

# Filling mentorship voids

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*“...Mentoring requires a faculty member to engage in a dynamic, emotionally connected, and reciprocal relationship with the protégé. As intimate and long-term alliances...mentorships often begin informally and involve some degree of attraction based on common interests, mutual validation, and reciprocity, increasing trust, and successful collaboration.”<sup>1</sup>*

## Episodic mentorship: A misnomer

Sometimes, no matter how hard a person tries, he or she just cannot seem to find someone to fill the mentorship role. Although potential mentors who are accessible may seem to have a subset of the traits desired in a mentor, none seems to be the “total package.” Have you ever met someone briefly who gave you life-changing advice or insights? Perhaps you met this person at the airport, at a surgeon’s conference, or on an elevator. No matter where you met, the brief encounter provided you with words that gave you hope, healed your spirit, or set a standard. These episodic mentors are everywhere, but only the intuitive, open, or introspective individual is able to realize the benefit.

In a recent interview, Barbara Bass, MD, FACS, mentioned that she has had a series of these helpful mentoring encounters, often when the individual was unaware of the impact they were having at that time (personal communication, April 25, 2006). Each encounter offered her a low-stakes opportunity for inspiration, redirection, or affirmation. Although episodic mentorship is not ideal, it can be very helpful in the absence of a formal mentor or during times of transition. For the unfortunate, this approach wastes time on a dizzying array of conflicting directives and opinions, which ultimately hinder progress. Alternative terms include “coaching” if the result was improved performance, “role-modeling” if the student were



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inspired to emulate the mentor, or “sponsoring” if the encounter resulted in a well-placed phone call.<sup>2</sup> Because mentoring characterizes an active, reciprocal relationship based on an interchange of professional and personal experiences, episodic mentorship is somewhat of a misnomer.

### **Apprenticeship**

Mentorship used to be inherent when surgical training was simply an apprenticeship. With the dawn of the clinical clerkship in the late 1800s, that dynamic was refurbished into a structured program suited for a reduced faculty-to-resident ratio. Yet, the interaction still fostered mentoring relationships that started as early as medical school for individuals such as Judah Folkman, MD, FACS, who enjoyed the special attention of Robert Gross, MD, who pioneered corrective surgery for ventral septal defects.<sup>3</sup> Technically, Dr. Folkman’s surgical mentorship began in high school under the tutelage of Robert Zollinger, MD, FACS, who ushered him into the world of surgery through experiences in the canine laboratory and, surprisingly, the operating room.

Dr. Folkman was very gifted in his youth. When those who are gifted are fortunate to be mentored by others who are gifted, the results can be startlingly successful. Some of these gifted individuals become Nobel laureates. Zuckerman has demonstrated that more than 50 percent of persons awarded the Nobel laureate in the U.S. had served under former Nobel laureates in some capacity—student, postdoctoral fellow, or junior collaborator.<sup>4</sup> She concluded that master-apprentice relationship fostered in the laboratory developed enduring personal and professional linkages that were consequential for the protégé. Contemporary practice pressures have slowly and subtly eroded the master-apprentice model, leaving surgical residency programs fertile for new approaches to mentorship.

### **Alone at last?**

Distance, increased prevalence of subspecialization, and availability of communications technology are strong motivators for seeking nontraditional approaches to mentoring. Large institutions with a diverse faculty perhaps offer the best opportunity for the formation of advantageous mentor-protégé relationships. Yet, most in-

stitutions in the U.S. (or throughout the world for that matter) are neither large nor diverse. Thus, individuals whose mentorship needs surpass the local resources may seek mentorship through nontraditional means. Perhaps the most accessible source is the written word. Leveraging textbooks, journal articles, and self-help nonfiction allows the potential protégé to attempt self-mentoring. The benefit of this approach is the ability to readily review materials at an individual’s leisure. Of course, the disadvantage is the lack of dynamic, tailored interactions that place the advice and counsel into perspective based on the potential protégé’s specific developmental objectives.

