

Mentoring at the School of Medicine at the Federal University of Minas Gerais: from a dream necessary to the construction

A Tutoria na Faculdade de Medicina da Universidade Federal de Minas Gerais: de um sonho necessário à construção

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ABSTRACT

This is the first in a series of three articles aiming to address the origins, references, implementation, development, and current frame of the Tutoring Project in the Mentoring format at the School of Medicine at the Federal University of Minas Gerais. This article aims to trace the history and initial development of this project. It briefly discusses the concepts and theoretical aspects of Mentoring in medical training and highlights the Tutoring Project at the School of Medicine from the São Paulo University as an important reference for similar projects in Brazil.

Key words: Preceptorship; Mentors; Medical Education; Education, Schools, Medical; Education, Medical, Undergraduate; Students, Medical.

RESUMO

Este é o primeiro artigo de uma série de três que visa a abordar as origens, referências, implantação, desenvolvimento e quadro atual do Projeto de Tutoria no formato Mentoring na Faculdade de Medicina da Universidade Federal de Minas Gerais. Objetiva traçar o histórico e o início do desenvolvimento desse projeto. Aborda sucintamente conceitos e aspectos teóricos do Mentoring na formação médica e assinala o Projeto Tutores da Faculdade de Medicina da Universidade de São Paulo como referência importante para projetos semelhantes no Brasil.

Palavras-chave: Preceptoria; Mentores; Educação Médica; Escolas Médicas; Educação de Graduação em Medicina; Estudantes de Medicina.

INTRODUCTION

Society considers that the admission to a university constitutes a special moment in the student's life, a moment of glory and satisfaction for the student, however, with important implications for new personal and social responsibilities and, in most cases, the final passage to adulthood.

In major universities where there is an extensive production of knowledge, coupled or not to its transmission, students often have difficulties in understanding their role and the new relations sieved between master and pupil. This process can be aggravating if imposed to the student who is still unable to recognize his role, have questions, and often is not realizing his relationship with the university environment.

The university needs to deal with this situation and promote better student adaptation facilitating his insertion in this new reality. The role of higher education

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cannot be restricted to the transmission of scientific and technical knowledge but must prioritize the formation of responsible citizens.

Considering the representative proportions of infrastructure, the accumulation of responsibilities and the need to envision the reality of higher education, teachers and managers often lose direct contact with the student, hindering the monitoring and creation of models to be followed. It is in this reality that the role of a mentor arises: the person able to interact and work out issues that transcend questions directly related to the academic learning with the student.

This article, in the first in a series of three, and aims to address the sources, references, implementation, development, and current frame of the Mentoring Program of the School of Medicine at the Federal University of Minas Gerais. It aims to historically review the beginning of the development of the Mentoring Project (Mentoring) at the School of Medicine at UFMG in addition to addressing mentoring concepts and theoretical aspects of medical training, and remarks the 'Tutors' Project at the School of Medicine at the São Paulo University as an important reference for similar projects across Brazil.

HISTORY: FROM THE GODFATHER PROJECT TO TUTORING

Between 1978 and 1982, during the Doctor-Patient Relationship seminars conducted under the supervision of Professor Clara Feldman with students of the fifth period in the undergraduate course of Medicine, some thought-provoking aspects were detected and reported by the students themselves such as:

- emotional difficulty typically found in university students (family, emotional, and social dysfunctions, and etc.);
- emotional difficulties resulting from stressful experiences specifically linked to the course of Medicine;
- problems in the relationship with colleagues;
- problems in the relationship with teachers;
- difficulties in learning the courses' contents;
- need, within the course program, for a space where these problems could be discussed and evaluated by the student in the search for possible solutions.

Thus, in 1983, on the initiative of Professor Clara Feldman, the proposal for a guiding or "mentoring" service for students was named the "Godfather Project".

After the training of some selected teachers, based on the Model of Assistance, groups of 8 to 12 students were formed who had as optional and voluntary activity a weekly meeting of one to two hours in duration, where, under the supervision of one of the trained teachers, the discussion and evaluation of previously outlined issues were addressed.

