Reverse Mentoring and Intergenerational Learning in Nursing
Bridging generational diversity

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ABSTRACT: This article aimed to discuss the scope of reverse mentoring and intergenerational learning in nursing. Accordingly, it discusses the characteristics, significance, benefits, conceptual framework, implementation strategy and application of reverse mentoring in nursing. Reverse mentoring occurs when a technically competent younger employee mentors a senior experienced employee and reciprocally exchanges the work culture and soft skills. Diverse intergenerational learning spurs innovation through the sharing of knowledge, skills, competencies, norms and values. Thus, reverse mentoring helps to enhance the quality of education, practice-outcomes and employee development. It should be adopted for a multigenerational workforce to promote diversity, keep employees technically competent and updated in ever-changing nursing profession. Presently, the COVID-19 pandemic has given rise to an urgent need for technical competency and knowledge sharing among the diverse multigenerational nursing workforce. Therefore, a reverse-mentoring strategy is proposed as a sustainable cost-effective intergenerational knowledge-sharing tool for the current era of economic crisis.

Keywords: Mentoring; COVID-19; Cultural Diversity; Learning; Nursing; Preceptorship; Intergenerational Relations; Mentorship.

The key challenge faced during the COVID-19 pandemic was knowledge sharing among a multigenerational diverse workforce. As generations differ in their work ethic, knowledge, skills, attitudes, values and communication styles, it is a challenge for organisations to achieve their visions through collaborative teamwork; this also poses barriers to intergenerational learning.1 Reverse mentoring (RM) is a cross-generational approach that assigns talented and willing young employees as mentors to older senior employees, supported by the organisational vision to bridge the technology divide between the two generations and develop future leaders.2 Overcoming challenges of intergenerational learning through RM approach would be a suitable strategy for the nursing profession both in practice and academia.

It is well-documented that an intergenerational learning programme provides opportunities for the transfer of knowledge, skills, competencies, wisdom, norms and values between generations and provides lifelong learning and sharing between generations.3 The RM strategy is an opportunity for intergenerational knowledge sharing and, thus, developing and enhancing intergenerational team spirit.4 In today’s digital age, RM is an important tool for developing talent and promoting unity between different generations. By bringing generations together through RM, younger employees develop professional relationships with leaders and exchange skills, knowledge and attitudes to become empowered emerging leaders for the future. In the context of the COVID-19 pandemic, due to the enforcement of lockdowns and physical distancing along with the emergence of a global economic crisis, all organisations can adopt the cost-effective RM approach to build a technically competent workforce. Therefore, this paper aimed to discuss the scope of the RM approach for intergenerational learning in nursing practices and academia. Accordingly, it provides an overview of the characteristics, significance, benefits, conceptual framework, implementation strategy and application of RM in nursing.

SIGNIFICANCE OF RM
Demographic shifts in the workforce are inevitable. The 2019 Deloitte Millennial Survey reports that globally, in the near future, millennials will make up 75% of the workforce, most baby boomers will retire and the number of Generation X employees will decline.5 In the current era of diverse staff, RM is proposed to be a tool for developing an engaged and committed multigenerational workforce and it bridges the generational gap. Kwoh, in her work ‘Reverse Mentoring Cracks Workplace’, highlights the importance of millennials in an organisation, as they often bring new, innovative ideas and skills to the table and they are tech-savvy, racially diverse, socially well-connected and collaborative by nature.6 On the other hand, baby
boomers typically provide experience, best practices and a long history of good work ethic. Interactions between people from different generations bring out the best in people, as they help them realise the value of diverse perspectives and push them to think innovatively and creatively.7 A new way of working such as remote working, teleworking and flexible working enabled by high technology has gained significance in light of the COVID-19 pandemic.8,9 During times of global lockdown and physical distancing measures, the RM approach within organisations would be a suitable strategy to facilitate intergenerational learning among a diverse group of staff.

