

Mentoring in Open and Distance Learning : Its application at Indira Gandhi National Open University, India *

**** Dr. Manjulika Srivastava**

Abstract

There is no doubt that distance education has moved from formal campus based classroom instruction to instruction at the home of individual learners. However the content of most distance education is still located within the domain of the teacher and the academic discipline and packaged in “Fordist” style. The real dilemma for instructional designers of distance education courses lies in the fact that the courses are designed and structured so meticulously that learners have no choice in what they learn and how they should learn it. This approach can be criticized for inhibiting creative thinking and critical analysis. Thus highly structured learning packages are unlikely to generate autonomous learners. Thus it is a matter of striking the right balance between institutional control and learner autonomy, and this so called balance should weigh more heavily towards learner autonomy, as the teacher in this technological age gradually surrendered his/her traditional role from the authority figure and content specialist to one of being a manager of learning using technology that allows students to exercise more flexibility in their study patterns, to interact with their materials and with their mentors and peers as and when they felt the need, and not only as teachers perceive their needs to be.

A good learning experience is one in which a learner can master new knowledge and skills, critically examine assumptions and beliefs and engage in a collaborative quest for wisdom and personal holistic development based on the philosophy of constructivism.

Mentoring has emerged as an important method of supporting learners in the learner centered collaborative environment of today. Thus changing the concept of distance education from passive lectures and information delivery towards more interactive student learning. The instructors (mentors) no longer lecture instead promote discussion, pose problems and guide responses with student groups at one location or in many locations simultaneously. This is possible today because of the new information and communication technologies (ICT).

* *Paper submitted to 2nd Pan Commonwealth Forum*

** *Reader STRIDE IGNOU New Delhi INDIA*

The present paper focuses on the concept of mentoring. It addresses the following areas :

- ✓ What is mentoring
- ✓ The role of the mentor;
- ✓ Activities involved in mentoring;
- ✓ The common difficulties that generally arise and
- ✓ How it has benefited distance learners in their learning endeavour.

The Indira Gandhi National Open University had adopted counselling and tutoring for its distance learners through study centers ever since it launched its first programmes in 1987. The same system even continues today. However it has recently introduced concept of mentoring in a few professional programmes, such as Post Graduate Diploma in Maternal and Child Health, Bachelors in Education and Bachelors of Science in Nursing. IGNOU is adopting new methods and media including, ICT, for supporting its distance learners. A sample of IGNOU learners who have been provided mentoring support, has been taken to review the developmental effects of mentoring on their progress in the programme and in their learning endeavour.

Introduction

The notion of mentoring is ancient. Its first historical reference is found in Greek mythology. In Homer's *Odyssey*, Odysseus, King of Ithaca, sets off to battle and leaves his young son Telemachus under the wing of his trusted and wise friend Mentor. Mentor developed a one-to-one relationship with Telemachus, guiding him and educating him during his father's absence. Ever since then, mentoring has played a significant role in the annals of human development and has flourished throughout the history of education. Today the concept of mentoring has found application in virtually every forum of learning. Mentoring has become a popular vehicle to interact with young persons, share expertise and challenge learners to new heights of excellence. The advancements in telecommunications has opened up more avenues for interaction. Hence providing more flexible opportunities for mentoring. Not only are mentors linked to the education and development of skills among students; but also to the professional development of teachers and administrators; as well as in the corporate sector and industry, in order to bring about the desired levels of motivation and corporate intent.

What is mentoring today ?

Mentoring is typically defined as an interaction between a senior (experienced) and a junior (less experienced) member of an organization. Blackwell (1989) has defined mentoring as “process by which persons of superior rank, special achievements, and prestige, instruct, counsel, guide and facilitate the intellectual and/or career development of persons identified as protégés”. Thus a traditional mentoring model is the apprentice learning from a master. In the Industrial Age, mentoring focused on career advancement within organizational hierarchies (Haney, 1997). Now the Information Age demands a wide range of cognitive, interpersonal and technical skills and mentoring is changing to cope with these expanded needs. Organizational trends such as downsizing, restructuring, team work, increased diversity and individual responsibility for career development are contributing to new forms of and perspectives on mentoring. For example, downsizing has heightened the need to preserve institutional memory and to share the information and experience that remain in the company. Therefore many organizations are instituting formal mentoring programmes to upgrade skills, to enhance retention and increase job satisfaction. Many mentoring programmes have been designed specifically for women and minorities as a way of helping them break into the “old boy network” and through the “glass ceiling” (Kerka, 1998).

