



True mentorship in medicine

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The word *mentor* originates from Homer's famous poem, *The Odyssey*. Mentor was an extremely wise man who supported and guided Telemachus on the search for his father, Odysseus. In Greek, *mentor* literally means "to endure"—to last through the ages.¹ In modern English, it is "a trusted counselor or guide."² The meaning is tremendously poignant, as anyone epitomizing this definition immeasurably and profoundly affects the life of the mentee.

Before medical school, I was privileged to teach high school science for a few years in areas with low socioeconomic status. In these settings, witnessing the tireless work of colleagues, I began to appreciate the qualities of true mentorship, which went well beyond simply teaching facts. It was an inspiring labour of love that transformed lives.

As a family medicine resident, my view of the importance of mentoring has increased exponentially—as has my reverence for my own mentors. Given the structure of medical education, clinical training, and research, the role and traits of a good mentor should be the central theme in every faculty development program. I consider this a basic obligation for ensuring resident success. Great residency programs that produce excellent well-rounded physicians inevitably have, at their core, a network of strong mentors.

A few core qualities can be found among all good mentors: they exude genuine and infectious enthusiasm; they modify their teaching strategies according to learners' needs; they consistently reflect on their roles; they have excellent interpersonal skills; and they are knowledgeable.^{3,4} These qualities act synergistically to create nonthreatening learning environments. Mentees can demonstrate their knowledge and skills or relay concerns without fear of reprisal or belittlement. Instead, constructive feedback is provided, to the intrinsic benefit of the learner.

Learning is not about obtaining good evaluations; it is part of the overarching goal of becoming a better physician. The atmosphere generated by a good mentor promotes self-esteem and the importance of lifelong learning. I recall several chart review sessions in which residents derived the most benefit from discussion. It was sitting down collectively to review challenging cases with supervising preceptors, who had encouraged a collegial and open environment from the start, that fostered learning purely for the sake of obtaining knowledge. All of us could freely discuss what we would have done; from there, we recognized common pitfalls in our approaches to difficult cases. These lessons stayed with us. We went home with

the desire to read up on what we had discussed, simply because we were encouraged by the positive environment.

It is disappointing to hear of supervisors who create a culture of intimidation and ridicule with the maladaptive intention of bringing out the best in residents. Such preceptors might have been trained in an era when those methods were erroneously thought to work or when such treatment was simply acceptable; perhaps they subconsciously mirror behaviour they once endured. But such an atmosphere is demonstrably counterproductive and totally unacceptable at the most basic level of professionalism. Any faculty member who teaches residents must do so effectively and constructively. After all, it is part of the job description when working in university-affiliated sites. Postgraduate medical education administrators should ensure that faculty receive formalized training in teaching and role modeling. This could be tied to performance evaluations and promotions, particularly for those seeking tenure. No resident should have to tolerate demoralizing behaviour from educators; it is not conducive to learning.

Successful mentors bring out the best in mentees through dynamic relationships in which both benefit from positive interaction. Trainees subconsciously reflect back on attitudes and behaviour they encounter during training; the relationships they develop have profound implications. The people and institutions entrusted with training residents must take an honest look at the qualities inherent to good mentors, then strive to train teachers in that mold. Those whom residents evaluate as being good mentors should be formally recognized, and might also be useful as assigned advisers to 1 or 2 residents in their programs.

A good mentor is a tremendous asset in this complex profession, so search for one. Once you have found one, cherish his or her time and wisdom. Mentors, in addition to teaching through words and deeds, show us care and respect and empower us to confidently approach the myriad complications inherent to the human condition.

In the end, we must repay our gratitude to our mentors by providing excellent patient care and evolving into effective role models ourselves. That is how they want us to honour them, ensuring that the finest traditions of our noble profession continue "to endure" through the ages. 🌿

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Competing interests
None declared

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