Mentoring is a serious business

“Being a good doctor is a lot like being a good mentor. Just as clinicians have an ethical duty to act in the best interest of their patients, mentors have a similar duty toward their mentees. In our clinical and academic lives, we strive to do both as well as we can. Along the way, we have found that practicing mindfulness—being patient, focused on the moment, and accepting of events as they unfold—is important. Consider, first, how similar doctoring and mentoring can be. In both, the relationship is asymmetric: the doctor holds the power or authority and has most of the expertise, while the patient or mentee seeks guidance and advice. The doctor has—or should have—only the patient’s or mentee’s interests and well-being in mind.” —Sanjay Saint and Vineet Chopra[1]

Mentoring is indeed a very serious business—a professional responsibility, endowed with a good dose of a moral, ethical, and emotional overlay. The term “mentor” originates from Odyssey, by the Greek poet Homer. During the 10-year Trojan War, Odysseus, the king of Ithaca, entrusted his son Telemachus to his friend Mentor, whose responsibility was to protect and guide Telemachus during his evolution from adolescence to adulthood and groom him to be the future king.[1-3] Thus, Mentor has been adopted to refer to an experienced and trusted adviser to a younger protégé.[1-3]

In ancient Greece it was customary for a youngster to be assigned an experienced mentor to learn skills, culture, and values by imbibement and imitation.[2] These principles have governed the continuity of art, trade, and the practice of medicine since ancient times.[2] Mentoring has a profound effect on professional success in business and science.[3] Zuckerman found that 48 of 92 Nobel laureates that he analyzed had trained under older Nobel laureates.[3,4] The relationship between the mentors and the future Nobel laureates was not just about the transmission of knowledge and skills but also a “style of thinking.”[3,4]

In the context of the medical profession, a mentor may be defined as a “developer of talent, a teacher of skills, and knowledge of the discipline, an assistant in defining goals, and the one who shares social and professional values.”[5] The Standing Committee on Postgraduate Medical and Dental Education (SCOPEME) succinctly defines mentorship as “a process whereby an experienced, highly regarded, and empathic person (the mentor) guides another usually younger individual (the mentee) in the development and reexamination of their ideas, learning, and personal or professional development.”[6] Mentors have been an integral part of surgical training since William Halstead, who, influenced by the Socratic teaching method, designed the residency-based surgical education.[7] The first documented medical mentoring in history was that of William Osler, who acted as a mentor to Harvey Cushing.[8] Harvey Cushing was fortunate to be mentored by William Halstead as well and went on to establish neurosurgery as a specialty.

“Tell me and I forget, teach me and I may remember, involve me and I learn.” - Benjamin Franklin

The mentor-mentee relationship is synergistic. Mentee learns how to balance work, study, and life and is provided honest and informal feedback, critical appraisal of his quality of work, and friendly tips to avoid errors. Mentee also gets a perspective of long-term career planning, learns the informal rules of professional advancement, and is benefited by accruing professional contacts through the mentor.[9] Mentor benefits by enhanced peer recognition, professional and personal growth through the process, and satisfaction from helping someone achieve their full potential. Mentor will also directly or indirectly influence the training process and the overall quality of the training.[9] In an ideal mentorship, there needs to be a baseline chemistry between a mentor and a mentee, mutual trust and respect, and focus on character rather than competence.[10] It is thus crucial to make the right selection of a mentor. It is intuitive to choose someone who is the kind of person one wants to be, ideally with domain expertise, professional influence and a decent network of contacts.[11] A highly effective mentee selects the right mentors, communicates clearly and efficiently, is engaged, prepared, and energizing, and finishes tasks ahead of the schedule.[11] While the choice of institutions may be important for broad-based residency training, individual mentors are more relevant for fellowship training; choosing an exceptionally good fellowship mentor would be very rewarding.