Computer mediated communication (CMC) is itself making mentoring a necessary addition to classroom pedagogy. This increasing information rich society, is necessitating a shift in pedagogy from the model of teacher as an information provider to a more dynamic situation in which the learners (students) are able to access information from several other sources and construct their own knowledge. With computer mediated mentoring students are able to interact with a greater number of experts in various fields of interest. Thus enabling students to have multiple expert teachers.

Pedagogy of Mentoring

Mentoring supports constructivist-learning environments that employ learner centered projects, problem solving approaches, social interaction and other knowledge constructing strategies that can be used to produce effective learning experiences and positive learning outcomes. These processes are reflected in the mentor’s role who provides experiential learning opportunities as well as interpersonal relationship through which social learning takes place. Thus mentoring also supports experiential and situated learning (Kerka, 1997).

Given below is a chart which depicts the various functions that mentoring performs in different contexts / situations.

Chart –1 : Functions of Mentoring

Teaching & Research	Apprenticeship	Institutional Development
<ul style="list-style-type: none"> • share knowledge and experience • provide access to other sources of knowledge • improve study skills • assist socialization • facilitate learning • build confidence and commitment • provide guidance in decision making • provide constructive feedback on performance • provide guidance and coaching • advance both educational and personal growth • help meet educational goals • improve academic achievement • increase self esteem • optimize an educational experience 	<ul style="list-style-type: none"> • orient the new entrant to workplace • determine goals • develop skills • build a solid foundation • think strategically • identify personal, winning strategies • inspire confidence • generate motivation 	<ul style="list-style-type: none"> • evoking purposefulness • develop shared vision and mission • generate recruitment and retention • enhance management and leadership skills • elicit high commitment • increase responsiveness to institutional needs • improve performance • linking individual with corporate purpose • increase job satisfaction

Role of a Mentor

The original Mentor was described by Homer as the “wise and trusted counsellor”. The mentor is the linchpin of any formal mentoring programmes. The optimal mentor possesses the expertise, commitment and time to provide mentoring. In locating the mentor, the starting place is the immediate environment of the protégés or mentors – for instance for a student a potential mentor could be his/her teacher or any teacher for

that matter or even a senior student. For a new faculty member or an employee in an office, any senior colleague can serve as a mentor. In other words mentors are advisors with career experience willing to share their knowledge and experiences with their mentees / protégés and provide emotional and moral encouragement.

Mentors are not tutors or substitute teachers but rather are professionals interacting with junior colleagues or students. Mentors act as advisors, consultants and role models and sometimes as critics where this facilitates the mentee's achievement of their goals and objectives.

Hence ideally a mentor should have :

- knowledge / expertise in the relevant area
- experience in the relevant area
- willingness to guide mentees
- good interpersonal skills
- patience and enthusiasm
- the ability to be a good listener
- willingness to share what he/she knows in a non-competitive manner
- the time to conduct the activities involved in the mentoring relationship.

For more extensive description of the characteristics of a mentor see, Brown et al., 1995.

It is beneficial to seek individuals as mentors who are people-oriented, open-minded, flexible and empathetic. Collaborative and cooperative skills are particularly crucial social skills as are qualities of receptiveness, responsiveness, openness and dependability (Freedman and Jaffee, 1993).

Role of a Mentee

A mentee or a protégé is a person who is in need of mentoring. Ideally a mentee should :

- be eager to learn
- be open to new ideas as well criticism
- be able to communicate often
- be willing to work hard
- respect the mentors time
- demonstrate initiative

- set realistic time frames
- share problems and concerns
- be receptive to feedback and take follow-up actions
- express appreciation of mentor's support

Activities of Mentoring

The nature of mentoring varies with the level and context in which it is required. Similarly activities of mentoring are as varied as human relationships. Different mentees in different settings would require different amounts and kinds of attention, advice, information and encouragement. However it can be said that the process of mentoring passes through three stages.

