

**EDITORIAL**

## Mentoring in medicine

Mentoring applies to every kind of educational process from arts to sciences. The American Postgraduate Medical and Dental Education Committee has defined mentoring as the process by which the mentor through an honest, trustworthy, supportive and collaborative relationship with the mentees helps them develop or revise ideas and knowledge of their scientific field, conveys moral values, influences the maturation and moulding of their character and personality, opens the road of their career path and positively affects and follow the mentees' life.<sup>1-3</sup>

Mentoring in Medicine is time-consuming, multi-level and complex as it may include varying combinations of teaching, clinical practice, patient care and research. It is a binary relationship which aims to help the young colleagues in many aspects; on one hand, it requires from the mentee to gain in-depth knowledge on a particular discipline, but also enables him/her to critically combine clinical and laboratory parameters in order to make educated, quick diagnostic and/or therapeutic decisions or to perform with competence invasive and/or operative procedures.<sup>4</sup> On the other hand, it cultivates the mentees' ability to communicate his/her decisions to the patient, within a framework of empathy and respect. Since education in Medicine is primarily experiential the active tutoring of a mentor is necessary and imperative. In order for the mentee to take advantage of a mentor's guidance, he/she should ideally not be assigned to a mentor but rather self-identify a mentor having the best reputation of knowledge and competence, being enthusiastic for teaching, altruistic and generous with a willingness to share, without prerequisites, personal and professional experiences, acting as an advocate for the mentee.<sup>5</sup>

Being an effective mentor necessitates excellent knowledge of one's subject, passion to transmit knowledge and investment of time and energy. However, before getting engaged in the mentoring process, in order to achieve the desired educational goals, the mentor should evaluate the knowledge and experience of the mentees, listen carefully to their questions or concerns and modify the teaching process, according to the level and needs of the trainees. It is also equally important that the mentor makes the mentees understand the culture, traditions and art of health science.<sup>4,5</sup>

Effective mentoring requires certain chemistry for an appropriate interpersonal match. However, to ensure a successful mentor/mentee relationship, it is of paramount importance

that the mentee is a hard worker, has the ability for constructive communication, and is critically receptive to the mentor's advice and messages and respectful of the mentor's input and time.<sup>5</sup>

In such an environment, the trainees will demonstrate, without fear of demotion or punishment, the level of their knowledge and they will be able to express questions and concerns. The mentor, having patiently listened to his/her mentees, will make useful criticism, keeping in mind only the benefit of the trainees. The mentees' goal should not be the reward from the mentor but his/her development as a modern, contemporary scientist/clinician with self-esteem and understanding of the necessity of continuous medical education.

Since mentorship is a reciprocal relationship, the mentor also benefits from it. Firstly, the mentor gains personal satisfaction and fulfilment by aiding the scientific and professional development of young colleagues. Secondly, through an effective mentorship relation, he/she can be intellectually stimulated both from the process of continuous education to adapt to the needs of different mentees, but also from the academic productivity and scientific advancement as a result of his/her mentees' achievements. Finally, a successful mentor will have the gratification to witness his/her personal professional and moral behaviours being mirrored by his/her mentees throughout their lives. Overall, mentoring is for the mentor a way of constant validation and a self-evaluation process.

Different mentoring models have been traditionally used.<sup>3</sup> These educational models can change during mentoring time or according to the mentees' needs. The predominant mentoring models are as follows:

*Nurturing mentoring:* The mentor should develop a safe and open environment where he/she is always present and available to help, criticize, and correct mentees' knowledge or ability to execute professional techniques. In such a learning environment, the mentee feels safe to even discuss personal issues. The mentor's relationship with the trainee continues after the educational period, by helping him/her to develop their scientific career.

*Cloning mentoring:* The mentor influences profoundly the mentees' personality. The mentee in all his/her professional life, following the educational period, behaves as the mentor.

*Friendly Mentoring:* It operates when mentor and mentees are at the same or similar scientific and/or professional

level. That level could be anywhere in the range from first-year medical students<sup>5</sup> to senior, established clinicians and medical investigators.

