



The elusiveness of **mentorship for surgeons:**

Prologue

"I am not a teacher, but an awakener."

—Robert Frost¹

Surgical residents and young surgeons entering contemporary surgical practice have found that they need more input from experienced colleagues. For many of these individuals, adequate mentorship may be elusive unless they began residency with a mentor from medical school, had an established relationship with a surgeon through family connections, or were fortunate enough to have been noticed by someone influential.

Early use of the word "mentor" occurs in Greek mythology to describe a wizened, old friend entrusted with the care of a child whose father was at war. The student is known as "mentee," which is a back transformation derivative of mentor. The alternative, "protégé," is a derivation of the French verb "protégér," which means to protect. A solid mentoring relationship is not passive on the part of mentor nor protégé. Valued mentors are responsive, accessible, knowledgeable, and well-respected in the field, and they value the mentoring relationship, set high standards and expectations, and recognize potential.^{2,3} Through private and public actions, they support, advocate, enable, and protect their protégé. It is important that mentors maintain appropriate boundaries and are not responsible for formal evaluations.⁴ For these gifts, the protégé is expected to be efficient, respect the mentor's time, and exercise discretion. Above all, protégés must assume responsibility for their own career development, actively maintain the relationship, and be open to feedback. They should not feel uncomfortable about expecting a reciprocal relationship.

Establishing a mentoring relationship is an evolutionary process. The mentor may begin as an advisor, coach, or role model. Continued

shared experiences and interactions may propel the relationship into a new dimension and lead to the shared goals, open communication, and ongoing communication that is mentorship. Over time, mentorship itself may mature. In a recent interview, Barbara Bass, MD, FACS, described how, once established, the mentoring relationship evolves through a series of phases that transform the individual from protégé to colleague, and perhaps on to trusted friend (personal communication, April 25, 2006).

What follows is an exploration of mentorship in surgery from two different perspectives. First, Mallory Williams, MD, will use successful mentorship case studies to illustrate the pathway for other residents and young surgeons to follow. Then this author will explore traditional and non-traditional options for mentoring as well as how to remove barriers to the process. Finally, L. D. Britt, MD, FACS, will close the topic by helping us understand the importance of engineering a good mentoring relationship and how failure to do so allows mentorship to remain elusive. □

References

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