Stage – I : Stage I would include the identification of mentors and pairing of the mentors with the mentees. While establishing mentor-mentee pairs the main consideration is, similarity of assignments / academic interests and proximity. In today's ICT enabled world, proximity is also not an essential requirement, specially if mentoring support is going to be online. Beyond personal and professional traits there are several other issues that can be used in selecting an appropriate mentor. For instance gender match maybe of more importance in certain instances (Collins, 1983). Also a common ethnic, racial, cultural or class background may alleviate certain barriers to developing trust and increasing identification (Freedman, 1993). During this initial stage the mentors are required to establish their goals and expectation regarding the process and the relationship. This is not always as easy as it appears. Without careful planning , and goal setting formal mentoring programmes cannot be successful (Janas, 1996).

At this stage, orientations for both mentors and mentees are essential for making the process of mentoring really effective and fruitful. It is important to note that Stage I is the period of getting acquainted and bonding for the mentor and mentees.

Stage II : Once the goals are set and the expectations are clearly stated the process of formal mentoring can begin with the objective of reaching the stated goals. The first step is to work out a proper support structure – a proper schedule should be drawn up covering the entire span of the mentoring support to be provided by the mentor. This could be drawn up by the mentor and the mentee through discussion and mutual agreement. A system of monitoring and supervising the mentoring process must be

built into the programme which must be operationalised during this stage. This would enable the institution to not only evaluate the entire process of mentoring particularly the mentors role. This would ensure the quality and effectiveness of the mentoring support being provided.

Typically mentors and mentees should always keep all the lines of communication open. Communication should be as frequent as possible. The mentor should not try too many activities at once. First of all the mentor should ask questions, share information, give the mentees, 2 or 3 choices to choose from and develop the skills together and gradually help him/her to acquire or strengthen those skills. The mentor should gradually change roles from an enthusiastic initiator to that of an observer, giving feedback and asking questions to enable the mentee to accomplish his/her goals.

Stage III : This is the final phase when the process of mentoring is almost over. The previous mentoring support is no longer needed by the mentee. During this stage there should ideally evolve a strong bond between the mentor and the mentee. However in some cases the mentoring process could end in hostility and resentment. At this stage evaluation of the entire process is essential. Measuring the inputs in mentoring (which should have been done at Stage II) is comparatively easier than measuring the outputs. Measuring the success of the relationship is more complex. In order to make mentoring efforts as successful as possible, this kind of evaluation is necessary in order to ensure that mentoring provided is of the right kind.

Mentoring at the Indira Gandhi National Open University (IGNOU)

IGNOU's method of instruction differs radically from that of conventional universities. IGNOU has adopted a multimedia approach to instruction which includes self instructional (print) materials, audio and video programmes, programme guides, assignments, counselling and tutoring provision : face to face as well as via teleconferencing mode. Some programmes which are professional and skill oriented as well as science and technology based programmes have hands on training, practicals and project work.

The university follows the credit system for its programmes. Each credit amounts to 30 hours of study comprising all learning activities. This helps the student to understand the academic effort that one has to put in order to successfully complete a programme of study.

Generally, IGNOU learners are provided with counselling and tutoring support for both theory and practical courses. Mentoring support is relatively new at IGNOU. It is being provided in only 3 programmes namely, Post basic Bachelor's of Science in Nursing (BSc (N)) and Post Graduate Diploma in Maternal and Child Health launched by the School of Health Science in 1994 and 1997 respectively and very recently (1999) in the Bachelor's of Education (B Ed) programme. In these programmes mentoring support has been intentionally introduced with the specific objective of skill development.

