While the Island Medical Program (IMP) is a place known for its supportive educational environment, a few local surgeons have gone to the next level. Many of the surgical assistants are semi-retired surgeons themselves, and while they aren’t directly involved as teaching faculty, they have plenty of contact with IMP students on their rotations.

The 3rd year surgery clerkship is one of the most challenging. Students not only need to learn the complex medical management of surgical disease, pre- and post-operative care, trauma management, etc; but they are also asked to master some basic operative skills including surgical management of skin lesions and suturing.

**Finding our students at times overwhelmed, four of these semi-retired surgeons decided to intervene.**

They approached the teaching faculty with a unique idea and were permitted to give it a try. The plan was simple: they wanted to provide some protected time to assist students where they felt they needed it most. The initial focus was on students’ proficiency in delivering a case presentation and on students’ basic ‘hands-on’ operative skills. The IMP provided funding to put together a ‘surgical suitcase’ of suturing supplies and good quality tools for each student, and the surgeon-mentors were given one afternoon a week to meet students. It quickly became clear that the strength of these sessions was their flexibility. In general, time was devoted to a few interesting cases and some suturing, but discussions centered on everything from ethics in surgery to the students’ choice of career.

_The students felt free to bring up what they needed to discuss, even if it was an emotionally challenging case from the ward, and the surgeons had the experience to guide the conversations to allow for students’ reflection and learning._

Through their intervention and watchful eye over the eight-week clerkship, the surgeons felt there was a positive difference in the students. In taking a few moments each week to get hands-on experience with expert guidance in a low pressure environment, students became more proficient and less anxious when they were in the operating room. By providing them a forum to discuss both successes and difficulties, they benefited both from the experienced physician and from their peers’ support. Students appreciated the non-evaluative role of the mentors, their expertise with the faculty in the local surgical community, and their supportive attitudes.

This mentorship program has become a successful part of the IMP surgical clerkship. We hope that these sessions will set an example for other clerkships, and that they find this sort of longitudinal, responsive, and supportive program helps their students gain mastery in their specialty.

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