

Taking the PULSE mentorship program “virtual”: reflections by the program coordinators

Prendre le programme de mentorat PULSE « virtuel » : réflexions des coordonnateurs du programme

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Dear Editor,

We read with interest Li et al.'s¹ article on creating hybrid (i.e., in-person/virtual) near-peer mentorship (NPM) programs for medical students. Peers United in Leadership & Skills Enhancement (PULSE) is a popular NPM program at the University of Saskatchewan,² which had to undergo hybridization during the pandemic. We wish to add to the discussion on this topic, as PULSE coordinators, based on what participants have indicated they need for optimal learning, motivation, and wellness.

COVID-19 restrictions required PULSE to go “virtual” for the 2020-21 year. Mentees were paired with a single, unchanging mentor and sessions focused entirely on history taking. While this met our learning needs as mentees at the time, having one mentor unfortunately reduced camaraderie with the upper year class.

As PULSE coordinators in 2021-22, we trialed a hybrid model that returned to PULSE's original rotating mentor, small group format. We wished to foster connectedness and incorporate more physical exam (PE) and clinical reasoning skills. Virtual sessions consisted of clinical cases, while in-person sessions focused on student-chosen PE maneuvers. In-person sessions were more popular amongst mentees, while mentors were enthusiastic regardless of the format—likely relating to each groups' unique motives for engaging in NPM programs like PULSE.³

Virtual sessions permitted more students to participate and allowed a greater focus on students' clinical judgment, which was not previously emphasized in PULSE but often contributes to performance anxiety around OSCEs.⁴ However, as others have reported,⁵ mentee engagement seemed to decline due to “Zoom fatigue,” and the case-based virtual format reduced participants' ability to self-determine the focus of the session—compromising a cardinal value of PULSE.^{2,4}

Based on these experiences and insights, we would recommend the following when trying to hybridize similar NPM programs in medical education:

1. Have at least one in-person and one virtual session per module (e.g., cardiology).
 - a. In-person sessions help improve PE skills while promoting self-determination.
 - b. The virtual structure works well for honing clinical reasoning and selectivity.
2. Adopt a rotating mentor and small group format for all sessions.
 - a. This approach exposes mentees to a variety of different teaching styles and perspectives, while facilitating peer relationships.
 - b. Mentors can also practice adapting their teaching styles to unique mentee goals.

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