The project, which initially was proposed only for students of the fifth period and with the duration of up to one year (extending only up to the sixth period) had to be revised. The participating students refused to interrupt the activity, and many continued participating in the meetings until the time of their graduation. Two students requested and were granted, their participation for some time after graduation.

Over the years, however, the number of groups in the program was decreasing until it was closed in the 90s with the activities of the last group.

Conversely, in 1971, the Collegiate of the Medical School adopted a set of measures aimed at correcting the course's shortcomings and adapt it to the new directives in relation to medical education.

The university reform and new structure of the health system created an environment conducive to major changes needed in medical education. The big gap between the current teaching practice in the area of health and the need for community health showed that it was imperative to define a new professional profile.

In 1975, the Curriculum Development Process of Medical Schools implemented the Hospital Practice discipline and recommended that its contents should reflect educational experiences integrated with assistance.

This process, which became a new data in inpatient units of the General Hospital /UFMG, proposed the activation of a Professional Training System with unique features of the Federal University of Minas Gerais suggesting:

- professional training of the medical student for the immediate contact with medical functions within the General Hospital /UFMG;
- exercise teaching also extended to the technical and administrative body of the university community;
- production of instructional material from training needs diagnosed in the university outreach agency.

The operationalization of the proposed discipline was unique delegating training cycle actions to the staff of the technical and administrative body of the School of Medicine and General Hospital /UFMG.

Upon taking the actions in the training cycle of Medical students, the employee changes the occupational content of his job, bringing more productivity to the institution in terms of university education and community assistance. Several teachers and staff have been pioneers in these initiatives and participated with great enthusiasm in the initial phase of the implementation of this discipline, among them: Antônio Dílson Lemos Fernandes, Terezinha Rodrigues de O. Magalhães, Eliane Costa Dias Macedo Gontijo, Maria da Conceição de Souza e Lima, and Clélia Marília de Abreu among others.

The Hospital Practice discipline was structured in modules and became part of the mandatory disciplines in the curriculum of the medical course at UFMG. Their educational objectives aimed to obtain the integration of educational-assistance for the student involved in the activity of the university's outreach agency.

In 1994, with the change in the curriculum of the medical course, the Hospital Practice discipline was divided in: Health Practice A (MED001) and B (MED002), and thereafter taught in two school periods, fourth and fifth, respectively. The two disciplines were modular; the Health Practice A contained modules of Nursing, Library, Nutrition and Dietetics, Ambulatory and SAME, and the Health Practice B contained the modules Laboratory, Blood bank, Doctor-patient Relationship, Radiology, Social services, and Pharmacy. The technician in Educational Affairs, Clélia Marília de Abreu, was ahead of the technical-administrative activities in the sector.

During this period, the Board of the School of Medicine entered into negotiations with the School of Nursing, who took over the coordination of Health Practice A because the Nursing module load was the largest.

In 1995, the process of creation of the Center for Educational Technology in Health of the School of Medicine at UFMG was triggered; eight meeting rooms on the eighth floor of the School of Medicine building at UFMG were reserved for this purpose. However, human resources were missing because the sector had one technical-administrative officer, on the verge of retiring, and two others taking over practical activities of the Nursing module linked to the Health Practice A discipline.

In mid – March of 1996, servers that have taken over the administrative and technical support were admitted by the UFMG, via medical school, and placed in charge of what was already called simulation activities in the Health Practice A and Health Practice B disciplines.

Also in 1996, with the retirement of Professor Clara Feldman, the psychologist Gilmar Tadeu de Azevedo Fidelis assumed, with professors of the Department of Psychiatry, the classes in the Doctor-patient Relationship module in the Health Practice B discipline. A reference mark in this transition phase was the launching of the first edition of the book *Assisting the Patient*, written by Professor Clara Feldman, from her shared experience with students over the years in their activities developed in this module.

This format remained until 2000 when the Mentoring Program of the School of Medicine at UFMG was created. This project originated from the significant, and long-standing demand reported systematically to the collegiate of students who presented affective and social problems that interfered with their academic and interpersonal development.

