

A MAP TO MENTORSHIP

Find the route to a successful mentoring relationship.

BY LISA F. ROSENBERG, MD



Teaching and learning are at the core of mentoring. This relationship sets the stage for fellows to define their goals for lifelong personal and professional growth. Good mentoring requires a substantial investment of time as well as emotional and intellectual resources. I view this relationship as fellow-centric: my interest

and energy, in addition to my gratification, are focused squarely on my mentee's success.

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FOCUS

The trajectory of a successful mentor is achieved in incremental steps. When I was a junior member of our glaucoma service, residents and fellows considered me the most easily approachable resource. Transfer of information is the centerpiece of a mentor's initial development, and I was eager to teach patient care in my practice or in the resident clinic, minor and major surgical procedures, and formal didactics. These efforts honed my communication skills and furthered medical and surgical competencies in my fellow and in me.

Proficiencies in patient care and professionalism develop as the years pass, and the mentor becomes a role model. I try to set my fellows up for early success in patient care, surgery, and research. I am aware of the example I set while counseling patients who

fear blindness. Fellows witness firsthand how a team approach to the practice of medicine, from receptionist to technician to physician to biller, ensures the highest safety and quality of patient care.

Interactions with mentees in the OR tend to be intense and further our trust in each other as teachers and learners. I pose questions to explore issues from multiple perspectives and provide constructive feedback on my mentees' thought processes and skills. Fellows who bring energy to their work, an enthusiasm for learning, and curiosity about “conventional wisdom” enjoy the most productive year. I never cease to be amazed when a trainee asks a profound question, usually without even realizing it, that calls established beliefs into question. For me, this is the lifeblood of the teaching-and-learning relationship.

NETWORKING

Using my professional network when possible, I introduce fellows to colleagues, facilitate mentees' attendance at meetings, encourage their participation in conferences, and take them to informal dinners in an effort to open new doors to developing their careers. I am happy when fellows show increasing independence, a milestone that signifies their readiness to graduate and transition to “colleague.” In the first months after fellows leave our institution, I often receive a few phone calls asking advice about challenging cases. One marker of success is when I no longer hear from my fellows in this regard and instead receive news about their career turns, the birth of a baby, marriage, or buying their first house.

MENTORING STYLES

Of course, mentoring styles vary. Some mentors rely on assigning specific tasks to their mentees: to review a certain



AT A GLANCE

- Good mentoring requires a substantial investment of time as well as emotional and intellectual resources.
- It is important to take the time at the beginning of the relationship to hear each other's expectations about fellowship year, right down to details about where and how frequently to meet.
- Meaningful mentoring may occur at any stage of a career, and the hallmark of its effectiveness is the success of the mentee.



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disease, approach to patient care, or new surgical technique as a way of increasing their foundation of knowledge. Other mentors may be passive and expect their mentees to learn by observation. I believe it is important to take the time at the beginning of the relationship to hear each other's expectations about fellowship year, right down to details about where and how frequently to meet. This conversation demonstrates each person's commitment to professional development. Bearing in mind that fellows engage in other activities outside of work adds depth to the relationship.

DYSFUNCTION

On occasion, the mentor-mentee relationship may become dysfunctional. Reasons include a mismatch of expectations about teaching and learning dynamics, absenteeism on the part of the mentor due to other obligations or lack of time, poor time management and passivity on the part of the mentee, or a personality clash, to name just a few. Effective “chemistry” must be cultivated through listening and constructive responses, not just by

authoritarian guidance or only giving advice. It is essential that the mentor and mentee be able to discuss and come to an understanding about how to move forward. If the situation is unresolvable, then the mentee can involve a senior faculty member whom he or she trusts.

CONCLUSION

Mentoring is not restricted to faculty who have been in practice for many years or who have well-established research tracks. Meaningful mentoring may occur at any stage of a career, and the hallmark of its effectiveness is the success of the mentee. Mentoring skills do not come naturally but are forged through an interactive process of learning and teaching. ■

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