Tables and figures

Table 1 Details on the three mentorship programs (at the time of the study)

	McGill University, Canada	University of Bergen, Norway	UiT The Arctic University of Tromsø, Norway
Duration of medical school	4 years	6 years	6 years
Mentor program	MS1-MS4	MS2-MS5	MS1-MS4 and MS6
Students per year	180	150	100
Group size	6 students	8	8
Meetings	Attendance at 75% of meetings is compulsory. Recommendation of 4-8 meetings per year.	Compulsory.	Compulsory. 4 meetings a year + 1 one-on-one meeting (30 minutes)
Mentors	1 physician and 1 senior (MS3 or MS4) student; the student co-leader is present for years 1-2	2 physicians	2 physicians
Clear and concise goals	 Support students in transition from lay- person to physician Safe environment to discuss the socialization process Assist students in becoming patient-centered 	No	No
Content emphasis	The content is driven by the students' preferences. Mentors have backup content if needed.	No	The group prepares tasks to present and discuss.
Criteria for mentor recruitment	The mentors (called Osler Fellows) are recruited and selected based on their reputation as being good physicians and teachers. Strives to recruit Osler Fellows who are seeing patients in their daily work. Recruits mentors of any clinical discipline.	Recruits mentors through informal networks, snowballing techniques and information in local medical journals in Bergen. Pairing mentors aims for maximum variation. Recruitment are purposely seeking to enroll physicians with as diverse backgrounds as possible.	Head of institutes recruit mentors. Both mentors ought to be physicians by background, and besides that there are no criteria for being a mentor.
Faculty development	3 workshops per year for each cohort of mentors. Content has included small group facilitation, reflection, healing in medicine, narrative medicine, curiosity, medical errors.	One introductory seminar and 2-3 annual seminars.	One introductory seminar and one annual seminar.
Financial compensation	Yes	Yes	No

Table 2 Details on participants

	McGill University,	University of Bergen,	University of Tromsø,	Total
	Canada	Norway	Norway	
Number of participants	137	75	60	272 (59%)
Female	61	37	19	117 (43%)
Age <40	18	30	7	55 (20.2%)
Age 40-49	52	17	8	77 (28.3%)
Age 50-59	28	14	20	62 (22.7%)
Age 60+	39	13	25	77 (28.3%)
Volunteered (as opposed to instructed or strongly urged)	129	71	40	240 (88.2%)

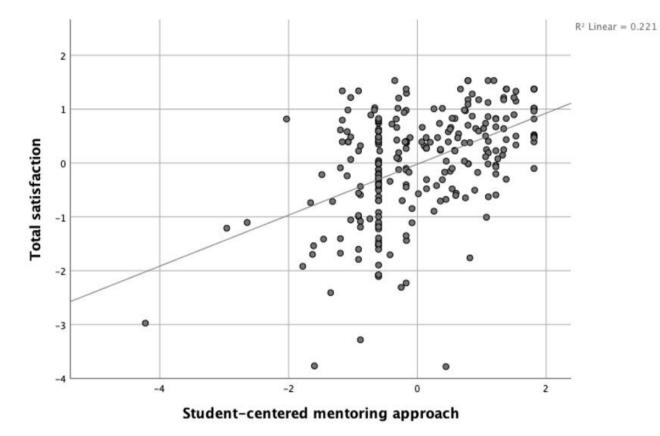
Table 3 Mentoring approach and Reward items, distribution of Likert scale responsesHorizontal bars: Likert score 1; dark blue, 2; orange, 3; grey, 4; yellow, 5; light blue

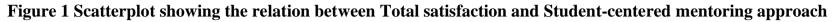
Survey item		Distribution of responses across 1-5 Likert scale
If you consider the totality of your experience of being a mentor, how do		
you like it? $(1 - I \text{ dislike to } 5 - I \text{ like})$	4.55	
Indicate your agreement with the following statements		
(1 – strongly disagree to 5 – strongly agree) As a mentor I:		
 answer questions and provide knowledge 	3.90	
* share what it means to be a doctor	4.36	
 listen to students without offering advice 	2.96	
* stimulate collaboration and relationships within the group	4.04	
* am a role model for the students	4.17	
- provide career counseling	3.48	
* take an interest in students' personal development	4.15	
* share my experiences of doubt and uncertainty	4.29	
* share my attitudes concerning values and dilemmas in medicine	3.35	
Indicate the importance of the following rewards		
(1 – not important to 5 – very important)		
- I learn a lot from discussing with students	3.70	
- The preparation offered to all mentors gives me new knowledge	3.20	
- The relationships with students are gratifying	4.16	
- Mentoring makes me more proud of being a physician	3.66	
- Mentoring allows me to explore what it means to be a "good doctor"	3.88	
- Mentoring provides financial rewards	1.32	