An emerging trend in mentorship adopted by business professionals is coaching. This modality is available to individuals and institutions. The service is sourced from a broad spectrum of providers spanning individual coaches to large coaching firms. Encounters transpire face-to-face, over the telephone, or online. Coaching is basically “mentoring for hire” and, at a cost of more than a \$1,000 per encounter, most residents and young surgeons in need of mentoring would find ongoing coaching services to be cost-prohibitive.

A recent qualitative study of academic medicine faculty about their experiences with mentoring concluded that when mentoring is not accessible, individuals experience more stress, less opportunity for academic advancement, and financial disparities.<sup>5</sup>

### **Homosocial reproduction**

As highlighted by the American Association of Medical Colleges’ (AAMC) project implementation committee, groups tend toward homosocial reproduction.<sup>6</sup> This describes an inherent human trait that causes individuals to gravitate toward and promote others with whom they identify and feel comfortable. This tendency may cause evaluators to view even highly qualified women, underrepresented ethnic groups, and, surprisingly, members of Generation X as risky candidates for promotion.

### **Social capital**

*“Women face many more challenges than men in obtaining career-advancing mentor-*

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*ing such that they frequently lack 'social capital' and hence essential information; this isolation further reduces their capacity for risk-taking, often translating into a reluctance to pursue professional goals or a protective response such as niche work or perfectionism.*"<sup>6</sup>

In recent years, it has become obvious that women are not achieving a level of success in academic medicine that is commensurate with their representation, preparation, and education. A unique study investigated the career progress of 15 years of medical school graduates by stratifying them into cohorts by year of graduation. Examination of career advancement toward professorship demonstrated that the number of women who advanced to associate and full professor were significantly lower than expected. In this study, the number of women who would have been expected to reach the rank of associate professor was 14 standard deviations less than expected; and of the smaller number of women then available to progress to full professorship, the number of women advancing was five standard deviations less than expected. Of the surgical specialties studied, the shortfall in career progress was less in otolaryngology, orthopaedic surgery, and ophthalmology.<sup>7</sup>

#### **A Harvard Business Review case study**

Understanding that women have challenges receiving appropriate mentoring, minority women (or women of underrepresented ethnic groups) face additional challenges. In fact, racial stereotypes prevent mentors from giving ethnic protégés the benefit of the doubt, whereas fast-track nonethnic protégés are often evaluated based on their *perceived* potential.<sup>6</sup> When the protégé approaches the mentor to discuss difficult issues of race, the mentor's protective hesitation about being politically incorrect or offensive may interfere with the communication process.<sup>6,8</sup>

A recent article in the *Harvard Business Review* examines such protective practices in a case study related to hiring an African-American sales trainee for a position serving a nonethnic customer base.<sup>9</sup> The subject of the case study had solid credentials, stellar interpersonal skills,

and a demonstrated ability to learn. Yet, upper management had informally discouraged other managers from hiring the eager trainee into areas where they perceived that clients would be racially intolerant.

Experts consulted in the case study agreed that these concerns should not prevent managers from extending offers for promotion. Furthermore, it is incumbent on those managers to provide the trainee with support in private and champion the individual in public to neutralize stereotype-based criticisms internally and externally. One expert pointed out that studies have demonstrated that minorities who are accustomed to being treated as outsiders often outperform members of other groups.<sup>9</sup> Still, another expert wondered whether there was a way to insulate minorities experiencing these challenges from being damaged personally.

Benefits accruing to mentored protégés include accelerated promotion rates, greater career mobility, higher overall salaries and compensation packages, greater personal and career satisfaction, enhanced professional confidence and self-esteem, decreased role-related stress, reduced work-family conflict, and a sense of enhanced power within the organization. This may explain why individuals from underrepresented groups without mentorship have difficulty advancing, suffer from self-doubt, experience more stress at work, and may change jobs more frequently.<sup>6</sup> Not surprisingly, "When mentorship occurs, the organization often experiences reduced turnover, greater organizational commitment, and higher rates of productivity and employee satisfaction."<sup>1,4</sup>

#### **Generation X-pectations**

An oft-unrecognized challenge to mentoring is generational differences. The contemporary potential conflict arises between members of Generation X, born in 1963 to 1981, and the Baby Boomers born in 1945 to 1962. Generation X is the first to be raised in a dual-career household and likewise it is the first generation to experience such high levels of parental divorce. Thus, Generation X is more likely to emphasize opportunities to enhance family experience and less likely to put work before family.<sup>10</sup>

