Mentorship Resuscitation During the COVID-19 Pandemic

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In the current ever-changing state of the COVID-19 pandemic, it is clear that one of the casualties has been medical education across all academic levels. While clinical teaching has either been suspended or significantly modified, academic teaching is slowly recovering with the aid of online platforms. Although faculty and educators are working tirelessly to adapt curricula and ensure that students meet requirements to graduate without delay, there is still incredible uncertainty as to how medical training will coexist and evolve within the pandemic. Inevitably, medical students feel adrift; with the current disconnection and the high levels of anxiety, these times of transition can be difficult to navigate. Thus, the reassurance and guidance of mentor–mentee relationships has never been more critical.

He who was once the student will become the teacher—this concept is fundamental in apprenticeship and medical education. The core of medical training is not in the classroom; it is at the side of a clinical mentor. Mentorship may take place on the internal medicine wards, under the bright lights of an operating room, in the office of a family physician, or on shift with an emergentologist. In addition to this structured clinical mentorship there is formal and informal mentorship that often take credit for the “hidden” curriculum and raising physicians from laypersons. To that end, this viewpoint discusses mentorship as a fluid construct, highlighting the dual role of the medical trainee, both as a mentee seeking guidance and as a mentor supporting their junior colleagues. The authors aim to provide tools to help lifelong learners build effective mentoring relationships, whether as a mentor or apprentice during the COVID-19 pandemic.

In seeking a mentor, first the mentee must understand menteeship; like any relationship, finding the right “match” is the key. To do so, mentees must define and list their needs and the type of relationship sought. Similar to personal relationships, mentoring relationships can be categorized. The first layer to explore is the time frame: while some mentors are committed to their apprentices longitudinally, others address a one-time need. Chopra et al. argue that there are four archetypes of mentors: The Traditional Mentor who can act as a “professional parent,” helping their mentee grow in multiple dimensions; The Coach who improves the performance of their students at a specific skill in a short period of time and can provide strategic advice on a single issue; The Sponsor who can use their influence to open doors and advocate for a mentee; and finally, The Connector, or master networker, who can use their social and political capital to empower their novices by connecting them with others that can help them as well. With their needs identified, students can target a suitable mentor, maximizing the yield of the relationship. Table 1 details...
A good mentor will choose their preferences in communication (where and how often) as well as their own expectations from the mentor. By managing expectations, setting actionable goals, and planning appropriate methods for communication, the mentee can efficiently utilize their mentor’s time wisely.2 While a good mentee seeks the right mentor, a good mentor will also choose their protégé carefully.8 Indeed, as a result of their high success and recognition of the commitment required for mentoring, great mentors are often busy.3 A good mentee is one who shows commitment and is curious, motivated, organized, efficient, responsible, and engaged. By managing expectations, setting actionable goals, and planning appropriate methods for communication, the mentee can efficiently utilize their mentors’ valuable time. Once a first meeting is set up, it is worthwhile to go the extra step and ask the mentor for their preferences in communication (where and how often) as well as their own expectations from the mentoring relationship.4 With a clearly established goal, as well as consensus regarding frequency and method of communication, the signing of a mentoring agreement can reinforce the set of objectives/expectations agreed upon.4 For success, it is important that professional standards are set and that both mentee and mentor are disciplined in keeping with the scheduled meetings.8 Finally, as is true of any relationship, misunderstandings and disagreements are inevitable and should be openly addressed.

Because of this seemingly intimidating process of seeking a mentor, novice medical trainees (junior students, residents, or staff) may find it easier to contact their senior colleagues for mentorship.7 In following with the fundamental concept of apprenticeship, the senior trainee/staff becomes the teacher to their junior counterpart and naturally takes on the role of a mentor. This form of near-peer mentorship is beneficial because the mentees find it easier to relate to those who have recently “been there.”7 However, in medical education while trainees are encouraged to mentor and teach juniors, little training is received on how to compensate for the inexperience of mentors, allowing for commentors to share the responsibility of an apprentice.8 This is also an opportunity for mentors to improve on their mentorship skills, which requires them to seek and welcome constructive criticism.8 This is likely easier to obtain in a near-peer mentoring relationship. While the advantage to peer mentorship is that there is a small power differential, a good mentor

| The Traditional Mentor | The Coach | The Sponsor | The Connector |
|------------------------|-----------|-------------|---------------|
| Primary mentor | Committed long term | Motivated by selflessness | Master networker |
| Committed longitudinally | Has high expectations | Risks own reputation | Extensive social and political capital |
| Meets one on one | Provides general feedback | Highly influential | Low investment in individual |
| Generous with time | Targets a specific skill | Has high expectations | Motivated by legacy |
| Provides personal feedback | Offers strategic advice | Provides personal feedback | |
| Expects mutual respect | | Offers personal feedback | |

Table 1
Mentor Archetypes, Their Associated Attributes, and An Example Interaction for the Senior Medical Student2
must always be conscious of the vulnerability of their mentee and avoid “mentorship malpractice” at all costs. In honoring this fluid form of mentorship, mentors should prepare their mentees for the transition to becoming a mentor.

The COVID-19 pandemic has resulted in unprecedented changes to medical education and the path to professional development. While entering mentoring relationships during the COVID-19 pandemic may seem more difficult because of social distancing and less opportunity for face-to-face contact, it is necessary for students to persist in finding a mentor(s). Virtual forms of connectivity should be considered. In fact, technology can collapse the time and space between mentors and mentees, allowing for relationships that are not geographically bound. Online platforms can be utilized for not only written communication, but also the invaluable face-to-face interactions. The mentee must take initiative and seek out their mentor without pursuing the “perfect opportunity” in person, which can be indefinitely delayed during these times. It is crucial that learners and educators adapt and make the most out of the mentor–mentee relationships. Through mentorship education and utilization of novel mentoring models, the postpandemic medical community can be further connected through stronger relationships.

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