“Mentoring is a brain to pick, an ear to listen, and a push in the right direction.” - John C. Crosby

| Table 1: Ten traits required to be a mentor |
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| **Self-awareness:** You should have a good understanding of your strengths and development needs. |
| **Organizational know-how:** You should know how to get things done and how things work. |
| **Credibility:** You should have personal and professional credibility, this may include being a member of relevant organizations. |
| **Accessibility:** You should be willing and able to commit sufficient time to your mentee to offer support and guidance. |
| **Communication:** You need excellent communication skills and be able to understand the ideas and feelings of others. You also need to be a great listener. |
| **Ability to empower:** You should be able to create a working environment where it is safe for individuals to try out different things, allowing them to contribute in different ways. |
| **A desire to help others develop:** You should understand how individuals develop and have the experience, either formally or informally, of developing others. |
| **Inventiveness:** Be open to new ways of doing things and different ways of working. |
| **Empathy:** Ability to empathize with others. |
| **Understanding:** You should be prepared to try to understand different perspectives, approaches, and possibly backgrounds of different mentees. |

From Mentoring Guidelines, Manchester Metropolitan University, Manchester, UK[12]
The traits of an ideal mentor are well-defined [Table 1].

Essentially, a mentor should embody and pass on the virtues of professionalism, ethics, values, and the art of medicine to the mentee. Souba describes the roles of a mentor include the following: (1) adviser and counselor; (2) friend; (3) agent; (4) teacher/helper; (5) coach; and (6) manager/leader. He further envisages that a mentor should:

Motivate;
Empower and encourage;
Nurture self-confidence;
Teach by example;
Offer wise counsel and;
Raise the performance bar.

The success of the mentee is the mentor’s best reward. Souba emphasizes that “the critical test that differentiates ordinary from exceptional mentors has to do with the limelight. Great mentors do not worry much about who gets the credit. They are more interested in the growth of their mentees than publicity. They would rather bask in the success of the mentees, quietly reflecting on the personal satisfaction they have acquired from giving unselfishly of themselves to others. The very best mentors never fail to pass the ultimate acid test: they genuinely want their mentees to do better than they have done.”

Thus, mentoring involves “both a coaching and an educational role, requiring a generosity of time, empathy, a willingness to share knowledge and skills, and an enthusiasm for teaching and the success of others.” An ideal mentor would try and understand the needs and goals of the mentee, assess baseline skills and attributes, and help design a customized approach and set a pace.

“The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves.” —Steven Spielberg

If an ideal mentor is rare, an ideal mentee is even more difficult to find. In these changing times characterized by impatience, distraction, diffuseness, self-centeredness, sense of entitlement, and oversocialization, it is not uncommon to find mentees emerging as unhealthy professional rivals and usurpers of their mentors’ academic positions. The altered chemistry has somewhat strained the sacred mentor-mentee relationship. An ideal mentee would be grateful for the mentorship and feel indebted to give back by becoming a great mentor oneself. In his book The Seasons of a Man’s Life, David Levinson writes that “a crucial task of early adulthood is finding a mentor, and upon reaching middle age being a mentor is one of life’s major satisfactions and fulfills one of the psychological needs of mid-life.” Like the modern version of the Hippocrates Oath states, “I will respect the hard-won scientific gains of those physicians in whose steps I walk and gladly share such knowledge as is mine with those who are to follow.” A perennial mentee-mentor lifecycle would keep mentorship alive, in letter and spirit.
As we celebrate the life and times of my mentors, Carol and Jerry Shields, the living legends in ophthalmology, it is important to recognize the indelible impact that they have made in the way ocular oncology is practiced today, not only by producing new knowledge and practicing cutting-edge patient care but also by selflessly spreading their teachings far and wide through their network of international fellows. My fellowship with the Shields at Wills Eye Hospital was a life-changing experience [Fig. 1]. Carol and Jerry Shields remain selfless teachers, excellent clinicians, most skilled surgeons, and standing examples of intense professional commitment. That apart, they are incredible mentors, someone who you would be very fortunate to find and privileged to treasure for life.

Santosh G Honavar
Editor, Indian Journal of Ophthalmology,
Editorial Office: Centre for Sight, Road No 2, Banjara Hills, Hyderabad, Telangana, India.
E-mail: editorjournal@aios.org

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