Seasoned faculty—likely to be Baby Boom-

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ers—are frustrated with residents and young faculty, likely to be Generation Xers who tend to view mentoring as a right rather than privilege. The Boomer faculty find themselves offended by the members of Generation X who tend to be more direct and outspoken without intending to be disrespectful. Senior faculty are labeling this generation as “slackers,” “uncommitted to medicine,” and “self-centered.” This commentary alienates the resident or young faculty member who is truly interested in achieving. “Mentoring represents the most tangible bridge to continuing the traditions of excellence that are now threatened by lack of funding for medical education, dysfunctional payment mechanisms, and other concerning trends.”<sup>10</sup>

### **Erecting a bridge**

Cross-gender, cross-race, and cross-cultural mentoring illustrates that there are many characteristics that distinguish each of us. Demographic and cultural differences often erect a screen that is used to filter or interpret the characteristics and behavior of the “different” individual. “Competent mentors are alert to their own responses to protégés and work to acknowledge and accept these feelings as normal, without allowing them to harm the mentorship or lead to exploitation or violations of boundaries.”<sup>8</sup> Although some allow differences to divide us, it is important to see beyond the differences.<sup>6</sup> An individualized understanding of the protégé characterized by an acceptance of the differences and an empathy with the cultural barriers that are erected in the career experiences of the protégé will serve the relationship well.

*“Mentorship programs for either medical students or residents will help the development of professional identity. Mentorship programs for residents may help to promote research training, subspecialty selection, and fellowship training.”<sup>11</sup>*

### **Benchmarking**

Being a mentor does not always come naturally, but with time and interest, these skills can develop. Most agree that mutual openness, establishment of clear goals, objective and personalized feedback, and a participative approach foster a

good mentoring relationship. Advocacy, interest, commitment, and candor allow the relationship to flourish. Several institutions and professions have recognized this and developed roadmaps for mentorship programs that develop the mentor along with the mentoring relationship. Progressive institutions of academic medicine have endeavored to facilitate quality mentoring at their institutions.<sup>12-14</sup> Among those institutions, the AAMC project implementation committee highlighted several institutions working to strengthen their institution through programs that assist faculty in making optimal use of their academic appointment:

- Stanford University School of Medicine Faculty Mentoring Program
- University of Arkansas College of Medicine Women’s Faculty Development Caucus Mentoring Project
- University of Wisconsin-Madison Medical School Faculty Mentoring Program
- Mayo Medical School Mentoring Initiative
- Boston University Mentoring Program
- University of Ottawa Academic Women’s Association Mentoring Program
- MCP Hahnemann University School of Medicine Precepting and Mentoring Programs
- East Carolina University’s Brody School of Medicine<sup>9</sup>

### **Prognosis for surgery?**

The American Dental Education Association (ADEA) is especially motivated to foster mentoring relationships between its members and students. A devastating dearth of faculty has forced the profession to actively develop new talent.<sup>2</sup> Now the ADEA is focused on mentoring as a means to revive commitment to academic dentistry. The association’s research has demonstrated that the protégé enjoys an increase in job satisfaction, promotion rates, and confidence while the relationship provides the mentor with opportunities for intellectual engagement, sharing expertise and knowledge, attracting collaborators, remaining current, and creating a legacy. It is likely that the ADEA did not anticipate this faculty shortfall when initial indicators appeared.

As surgeons, we must anticipate how current

conditions will affect the fate of our field. Surgeons feel plagued by managed care, Medicare reimbursement guidelines, health care liability, pay for performance, residency work hours restrictions, and other legislative actions. With broad-based mentorship efforts in place, could we have developed talented surgeons who would have recognized the conditions leading to these restrictions on practice patterns? If we had that talent available, were these individuals in a position to develop alternative, more productive approaches that simultaneously serve the public's needs while preserving conditions for effective surgical practice? Knowing the answer to such questions is not nearly as important as recognizing the lesson. [Q](#)

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