The global nursing workforce comprises three different generations with differences in professional backgrounds, ideologies, beliefs, work practices and attitudes. The three generations based on the birth year include the baby boomers (1946 to 1964), Generation X (1965 to 1980) and the millennials or Generation Y (1981 to 2000). The presence of all these generations in the current workforce has created significant diversity. Statistics demonstrate that out of over 3.1 million nurses, 50.2% are baby boomers, 30.4% are Generation Xers and 19.4% are millennials.10 A strength and weakness analysis of these three categories indicates major differences, where 73% of workers agreed that baby boomers are hardworking but lack technical skills, Generation Xers are good relationship builders and revenue generators and millennials are enthusiastic learners with technical and social media skills as assets. Understanding the different categories of nurses and analysing their strengths and weaknesses can help devise and implement a well-planned RM programme for organisations, which can enhance the quality of healthcare services offered and improve patient safety.11

Intergenerational communication and interaction with priority to health and well-being create opportunities for positive intergenerational interactions and, thus, reduce the gap between diverse generations.3 As online teaching–learning activities have become ubiquitous during the COVID-19 pandemic, the RM approach and intergenerational learning are significant means to empower diverse faculty. Research findings revealed that RM is an efficient tool for sharing knowledge through creative involvement, leadership development and the development of intergenerational relationships based on mutual acceptance.12

The increasing worldwide diversity in nurses and nursing faculties demands this intergenerational mentoring approach both in practice and nursing education. In the context of the global economic crisis caused by the COVID-19 pandemic, organisations can adopt the RM approach to build a technically competent workforce, as it is cost effective. It is highly essential to think of new strategies of mentoring, ones that would promote knowledge and skill transfer and overcome the challenges of the current pandemic by enhancing the technical competency of a diversified workforce, both in nursing practice and academia. Although previous studies report that organisations promote generational diversity, as it guarantees team spirit and performance, doing so can create challenges in knowledge transfer.11 Despite the advantages of RM, its application is limited, indicating the need for more efforts to promote the RM approach for intergenerational learning among diverse generations in modern organisations.8

**ESSENTIAL CHARACTERISTICS OF REVERSE MENTORING**

Mentoring is a best-practice leadership development programme, through which employers hope to inculcate commitment in employees by treating them as unique resources for competitive advantage.14 Satterly et al. developed an intergenerational mentoring model, for which they recommended the RM model, as the latter considers the age and experience of the faculty.15 This intergenerational mentoring model acknowledges the skills each generation brings to the academic environment and is based on the slogan ‘Everyone leads; everyone learns.’ RM ensures continuous organisational learning by meeting specific needs collectively and efficiently through creating role models and offering carrier-related and psychological support, along with target-oriented education ensuring career development for leaders and the success of both individuals and organisations.2,16 Interpersonal comfort, trust and mutual respect between employees and employers are emphasised.

The main features of the RM process are its innovative non-hierarchical approach, the novice level of the mentors and a bidirectional relationship. Compartmentalised mentoring on new skills such as the latest applications, informatics, podcasts, e-learning and electronic databases are focused. It also ensures continuous organisational learning with respect to cultural differences by meeting specific identified needs collectively and efficiently.2,11,15 The success of RM depends on the degree of mentor/mentee relationship, their level of engagement and the type and amount of organisational support; in this regard, the engagement of higher officers and a conducive organisational culture are the main organisational support needed for the successful accomplishment of RM.11 Clarke et al. recommended certain essential attributes and behaviours for both mentees and mentors to ensure successful RM [Table 1].17
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Theoretical Base and Conceptual Framework of Reverse Mentoring

As mentioned earlier, Satterly et al. developed an intergenerational mentoring model and recommended RM model that considered the age and experience of the faculty.15 RM is outlined using various theories, and the use of theoretical frameworks in RM continues to expand as more and more intergenerational learning strategies are made into practice. RM is more rooted in social and learning theories.11,18 This paper focuses on adult learning (andragogy) and social theoretical bases to relate the concepts in RM.

