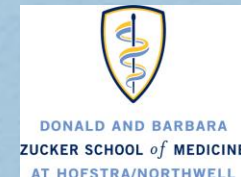


Humanistic Mentors & Mentees across the Continuum of Medical Education



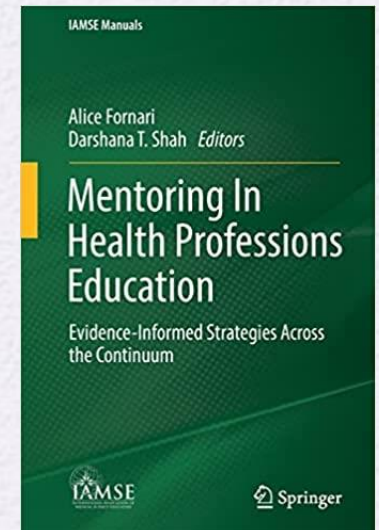
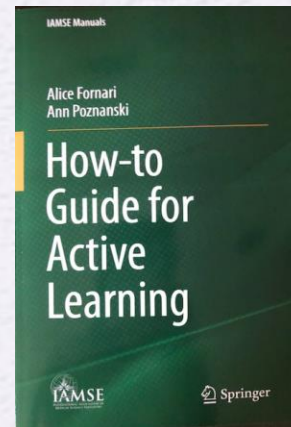
Today's Objectives

Participants will be able to:

1. describe the theoretical background and evidence base for humanistic mentoring
2. describe how mentoring & role modeling are linked skills
3. compare and contrast mentoring coaching and sponsorship
4. reflect on how the concepts presented can support humanistic mentors & their mentees

DISCLOSURES
Alice Fornari
aforinari@northwell.edu

- I am co-editor of this ***IAMSE manual*** and believe in *Active Learning as a Pedagogy* and on *Mentoring in Health Professions Education: Across the Continuum*
- I am developer of the ***JiTT Infographic*** App as a technology assisted tool for evidence-based teaching resources (accessible on Apple Store & Google Play); Free Open Access Medical Education (FOAM) tool



Definitions to Frame Professional Relationships

- **A role model** is an individual who exemplifies certain qualities, behaviors, values, or achievements that serve as a positive and inspiring influence on others, particularly those seeking guidance and emulation. Role models often serve as sources of inspiration and aspiration, setting standards for personal and professional development. **A direct relationship** is not necessary.
- **A coach** is an experienced person who supports a learner or client in achieving a specific personal or professional goal by providing training and guidance, focusing on relatively **short-term performance**.
- **An academic advisor** is a faculty or staff member at an educational institution who assists trainees in making informed decisions about their academic pursuits. These may include course selection, degree planning, academic progress tracking, career choices and more. The term may also be used for a **formal supervisor** in a graduate degree program.
- **A sponsor** provides financial support or, more generally, access to resources, opportunities, and networks that contribute to **academic and professional success**.

Terminology Clarification

Mentor	Advisor	Sponsor	Coach
<i>Talks WITH You</i>	Talks <i>WITH</i> You	Talks <i>ABOUT</i> You	Talks <i>TO</i> You
<ul style="list-style-type: none"> -Mutually beneficial relationship -Share knowledge and experience -Mentees identify their own needs -The mentor listens and stimulates reflection in the mentee to promote career development, professional growth or satisfaction 	<ul style="list-style-type: none"> -The advisor answers questions and gives advice, sharing their expertise and knowledge with the advisee. -Can be evaluative <p>Marcdante K, Simpson D. Choosing When to Advise, Coach, or Mentor. J Grad Med Educ. 2018 Apr;10(2):227-228. doi: 10.4300/JGME-D-18-00111.1. PMID: 29686766; PMCID: PMC5901806.</p>	<ul style="list-style-type: none"> -Sponsor = someone more senior, influential -Goal oriented -Job-oriented purpose -An advocate, believes in you -A relationship that is formed over time 	<ul style="list-style-type: none"> -Instructional -Goal oriented -Coach identifies the needs of the mentee based on assessment

Active Role Modeling

- Teachers/mentors need to be aware of the conscious and unconscious behaviors displayed in their role modeling, so the net effect of the process is positive
- *“Individuals admired for their ways of being and acting as professionals”*



What makes for effective role modeling?

- Clinical competence
 - KNOWLEDGE & SKILLS
- Communication skills
 - TRANSMIT Knowledge & Skills
- Personal/professional qualities
 - HUMANISTIC BEHAVIORS
 - Compassion, integrity & honesty



KEY POINTS

- BE AWARE OF WHAT YOU ARE ROLE MODELING & WHO YOU ROLE MODEL
- PROTECT TIME TO FACILITATE DIALOGUE, REFLECTION, AND DEBRIEF WITH LEARNERS
- ARTICULATE WHAT YOU ARE ROLE MODELING: **MAKE THE IMPLICIT EXPLICIT**



A Mentor in all Pillars



- Leadership/Career
- Research
- Clinical
- Education/Facilitation of learning

MENTORSHIP

A reciprocal relationship between mentor & mentee



The mentor listens & stimulates reflection in the mentee to promote career development, professional growth & satisfaction

GOALS OF A MENTOR

Expand knowledge, understanding & skill-based performance



Engage with other members of the profession, particularly those with more experience; Support networking for the mentee

Deepen commitment to the values & dispositions of the professions into habits of mind & heart for the mentee



TYPES OF MENTORS

CONTENT

- Focus is on scholarly projects
- Facilitates new ideas
- Guides productivity
- Cultivates professional credibility



CAREER/PROCESS

- Connects to peers/experts to increase network
- Formulates goals with a mentee
- Provides feedback & is collaborative
- Guides promotion & coaches position negotiations



THE MENTORING RELATIONSHIP ESTABLISH & MAINTAIN



STEPS TO SUCCESSFUL MENTORING

- 1 Practice self-reflection & self-assessment (mentor & mentee) to align expectations & goals
- 2 Identify mentee's development in stages, as both learner & colleague
- 3 Identify unique attributes & challenges; re-evaluate, as the mentee develops in their career
- 4 Establish communication & meeting strategies early in the relationship
- 5 Recheck the relationship periodically at meetings & adjust as needed

SUSTAINING A MENTORING RELATIONSHIP



TASKS OF A MENTOR

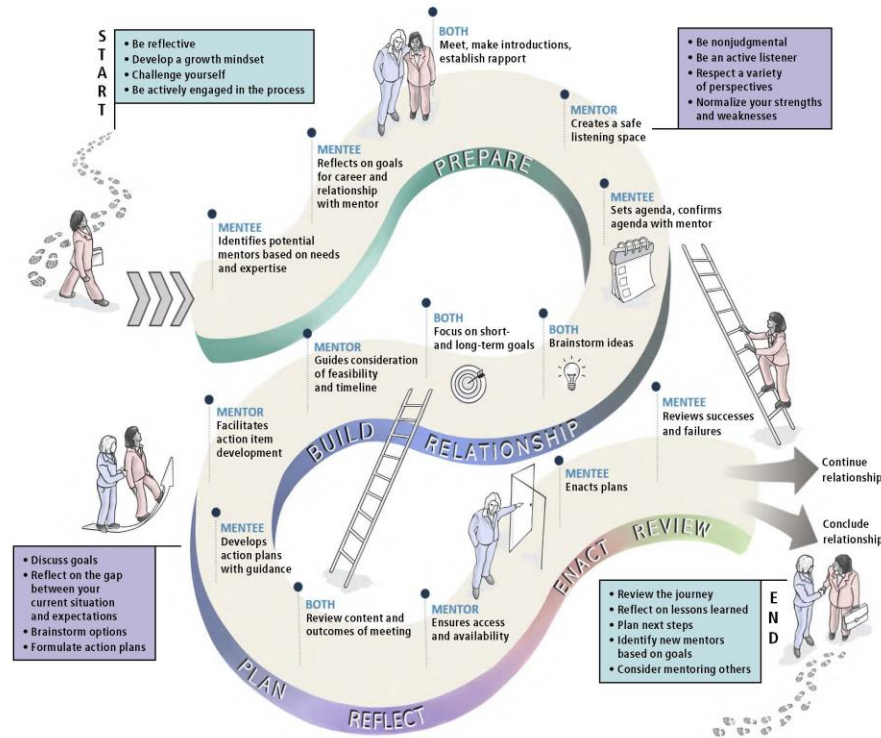
- HOLD ADULT TO ADULT CONVERSATIONS
- ESTABLISH MENTEE CENTERED INTERACTIONS
- PROVIDE HONEST FEEDBACK
- ASSIST WITH PROFESSIONAL CONCERNS & ADVANCEMENT
- PROVIDE NETWORKING GUIDANCE



Mentoring Relationships: A Mentee's Journey

Subha Ramani, MBBS, PhD, Harvard Medical School; Natasha Chugh, Johns Hopkins University; Margaret S. Chisolm, MD, Johns Hopkins University School of Medicine; Richard Hays, MD, PhD, James Cook University; Judy McKimm, MBA, MA(ed), Swansea University Medical School; Rashmi Kusurkar, MD, PhD, Amsterdam UMC location Vrije Universiteit; Alice Fornari, EdD, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Harish Thampy, MBChB, MRCP, MSc, University of Manchester; Keith Wilson, MD, PhD, Dalhousie University; Helena Filipe, MD, MMed, Faculty of Medicine, University of Lisbon; and Elizabeth Kachur, PhD, Medical Education Development, Global Consulting

Mentoring relationships are ideally driven by mentees and help mentees to tackle professional challenges and/or plan career development.¹ Mentees can choose from several mentoring formats: senior, near peer, within or outside the institution, dyadic or network, in person or virtual.² Regardless of the format, mentors guide key stages of mentee professional development, balance challenging and supporting the mentee, and help the mentee to reflect and make informed decisions.³ The figure below illustrates how a mentee starts the journey by identifying potential mentors, meets the mentor to discuss aspirations and challenges, and formulates next steps guided by the mentor. The mentee is the architect, and the mentor is the facilitator and guide. A short- or long-term mentoring relationship can be forged based on goals and compatibility.⁴ As depicted by the ladders in the figure below, mentoring relationships may require backward jumps and restarts to deal with changing circumstances.



