

Epilogue:

Why does mentorship fail?

Special contribution by
L. D. Britt, MD, MPH, FACS, Norfolk, VA

Although not often recognized, mentorships can and do fail. Lack of or poor communication is the common denominator for many of the failures, with both parties of the mentoring relationship being responsible. The figure below highlights some examples of these communication deficiencies. In addition, a failed mentorship can be the direct result of choosing the wrong mentor. Irrespective of the mentor's accomplishments and accolades, he or she must be willing to dedicate the time and effort required to be an effective mentor, realizing that this will be a longitudinal process. A 100 percent failure rate in any mentorship arrangement occurs when the following factors exist:

- An unprepared mentee with unrealistic professional goals
- A detached mentor who has minimal, if any, active participation in the mentorship process

Although it is preferred to have a mentor who is at the top of his or her field, it is not essential. A professional who is competent and accomplished can provide the necessary guidance and active involvement for a successful mentorship. Being a "role model" does not always equate to being a good mentor. Furthermore, being an enthusiastic and energetic mentee does not guarantee success.

In summary, true mentorship is a planned process that requires continual cultivation and reevaluation. Ω

Failed mentorship: Communication deficiencies

- **Strategic plan never established (verbal or written)**
- **Infrequent or ineffective update and reevaluation sessions**
- **Lack of problem-solving skills**
- **Poor interpersonal and communication skills**

*Dr. Britt is
Brickhouse Professor
and chair, department
of surgery, Eastern Vir-
ginia Medical School.
He is a Regent of the
College.*