In the intergenerational mentoring model, learning is based on the adult learning theory by Knowles, as it identifies all key elements, including a learner’s need to know, self-concept, experience, readiness to learn, orientation to learning and motivation.19 When exploring the theoretical support for RM, Zauschner-Studnicka related the adult learning theory to RM from an educational perspective.16 RM meets the adult developmental needs of both the mentee and mentor. Adult learners obtain new knowledge first through understanding and then application at work, where they examine their work, synthesise new answers to solve problems and evaluate various strategies and solutions to benefit the organisation and themselves.

Social theories consider mentors as role models. RM has been used traditionally as a social exchange tool to leverage the expertise of generations. Many studies have used the social exchange theory and leader–member exchange (LMX) theory as a theoretical framework.20 Mentoring has been related to the social exchange theory due to its focus on dyadic relationships, reciprocity and the relationship that develops as an important element for individuals’ growth in their careers. The social exchange theory has been extended into the leadership domain with the LMX theory. LMX is goal-directed intergenerational learning focusing on the innovative technological advancement of seniors by pairing them with expert juniors, which also paves the way to facilitate emotional intimacy and socialising with the younger generation [Figure 1].

Table 1: Expected behaviours of effective mentors and mentees in reverse mentoring

| Expected behaviours | Mentor | Mentee |
|---------------------|--------|--------|
| Respects and acknowledges the expertise of the mentee | Shows respect for the skills of the mentor | |
| Acknowledges the limitations of the mentee who has extensive responsibilities | Articulates their needs clearly to the mentor | |
| Encourages joint-learning objectives and ensures skill outcomes | May require practice and review to improve specific skills | |
| Provides a comfortable learning environment | Adopts affective-based learning, allowing changes in attitude | |
| Identifies the resources required to achieve set goals | Formulates objective-based activities to achieve goals | |
| Provides opportunities for the mentee to assess their own needs and progress | Conducts periodic self-reflection | |
| Actively listens to the needs of the mentee to improve cross-generational communication | Acknowledges areas for improvement and verbalises them to their mentor | |

Figure 1: The conceptual framework of reverse mentoring.
mentee have and the outcomes they achieve with the RM process [Figure 2]. Additionally, the figure reflects the functions involved in the process, along with the characteristics of the relationship between the mentee and mentor. The figure also portrays the benefits for the organisation, including a sustainable, healthy work culture with job satisfaction contributing to low attrition and good outcomes.

IMPLEMENTATION STRATEGY FOR REVERSE MENTORING

Introducing RM in an organisation can be considered either as a standalone mentoring programme or as part of existing mentoring initiatives. Perceived organisational support (POS) and LMX are the two social exchange mechanisms explained by Chaudhuri and Ghosh.20

In this regard, POS ensures collaboration between employees and the organisation and fosters employee morale by making them feel valued for their contributions. Concerning LMX, intergenerational exchange is where seniors are paired with juniors to achieve a predetermined goal related to current technological advancements. Such pairings facilitate emotional intimacy and socialising with the younger generation. There is no one-size-fits-all RM programme, as each organisation has a unique workplace culture and generational gap.21 Nonetheless, each institution should embrace the concept of RM and foster it wherever possible.

STEPS TO IMPLEMENT AN EFFECTIVE REVERSE MENTORING PROGRAMME IN AN ORGANISATION

The aim of RM should focus on specific organisational visions and goals. Appropriate pairing, clear goals and set guidelines are crucial factors for RM. Organisations should plan and initiate RM programmes meticulously and sequentially [Figure 3].