In the search for possible solutions, the Psycho Pedagogical Support Center for Medical Students at the School of Medicine of UFMG (NAPEM) was also created, which, along with the Mentoring Program was configured as a space for reflection where students were provided with shelter and guidance on stressor topics and stressing experiences. Because of curricular reasons, the Mentoring Program was set as one of the modules in the core discipline in the fifth period, Health Practice B (MED002). This period was chosen because it was, and still is, the transition time from the basic (at the Institute of Biological Sciences/ICB-Pampulha Campus) to the professional cycle (School of Medicine – Health Campus), a punctual moment when the level of academic stress increases.

The workload of the Mentoring module was determined in 30 hours per semester divided into weekly meetings of two hours in which a group of 10 to 15 students were followed by a tutor and encouraged to reflect on the experiences of academic training and its reverberations in various areas of life. At the end of the module, students and tutors were asked to report the experience during the meetings.^{1,2}

THE HEALTH PRACTICE B DISCIPLINE (MED 002) AND THE MENTORING PROGRAM

The Health Practice B discipline (MED) was initially chosen to receive the proposal of Mentoring Program because it possessed two features that fit well with the demands of that time: firstly, it was a

modular and cross-departmental discipline, which was important for the structure based on the desired diversity by the Mentoring Program; secondly, because the original discipline structure already had a module that was developing an activity near to that proposed by the Mentoring Program: the Doctor-patient Relationship module.

The teaching plan of the discipline from 2001 was as follows.

Table 1 - Teaching Plan Curriculum Version: 94/1

Discipline: Health Practice B	
Unit: Medicine	Credits: 03
Code: MED 002	Classification: OB
Seriation/period: 5th	Department: Interdepartmental
Total hours: 45	
CH Complementary Propedeutics Department: 15	CH Mentoring: 30

- **Support Center:** Center for Educational Technology in Health – CETES;
- **General Coordination:** Prof. Cláudio de Souza;
- **Administrative Coordination:** Gilmar Tadeu de Azevedo Fidelis;
- **Academic Coordination:** Graduate Center of the School of Medicine, UFMG;
- **Discipline Coordinator:** Prof. José Silvério Garcia.

Modules that composed the discipline and respective departments

- **mentoring:** Interdepartmental: total hour load: 30; Coordinator: Prof. Eduardo Tavares;
- **hemotherapy:** Complementary Propedeutics Department; total hour load: 12; theoretical CH: 06; practice CH: 06; Coordinator: Prof. José Silvério Garcia;
- **radiology:** Complementary Propedeutics Department; total hour load: 03; Coordinator: Prof. José Nelson Mendes Vieira.

Content

The continuous process of integrating the MEDICAL student in the network of ambulatory and hospital health services started with Health Practice A

– 4th period, with the goal of interdisciplinary work awareness based on cost-benefit ethics, teamwork, and systematic student follow-up collaborating in his technical and emotional development, aiming at contact with the structural reality of the health environment and emotional support for the student.

Program

Mentoring Module

- **general objective:** systematic student follow-up, collaborating in his technical and emotional development in a humanized way, helping in his most simple difficulties and detecting, early, the most significant difficulties providing appropriate referrals;
- **specific objectives:** 1. To create a space within the course of Medicine for the encounter between teacher-tutors and students in which personal problems and problems with interpersonal relationships and with the course could be evaluated and cared for; 2. To guide students regarding educational activities such as electives, internships, research projects, and etc.; 3. To detect and refer those students with the most significant difficulties to the NAPEM;
- **methodology:** students of the Health Practice (B) discipline will be distributed in subgroups of 8 to 12 members. A teacher-tutor will be assigned for each group who will lead a weekly meeting with two hours of duration. The teacher can also provide individual or small groups interviews, whenever the need arises;
- **time:** Mondays, Tuesdays, Thursdays, and Fridays from 10:00 AM to 12:00 PM.