Table – 1 Year-wise Scheme of Study of B Sc (N) Programme

Year of Study	Theory Courses	Practical Courses	Total Credits
1 st year (July, 1994)	12 Credits	12 Credits	24 Credits
2 nd year (January, 1996)	12 Credits	16 Credits	28 Credits
3 rd year (January, 1997)	12 Credits	16 Credits	28 Credits
	36 Credits	44 Credits	80 Credits

Source: SOHS (1998)

B Sc (N) Programme

The B Sc (N) programme is a three years programme (Refer Table – 1), which is basically meant for in-service nurses working at hospitals and Community Health Centers. To complete the B Sc (N) programme a student nurse has to earn 80 credits

over a period of minimum 3 years and maximum 5 years. In the B Sc (N) programme, attendance at counselling (75 % in theory and 90 % in practicals) is compulsory, unlike other IGNOU programmes in which counselling sessions for theory are obligatory and in practicals it varies between 75-80 %. The idea being to develop new skills and competencies. In addition, a group of 7 – 10 students are attached to a clinical supervisor or mentor whose major responsibility is to ensure that each student has gained the required clinical experience for every course of the programme without which these students would not be eligible to take the term-end examinations (SOHS,1998).

Hence, skill development is spread over three years which is handled by a mentor / clinical supervisor. The component of a practical course of 8 credits is presented below in Table 2. As already mentioned above, that 90 % attendance at practicals is compulsory and each practical carries 50 % weightage in the final evaluation.

Table 2 Practical component of an 8 credit course of B Sc (N)

Sl. No	Practical Experience		Credits	Hours
1.	Nursing Self-practice	Routine Nursing work in their place of work (8 hours of routine work day = 1-2 hours of self-practice (3 hours/week)	1	30
2.	Selected case study (students own time)	Practice on selected cases in the hospitals where the students are employed or institutions identified by the university	3	90
3.	Supervised Nursing	Practice at the Institutions (Hosp./PHC) under the supervision of Clinical Supervisor (Mentor). Mentor will observe and conduct evaluation of the performance of each student	2	60
4.	Post-Nursing Practice Assignments / Records / Reports	Writing and Submitting of the Post-Nursing Practice Assignments / Recording / Reports, etc.	2	60
Total			8	240

Source : SOHS (1998)

PGDMCH programme

The PGDMCH programme aims at updating the knowledge and skills of practicing doctors and those placed in peripheral set up like Primary Health Center / Community Health Center, particularly those engaged in maternal and child health care in different capacities. Being a diploma, the programme is of one year duration. As in the case of BSc (N), the programme has been designed on the basis of the study hours required by an average student. Hence it is a 32-credit programme which is shown below in Table 3.

Table – 3

Course Code	Name of the Course	No. of Credits	
		Theory	Practical
PGDMCH-1	Preventive MCH	4	2
PGDMCH-2	Maternal Health	4	3
PGDMCH-3	Reproductive Health	2	1
PGDMCH-4	Child Health	4	4
PGDMCH-5	Growth and nutrition	2	2
PGDMCH-6	Planning and Management	2	2
Total		18	14

Source : SOHS (2000)

Every course has a practical component. The skills that are needed as well as the activities to acquire those skills are listed, log-book maintenance is compulsory for maintaining the records of the activities / cases that the student has performed under the guidance of the mentor at the Programme Study Center, Skill Development Center and Work place (one log book for each course). Completion of skills is also compulsory and carries 10 % weightage in the final evaluation. During the skill development sessions, the mentor provides individual as well as group support to definitely not more than 5 student doctors which is academic, personal and vocational in nature. It is the mentor-mentee relationship which in this programme enables the nature of practical activities to be negotiated (SOHS, 2000).

Mentoring support provided by the mentor to a group of 7 – 10 students : 170 hours in the first year, 120 hours each in the second and third years, which is presented in

Table – 2. Besides student nurses are expected to do their routine nursing in their place of work (8 hours of routine work per day and 1-2 hours of self practice (minimum 3 hours per week).