The stages and steps in the figure are suggestions and not rules; different dyads/groups may choose which steps are applicable to their mentoring relationships.

Disclosures: None reported.

References:

1. Chopra V, Arora VM, Saint S. Will you be my mentor?—Four archetypes to help mentees succeed in academic medicine. *JAMA Intern Med.* 2018;178:175–176.
2. DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagals R. Mentor networks in academic medicine: Moving beyond a dyadic conception of mentoring for junior faculty researchers. *Acad Med.* 2013;88:488–496.
3. Whitmore J, Kauffman C, David SA. GROW grows up: From winning the game to pursuing transpersonal goals. In: David SA, Clutterbuck D, Megginson D, eds. *Beyond Goals: Effective Strategies for Coaching and Mentoring.* New York, NY: Routledge; 2013;245–260.
4. Waljee JF, Chopra V, Saint S. Mentoring millennials. *JAMA.* 2018;319(15):1547–1548.

Author contact: sramani@bwh.harvard.edu

Thank you to a mentor and role model, Subha Ramani, who leads us on mentor journeys and guides us to share within our academic communities

“Mentored clinical faculty members have significantly greater satisfaction with their department and institution.

This multi-institutional study provides evidence that fostering mentoring opportunities may facilitate faculty members’ satisfaction and engagement, which, in turn, may help medical schools retain high-quality faculty staff committed to the multidimensional academic mission”



*Who is our mentoring
audience, your
mentees & mentors ?*

Fellows
Residents
Students

Research Assistants

ACPs

Early & mid-career
faculty

Late-career faculty



Mentoring Frameworks

Multiple Mentoring Networks

TABLE 2. Paradigm Shifts in Mentoring

20th Century	21st Century
A nicety	A professional responsibility
One skill	Multiple skills
Prompted by mentor's generosity	Expectation of organizational culture
Instinctive kindness	Learned behaviors
Top down ("disciple") approach	Reciprocal relationship
Mentor = like mentee	Mentor = not like mentee
Only one and one to one	Multiple mentors and many forms
Early in career	Throughout career

McBride et al (6). Reprinted with permission from Elsevier.

018;46(3).

Mentoring Frameworks

Multiple Mentoring Types

- Group peer mentoring
- Facilitated peer mentoring
- Mentoring Network
- Peer to peer mentoring
- Reverse Mentoring
- Institution to Institution Mentoring
- Web-based mentoring
- Speed mentoring



MENTORSHIP

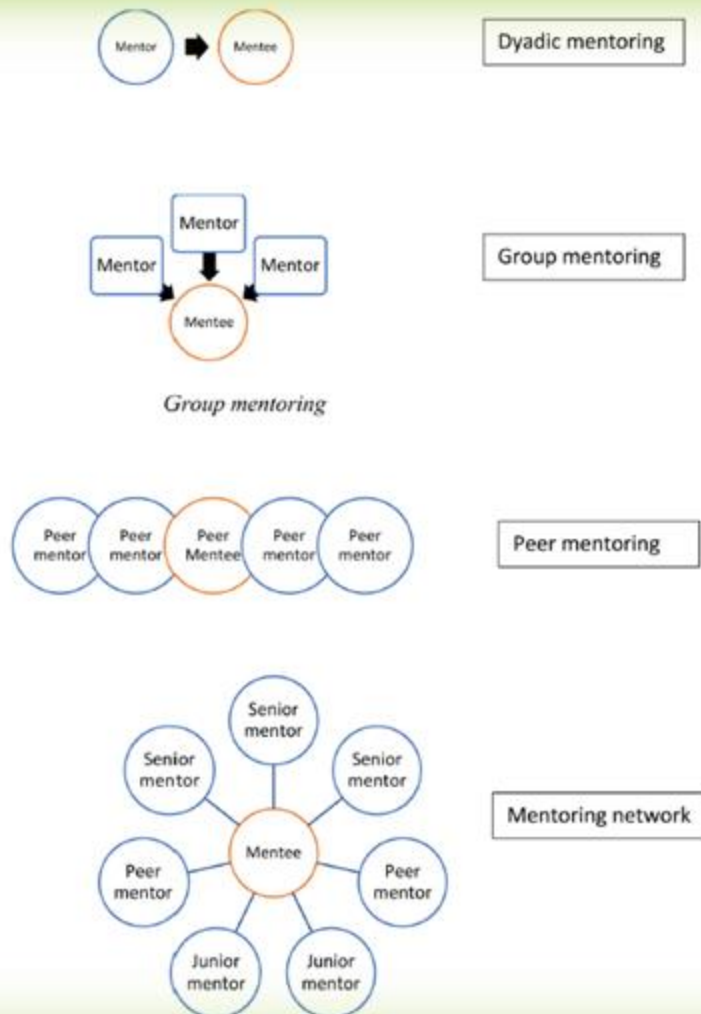


Figure 2. Graphic depiction of four different formats of mentoring relationships.

- Subha Ramani, Rashmi A. Kusurkar, Johnny Lyon-Maris, Eeva Pyörälä, Gary D. Rogers, Dujeepa D. Samarasekera, David C.M Taylor & Olle ten Cate (01 Nov 2023):
- Mentorship in health professions education – an AMEE guide for mentors and mentees: AMEE
- Guide No. 167, Medical Teacher

A SCOPING REVIEW OF PEER MENTORING IN MEDICINE

- Program outcomes were invariably positive concerning participant satisfaction, and additionally, some studies showed an increase in publications, grant funding, retention rates, and promotion.



- Camaraderie and collaboration emerged as strong themes in the reviewed programs.

Farid H, Bain P, Huang G. A scoping review of peer mentoring in medicine. Clin Teach. 2022;19(5):e13512

What is a mentor?



“A wise and
trusted counselor
or teacher”

Mentor provides
guidance,
support,
encouragement

CAREER

learn

mentoring

workshops

practicing

success

training

PROGRAM

A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.