Radiology Module

- to recognize the equipment and materials in the x-ray room;
- to observe and discuss difficulties and peculiarities of each patient in the radiological examination;
- to examine requests for radiological examination as to the appropriate request filling;
- to critically evaluate requests for radiological examination;
- to collaborate with the inter-professional team of Radiology (Nursing students, Radiology techni-

cians, nurses, radiological technical students, residents, trainees, medical monitors, radiologists) executing nursing and/or medical specific tasks proper for each exam.

Hematology Module

- the history of Hematology;
- the national policy of blood and blood products;
- the theoretical exposition to technical standards and current legislation;
- the recruitment and selection of candidates for blood donation;
- the demonstration of conventional and apheresis blood collection;
- the demonstration of blood fractionation, its preservation, distribution, and application;
- the importance of correct identification of the transfusion unit, as well as of the receiver;
- theoretical and practical notions on immunohe-matology and DHRN;
- the demonstration of equipment and installations;
- medical and transfusion records requests. Awareness of its importance for the hemo-therapy service and as documentary evidence;
- theoretical and practical exposure of pre-transfu-sion tests of compatibility;
- theoretical and practical concepts of the hemo-therapy arsenal and its indications;
- theoretical and practical concepts of immediate and late transfusion reactions.

Methodology

Instructional methodology with characteristics of education in service. The training, development, and professional training put into practice within the uni-versity for community service.

Evaluation

The educational-assistance evaluation is con-tinual and effective, based on attendance, perfor-mance, and criteria arising from the particular char-acteristics of each curricular area including exams and/or projects.

Distribution of points

Table 2 - Distribution of points

Module	Activity in class	Work	Exam	Total
Mentoring	30	---	---	30
Blood Bank	10	---	40	50
Radiology	10	10	---	20
Total	50	10	40	100

During the first semester of 2009, after some stud-ies and ponderings by the Collegiate of Medicine and the Complementary Propedeutics Department, the extinction of the Hemotherapy and Radiology mod-ules was approved. It was established that such con-tents would be allocated to specific disciplines and at best suited times within the curricular structure.

Mentoring, thus, became the only module within the discipline, awaiting the curricular reform for workload and period adjustment.

The teaching plan for the discipline from the sec-ond semester in 2009 follows.

Teaching plan

Table 3 - Teaching plan

Unit: Medicine	Curriculum version: 94/I
Discipline: Health Practice B	Credits: 03
Code: MED 002	Classification: OB
Seriation/period: 5 th	Department: Interdepartmental
Carga Horária Total: 45	

Support

- Health Technology Center – CETES - General coor-dination: Prof. Cláudio de Souza - Administrative Coordination: Gilmar Tadeu de Azevedo Fidelis.
- Psycho Pedagogical Support Center for Medi-cal Students at the School of Medicine of UFMG (NAPEM) – Coordination by Prof. Maria Mônica Ribeiro;
- Academic coordination: Graduate Center of the School of Medicine/UFMG (CEGRAD);
- Discipline coordinator: Gilmar Tadeu de Azevedo Fidelis (CEGRAD/NAPEM).

Mentoring

Inter-departmental discipline with a total load of 45 hours.

Content

To continue in the process of integrating the Medical student with the goal of interdisciplinary work awareness based on ethics, teamwork, and systematic student follow-up, collaborating in his technical and emotional development, aiming at contact with the health structural reality and emotional support for the student.

Program

Mentoring Module

- **general objective:** systematic student follow-up, collaborating in his technical and emotional development, in a humanized way, helping in his most simple difficulties, detecting early the most significant difficulties, and providing appropriate referrals.
- **specific objectives:** 1. To create a space within the course of Medicine for the encounter between teacher-tutors and students in which personal problems, and interpersonal relationship and with the course problems can be evaluated and cared for; 2. To guide students regarding educational activities such as curriculum electives, internships, initiation projects, and etc.; 3. To detect and refer students with more significant difficulties to the Psycho Pedagogical Support Center for Medical Students (NAPEM).

Methodology

Students of the Health Practice (B) discipline will be distributed in subgroups of 8 to 12. A teacher-tutor will be assigned for each group who will lead a weekly meeting with two hours of duration. The teacher can also provide individual or small groups interviews whenever the need arises.