Table – 4 Details of students enrolled and passed out in B Sc (N), PGDMCH, B Ed, programmes of IGNOU

Year	Students Enrolled			Students Passed		
	B Sc (N)	PGDMCH	B Ed	B Sc (N)	PGDMCH	B Ed
1996	551					
1997	403 *					
1998	407	559				
1999	512	616		43		
2000	495	666	2208	128	134	
2001	502	663	2955	198	338	
2002	525	626	3331			

Source : IGNOU (1996-2002) Vice Chancellor's Report at IGNOU convocations, New Delhi, IGNOU

* IGNOU Annual Report (1996-97)

NB – IGNOU has restricted the enrolment in all the 3 programmes for operational reasons (100 per center for B Ed, 2530 per center for B Sc (N) & PGDMCH)

Pass Percentage for B Sc (N) : 45.3 %

Students enrolled upto 1998 have been considered for calculation of pass percentage. Other batches (1999 onwards) have not been considered because the minimum period has not been completed.

Pass Percentage for PGDMCH : 46.3 %

Students enrolled from 1998 to 2000 have been considered for calculation of pass percentage. Only students enrolled in 2001 – 2002 have not been considered. The former have not been awarded their degrees and have not completed the minimum period.

B Ed Programme

The B Ed programme is meant for in-service teachers in primary, secondary and senior secondary schools. It is a two-year programme of 48 credits, which can be completed within the maximum period of 4 years. Since one of the major objectives of the programme is to develop the necessary skills and attitudes, considered essential for an effective teacher, 16 credits of the programme have been devoted to practical courses, the remaining 32 credits for theory courses. Out of the 32 credits, 8 credits are based on practical oriented assignments based on theory courses. The practical courses consists of school-based and workshop-based practicals, practical oriented assignment and practice teaching. For skill development related activities the students are attached to a Mentor (senior teacher / principal / headmaster of a school).

Approximately 300 hours of mentoring support is provided to a B Ed student over a span of two years. A student teacher has to attend workshop based practicals spread over 2 spells of 12 days each; school based practicals which he/she would undertake during routine school work; practice teaching which includes presentation of 40 model lessons; and 8 practical assignments.

Purpose of the study

When examining mentoring from a policy perspective, it is important to consider how mentoring support has benefited the distance learners. In the present paper an attempt has been made to review the developmental effects of mentoring on their progress in the programme and in their learning endeavor.

All the PGDMCH and B Sc (N) students who had successfully completed their programmes of study and received their awards (diplomas and degrees) at the 13th Convocation of IGNOU held on March 21, 2002 formed the universe of study. Since no students had been awarded B Ed degrees, the B Ed students were not considered in this study. It was found more appropriate to consider only the completers as their opinion would be more valuable than that of the freshly enrolled students or those who were still pursuing these programmes at IGNOU.

Table 5 : Region wise distribution of students awarded degrees / diplomas during the 13th Convocation (March 2002)

Region	PGDMCH	B Sc (N)
Hyderabad	17	27
Guwahati	14	0
Patna	17	0
Delhi – 1	18	52
Ahmedabad	20	11
Karnal	10	15
Shimla	13	0
Jammu	0	0
Bangalore	30	39
Cochin	15	33
Bhopal	39	5
Pune	12	15
Shillong	0	3
Bhubaneswar	19	0
Khanna	0	0

Jaipur	15	11
Chennai	22	24
Lucknow	17	2
Kolkata	13	10
Delhi – 2	9	0
Srinagar	0	0
Dehradun	0	0
Ranchi	1	0
Total	301	247

In all 301 students of PGDMCH and 247 students of B Sc (N) received their awards at the 13th Convocation. Region wise break up of completers has been provided above in Table 5.

Schedules were canvassed to collect data from the above mentioned distance learners. Out of 301 students of PGDMCH 152 (50 %) responded 42 % of the students of B Sc (N) i.e., 104 students of B Sc (N) responded.

Limitations

Since in 2002, no students had completed the B Ed programme, the B Ed students were not considered for the study.

In some of the regions there were no students who had successfully completed PGDMCH or B Sc (N) / or only PGDMCH or only B Sc (N), as either these programmes have not been activate this programme has not been activated, or these programmes have been recently launched in those region.

