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# S.E.C.R.E.T as the core roles of peer-mentorship in medical education

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The core roles of peer-mentorship in medical education context vary in the literature and every so often are not spelled out, which can make it difficult to transfer outcomes to other contexts (1). In order to design a meaningful peermentoring programme there is a call for medical schools to come up with a common framework on the core roles of peer-mentorship. Most importantly, to what extent medical students perceived the proposed roles as acceptable core roles of peer-mentorship in relation to their context. From that notion, the author described a framework on the core roles of peer-mentorship as well as medical students' perceived acceptability of the proposed framework.

The core roles of peer-mentorship in medical education context are framed as 'S.E.C.R.E.T' which is referring to sibling, ears, counselor, role-model, eyes, and trainer (2, 3). As siblings, peer-mentors are expected to share experience, support and help their juniors. As eyes and ears of the school, they help in early detection and notification of the juniors' problems to relevant authorities. Functioning as counselors, they assist juniors in solving problems, recognizing potential and strengths as well as motivate and supervise juniors to improve performance. They are expected to be a positive role-model to the junior students to emulate. They are also expected to act as trainers (i.e. facilitators) in the student development programmes planned and run by medical schools. The framework might provide a useful guide to medical and non-medical schools to set up the roles of peer-mentor.

The authors administered a questionnaire to evaluate medical students' perception on the acceptability of the proposed core roles of peermentorship (i.e. S.E.C.R.E.T) based on the five Likert-scales which were ranging from 1 (strongly unacceptable) to 5 (strongly acceptable). For analysis purpose, the ratings were clustered into acceptable (rating of 4 and 5), undecided (rating of 3) and unacceptable (rating of 1 and 2). A total of 314 (70%) medical students from year 1 and 2 responded completely to the questionnaire. More than 75% of them rated the roles of siblings, role-model and trainer

as acceptable core roles for peer-mentorship. About 62% to 65% of them rated the roles of counselor, ears and eyes as acceptable core roles for peer-mentorship. Approximately less than 10% of them rated the S.E.C.R.E.T as unacceptable core roles of peer-mentorship. Approximately 15% to 28% of them were not sure about the S.E.C.R.E.T as the core roles of peer-mentorship.

The results demonstrated that the S.E.C.R.E.T was perceived by majority of medical students as acceptable core roles of peer-mentorship in their context. This suggested that it could be a promising common framework on the core roles of peer-mentorship in medical education as well as it may be also applicable to other educational contexts. The S.E.C.R.E.T may also provide as a useful common framework to medical schools to create a meaningful peer-mentoring programme to help in developing students' positive personal values as well as promoting formation of favourable attitude that reflecting professionalism (1-3). Despite these encouraging continued research is findings, required to establish its impacts, effectiveness, usefulness and applicability in various educational settings.

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