Bob Proctor

MODEL
se

kills
ACH

GUI

ROLE-MODEL

one-on-one

ing
ADVICE

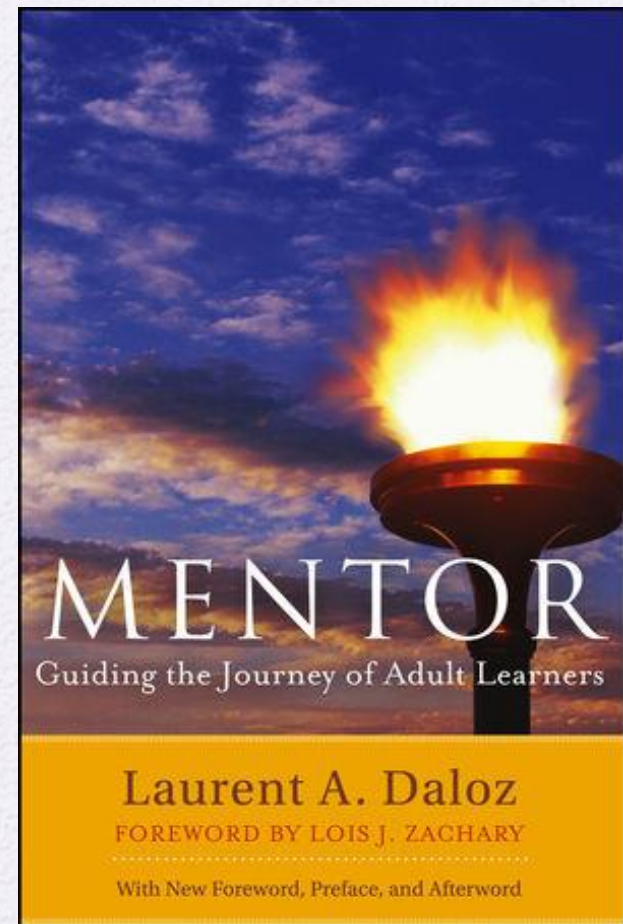
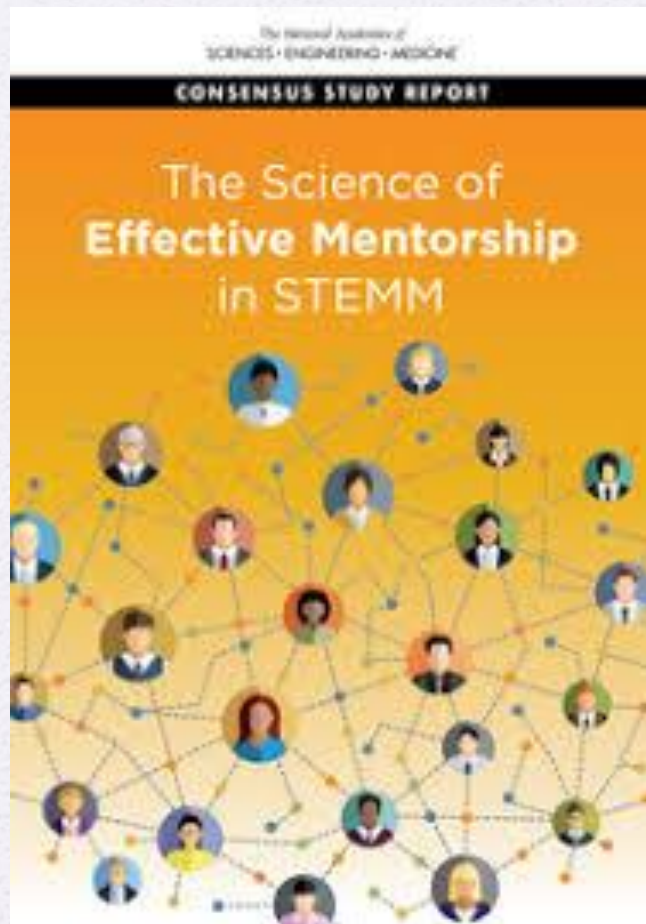


Definitions-Which do you prefer?

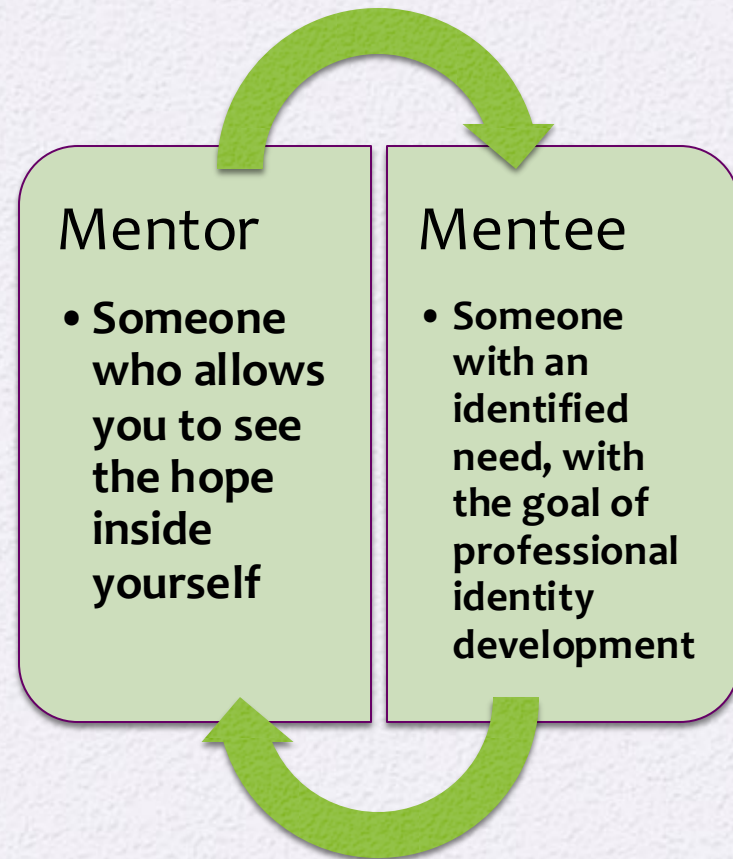
“Mentors are guides. They lead us along the journey of our lives. We trust them because they have been there before. They embody our hopes, cast light on the way ahead, interpret arcane signs, warn us of lurking dangers and point out unexpected delights along the way.” (Laurent A Daloz)

“An activity that is based on ‘learning relationships’, which help people to take charge of their own development, to release their potential and to achieve results which they value” (Lakhani, Mayur, Medical Education)

*“A process whereby an experienced, highly regard, empathetic person (the mentor) guides another (usually junior) individual (mentee) in the development and re-examination of their own ideas, learning, and personal and professional.”
development (SCOPME, London 1998)*



Developmental relationships in which both parties have a stake & good intentions



S U P P O R T

C H A L L E N G E

	LOW	HIGH
LOW	Low support and low challenge Stasis	Low support and high challenge Regression
HIGH	High support and low challenge Validation	High support and high challenge Growth

Figure 1. Support vs challenge: Balancing support and challenge is essential for professional development and growth of mentees.

Figure based on Daloz model 1986

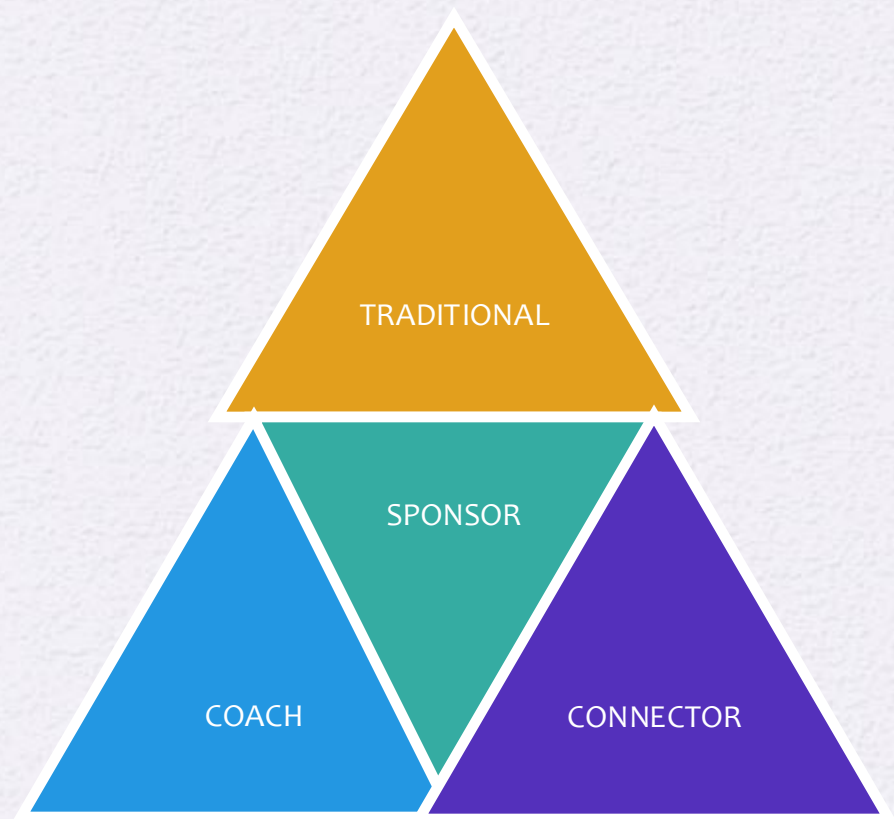
Will You Be My Mentor?—Four Archetypes to Help Mentees Succeed in Academic Medicine

JAMA Internal Medicine February 2018

“To put it simply, the mentor guides, the coach improves, the sponsor nominates, and the connector empowers, but always the mentee benefits.”

Who are you asking to support these diverse roles?

Four Archetypes?



Types of Mentors

Content

- Content
 - Intellectual scholarly/project aspect of mentee career
 - Facilitates new ideas
 - Guides productivity
 - Cultivates academic credibility
 - Connects to peers/experts to increase network

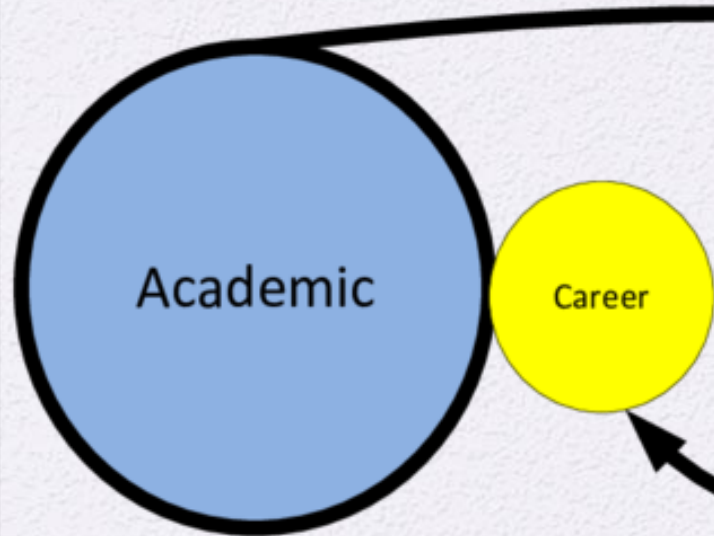
Career/Process

- Career/Process
 - Career guidance & support
 - Formulates goal(s)
 - Provides feedback
 - Guides academic promotion
 - Coaches on position negotiations

How many mentors do we need?