*= Mentoring approach items that contributed strongly to the first factor in "Student-centered mentoring approach"

Table 4 Professional interests and time/attention paid in the mentoring groups, distribution of Likert scale responses Horizontal bars: Likert score 1; dark blue, 2; orange, 3; grey, 4; yellow, 5; light blue

Survey item	Mean Likert	Distribution of responses across 1-5 (top half) and 1-3
Survey tem	score	(bottom half) Likert scale
Indicate how interesting the following topics are for		(
discussion in your group		
(1 – completely uninteresting to 5 – very interesting)		
 Clinical communication 	4.23	
 Career planning 	3.73	
 Students' clinical experiences 	4.46	
 Students' experiences in medical school 	4.33	
 Students' private experiences 	3.53	
- How the mentor group works for the participants	3.66	
 Physicians' wellness issues 	3.92	
 Medical students' wellness issues 	4.12	
 Clinical skills training 	3.57	
- Ethical dilemmas	4.49	
- Health politics	3.79	
 Poverty and health 	3.68	
 Clinical reasoning 	3.86	
 Issues of empathy 	4.34	
 Patient-centered medicine 	4.24	
 Suffering and sickness 	4.14	
How much time and/or attention has been paid to each		
topic so far (1 – not discussed to 3 – discussed a lot)		
 Clinical communication 	2.50	
- Career planning	1.98	
 Students' clinical experiences 	2.71	
 Students' experiences in medical school 	2.63	
- Students' private experiences	1.87	
- How the mentor group works for the participants	1.85	
 Physicians' wellness issues 	1.91	
 Medical students' wellness issues 	2.16	
 Clinical skills training 	2.00	14 14
- Ethical dilemmas	2.55	
- Health politics	1.91	
- Poverty and health	1.65	
 Clinical reasoning 	1.96	
- Issues of empathy	2.41	
 Patient-centered medicine 	2.31	
 Suffering and sickness 	2.17	





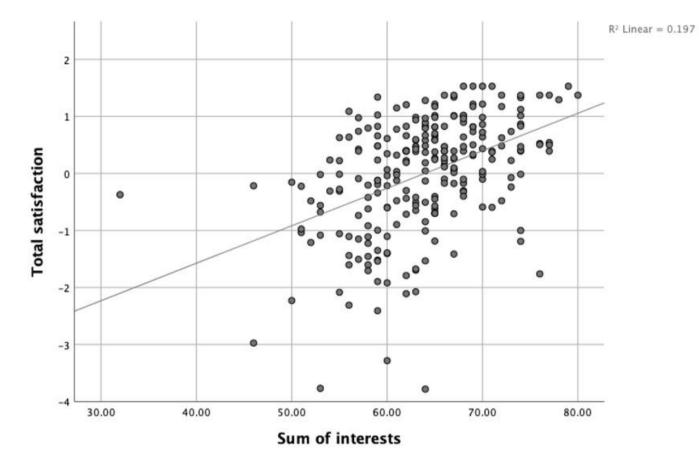


Figure 2 Scatterplot showing the relation between Total satisfaction and Sum of interests

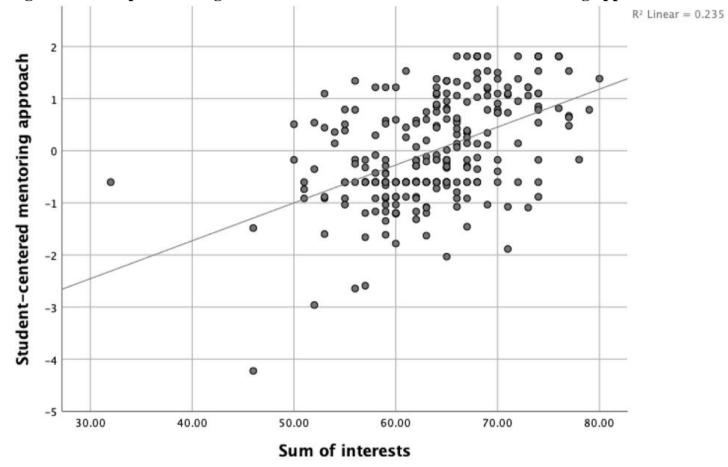


Figure 3 Scatterplot showing the relation between Student-centered mentoring approach and Sum of interests