Profile of the respondents

Student demographics have been summarized in Table 6 (programme-wise). The target audiences being different for both the programmes, therefore the qualifications are different for both categories of learners. All the PGDMCH students are doctors and B Sc (N) students are nurses. Majority of the nurses (57 %) had barely done 10+2 before enrolling for this programme. 20 % of them were already graduates and 14 % post graduates before joining B Sc (N) programme. On the other hand all the PGDMCH students possessed an MBBS degree. However 55.2 % had also done DMCH before joining the PGDMCH programme and 11 % had completed a Master's degree in surgery.

Age wise analysis reveals that majority of the nurses (69.2 %) enrolled for B Sc (N) were in the 40-50 years age group and barely 30.8 % were in the 30-40 years bracket. All of them were above 35 years of age.

The doctors too were mostly in the 40 – 50 years age bracket (44 %). 22.4 % of them were above 50 years. 11.2 % were in the 25-30 years age group and the remaining 22.4 % were below 30 years of age.

Sex-wise analysis reveals that 92.3 % of the B Sc (N) respondents were females as compared to 57.9 % females in PGDMCH programme. 42.1 % of the PGDMCH respondents were males as compared to 7.7 % males in B Sc (N). All the respondents were married and were employed at hospitals.

Table 6 : Profile of Respondents

Programme	B Sc (N)	PGDMCH
Year of Registration		
1997	48 (46.2 %)	
1998	56 (53.8 %)	
1999		48 (31.6 %)
2000		104 (68.4 %)
Sex		
Male	8 (7.7 %)	64 (42.1 %)
Female	96 (92.3 %)	88 (57.9 %)
Age		
25-30 years	–	17 (11.2 %)
31-40 years	32 (30.8 %)	34 (22.4 %)
41-50 years	72 (69.2 %)	67 (44 %)
51 – and above	–	34 (22.4 %)
Educational Qualifications prior to joining IGNOU		
10 + 2	60 (57 %)	–
Graduation	30 (29 %)	All
Post graduation	14 (14 %)	16 (11 %)
Specialized Diploma	–	85 (55.2 %)

Source : Database

Benefits Desired

All the students found mentoring both useful and beneficial to them in improving their practical knowledge about the course content as well as in providing the

psychological support and confidence which ultimately helped them in completing their programmes of study. 87.5 % have expressed that it enabled them to develop better skills, become familiar with the content and identify their learning needs. 81.2 % found it stimulating and motivating. 68.8 % felt that they gained access to expertise and corrective feedback and establish a relationship that would be beneficial to them professionally.

There was no noticeable variation in the responses of the 2 groups of learners. However when it came to rating of the mentoring support provided, the students of BSc (N) unanimously opined that it was very good. However among the doctor students of PGDMCH the response was divided : 71.5 % felt that it was fairly good and 28.5 % found it very good. The approach could vary, as majority of the student nurses (pursuing B Sc (N)) were educationally less qualified than the student doctors (pursuing PGDMCH). Moreover the former had to devote more hours to practicals and skill development over a longer span of 3 years as compared to the latter group of students, whose programme was of one-year duration.

Perception of support

The data presented in Table – 7 reveals that 68.75 % found mentoring support to be a very good learning experience. 3.75 % found it a fairly good chance to connect new knowledge with previous experiences and also interact and learn from the mentor. 25 % felt that it was a fairly good chance to interact and participate in collaborative activities. 37.5 % were not very satisfied with the adequacy of time for reflection and review. However, 43.75 % felt that it encouraged active problem solving mode of study than passive learning. Hence, 37.5 % respondents found the practical knowledge and confidence gained to be very good. On the other hand 37.5 % found it just about adequate. 56.25 % felt that mentoring support was fairly good in enabling them to achieve the learning objectives of the course / programme. On the other hand 25 % opined that it did not very satisfactorily enable them to achieve the learning objectives.

