

Mentoring in medicine

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All of us learn from our experiences and especially from our mistakes. This knowledge—our hindsight—becomes our insight and can be passed on to become someone's foresight.

Who and what?

The term *mentor* is defined as "a wise and trusted counselor or teacher."¹ *Mentoring* is the process by which an experienced person provides guidance, support, and encouragement to a less experienced person. Such relationships are based on consideration, camaraderie, commonality, and confidentiality.²⁻⁵

How does mentorship operate?

Mentorship operates under different models, which suit different purposes and change with time and need²⁻⁷:

Apprenticeship model. Usually there is a hierarchy of professional positions and the trainee is mentored and taught by a more experienced professional. This model is less personal than other models; it is within the professional relationship that mentees learn from mentors.

Cloning model. The cloning model is based on role modeling—the mentor is planning succession and the mentee is groomed into the role.

Nurturing model. The nurturing model creates a safe, open environment in which mentees can discuss personal issues, learn, and try things for themselves, with their mentors acting as resources and facilitators.

Friendship model. The friendship model occurs when mentors and mentees are close to or at the same professional level; rather than being involved in a hierarchical relationship, they are peers.

In any model, the mentee and mentor can work out the details and decide how much time and energy they are willing to invest in the relationship. However, if it is a formal apprenticeship model or cloning model then they should stick to the prescribed formula to avoid jeopardizing the goal of the mentorship program.^{5,7-9}

Is long-distance mentoring effective?

Although it is easier to have the mentee and the mentor in the same geographic location, long-distance mentoring can work well, especially if the mentee plans on going to the mentor's institution as a staff physician or for further training. Long-distance mentoring also makes sense if both physicians' educational or research interests match.

Benefits of mentoring

As a mentor, you will gain a number of benefits: the


personal satisfaction of knowing that you have helped someone else; professional development, including as a mentor; increased commitment to your field and profession; opportunities for self-reflection and self-renewal; and appreciation of a new perspective.^{2,4,5}

As a mentee, you will experience the following: increased confidence in your personal and professional successes; an increased desire to pursue a career in a field of interest; networking opportunities; career coaching and support; and research guidance.^{4,5,7-9}

Initiation and management

Mentoring relationships need some help. Many institutions are addressing this by formalizing the process and assigning mentors for residents and junior faculty, although it is up to the mentees to find someone they respect and trust to help them reach their objectives. However, both formal and informal mentoring are effective. Once the partnership is underway, both partners must work to sustain the relationship and help it flourish or end it if it is not working.^{5,7-9}

Many have more than 1 mentor at a time to accommodate different needs or purposes. Most students' mentors are staff physicians, peers, relatives, or family friends.⁸ Look for mentors with specific characteristics that fit your purpose.¹⁰ Apart from academic or professional rank, factors such as sex, age, race, religion, and marital status are often also taken into account when choosing mentors.

Many mentors have mentors and mentees. So be a mentor and get a mentor! 

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Competing interests

None declared

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References

1. *The American Heritage Dictionary of the English Language*. 4th ed. Boston, MA: Houghton Mifflin Company; 2000.
2. Allen TD, Eby LT, Poteet ML, Lentz E, Lima L. Career benefits associated with mentoring for protégée: a meta-analysis. *J Appl Psychol* 2004;89(1):127-36.
3. Fagenson-Eland EA, Marks MA, Amendola KL. Perceptions of mentoring relationships. *J Voc Behav* 1997;51(1):29-42.
4. Thomdyke LE, Gusic ME, Milner RJ. Functional mentoring: a practical approach with multilevel outcomes. *J Contin Educ Health Prof* 2008;28(3):157-64.
5. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: a qualitative study. *Acad Med* 2009;84(1):135-9.
6. Kram KE. Phases of the mentor relationship. *Acad Manage J* 1983;26(4):608-25.
7. Kram KE, Isabella LA. Mentoring alternatives: the role of peer relationships in career development. *Acad Manage J* 1985;28(1):110-32.
8. Rose GL, Rukstalis MR, Schuckit MA. Informal mentoring between faculty and medical students. *Acad Med* 2005;80(4):344-8.
9. Buddeberg-Fischer B, Herta KD. Formal mentoring programmes for medical students and doctors—a review of the Medline literature. *Med Teach* 2006;28(3):248-57.
10. Gagliardi AR, Perrier L, Webster F, Leslie K, Bell M, Levinson W, et al. Exploring mentorship as a strategy to build capacity for knowledge translation research and practice: protocol for a qualitative study. *Implement Sci* 2009;4:55.