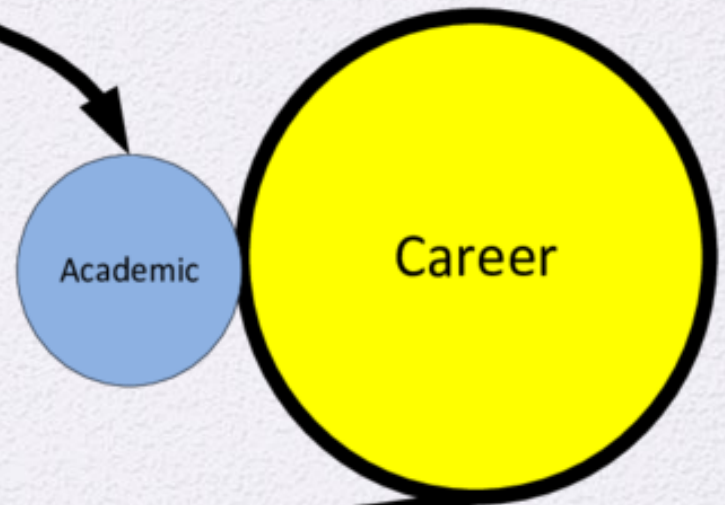
Younger student (<24years)

- Successful in study
- Struggle to establish career networks
- Mentor for study progression
- Mentee for career progression

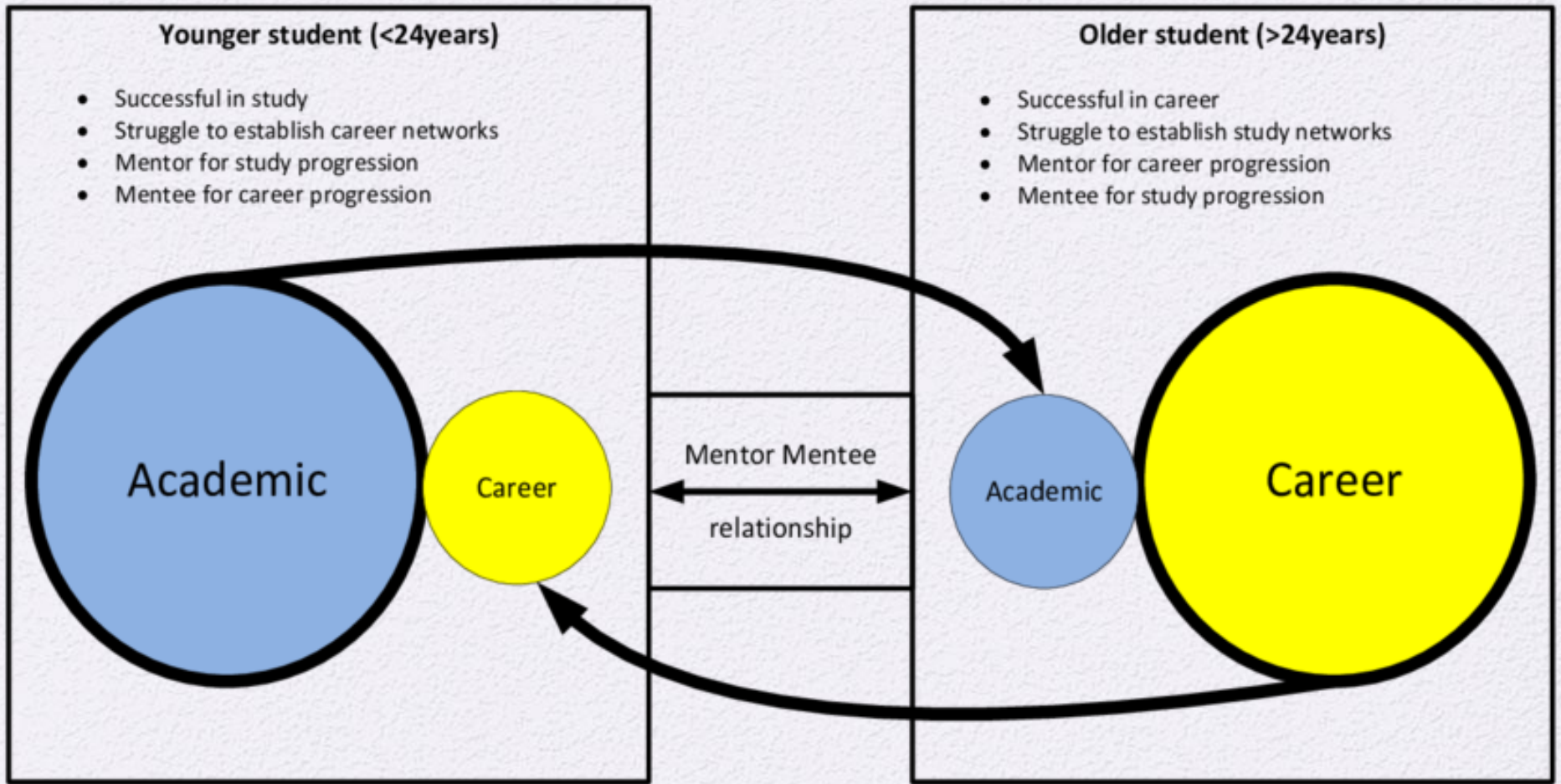


Older student (>24years)

- Successful in career
- Struggle to establish study networks
- Mentor for career progression
- Mentee for study progression



Mentor Mentee
relationship



What do you seek to learn from mentor(s)? Check all that apply.-

Career planning and/or career advice

Personal life issues

Research or scholarship help or advice

Teaching / Educating help or advice

Getting networked with others in your field, developing a reputation

Selecting which opportunities to pursue

How to do discrete work-related tasks

Comments

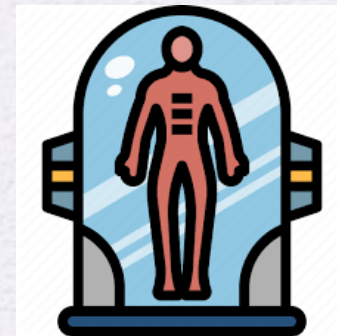


Mentoring Styles

What style do you prefer in your role as a mentee?

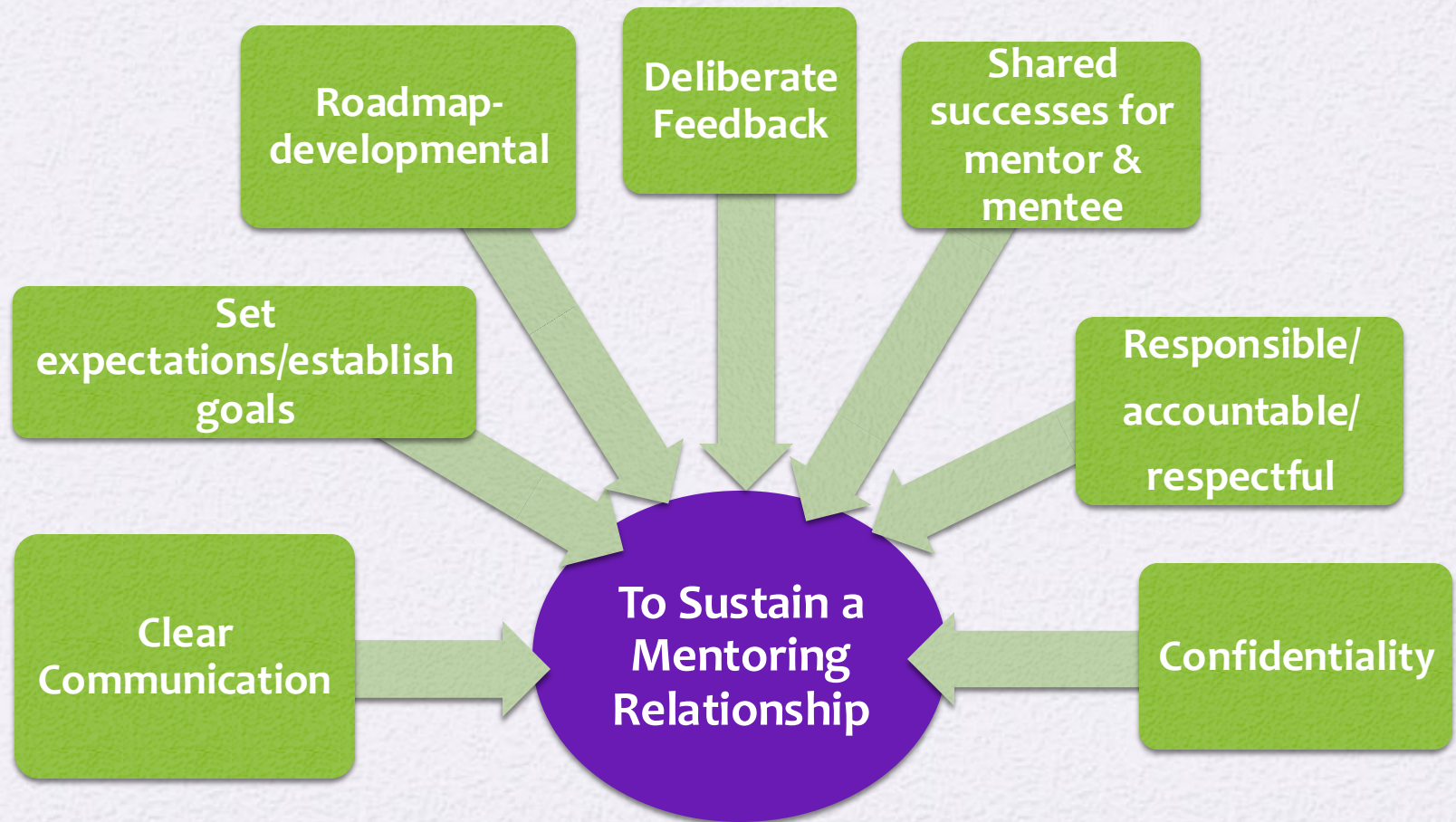
What style do you prefer in your role as a mentor?

