

# Get yourself a mentor

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The article by Stamm and Buddeberg-Fischer<sup>1</sup> underscores the importance of mentors in medical education. These researchers followed a cohort of German-speaking Swiss resident doctors during postgraduate specialty training. The researchers found a compelling relationship between having one or more mentors and both subjective and objective career success. Previous studies have also reported positive relationships between mentoring and other outcomes, including productivity,<sup>2</sup> job satisfaction,<sup>3</sup> career preparation<sup>4</sup> and workplace learning.<sup>5,6</sup>

Despite the potential benefits of a mentor, only 37–50% of the residents in the Swiss study reported having one.<sup>1</sup> To our surprise, female residents were significantly under-represented among residents with mentors. Perhaps even more disappointing is the finding that the mentors of female residents held less influential positions than those of male residents.<sup>1</sup>

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A systematic review carried out in 2007 demonstrates that the Swiss study does not stand alone in its findings: fewer than 20% of faculty members had a mentor and women had more difficulty in finding a mentor than their male colleagues.<sup>7</sup> Another review reported a paucity of formal mentoring programmes in medical education.<sup>8</sup> This clearly applies in Swiss residency training too: only 13% of the mentors had been formally appointed as such.<sup>1</sup>

The scarcity of formal mentoring programmes during residency and the fact that many residents do not actively seek a mentor of their own accord is in striking contrast with the overwhelming evidence of the importance of mentoring for future career success and satisfaction, learning and performance. In our view, mentorship is of such vital importance that it should not be left entirely to the initiative of residents. Another argument in favour of structured, formal mentorship is that many residents must combine a hectic working life with an equally busy private life because, for many, residency coincides with starting a family. That this is a difficult combination can be concluded from the high prevalences of burnout and stress reported in several studies amongst residents.<sup>9</sup> Support from a mentor can play an important role in preventing these problems. The central question in relation to mentorship therefore appears to be: what can be done to close the gap between the growing evidence of mentorship and the currently widespread absence of formal mentorship in residency programmes?

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We advocate that residency programmes should introduce formal mentorships from an early stage. In order to make mentoring programmes effective, it is important – as with every other quality improvement intervention – to gain insight into the barriers against and stimulants to the intervention.<sup>10</sup> Several studies have set out to acquire such insight into mentoring programmes. Sambunjak *et al.* interviewed mentors and mentees about barriers against providing or receiving mentorship.<sup>7</sup> They found that the time required from both mentor and mentee was the single most important barrier. Other barriers were lack of academic recognition and lack of appropriate skills. The answer of one of the mentees is illustrative: ‘One of the major barriers to this process is that people are mentors basically as a hobby. They do not consider it part of the job that they do and that influences the time available to do it.’<sup>7</sup> We suggest some measures that might help to overcome these barriers:

- 1 mentoring should be recognised as an important teaching activity;
- 2 incentives, such as dedicated time, should be put in place to motivate faculty members to serve effectively as mentors;
- 3 skills training should be provided to mentors, and
- 4 mentees should be given guidance in finding a mentor.

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Formal mentoring programmes can take different formats. In the *mentor-on-demand* model, a group of trained and acknowledged senior doctors are available as mentors for residents. It is up to the resident to select and make use of a mentor from this group. The advantage of this model is that the resident can choose the person with whom he or she is likely to have a good rapport. The disadvantage is that the model hinges on the mentee's initiative.

*Mentoring should be recognised as an important teaching activity*

In the *mentor-is-appointed* model, a mentor is assigned to the resident. This can be the same mentor for the entire training programme, but may also be different mentors at different phases and locations. As a safeguard, both mentee and mentor can opt out of the mentoring relationship if there is no positive chemistry between them. A third format, the *mentor network* model, is in line with the developmental network theory discussed by Stamm and Buddeberg-Fischer<sup>1</sup> and describes a model in which, because of organisational and societal changes, mentees nowadays have more than one mentor, from both within and outwith the organisation.<sup>11</sup> Mentees may have a clinical teacher from within their department as a learning coach, who helps them to reflect on their learning experiences and generate learning goals,<sup>12</sup> but they can additionally turn for career advice to a mentor from a group of experienced doctors from outside their department.

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In the Netherlands, a *mentor network* model has been implemented nationwide in paediatric residency training.<sup>13</sup> A clinical teacher is appointed as a learning coach for the resident. Teacher and resident meet regularly to discuss the resident's competency development. A web-based portfolio is used to prepare for and structure these meetings. Additionally, residents select a mentor of their own choice, from either inside or outside the training programme. Unfortunately, no data are yet available on the use and success of this programme.

In summary, the article by Stamm and Buddeberg-Fischer<sup>1</sup> adds to the evidence for the essential and positive effect of mentoring, and we therefore advocate that different formal mentoring programmes be developed and implemented. The effects of the different mentorship models on the mentee and mentor, as well as their long-term effects on the organisation of patient care, must be carefully evaluated. It may motivate organisations to undertake this process if they come to realise that they too may reap benefits from the instigation of mentorship programmes. In a recent study, we found that mentors reported positive influences on the organisation, such as increased solidarity and mutual respect.<sup>5</sup> Our views with regard to the importance of mentoring are reflected in the author list: two mentees and two mentors, each of whom would not be what they are without mentoring.

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