- **time:** Mondays, Tuesdays, Thursdays, and Fridays from 10:00 AM to 12:00 PM.

Evaluation

The educational evaluation is continuous and on the basis of attendance and preparation and delivery of reports on the experience in the mentoring activity.

NAPEM (Psycho Pedagogical Support Center for Medical Students): BRIEF HISTORY AND ITS ROLE AS THE STRUCTURAL BASIS FOR THE MENTORING PROGRAM

The NAPEM and the Mentoring Program have always had intertwined paths. One can say that the origin of the Psycho Pedagogical Support Center for the student at the School of Medicine overlaps the already mentioned Godfather Project and the participation of the psychologist Emely Veira Salazar in 1975, at the invitation of the Pedagogic Support Center coordinator (NAP), created several of its units in 1976. The psychologist Emely participated fully in its preparation, approval, and implementation and, in parallel, began to provide counseling to students and instructors of the NAP.

Since then, several directors were sought by the NAP in the name of the psychologist to signal about the work that was being developed and the need for the school to create the settings for assistance to students. In 1985, Professor Tancredo Furtado, then Director of the school, went so far as to convene a meeting to discuss the creation of the center. There was no understanding of the formation of this center. The meeting's participants believed that this type of service could not be offered in the school's physical space and it ended up being postponed. It is relevant to point out that many of these services are made available to students in medical schools at locations outside the unit, with the main objective to preserve the privacy and no exposure of the student who seeks assistance.

In 1999, the psychologist Emely Salazar went on to serve on the Collegiate of Medicine, at the invitation of Prof. Eliane Dias Gontijo, then Coordinator of the Collegiate. One recurring issue faced by the Collegiate was the large number of requests for students' withdrawal. Concerned about the situation, the coordination asked that all these students visit the Psychology sector before forwarding their requests. The consultations began to take place in a room intended for that purpose as the previous step in the continuity of the withdrawing process desired by the students.

In these consultations, it was verified that most of the requests were mainly based on anguish, fear, insecurity, and depression. This issue was taken by

the Coordinator at a Collegiate meeting, and the subject entered the agenda of the VII Seminar on Medical Education. There was approval, and the creation of a core service for the medical student was suggested.

Subsequently, Prof. Eliane Gontijo took this proposal to the Director, Professor Marcos Borato, suggesting that the Board would summon a group of interested teachers to take the case.

Professor Borato undertook and fully supported the initiative, which led Professor Eliane Gontijo to convene the first meeting for the creation of the center on November 12, 1999, with a group of sensitized and interested teachers. After a few meetings, a Committee to develop the project for the creation of the center was nominated. At the same time, Professor Eliane, along with the Board, drew up the proposal for the creation of the Mentoring Program in the center in gestation. The Mentoring Program would be a technical and human support to the student, from the fifth period on. Prof. Eduardo Tavares was summoned to participate, due to his experience with the Godfather, and Professor Clara Feldman was invited to train future tutors. In December of that same year, the collegiate invited teachers from all departments and the course began. The Mentoring Program was implemented in the 1st semester of 2001, as a mandatory discipline and has been in place since then as a free space for student expression.

A few years later, in September of 2004, the NAPEM was approved by the Congregation of the Medical School as the Psycho Pedagogical Support Center for the student at the School of Medicine. Sometime later, with the arrival of the speech therapy course, the name changed to Psycho Pedagogical Support Center for the student at the School of Medicine and began to assume duties as the official advisory body of the Board for matters pertaining educational and psychosocial issues that could individually or collectively affect the students of the School of Medicine/UFMG.