Nonetheless, in the past few decades the information has somehow changed the dynamics and type of mentoring. Traditional mentoring has been redefined and it is partially—or entirely in some disciplines—sought and offered through digital communication (“e-mentoring”).<sup>6,7</sup> E-mentoring provides learning, advising, encouraging, promoting and modeling, that is unrestricted, without physical and geographical boundaries, yet qualitatively different than face-to-face mentoring. One could argue that e-mentoring within medical education complements and extends what is achieved by traditional mentoring in the sense that “e-mentors” can provide immediate response and feedback on theoretical medical/clinical issues and career advice, however since medical education requires a hands-on training, patient-doctor interaction and empathy, it is highly unlikely that this in-person experience will be fully substituted by technology and traditional mentoring will continue its valuable role and effect.

Academic Medical educators have ethical and scientific obligation to mentor the next generation of their trainees. In the last decade, however, awareness of sexual assaults with the “Me Too” movement in USA<sup>8</sup> has increased the fears of male mentors to mentor women because of the possibility of false accusations. This overreaction of male mentors on the one hand is discriminatory for female mentees and on the other hand it will negatively affect the next generation of women in health professions. As male health professionals cannot refuse to examine or take care of women neither can a mentor limit their mentorship to one gender. If the mentor educates and leads the mentees in a purely professional way, such fear of accusation is remote.

It is clear that despite the changing scenery in mentorship it is imperative that the educational health professional centres place every effort to attract mentors with significant scientific accomplishments, high ethical standards and the ability and desire to transfer knowledge and skills to mentees.

The final issue which should be addressed is who educates a person to become a mentor nowadays. Until recently<sup>9</sup> mentors were maturing through the teaching of their mentors. I am aware of giant health professionals/educators in the sixties, seventies and eighties who possessed passion, devotion and genuine concern to convey to their mentees not only professional knowledge but also high morality. With their style of living, they were indirectly teaching an overall approach to life. In the recent years, different medical schools, particularly in USA, offer courses to educate the educator. There is a growing literature on mentoring, including several systematic reviews, but often the conclusion is that we need more evidence on

how to construct the best mentoring experience and how to individualize it.<sup>10-14</sup> It is difficult to decide which way of an individual's' education is the preferable one to develop successful mentors and mentees.

Haralampos M. Moutsopoulos

*Athens Academy, Athens, Greece*

### Correspondence

*Haralampos M. Moutsopoulos, Athens Academy,  
Panepistimiou 28, 10679 Athens, Greece.*

*Email: hmoutsop@med.uoa.gr*

### REFERENCES

1. Burgess A, van Diggele C, Mellis C. Mentorship in the health professions: a review. *Clin Teach*. 2018;15:197-202.
2. Mian A. True mentorship in medicine. *Can Fam Physician*. 2011;57:252-255.
3. Ratnapalan S. Mentoring in medicine. *Can Fam Physician*. 2010;56:198-199.
4. Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad Med*. 2013;88:82-89.
5. Akinla O, Hagan P, Atiomu W. A systematic review of the literature describing the outcomes of near-peer mentoring programs for first year medical students. *BMC Med Educ*. 2018;18(1):98.
6. Chong JY, Ching AH, Renganathan Y, et al. Enhancing mentoring experiences through e-mentoring: a systematic scoping review of e-mentoring programs between 2000 and 2017. *Adv Health Sci Educ Theory Pract*. 2019. <https://doi.org/10.1007/s10459-019-09883-8>. [Epub ahead of print].
7. Griffiths M, Miller H. E-mentoring: does it have a place in medicine? *Postgrad Med J*. 2005;81:389-390.
8. Soklaridis S, Zahn C, Kuper A, Gillis D, Taylor VH, Whitehead C. Men's fear of mentoring in the #MeToo Era-What's at stake for Academic Medicine. *N Engl J Med*. 2018;379:2270-2274.
9. Moutsopoulos HM. *Travelogue to knowledge*. 3rd ed. Athens, Greece: Hestia Publishers, 2015 (in Greek).
10. Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: a systematic review. *Acad Med*. 2013;88(7):1029-1037.
11. Beech BM, Calles-Escandon J, Hairston KG, Langdon SE, Latham-Sadler BA, Bell RA. Mentoring programs for underrepresented minority faculty in academic medical centers: a systematic review of the literature. *Acad Med*. 2013;88(4):541-549.
12. Wilson G, Larkin V, Redfern N, Stewart J, Steven A. Exploring the relationship between mentoring and doctors' health and wellbeing: a narrative review. *J R Soc Med*. 2017;110(5):188-197.
13. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA*. 2006;296(9):1103-1115.
14. Sambunjak D, Straus SE, Marusic A. A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. *J Gen Intern Med*. 2010;25(1):72-78.