Table 7 : Opinion of Mentees

Mentoring as :	Very Good	Fairly Good	Adequate	Not very good	Not Good at all
• a learning experience	68.75 %	25.0 %	6.25 %		
• as a chance to interact from the mentor	31.25 %	43.75 %	18.75 %	6.25 %	
• as a chance to connect new knowledge with previous experiences	37.5 %	43.75	18.75 %		

• as a chance to interact and participate in collaborative activities		25 %	75 %		
• the adequacy of time for reflection and review	6.25 %	31.25 %	25 %	37.5 %	
• achieve the learning objectives of the programme or course	18.75 %	56.25 %		25 %	
• encouraged active problem solving mode of strictly mode of study than passive learning	43.75 %	25 %		31.25 %	
• gain practical knowledge and skills	37.5 %	25 %	37.5 %		
• gained practice and confidence in the required areas	37.5 %	25 %	37.5 %		

Source : Database

Media Utilization

It appears that face-to-face sessions was a major medium utilized by the mentors for providing mentoring support to the mentees attached to them. The second major medium utilized was teleconferencing. Comparatively use of telephone and postal communication was limited.

Barriers

Majority of the learners, (65 %) mentioned that the biggest barrier was the time provided for mentors and mentees to participate in the process of mentoring. Secondly a lack of coordination between the practical skill development and their routine activities at the hospital (42 %) was also a frequently cited barrier. Some of them also stated that there was too much of written work (22 %). Lastly, getting leave to attend the skill development / activities / practicals was also a hurdle for a few of them (10%).

Attrition

Student registration details are summarized in Table 6. The student attrition rates are very low in the context of an open and distance learning system. 68.4 % of the respondents of PGDMCH had completed the programme within the minimum period of 1 year and 31.6 % within 2 years. In B Sc (N) also 53.8 % of the respondents had

registered in 1998 and had completed the programme within the minimum period of 3 years, and 46.2 % had taken only an additional year to complete the programme. This evidence proves the point (mentioned by 87.5 % of the respondents) that mentoring support has definitely stemmed the tide of attrition and has instead contributed to increased student motivation and success .

Summary

Lessons from literature suggest that a well developed mentoring programme for students can contribute to their learning endeavor, retention in the system and finally completion and success. The data collected for the present study only goes further to prove this fact. The data presented in Table 4 also reveals that the pass percentage is fairly high in both the programmes (above 45 %). Initially the number passing out was relatively small, however gradually over a period the number has been increasing.

Mentoring helped these learners to navigate their way through their programme by using multiple tasks and activities. Moreover it was the motivation and guidance of the mentors that not only improved their knowledge and skills but also improved student achievement and thus fulfillment of learning objectives.

References

- Blackwell, J. E. (1989) Mentoring : an action strategy for increasing minority faculty, *Academe* 78, 8 – 14.
- Brown, J.P., Williams, J.P. and Hoppe, S. (1995) The role of mentorship in dental graduate education, *Journal of Dental Education*, 59, 573-577.
- Collins, N.W. (1983) *Professional women and their mentors*, New Jersey : Prentice Hall.
- Freedman M., (1993) Fervour with infrastructure, Making the most of the mentoring movement, *Equity and Choice*, 9(2), 21-26.
- Freedman M. and Jaffe N., (1993) Elder mentors : Giving schools a hand. *NASSP Bulletin* 76, 549, 23-28.
- Haney, A. (1997) “The role of mentorship in the workplace”, in Taylor M.C. (Ed.) *In Workplace Education*, Toronto, Ontario : Culture Concepts, 211 – 228.
- IGNOU (1996 – 2002) *Vice Chancellor’s Reports at IGNOU Convocations*, New Delhi; IGNOU.
- IGNOU (1997) *IGNOU Annual Report 1996-97*, New Delhi; IGNOU
- Janas, Monica (1996) Mentoring the Mentor : A Challenge for Staff Development, *Journal of Staff Development*, Fall 17(4).
- Kerka, Sandra (1997) Constructivism, Workplace learning and Vocational Education, *ERIC Digest No. 181*. Columbus : ERIC Clearing house on Adult, Career and Vocational Education (ED 407573).
- Kerka, Sandra (1998) New Perspectives on Mentoring, *ERIC Digest No. 194*, accessed from <http://www.mentors.ca/Perspectives.html> on 26-3-2002.
- School of Health Sciences (SOHS) (1998) *Programme Guide, B Sc Nursing*, New Delhi : IGNOU, June (Re-print).
- School of Health Sciences (SOHS), (2000) *Programme Guide PGDMCH*, New Delhi : IGNOU, November