The NAPEM assignments are:

- to plan and develop activities that directly or indirectly address the emotional issues related to courses taught at the School of Medicine at UFMG;
- to involve and motivate faculty for the early identification of problems in contact with students with the adoption of appropriate measures;
- to create conditions for accepting and referring students with psychopedagogical difficulties to seek efficient and effective resolutions to the problems brought by these students;

- to embrace student family demands by promoting required information, guidance, and referrals;
- to plan and encourage the performance of studies, projects, and research on the theme, promoting internal and external disclosure of relevant literature;
- to promote events and/or meetings to address psychological support-related topics for students;
- to participate in educational, curricular, and extracurricular activities, aimed at:
 - enhancing the psychological and emotional education of students;
 - inserting psychological issues in the everyday practice performance of students, seeking, among others, to demystify emotional problems, making them common themes in the academic life.

The NAPEM aims to develop the following activities with students:

- assistance or individual consultation. The assistance is provided by members of the NAPEM technical team and performed without any financial burden to the student;
- embracement of parents or family members upon request;
- interlocution with the mentoring program; program focused on students, aiming to create a space of collective elaboration of issues experienced in the course or related to the medical profession, currently still restricted to the fifth period;
- artistic-cultural activities: conducting and supporting events that address issues related to the universe of healthcare interests.

THE MENTORING PROJECT AT THE SCHOOL OF MEDICINE OF SÃO PAULO UNIVERSITY: A REFERENCE

In 2005, the book “Tutoring – Mentoring in the Medical Education” was published by the professionals responsible for the Mentoring Project at the School of Medicine/USP, Patricia L. Bellodi and Milton de Arruda Martins, House of the Psychologist Publisher.³

The book discusses the context in which Mentoring programs take place at universities, paying especial attention to the journey of the university student during his training, presenting the nature of mentoring relationships, definitions, and concepts

of the function and attributes of tutors (mentors) and possible modalities of the activity in the context of higher education. It reports the story of the deployment and implementation of the Mentoring program (Mentoring format) at the School of Medicine/USP. It describes the experience of undergraduate Medical students, the structure and objectives of the Tutors/FMUSP program, activities conducted (recruitment, selection, training, and supervision of tutors), and the first evaluations of the program. The interactions between tutors and students, the already carried out evaluations, some thoughts on the future of the activity, and its possibilities and limits conclude the book.³

This trajectory of the Tutors program/FMUSP became a relevant reference to the project in full swing at the School of Medicine/UFGM already experiencing stresses and problems inherent in an activity of this nature. It was then understood that it would be very meaningful to contact the coordination of this project at USP; from this movement, some activities were carried out with the objective of exchanging experiences, stimulating, and thus enabling the development of new prospects and continuity of the Mentoring Program in the School of Medicine/UFGM.

Seminars, workshops, and videoconferencing were conducted with the exchange of experiences and knowledge. These events have brought the two institutions close and, since then, official (at conferences and academic events) and informally significant contacts and exchange of experiences have happened, which have contributed to the consolidation and growth of the program.

In addition, since 2008, the Mentoring Project has participated in various activities, tables, courses, workshops, reports of experiences, and etc. in the Brazilian Congress of Medical Education (COBEM). Since then, the project has circulated widely in the editions of this event, through the sharing of experiences with other medical schools in the country discussing the evolution of this activity in the medical education.

FUNDAMENTALS AND BASIC THEORETICAL ASPECTS OF THE MENTORING PROGRAM IN MEDICAL TRAINING

Tutor (from the Latin *tutor*, *oris*) is a term in Roman law attributed to those who is in charge of taking care of an incapable (as an orphan, for example).⁴ This term was already used in the middle ages and had the

meaning of guard, protector, defender, curator; also meaning those who keep other people under his view, who looks, stares, examines, observes, and considers; those who have the function to support, protect, and defend; who is the guardian or the one who directs and governs. For the British, it could mean a teacher to small groups, providing special attention to these students. In agriculture, it is the designation for the stake that bolsters a fragile plant during its growth.

