

THE ROLE AND PLACE OF THE MENTOR WITHIN THE MEDICAL UNIVERSITARY FIELD

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***Abstract:** Starting from the teacher-student relationship and reaching the mentor state, represents both a conceptual and attitudinal concept in which both sides are creatively involved, demonstrating the existence of a valuable demarche which will underline after a period of time, the efficiency in his specialty training. Thus, the student becomes an aspirant to the quality of studying, research and personal identity, marking with the flexibility and the frankness of the age a period of accumulations that will influence his professional rising. At the level of medical university environment, the role of mentor has special connotation because it implements specific strategies concerning the human research and the relationship doctor-patient determining the appearance and acceptance of change as a result of an advanced demarche.*

***Keywords:** student, mentor, university, medicine, concept, attitude, value.*

When marking the psycho-social “space and time” of the student versus the young man it is necessary to refer to what Malson L. said (after Salvat H. in 1972) as element of the identity, namely: “Before meeting his fellows and body, man is nothing else but an amount of virtualities, as much weightless as a transparent steam. Any cure involves an environment, namely the others' world. This way there it can be described the age of the researches and identity, of confusion and break-outs, as an act of recognition of the self”.

Under such an emblem of his development, the student has all the chances to identify himself in time with his future social status.

But until then, even if many of them still are and/or fell themselves teenagers who don't take their responsibilities of being grown-ups as becoming, Schifrineț Constantin (1987), students orientate themselves towards creativity, wide social relationships, physical and spiritual vigor, have an inclination towards specialization, the tendency of having relations with grown-ups and generally, with all the generations, the accent drops on the professional training, taking charges, social aging, professional integration, ensuring a

social and professional status.

Under these circumstances the student develops as an actor of the university environment along with his teacher, to who shall first appreciate his human qualities and then the scientific abilities, because he has needs both intellectual and especially spiritual, this way integrating his value construction.

With the same sensibility, Constantin Noica (1990) catches the relationship between the actors noticing that “The disciple wants to become ivy, although he only has to become himself”, all these under the circumstances in which “Happy is the teacher who is outrun by his apprentices”, which denotes tact, mastery, but especially pedagogical art and professional fulfillment.

Under these auspices, the student and the teacher meet inside the system when they register in the same epistemological registers, axiological and praxiological. There arise such similitude the moment when there is a system in which (Vințanu N. - 2001) “the student owns a particular structure of acknowledgment, of appreciation and of the action which is compatible up to a point with the teacher who, in his turn, has a developed universe of the concepts of the certain field,

controls very well the epistemological mechanisms specific to the field along with a list of criteria an efficient modalities of practical action, so as a more evident dimension of these three fields, previously mentioned.”

This way it gets to a certain cognoscible dimension in which the intellectual and spiritual needs of the student suppose a new approach of the relationship with the teacher, this one becoming a mentor.

The mentor is (Schifrinet C-tin, after Necula A. - 1997) a role model who guides him in his training, to orientate him towards the themes proper to be followed. The same author stresses the fact that the student meets with his mentor who is a lively personality with whom he permanently communicates and whom he solicits directly. This relationship is a special one, with a pronounced inward character. The young man checks his options, ideas, and thoughts along with his mentor. The mentor means a way to protect the young man by the negative influences and wandering on paths which can be dangerous for his spiritual evolution.

The mentor is not a new form of tutorship upon the student, but on the contrary, he can stimulate his creativity, taking up his role of contributing to what the person wants, becoming completing himself.

It is supposed that the mentor not only that he has certain moral and professional features, but also that he can acquire characteristics specific as an answer to the university environment in which he develops his activity. This way we are trying consequently to decode some of the attributes which, has the mentor in the medical university field.

If at the level of training the teachers we find the mentorship for probation (MS) and that one for students' practice (MP) within the medical field, we would previously stop upon the first one (MS), adding as an evolutionary step of the preparation, the mentorship of the residence (MR). This way identifying the factors of success after quite a long period of years of study.

It is our duty to determine the fact that it belongs to us this bold theory of mentorship in medicine under the shape of MS and MR

which we consider absolutely necessary even if we would start from the basic idea that a doctor has to be represented by a complex person and capable of responding to multiple social commands, understood as first and basic motivation.

Finding ourselves at the beginning in this field, we shall try to identify a part of the items specific to the two responsibilities of the mentor:

- for practice (MS);

- for residence (MR).

a) The mentor for practice (MS) develops his activity along the years of study of medicine and it is found in the university hospitals.

It is the moment when the mentor has the duty to find the precious stone or/and the marshal's baton so that after that, during the residence to polish the diamond and get the marshal ready.

We could notice the fact that for the medical student who does his practice classes in hospital, the mentor has to be:

- a good professional - proving probity and respect towards life;
- an animator meaning that he animates the student during the practice;
- a permanent learning source, representing at a given moment, a checking point for his future career as a doctor, but also of quality analysis, offering feedback to adaptation, attitude and a conduct adequate to the situation;
- a councilor capable of developing interpersonal relationships, but also to encourage towards study, performance and research the student who is predispose to such thing;
- a constant evaluator of student's performance during the probation, starting from a discussion of a study case and going to professional competences in the field.

We still mention the fact that the mentor is not and he won't be replaced by a qualified person for training the students on the faculty of Medicine who are on practice, but is something else, is that special something which is to be found in the previously mentioned items, being found by the interested one. We are actually taking part to a process in

which him, the student, is searching for that double personality of professionalism and morality, which is offering him answers to his capital questions, because the affinity between “searching” and “finding”, bounds, unites, defines the quality of mentor. Hypothetically speaking, the mentor is the one that the student found, the quality of the relationship being certified by both parties, structuring the motivation of choice.

Under these circumstances, the practice period of practice for the student in the faculty of medicine is really the viable aiming point for the future professional training and not only.

b) The mentor for the residence (MR) subscribes in the field of professionalism following the evolution of the specialist towards the moment in which the diamond being polished shines. The relationship of the two is for a limited or not period, shall be based on:

- the quality of the specialty acknowledgments applied to a high level;
- the professional attitude towards the medical body and putting into value the act in itself;
- affinity for research following the improvement of quality of life;
- flexibility of thinking as a mean for acknowledgment;
- the act of creation as a modality of progress and not only;
- accepting the change and of the new as a personal attitude-comportment strategy.

Being drawn up just some of the elements which can make part of the structure of the attitude components of the mentor for the resident (MR).

Let's not forget too the fact that the mentor (MR) doesn't have the quality of “overwhelming”, of “suffocating” the resident, but to help him by being close to him, to find his way, finding him, cultivating him and putting him in value the special ability that the student has. Practically, the resident doesn't

have to grow at the oak's shade but to adapt to the alive water of his mentor's word, this way finding his place and vocation.

The entire activity as a mentor in the medical university field, it requires a deep acknowledgment aiming, at first the quality of the act itself and then the involvement in the logistic basis of the new taken responsibility.

Is it good? Is it constructive? Does it have resonance? Is it based on attitudes and comportments? Which is the finality?

If the being a mentor in the medical field improves the medical act in its all complexity and that the connection and communication with the patient decodes new structural connotation, means that we already have a viable answer, at least to one of the multiple questions made and which are waiting for the answer. In fact everything has its beginning and its end.

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