At first, a thorough initial assessment of the setting, nature of the employees and the organisational vision and mission are the fundamentals for identifying and setting objectives based on the needs and skills in initiating the RM programme. The initial assessment is the benchmark when it comes to applying RM in organisations. The next important step is appropriately matching mentors and mentees based on identified needs and skills. Effective mentoring is based on the partners’ chemistry. Right pairing is important, and it is mostly centred on commitment and a passion to
share. Then, the plan of the intergenerational model of RM is implemented with administrative support. The key step to consider for effective implementation is the development of RM agreement. This step calls for the definition of the specific reasons for mentoring and the development of mentoring goals and plans. Specific policies and protocols act as frameworks to be followed. At this stage, both the mentee and mentor must agree on the rules and regulations. For this purpose, a written agreement must be agreed upon by both parties. After this agreement, the next step is to consider the negotiation of agreements. RM requires rules but also embraces a workplace flexibility culture to facilitate new learning. Execution and practice by the mentee for a contract period is the next step. The mentor must ensure that the mentee practices the new concepts and tools. Afterwards, ongoing feedback is established to evaluate their progress continuously based on the agreed objectives. This is followed by the analysis of the impact and feasibility of the RM programme. Based on the analysis, the programme either continues with the same plan or is modified and restructured to suit organisational needs and implement new plans.  

Reverse Mentoring and Intergenerational Learning in Nursing

Medicine, nursing and all medical professions are dynamically advancing. This diverse set of professionals needs constant and continual education on swift technological innovations. Advances in technology have a tremendous impact, both in practice and academia, which means that seniors need to develop new technological competency cost-effectively and conveniently.

Most hospital units have diverse nursing populations, ranging from traditionalists, baby boomers and Generation X to Generation Y/millennials, all of which come with their own sets of skills and values. Hence, nurse managers need to support and promote intergenerational learning in nursing units. An example of this is that a 28-bed oncology clinical unit implemented the latest, completely computerised method of charting patient details. Overall, the unit had 21 registered nurses who were equally distributed between baby boomers, Generation X and millennials. As millennials demonstrate strong computer skills, they were recruited to support the rest of the team members while the new charting system got implemented. Eventually, the millennials, known as the ‘super users’, fell into the mentoring role, thus offering full support in slowly transitioning the nurses belonging to the baby boomers and Generation X categories. As stated by the millennials, the new mentoring role made them feel valued and they developed cohesiveness with the team while the senior nurses learned the charting system with their help. Hence, RM is instrumental in creating a synergistic work environment for all.  

A similar but unique kind of RM programme among healthcare workers was implemented in the St. Thomas’ and Grey’s NHS Foundation Trust in 2018; it was known as Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDI). In this case, a senior White staff member was the mentee and the junior staff from the Black and Minority Ethnic group was the mentor. The programme was initiated to enhance openness, understand cultural differences and minimise discrimination. The mentee often held an administrative position, and ReMEDI allowed exploring the subject’s equality, diversity and inclusion practices at individual, departmental, organisational and symbolic levels.

On another note, Aemmi and Moonaghi conducted a review to investigate the benefits of intergenerational programmes for children and older adults and their application in the healthcare system, and they concluded that intergenerational learning provided the best resources for the social and emotional growth of children and older adults. Moreover, they recommended that this approach be used for nursing care, education and follow-up in healthcare systems. Furthermore, the impact of intergenerational learning among young people and older adults during COVID-19 was explored in China by Lyu et al.  

The main focus of intergenerational sharing was on pandemic prevention, health and fitness, traditional culture and information literacy. The study reported that both generations shared and gained more knowledge on health, life skills and values. In particular, the older generation become more perceptive in their learning and behaviours, and the younger generation cultivated the concept of lifelong learning and closer relationships.  

Ultimately, RM is a simpler, low-cost way to bridge the learning gap than investing in training and development. This cross-generational training can be achieved by maintaining the traditional mentor–mentee pairing. Each organisation can embrace the RM concept as complementary to traditional mentoring to enhance workplace relationships. Pairing and collaboration on projects and research can interconnect the employees in organisational, global, academic and social perspectives. The ever-changing academic environment demands that diverse nursing faculty undergo mentoring to
learn about the new technology used in education. The familiarity of the current generation with informatics and their skills in handling innovative technology are important factors for their social interconnection and collaboration, while senior faculty can pass on their work ethic and best practices to junior mentors. In this regard, RM can help address generation gaps that are academic in nature. Thus, in light of the knowledge and experience of millennials in technology and innovative approaches to teaching, the use of RM would help the senior nursing faculty effectively meet the learning needs of the current generation of students who are accustomed to online platforms. Considering the intergenerational nature of the workforce, three steps must be carried out for RM: (1) assessing the needs and skillsets of faculty, (2) grouping and matching faculty based on their needs and skills and (3) implementing intergenerational faculty mentoring. The diversity of academic departments in size and structure does not allow a specific model to be adopted on a unilateral basis; rather, it calls for varying models of RM in each department to cater to specific needs. Ultimately, the goal of intergenerational mentoring is to enhance learning and knowledge sharing among multigenerational participants.