*As a mentee what style of mentoring have you experienced up to this point?
Has it shaped your style as a mentor, if applicable?*



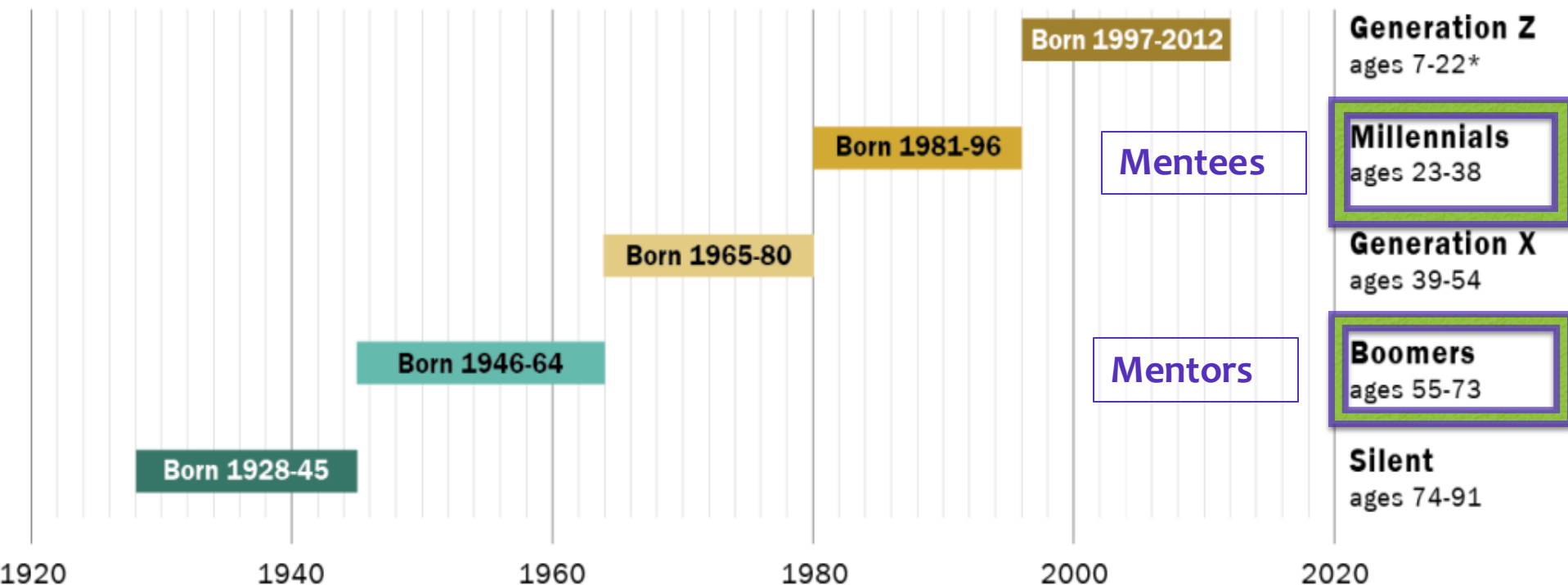
Chopra V, Arora VM, Saint S. Will You Be My Mentor?-Four Archetypes to Help Mentees Succeed in Academic Medicine. JAMA Intern Med. 2018 Feb 1;178(2):175-176. doi: 10.1001/jamainternmed.2017.6537. PMID: 29181497.

Mentoring is a Relationship



The generations defined

GENERATION AGE
IN 2019



*No chronological endpoint has been set for this group. For this analysis, Generation Z is defined as those ages 7 to 22 in 2019.

PEW RESEARCH CENTER

Generation Z, sometimes known as “zoomers,” is the demographic cohort born between 1997 and 2012. So as of 2024, the Gen Z age range is anywhere from 12 to 27. They are commonly referred to as the first fully “digitally native” generation. They grew up with social media and smartphones—they’re used to living in a digital-first world.

- Shaped by technology, enhanced social networking, and a connected global culture

- Team-players

- Committed to improving society

- Motivated by altruism

- Innovative in approach to change

- Diverse and value and promote diversity

- Prefer well-defined goals, encouragement, direct objective feedback early and often

- Instant communication

Louie M, Moulder JK, Wright K, Siedhoff M. Mentoring millennials in surgical education. Curr Opin Obstet Gynecol. 2019 Aug;31(4):279-284

1980-2000
as year of birth

Mentoring Millennials



It is our duty as mentors to understand their strengths and adjust our mentoring to these strengths and values for the future of healthcare

Before understanding how to build effective mentorship programs for Gen-Z, it's important to understand who they are.

As digital natives, they are incredibly comfortable with technology and highly connected, and they are said to value flexibility and autonomy in their work. They often prioritize diversity, inclusion and social responsibility. These

characteristics can inform how to structure mentorship programs with Gen-Z employees; they should be interactive, personalized, digitally accessible and driven by mutual respect and purpose.



It is our duty as mentors to understand their strengths and adjust our mentoring to these strengths and values for the future of healthcare

The new mentee: Exploring Gen Z women medical students' mentorship needs and experiences *Clin Teach.* 2023;e13697.

Gen Z learners and their mentors must work in partnership to allow mentors to familiarize themselves with the needs of these new trainees and find ways to integrate Gen Z ideals, goals and conventions into the mentorship they provide.

Medical schools must attempt to adopt inclusive practices, foster meaningful relationships between students and mentors and maintain this momentum at all stages of a student's training.



Participants emphasized the importance of tailored mentorship that considers the mentee's identity and intersectionality.

Mentors

Initiation phase

Starting a mentoring relationship may be triggered by formal assignments at institutions or informal and organic evolution, where mentees seek specific mentors based on their goals and needs. The phase may last from six months to a year and forms the foundation of the relationship.

Cultivation phase

For longitudinal relationships, this phase can last two to five years, with several opportunities to meet and achieve the goals established during the initiation phase. The psychological safety established in phase 1 contributes significantly to progress on needs and goals. Based on the Daloz model of mentoring, mentors need to provide support to their mentees, especially during challenging times and transitions, but also challenge them to step outside their comfort zone.

Separation phase

Most short-term and long-term mentoring relationships come to an end at some point in the mentors' or mentees' careers. The phase could last anywhere from six months to five years, depending on the structure of the relationship

Redefinition phase

There will be situations when mentees move upward in their professional journey such as from undergraduate to postgraduate trainees, trainees to faculty/practitioners, or take on leadership roles. It should not be surprising for mentors to see their mentees take on roles where they become their peers or seniors. Such situations call for redefining their mentoring relationship.



Mentees

Initiation phase

This phase occurs before mentees are assigned mentors by their institution or when they spontaneously seek mentors

Cultivation phase

This phase would be the most productive for the mentees (and mentors) with professional successes, growth and advancement, and improved self-awareness

Redefinition phase

This phase only occurs if mentees decide to continue the relationship with a mentor but in a different role, perhaps as a peer or friend:

Separation phase

There is bound to be a time when the mentee has achieved goals established within a given mentoring relationship, they have advanced in their career, transitioned to a new role, or moved to a different institution.

