel the resilience station will help me improve my own resilience	10	18	4	0	0	32
Adequate time was provided for each station to get a flavour of the topic	16	13	2	1	0	32
My own revision strategy will change in light of the station on revision/study skills	0	11	15	5	1	32
Understanding of how to support/direct students to the appropriate services for mental health issues has improved	12	16	4	0	0	32
	Excellent	Good	Average	Poor	Very Poor	
How do you rate the training overall	17	15	0	0	0	32

Figure 4: Responses to each question scored from 1 to 5 and multiplied by number of respondents to each question.

Student Peer Mentor Evaluation form completed after training session 2 (September 2015)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	Total student perception of learning score per question	Mean student perception of learning score per question
Questions/Score	5	4	3	2	1		
The training met my expectations	35	72	6	4	0	117	4.03
I will be able to apply the knowledge learned	40	80	3	0	0	123	4.24
I feel more confident becoming a peer mentor now	70	56	3	0	0	129	4.45
The content was organised and easy to follow	60	60	6	0	0	126	4.34
The materials used were pertinent and useful	40	72	9	0	0	121	4.17
The trainer was knowledgeable	100	32	3	0	0	135	4.66
I feel that I will be supported in my role as peer mentor	105	32	0	0	0	137	4.72
I know more about where to sign-post students and who to direct them to for advice	40	64	15	0	0	119	4.10
Class participation and interaction were encouraged	85	44	3	0	0	132	4.55
Adequate time was provided for questions and discussion	75	52	3	0	0	130	4.48
How do you rate the training overall	50	72	3	0	0	125	4.31
Mean session score							4.37
Student Peer Mentor Evaluation form completed after training session 3 (January 2016)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	Total student perception of learning score per question	Mean student perception of learning score per question
Questions	5	4	3	2	1	15	
The training met my expectations	60	80	0	0	0	140	4.38
I will be able to apply the knowledge learned	85	56	3	0	0	144	4.50
I feel more confident in my role as peer mentor now	85	60	0	0	0	145	4.53
The content at each station was useful	65	64	9	0	0	138	4.31
The materials distributed were pertinent and useful	65	68	6	0	0	139	4.34
The trainer was knowledgeable	115	36	0	0	0	151	4.72
I feel supported in my role as peer mentor	105	40	3	0	0	148	4.63
I know more about where to sign-post students and who to direct them to for advice	90	40	12	0	0	142	4.44
I feel the resilience station will help me improve my own resilience	50	72	12	0	0	134	4.19
Adequate time was provided for each station to get a flavour of the topic	80	52	6	2	0	140	4.38
My own revision strategy will change in light of the station on revision/study skills	0	44	45	10	1	100	3.13
Understanding of how to support/direct students to the appropriate services for mental health issues has improved	60	64	12	0	0	136	4.25
How do you rate the training overall	85	60	0	0	0	145	4.53
Mean session score							4.33

Figure 5: Resilience leaflet provided to peer mentors

UNITED KINGDOM · CHINA · MALAYSIA

Introduction.

Resilience has been defined as the ability to succeed, to live, and to develop in a positive way, despite the stress or adversity that would normally involve the real possibility of a negative outcome.

Studying medicine and being a doctor can be rewarding, but at times challenging.

This information leaflet, outlines some tips for self-care and resilience for medical students. It is based on guidelines from the UK General Medical Council, a literature review, discussion with some medical students and the personal experience of some members of the medical faculty.

1. Always remember the context.

Remember why you are here.

Studying medicine is a great privilege.

You will be making a lot of positive difference, to the lives of many people.

2. Mindfulness/Meditation.

Research on mindfulness, has shown that it can improve perceived stress and self-compassion in medical students.

There are local courses on mindfulness run in Nottingham and online resources available, to enable you learn more about this.

3. Get enough sleep and rest.

4. Sports/ exercise/extra-curricular activities.

Physical activity has been shown to be a statistically significant predictor for general health in medical students.

There are several opportunities available in Nottingham, to continue your sporting and extra-curricular interests or develop new ones.

5. Peer mentoring and support from family and friends.

Better support from family, peers and medical school faculty members and staff, are each associated with a greater likelihood of resilience.

6. Seek help early.

Make use of the student support and welfare services and your personal tutors.

There are also mechanisms in place within the university, for learning about revision and study skills.

7. Reflect and Reframe.

Reflect and focus on what was learnt from a "negative" outcome.

Learn to reframe "negative" events, into the "positive". For example criticism, can be reframed as a learning opportunity.

Learn about cognitive reframing and Cognitive Behaviour Therapy.

8. Be assertive and take responsibility for your own learning.

Be your own person.

Learn to say no to distractions.

Try not to let things get under your skin. You have to be in control of your emotions and not external factors, to enable you focus on your learning.

Step out of your comfort zone and approach consultants, GPs or lecturers for extra teaching if required.

9. Set realistic short-term goals

.... but remain persistent and committed towards longer term goals.

Allow enough time to obtain logbook signatures and for revision.

Break big tasks down into small bite size chunks.

Focus on doing the important things first (prioritize).

10. Remain anchored in your values, faith or beliefs.