On another note, the faculty and students in the higher education sector has increasingly become intergenerational. In the 21st century, presence of novice millennials, Generation Xers and baby boomers in the faculty demands intergenerational collaboration through RM models, which do not have a hierarchical framework. As everyone is with the potential to learn and lead, this innovative knowledge sharing within education and practice areas contributes to enhancing each individual's essential skills and boosting self-esteem, thus contributing to organisational goals and missions. Through RM and intergenerational collaboration, educational interconnections are fostered and faculty development is enhanced, improving the teaching-learning dynamics and services.

Hence, RM can be very useful in nursing education. For example, Quality and Safety Education in Nursing (QSEN) recommends informatics and teamwork as core competencies of student learning outcomes. Older faculty members would find it difficult to keep up with new technologies such as e-learning modules, apps, online forums and electronic databases; on the other hand, millennials always have their finger on the pulse of advancing technology. RM can bridge this gap between generations, as it reduces generational tension through creative discussion and fosters understanding by building trust, positive attitudes and mutual respect. By doing so, RM equips diverse faculties with the ability to serve young students with advanced skills in online education. Currently, all higher education organisations must remain technologically adept, challenging and competitive and consider how to effectively manage their demographically diverse faculty who serve technically competent students. Though boomers and millennials are two fundamentally opposed workforce segments, RM programmes allow them to excel in online teaching–learning environments. The proper pairing, experience and personality of a mentor are common challenges experienced in mentoring in medical academia. Therefore, appropriate planning, pairing, mentoring workshops, organisational guidelines and a culture of support are essential for smooth RM.

Limitations

Although RM is promising for the upward growth of an organisation, its potential limitations could affect the initiation and acceptance of this approach. Cross-cultural differences could complicate smooth relationships. Communication is a key challenge among diverse employees, and encouraging an amicable and accepting mentality among multicultural diverse generations would help them set aside their egos and enhance professional growth. Furthermore, a lack of confidence felt by young mentors in interacting with seniors and power imbalances in pairing could hinder information exchange. However, through mutual respect, effective communication skills, professionalism and reciprocity, along with effective organisational culture building and support, RM can be implemented well. Overall, RM is highly necessary to enhance intergenerational learning in the nursing field.

Conclusion

RM is the best practice for intergenerational learning. This bidirectional innovative approach can transform and empower a multi-generational diverse workforce. It reduces the digital divide among diverse faculty and practitioners with positive outcomes at the individual, departmental and organisational levels. Though sequential steps are recommended for RM implementation, each organisation must tailor it to suit its specific needs while planning and implementing an RM programme. With dynamic technological innovations, advancing healthcare and the era of online and technology-based nursing education, the role of junior faculty as a mentor to senior faculty augments intra- and interdisciplinary collaboration.
in all aspects of service, education and research and ensures better healthcare outcomes. Mutual respect, reciprocity and effective communication reduce the potential limitations of RM.

AUTHORS’ CONTRIBUTION
All authors contributed to this work from the conception of the idea till the review of the final edition of the manuscript. GM conceptualised the topic and prepared an initial draft of the manuscript. FF and LJL made a substantial contribution to the design and preparation of the manuscript. All authors were involved in drafting and revising the manuscript for intelligent content. All authors approved the final version of the manuscript.

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CONFLICT OF INTEREST
The authors declare no conflicts of interest.

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