Characteristics of an Effective Mentor: The Three C's

Competence

Professional knowledge and experience

Respect

Interpersonal skills and good judgment



Confidence

Shares network of contacts and resources

Allows protégé to develop his/her own terms

Demonstrates initiative, takes risks

Shares credit

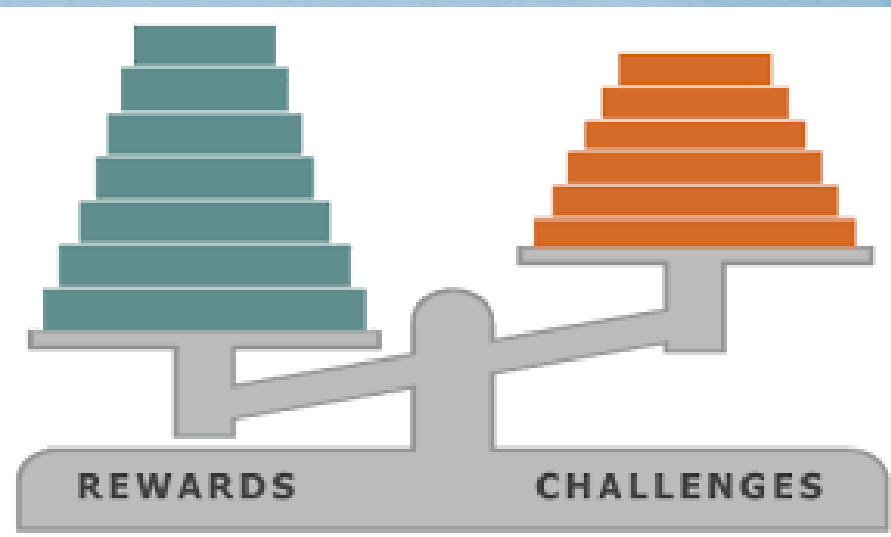
***How do you
self-assess your 3 Cs?***

Commitment

Invests time, energy and effort to mentoring

Shares personal experience

Challenges in a Mentoring Relationship



Commitment, time constraints
and competing priorities

Setting realistic expectations

Approaches to mentoring

Progress and growth

Feedback

Mentoring boundaries

Emotional burden and self-care

Academic integrity

Cultural sensitivity

Mentor-mentee compatibility

What is Cross-Cultural Mentorship?

Cross-cultural mentorship in medicine refers to the practice of mentoring relationships that **bridge cultural, racial, ethnic, and institutional differences** to support the professional development of **underrepresented individuals in medicine (URiM)**. Involves understanding and addressing unique challenges such as minority taxes, racism, stereotypes, and bias.

“To Be Seen, Heard, and Valued: Strategies to Promote a Sense of Belonging for Women and Underrepresented in Medicine Physicians” - Haggins, Academic Medicine 2020

- **Providing faculty skill development for cross-cultural mentorship**
 - “White mentors’ reluctance to discuss the influence of racial/ethnic identity in the workplace (i.e., protective hesitation) adversely affects the career development of racial/ethnic minority mentees”
 - “URiM trainees were found to perceive benefit from mentorship from non-minorities, as it engendered feelings of acceptance within the larger professional community”

Why is Cross-Cultural Mentorship Important



Mentors serve as role models and advocates



Mentorship helps URiM trainees navigate the complexities of academic and professional life in medicine



Mentors can provide career advice, networking opportunities, and help build the skills necessary for advancement



By offering encouragement, constructive feedback, and affirmation, mentors can help URiM trainees develop confidence in their abilities and potential

It must be more than just Recruitment and Retention



ACGME requires programs and their sponsoring institutions “to engage in practices that focus on systematic recruitment and retention of a diverse and inclusive workforce”

*How can we set up our
students/trainees/faculty for success?*



Specific Challenges URiM Trainees Face

Imposter syndrome

- Pressure to Excel
- Intersectional Identities

Discrimination

- Isolation
- Microaggressions

Lack of mentors and
limited access to resources

- Underrepresentation
- Network limitations

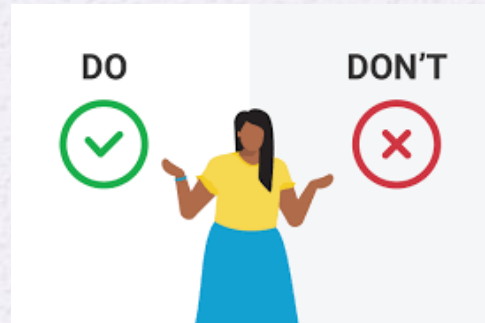
Tips for Tough Conversations

1. Prepare/Reflect

- Think about your own implicit biases
- Privilege and experiences

2. Set ground rules

- Ask for consent
- Permission to stop the conversation at any time
- Can share as little or as much as you would like
- Let participant direct the conversation
- Listen intently



1. Do not get defensive
2. Do not act overly surprised
3. Do not shift focus
4. Do not doubt other's experiences

3. Follow Up/ Check- In

Borowsky HM, Schofield CL, Du T, Margo J, Williams KKA, Sloan D, Bullock K, Sanders JJ. Race Dialogues and Potential Application in Clinical Environments: A Scoping Review. J Gen Intern Med. 2024 Jul 23. doi: 10.1007/s11606-024-08915-3. Epub ahead of print. PMID: 39042181.

Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review

- *Several themes have emerged through the review of this literature:*
 - *importance of institutional support,*
 - *use resources for needs effectively,*
 - *use of both URiM and non-URiM mentors*
 - *ensure mentors are well-trained.*
- *Further research:*
 - *best practices regarding individualized mentoring*
 - *relationships with participants from discordant groups*
 - *development of programs that address trainees and physicians from more than one underrepresented background.*

*Overall, our results demonstrate the importance of:
further development and implementation of*

*mentorship programs to more effectively enhance the number and
success of URiM physicians across the career spectrum.*

Being a mentee

Asking someone to mentor you is a sign of your strength

You should help drive the mentor-mentee relationship

Respect your mentor's time

Respond to emails/calls

Act professionally

Provide feedback



Benefits of being a mentee



UNDERSTAND
YOURSELF BETTER



UNDERSTAND YOUR
PROFESSION BETTER



UNDERSTAND ACADEMIA
BETTER



GAIN SUPPORT
FOR YOUR
GROWTH



IMPROVE YOUR
CONFIDENCE IN
YOUR
PROFESSION

1. Pick a recurring time to touch base and get it on the calendar.

- If time isn't set aside for mentorship, it's less likely to happen.

2. Prepare for your time together.

- Create specific questions and set goals prior to your conversations.

3. Follow through.

- If the mentor makes recommendations, try them and discuss their impact at your next session.

4. Express gratitude.

- Mentorship takes time and effort. Acknowledging the ways you both enhance each other's personal and professional lives will enrich your relationship.

5. Pay it forward.

- Seek out mentees in honor of your prior mentors.

5 tips for maintaining a strong mentor-mentee connection



PASSION IN THE MEDICAL PROFESSION | APRIL 22, 2024 |

By Jane Abernethy, MD, MBE, Johns Hopkins Medicine, Rani Nandiwada, MD, MEd, Penn Medicine

Sponsorship

- A **‘sponsor’** is a person in an organization who is in *a position of influence and power* (with access to networks and resources) who actively supports the career of a **‘protégé’** whom they have identified as having high potential.



- A sponsor may ***advance a protégé’s career*** by nominating them for leadership opportunities and introducing them into important career networks. Sponsorship is focused on career advancement and rests on power.

