

Raising the Next Generation Surgeons: Mentor-Mentee Relationships

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BACKGROUND

This is the title given to me (IM) for the 2024 Ophthalmological Society of Nigeria conference. The concept of mentor-mentee relationships in medicine is as old as the profession itself. The original derivation of the word “mentor” relates to a person. Mentor was a friend of Odysseus in Greek mythology. When Odysseus went to fight the Trojan War, he left Mentor with two jobs. The first was to oversee his palace, and the second was to look after and teach his son Telemachus. Thus, the first mentor we know about was Mentor himself, and Mentor advised and trained Odysseus’s son; a deeper commitment than simply being a teacher.

Definitions

Mentor:¹⁻⁴

- A seasoned individual who provides guidance, support, and encouragement to a less experienced person.
- A mentor offers expertise, advice, and feedback to help mentees develop their skills and advance their careers.
- A mentor serves as a role model and inspires mentees to reach their full potential.

Mentee:¹⁻⁴

- A person who receives guidance, support, and encouragement from a more experienced individual.
- A mentee is actively engaged in the mentoring relationship, seeking advice,

asking questions, and applying the mentor’s insights.

- A mentee is committed to personal and professional growth and is open to learning from the mentor’s experience.

Approaches to Mentorship

Mentoring can take many forms, from traditional one-on-one relationships to group, peer, or reverse mentoring, where a junior colleague mentors a senior one. In ad-hoc mentoring, there’s no formal structure; mentees directly approach potential mentors.

While the ideal mentor-mentee relationship is often seen as a mutually beneficial friendship, the medical field often assigns these pairings based on rotations rather than personal choice. This can make it necessary to establish a strong foundation for the relationship from the start.

Exercise

Reflect on your current mentoring relationship. What words come to mind when you think of it? Now, consider the best mentoring relationship you’ve ever experienced. What words describe that relationship?

Compare the two. Are there similarities? Are there differences? Figure 1 provides a list of words that can be used to describe mentoring relationships. Are any of these words applicable to your current relationship? Are there any words you’d like to add?

The goal of this exercise is to identify the positive and negative aspects of your current mentoring relationship. By focusing on the positive and working to improve the negative, you can foster a more productive and rewarding relationship.



Figure 1: One example of a group's feedback in words of their concept of mentorship.

Practical Tips For a Successful Mentorship Relationship

What defines success in a mentoring relationship can vary widely. As a glaucoma specialist, I (IM) begin each mentorship by asking the mentee what they hope to achieve. For those new to glaucoma, the goal might be a better understanding of diagnosis and management. Others with a foundational knowledge may seek exposure to complex cases and decision-making processes. Some may focus on specific surgical techniques, while others may prioritize exam preparation. Tailoring the clinical experience to meet these diverse needs is crucial. It is possible to tailor the exposure in the clinic so that the beginner gets exposure to new/routine cases to grasp the basics, whilst more complex cases get 'funnelled' towards the mentee seeking advanced knowledge. For exam-focused individuals, providing practice questions and discussing ideal answers can enhance their preparation.

Some find thinking of mentorship in stages helpful:⁵

- The initiation stage- where the relationship is established.
- The cultivation stage- where trust is built.
- The separation stage- where the mentee gains independence from the mentor.
- The redefinition stage- where the mentor provides ongoing support.

It may also be beneficial to evaluate the effectiveness of any mentorship programme using feedback, mentor-mentee surveys or goal setting.⁴

All the above takes a rare commodity from us all: Time!² How can one carve out sufficient time to build a successful mentorship relationship at work? We all take drink/meal breaks, so perhaps going for coffee, tea or lunch together might be one way. Another way might be to schedule a set period in your diary purely for the mentorship.

Listening is critical since mentors need to shape their instruction to the mentees' needs and also guide the mentees if they are going astray. Mentees, on their part, need to be willing to accept both praise and correction. When done in a nurturing environment, mentees experience rapid growth, and the mentor's encouragement propels them towards excellence.²

After listening and forming a learning/development plan, the help towards the mentee can be in a multitude of forms. Again, using glaucoma as our example, some may require case allocations so they can perform gonioscopies and have the findings discussed on a one-to-one basis. Others may benefit from exposure to rare cases, which they then read up on and return to present. Yet still, others may wish for a research project. This needs a separate article to outline its approaches. Additionally, there are ways to assist mentees in learning more. Mentors typically have a wide range of links to colleagues and resources they can share to assist them.

As with all relationships, mentor-mentee relationships cannot fit all bills. This is generally a professional interaction, and hence advice on personal relationships and finance, for example, is not usually part of the plan. The parameters of the relationship, therefore, need to be set in the initial meeting. These parameters can, of course, be changed as the relationship develops, but it is helpful to have boundaries defined. Likewise, sometimes, the relationship is not practical since personalities or goals are immiscible. It is better to accept this openly and discuss alternative mentors rather than soldier on with a dysfunctional relationship that benefits no one. This, however, is rare and hence not hugely disruptive in the bigger scheme of things.

CONCLUSION

It is a wonderful fact that we are not all clones, and the world of ophthalmology is full of a wide range of personalities with very varied approaches. The task of the mentees is to accept the guidance and work in the relationship with their mentors to gain the most out of their wisdom and experience. The task as mentors is to enable their mentees to grow into professionals with skills that exceed their own so that when we, or our children, develop cataract/glaucoma/age-related macular degeneration etc, they can provide us (and the rest of the population) with world-class care.

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