Currently, in the perspective of medical education, the tutor is the one who guides the formation of professionals already graduated and who already work in the health system. Thus, the tutor is usually a more experienced doctor, with clinical competence and ability to help learning how to learn, understanding the professional practice, and in its essence encouraging personal development and acting as a guide and reference. However, because the tutor has the role to evaluate the resident doctor, the establishment of an asymmetric relationship occurs between them. Therefore, more recently, the term personal tutor is used to designate one who, in addition to teaching techniques and skills, assists in the search for knowledge, evaluates students, advises, and supports. This name seems to have arisen precisely to distinguish this professional from others to whom the title of tutor also applies, as well as from the professional who assists exclusively in the learning process.⁵

The word *mentor* (from the Latin *mentor*, *oris*; from the Greek *mentor*) derives, by metonymy, of *Mentor*, character of the *Odyssey* in the poem written by Homer in the 8th century before Christ. This poem tells the story of the return of King Ulysses (or Odysseus) to their land, Ithaca following the victory in the Trojan War. *Mentor* was a friend and advisor to the King. When he left for the war, Ulysses entrusted his wife, Penelope, and his son, Telemachus, to the *Mentor*. Twenty years passed; Odysseus's family was humbled and restrained by pretenders to the throne of Ithaca. The poem shows the development of Telemachus and the *Mentor's* importance to this process.⁴ The term then began to be used to designate, in general, the relationship between a more experienced adult and a young novice. A relationship in which the mentor provides guidance, instruction, and encouragement for the development of competence and character of the young. During the time that they remain together, it is expected that the two develop a special bond-mutual commitment, respect, trust, and identification – to facilitate the transition to adulthood.³

Why Mentoring, in English? The word mentoring as discussed in the previous paragraph is derived

from the character Mentor in the *Odyssey*, wise friend of Odysseus who helps his son Telemachus to go in search of news of his father (indicating the passage of the young into adulthood). Therefore, a mentoring relationship happens whenever someone experienced supports a beginner on the journey between one and another stage in life. Despite that the word find the matching in Portuguese in mentoring under 'mentor' and 'mentorear', the Tutoring expression in the Mentoring format has been used to avoid confusion because the verb *mentor* conjugates as to advise and tutor conjugates as to teach, in the strict sense.

The Mentoring relationship is established along a journey in which the mentor is a savvy traveler accompanying the novice toward new targets; someone who is less interested in securing the route but on helping the young adult to become a competent traveler in an asymmetrical relationship of collaboration in which tutor and student interact harmoniously in the decision-making in a perspective that transcends the restrictions within a closed hierarchical structure.

The mentor, by means of dialogue, shares with his students the practical knowledge, presenting the rules and institution structure, its culture and politics. He is always alert to the problems and dilemmas of the student, helping him to find a path not based on offering solutions but helping him to reconfigure his questions so that he himself can solve the problem. Thus, the mentor is also a force for moral and personal support, giving the student concomitantly room to move, prove his decisiveness, interaction, and learning abilities.³ It is a dynamic process that evolves with time and has various configurations, which may be individual or in a group, for a short or long period but always seeking the active participation of those involved, ensuring that the relationship succeeds.⁶

FINAL CONSIDERATIONS

The Mentoring Program at the School of Medicine has found fertile ground for the development of its proposals. The demand for this kind of activity in the formation of future doctors, as well as the structural, academic, and emotional support that it provides, is clear and very well marked in the book.

This theme has achieved increasingly relevance and visibility; and the number of participations, experience reports, papers, dissertations, and theses on

this topic have increased significantly. Mentoring and psychological support to medical students constitute fundamental activities in shaping the future doctor.

However, despite the breeding ground found in curricular reforms and adjustments to the deployment of the Mentoring Program and counseling programs to medical students, many problems, difficulties, and resistances have been encountered. If on the other hand there are still teachers who are very conservative and resistant to change, other academic segments are conspicuous by their hourly charge dispute within institutions devaluing the activity for its still little appreciation in terms of scientific research and production. It is still worth mentioning, especially in public universities, the difficulty scenarios in using and allocating teachers. Often a teacher who has the profile for mentoring has to forgo this activity to cover a "hole" in the clinic, for example.

For all of these issues, as well as for others, extensive and profound discussions are pertinent, which will be addressed in the subsequent articles intended for the presentation of the Mentoring Program of the School of Medicine at UFMG.

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