SPONSORSHIP VS. MENTORSHIP

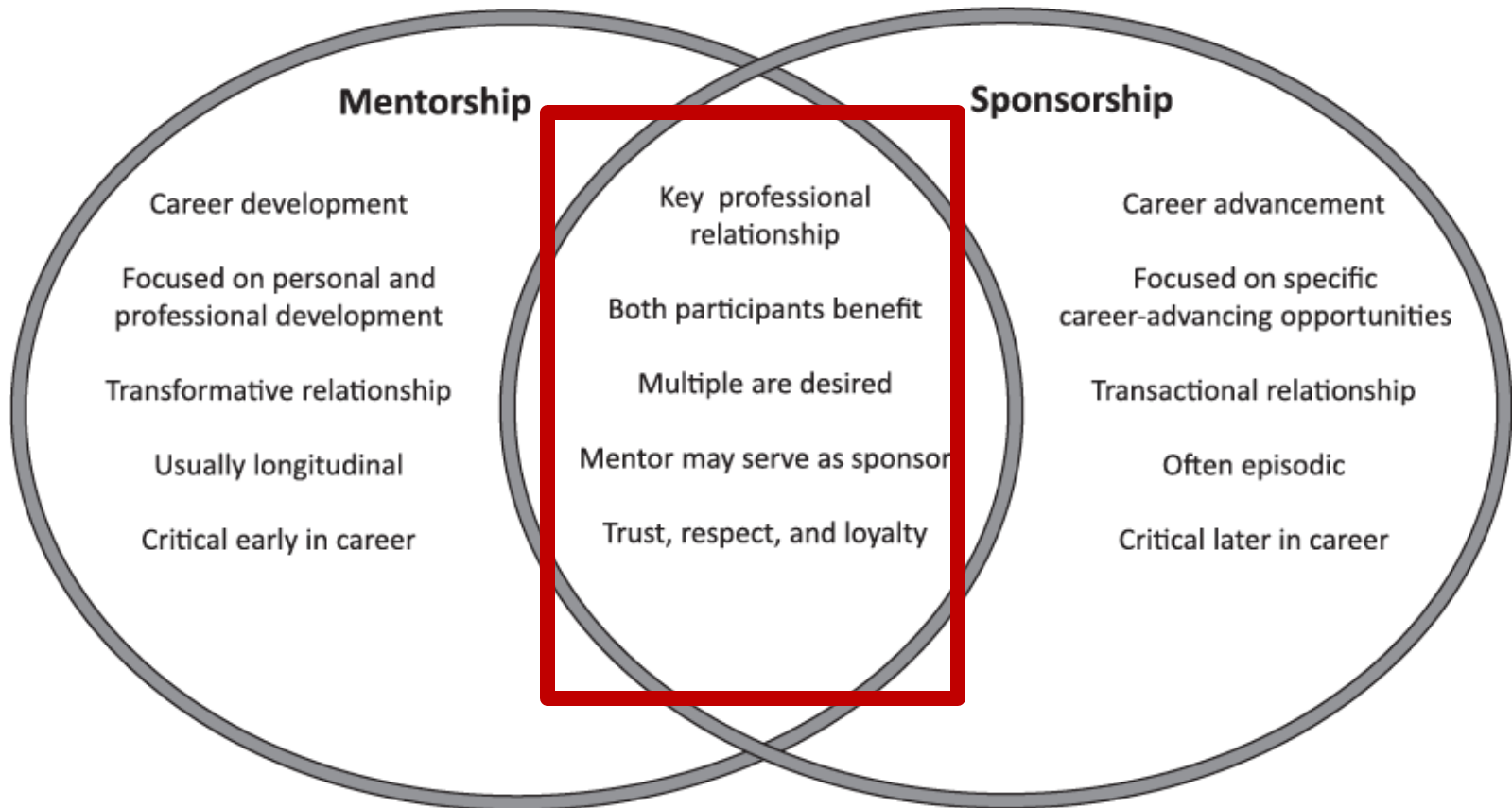


MENTORSHIP.



SPONSORSHIP. ♡

Mentoring and Sponsorship in Academic Medicine: Similarities and Differences in These Relationships



Ayyala MS, Skarupski K, Bodurtha JN, González-Fernández M, Ishii LE, Fivush B, Levine RB. Mentorship Is Not Enough: Exploring Sponsorship and Its Role in Career Advancement in Academic Medicine. *Acad Med.* 2019 Jan;94(1):94-100.

Cover Art

Artist's Statement: Which Doctor Shall I Be Today?

As doctors, we often operate under the impression that we can cleanly partition who we are into convenient segments. Our role in academia may even require that we do so in the name of maintaining "resilience" or others' "comfort."

Which "me" shall I be today? The mom. The doctor. The immigrant. The American. I choose the identity I display like I browse apps on my phone with a finger swipe—depending on the day's schedule, my mood, or someone else's expectations of what a doctor should look or sound like.

But my reality is intersectional. Whether I am intubating a patient, getting a mammography, teaching clinical skills, reading a bedtime story, helping Mami and her doctor communicate, or analyzing data, I never stop being a



Which Doctor Shall I Be Today?

doctor—just like I never stop being a parent, a daughter, bilingual, or Hispanic. Some of my identities have felt less welcome than others in academic spaces. Yet, academic medicine would be better if we unapologetically celebrated the totality of each of us.

I painted *Which Doctor Shall I Be Today?* (on the cover of this issue) using digital art software on a tablet. The composition's comic-like approach with minimal details, bright colors, and bold outlines highlights that my depicted personal and professional experiences arise from the unique intersection of my memory and imagination. By attending to the identities and lived experiences of others—as they choose to define them—we can make ourselves as doctors and, by extension, our academic work, more empathic and authentic.

Pilar Ortega, MD

P. Ortega is clinical assistant professor, Departments of Medical Education and Emergency Medicine, University of Illinois College of Medicine, Chicago, Illinois, and Masters of Graphic Medicine candidate, Universidad Internacional de Andalucía, Málaga, Spain; email: portega1@uic.edu; ORCID: <http://orcid.org/0000-0002-5136-1805>.

Ortega P. Artist's Statement: Which Doctor Shall I Be Today? Acad Med. 2022 Mar 1;97(3):356.

“Academic medicine would be better if we unapologetically celebrated the validity of each of us”

Artist's Statement: On Mentorship

As a medical student, finding mentors is challenging, especially in surgery, which is rooted in an apprenticeship model and still has a rigid hierarchy that makes it difficult for students to explore new avenues for growth. At times, finding mentors can seem daunting, as this often compels trainees to approach their superiors rather than the other way around. For me, I was able to build connections through research and clinical experiences. When I think of my mentors in this field, their uniting qualities are their willingness to listen to me, make my ideas feel valued, and cultivate mutual trust. Exchanges with my mentors have shaped my career goals for the better and helped me refine my areas of interest. As clinical education evolves, one constant is the idea of mentorship. Good mentors advise, but great mentors elevate their mentees.



On Mentorship

In my painting *On Mentorship*, on the cover of this issue, I depict an example of great mentorship. We see a young female surgeon operating with a headlamp and loupes as the focus of the piece. Her mentor is proportionally smaller and to the side, a supporting figure, drawing the eye to the more detailed trainee. As I progress in my career and make the transition from mentee to mentor (figuratively moving from left to right in this piece), I hope that I, too, will elevate my mentees by being trustworthy, open, and empathetic to support our mutual growth as physicians.

Rohini R. Bahethi, MD

R.R. Bahethi is a first-year otolaryngology resident, Rutgers New Jersey Medical School, Newark, New Jersey. At the time of creating/writing, she was a third-year medical student, Icahn School of Medicine at Mount Sinai, New York, New York; rohinibahethi@gmail.com.

Bahethi RR. Artist's Statement: On Mentorship. Acad Med. 2021 Nov 1;96(11):1553.

“As I progress in my career and make the transition from mentee to mentor I hope that I , too, will elevate my mentees by being trustworthy, open, and empathetic to support our mutual growth as physicians”

Teaching and Learning Moments
A Letter to Doctor William Schwab (on Mentorship...) November 2022 issue of
Academic Medicine

Maybe this letter is more a letter to myself, a reminder, a huge red light, a letter to state the (often overlooked) obvious—that mentorship is the key to training good, competent, humane surgeons. That this extra effort is what will create change, sustainability, and at the end of the pathway, is what will be remembered. That this is the type of person and surgeon I want to be.

A.L. Goldstein is director, Trauma Surgery Unit,
The Wolfson Medical Center, Holon,



<https://academicmedicinepodcast.libsyn.com/a-letter-to-doctor-william-schwab-on-mentorship>

MENTORSHIP—A LIFELONG DIALOGUE

[PASSION IN THE MEDICAL PROFESSION](#) | APRIL 22, 2024 | 2 MIN READ

By [Jane Abernethy, MD, MBE, Johns Hopkins Medicine](#), [Rani Nandiwada, MD, MSc, Penn Medicine](#)

In our long-lasting mentor-mentee relationship, we've learned it's helpful to put a regular check-in time on the calendar and to brainstorm questions and goals for the session ahead of time.



<https://ai.invideo.io/watch/Y4u1T13njc9Links>
to an external site

SUMMARY

**Mentoring is
learned, not
taught, principles
are universal**

Mentors must experiment and analyze successes and failures

Each mentee has unique qualities, needs and challenges

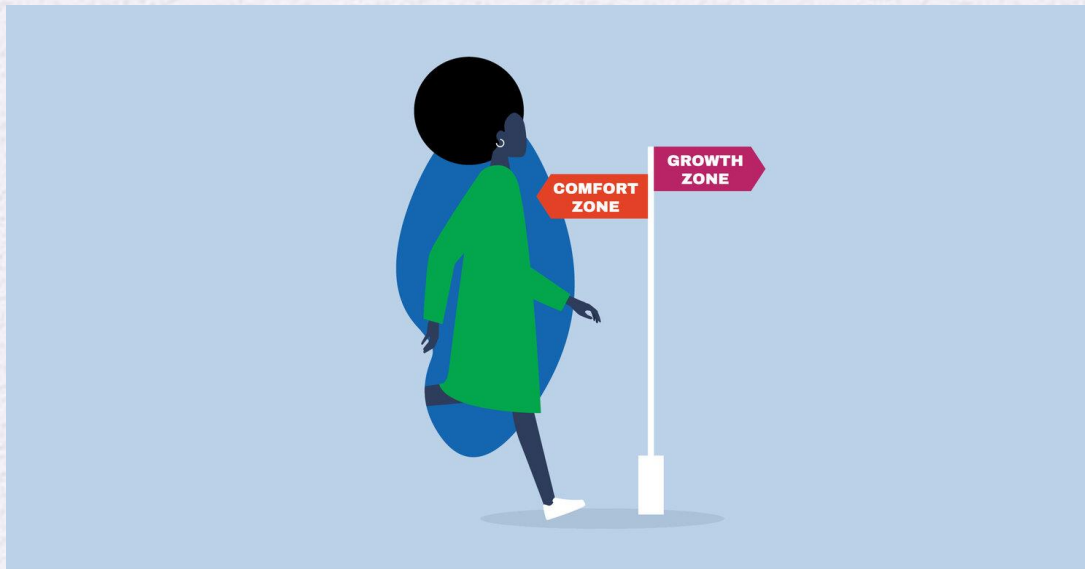
A skilled mentor has a reflective philosophy for guidance

Mentees have changing needs ie are developmental

Relationship is fluid

Self-assessment supports challenges of the role as mentor & mentee

Only as high as I reach, can I grow
Only as far as I seek, can I go
Only as deep as I look, can I see
Only as much as I dream, can I be.



