



Finding the path together

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Are you a mentor? Do you have one? Do you think you need one? I recently attended a joint meeting of the Section of Medical Students, Section of Residents, and First Five Years in Practice Committee. When asked who had a mentor, most attendees raised their hands. This was a surprise to many in attendance. The Canadian Association of Internes and Residents 2013 National Resident Survey indicated that 31.5% of respondents did not have mentors.¹ Although the 2012 National Physician Survey of Residents and Students did not specifically ask this question, it did ask whether or not the respondents were satisfied with the mentorship available to them in their programs. Of the family medicine residents, 76.7% indicated that they were satisfied or very satisfied with the mentorship in their program; 70.5% of medical students indicated the same.²

Further discussion during the joint meeting of students, residents, and new practitioners highlighted a substantial variation in what having a mentor meant to them. Most of the students who had mentors had had them assigned by their faculties of medicine. Many of the residents identified their family medicine preceptors or faculty advisors as the mentors assigned by their programs. A few identified their own mentors or role models during their training.

The authors of a Canadian Association of Internes and Residents position paper on mentoring in June of 2013 cited Berk and colleagues' definition of *mentorship*³:

A mentoring relationship is one that may vary along a continuum from informal/short-term to formal/long term in which faculty with useful experience, knowledge, skills, and/or wisdom, offers advice, information, guidance, support, or opportunity to another faculty member or student for that individual's professional (and personal) development.

The article also states that mentorship generally involves 3 areas of development for the resident: professional, personal, and educational.⁴

Atul Gawande's essay in *The New Yorker* in 2011 on coaching a surgeon⁵ describes using a coach to assist improvement at the practice level. The essay focuses on Gawande's experience with using a coach to improve his surgical techniques, but I believe that the rationale and principles he discusses are also applicable to the role of faculty in preparing family medicine residents for practice.

In the context of the CFPC's Triple C initiative, the Faculty Advisor and Preceptor roles are similar to the role of a coach in helping residents reflect on their progress.⁶ As

preceptors help residents reflect on their progress in achieving competence in roles and skills, really, they are having important conversations about the residents' personal and professional development as family physicians.⁴

Another question that prompted dialogue with the students and residents was about teaching the skills of being a mentor. There was much discussion about how and when this should happen and if it should be part of the curriculum. If we reflect on the CanMeds-Family Medicine⁷ roles and revisit the 4 principles of family medicine,⁸ we find that the skills necessary to be a good mentor are very similar to those we use with patients. We can learn much about how to be a good mentor to future generations of physicians from the relationships we develop with our patients.

As students and residents express the need to have someone who can guide them as they make decisions about their future careers, it is important to consider that the end of residency is just the start of a much longer phase of one's development as a physician. As we invest in the future of our discipline through teaching and coaching students and residents, we cannot forget the importance of being mentors and serving as resources to our colleagues in practice. In my clinical and academic practice, there have been many colleagues I have turned to with questions who have helped me to progress throughout my career. In turn, I hope that over the years, others will say that I have assisted them in finding their paths through medicine. I think there is a need for further discussion on how to support new graduates as they transition into practice, and how we support each other in an environment where both medicine and the system in which we work continue to involve and increase in expectations and complexity. 🌱

References

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