
Mentoring in Medicine— Making It Matter

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ABSTRACT: Mentors are instrumental in the professional and personal growth of healthcare professionals. However, there is often reluctance to serve as a mentor due to a variety of perceived barriers. Attendees will be encouraged and empowered to engage in mentoring relationships that provide both the mentor and the mentee with a rewarding experience. This reflection will define mentoring, discuss mentoring competencies, and describe the mentoring process.

Mentoring is a voluntary and supportive relationship that facilitates the transfer of experience and knowledge from one person to another, resulting in development and growth. The mentor is the one who teaches and gives advice, a trusted trainer. Successful mentors have not only skill, but character and the ability to model values that the mentee can emulate.

Mentorship is different from counseling, consulting, and coaching. However, coaching has a special relationship with medical mentorship. Coaching develops expertise in the healthy client, counseling cures pathology towards the goal of recovery, and consultants create solutions for problems. Mentors pour into a relationship more than they get out. A mentor's main goal should be to address inexperience and mature the mentee into the fullest version of themselves.

Being able to coach new employees is key across the entire spectrum of employment, especially during training and the first hundred days of employment. The mentee accrues membership benefits, especially when mentors are intentional about their role. However, the institution and the mentor can accrue benefits as well, including reduction of burnout¹. Mentoring can build resilience by introducing role models, social support, and building a moral compass².

Mentoring can be made more effective by a change in mindset, deepening relationships, improving communication, and facilitating learning. A core belief for a successful mentor is in the creativity and unique potential of the mentee. The mentor-mentee relationship should have shared expectations, intentionality,

and trust. Communication must begin with listening and observation, and proceed to open-ended questions, encouragement, and challenges.

The process of mentorship begins with matching mentors to mentees. This match should be voluntary, individualized, and intentional. Mentors and mentees should be paired based on an invitation due to some shared interest, proximity, and aligned values or personality. Most likely, the mentee invites mentorship, which demonstrates interest and investment in the relationship. When formulating shared expectations for the mentor-mentee relationship, one should consider what type of relationship should be cultivated. Additionally, one should consider what meetings should be like, and who brings the agenda. Finally, all mentor-mentee relationships end, ideally at the realization of the mentee's goals, or there is a change in life circumstances.

References

¹ Herrin M, Forbes Kaufman etc. *Mentoring & Burnout* CHAJ.

² Southwick and Charney. *Resilience: the Science of Mastering Life's Greatest Challenges*. Cambridge University Press, 2012, p. 13.

Further Reading:

¹ Bauchner H. On Mentoring. *JAMA*. 2021;325(14):1393.

² Detsky A, Baerlocher M. Academic Mentoring—How to Give It and How to Get It. *JAMA*. 2007;297(19):2134-2136.

³ Aylor M, Cruz M, Narayan A, et al. Optimizing your mentoring relationship: a toolkit for mentors and mentees. *MedEdPORTAL*. 2016;12:10459. https://doi.org/10.15766/mep_2374-8265.10459

⁴ Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA*. 2006;296(9):1103–1115.

⁵ Patel D, Windish D, Hay S. A mentor, advisor, and coach (MAC) program to enhance the resident and mentor experience. *MedEdPORTAL*. 2020;16:11005. https://doi.org/10.15766/mep_2374-8265.11005