“Thank you for inviting me, help someone go from their
comfort zone to their growth zone”

Karen Ravn

Real Mentorship Starts with Culture, Not Programs



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



How to Begin: Tips and Tools



What behaviors does a mentor need to be a good mentor?

- A mentor needs to genuinely care, listen, be supportive, be available, stay connected to the mentee on a regular basis, and the mentor/mentee really need to be able to connect to make the relationship work.
- Genuine interest in steering & supporting the mentee to reach their potential & not giving up on them when they may have given up on themselves
- Mentorship is not one-size fits all. It has to be tailored with the mentee in mind. A mentor needs to understand their mentee at the human level and provide mentee-centered guidance.

What behaviors as a mentee have helped you be successful?

- Faith in my mentor & honesty in our discussions
- The invaluable advice and wisdom that my mentor has provided me with to help me be successful. But most important, my mentor listens to me and we connect regularly to stay updated with each-other's careers and lives.
- Having mutual respect between my mentor and I has been the reason behind the success of our relationship. She always shows me understanding and I never want to let her down!



Initiation:

Structuring Meeting Time

Determine how to use your time together. One suggestion is the “**10/20/60 Rule**” that will help you to establish a solid partnership and address mentoring goals and everyday issues. For a meeting of about 1½ hours split the time roughly as follows:

First 10 Minutes

Engage in personal/professional “check-in”

Next 20 Minutes

Focus on ‘front burner’ issues (upcoming presentation, manuscript revision, etc.)

Next 60 Minutes

Discuss current and long term goals and priorities

Summarize discussion, clarify tasks, schedule follow-up meeting



A First Encounter

Mentees need to be oriented and participate and whenever possible, seek mentors, lead goal and agenda setting and action plans.

Initiation: First Meeting Checklist

Get to Know Each Other

- ☐ Share information about your professional and personal life
- ☐ Learn something new about your mentee/mentor

Establish Guidelines

- ☐ When and where will we meet?
- ☐ How will we schedule meetings?
- ☐ How will we communicate between meetings?
- ☐ What agenda format will we use?
- ☐ Will there be any fixed agenda items to be discussed at every meeting?
- ☐ How will we exchange feedback?
- ☐ How will we measure success?

Partnership Agreement

- ☐ Review partnership agreement, modify if desired, sign and exchange
- ☐ Review goals for the mentoring relationship

Confirm Next Steps

- ☐ Schedule date, time and place of future meetings



Being a Pro-Active Mentee

The most successful mentoring partnerships are those in which the mentee takes the initiative and truly drives the partnership. In a mentee-driven partnership, the mentee determines the pace, route and destination. The mentor is then able to offer insights and counsel that is focused on the mentee's objectives.

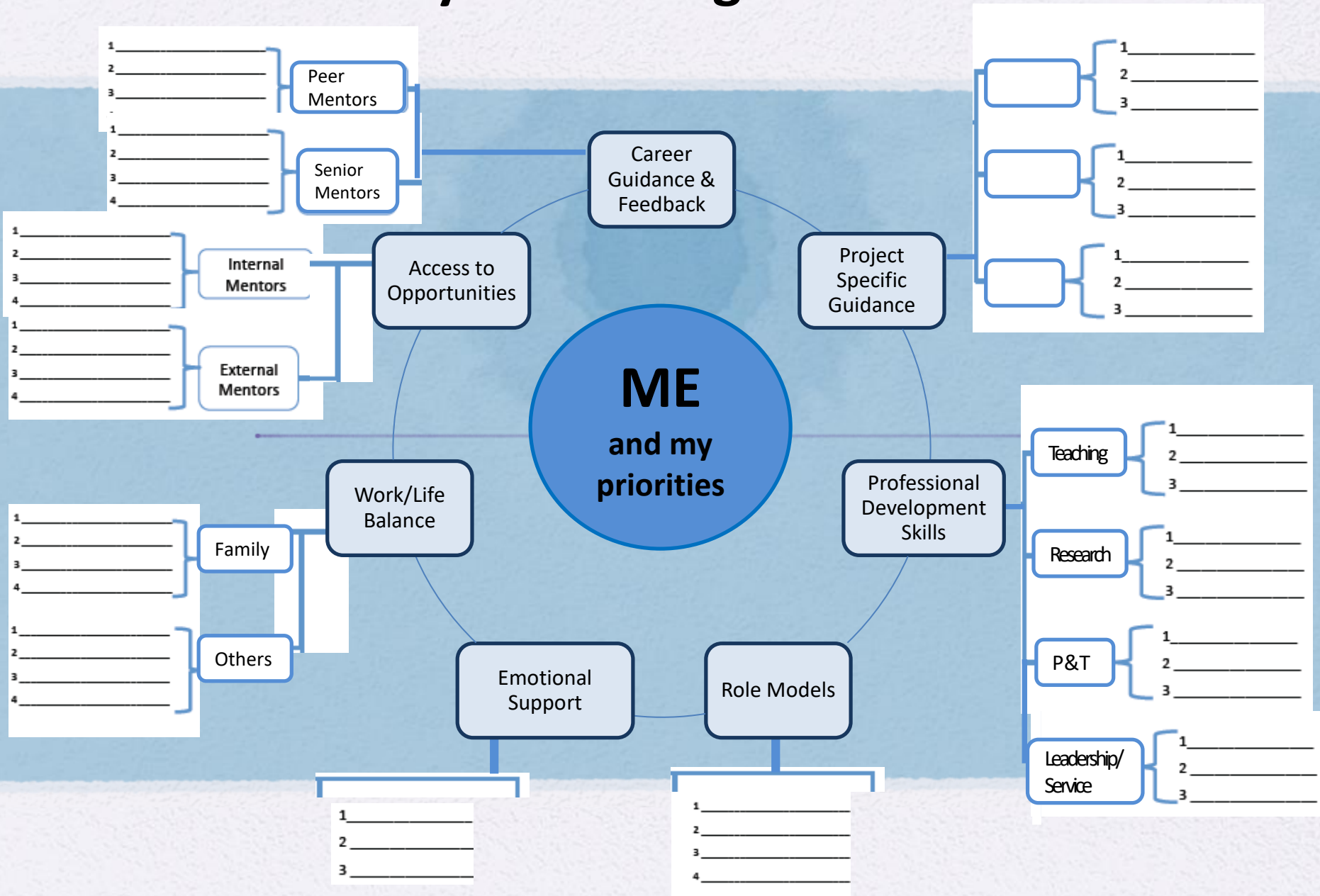
Consider the following questions:

- Are my objectives clear and well defined?
- Am I comfortable asking for what I want?
- Am I open to hearing new ideas and perspectives?
- Do I allow myself to be open and vulnerable?
- Am I receptive to constructive feedback?
- Am I able to show I value and appreciate feedback?
- Am I willing to change or modify my behaviors?
- Do I consistently follow through on commitments?
- Do I make an effort to instill trust?
- Do I openly show appreciation and gratitude?

Mentoring in terms of relationships, where the **primary goal is the growth of mentees** with additional benefits of mentors' growth and advancement of the profession.



My Mentoring Network



Twelve Tips for Developing Effective Mentors

- 1: Mentors need clear expectations of their roles & enhanced listening and feedback skills
- 2: Mentors need awareness of culture & gender issues
- 3: Mentors need to support their mentees but challenge them too
- 4: Mentors need a forum to express their uncertainties and problems
- 5: Mentors need to be aware of professional boundaries
- 6: Mentors also need mentoring
- 7: Mentors need recognition
- 8: Mentors need to be rewarded
- 9: Mentoring needs protected time
- 10: Mentors need support
- 11: Encourage Peer Mentoring
- 12: Continuously evaluate the effectiveness of the mentoring programs

Ramani, Subha, Gruppen, Larry & Kachur Krajic, Elizabeth M. (2006) Twelve tips for developing effective mentors. Medical Teacher. Vol. 28, (No. 5), pp.404-408