Trainee Matters

SECTION EDITORS

Natasha Grimmond (née Amiraraghi), MBChB, DOHNs, FRCS (ORL-HNS),

Consultant Otolaryngologist and Cochlear Implant Surgeon Crosshouse Hospital, Kilmarnock, UK.

E: natasha.amiraraghi@nhs.net

Lizanne Steenkamp,

Lecturer in Audiology and Programme Leader for MSc/PgDip in Audiology (pre reg)

BAA Board Director for Accreditation, Speech and Hearing Sciences, Queen Margaret University, Musselburgh, UK.

T: +44 (0)131 474 0000
E: lsteenkamp@qmu.ac.uk

Mentorship and its role in surgical training

Is there a principle which could help address multiple challenges in surgical training? One which has potential to improve recruitment and retention of staff to our specialty, quality of patient care and surgeon morale? **Harry Spiers**, an Academic Foundation Doctor in Head and Neck Surgery at Manchester Royal Infirmary, investigates, discussing the past present and future of mentorship and reflects on his own experiences.

When we hear the word 'mentor' we all have at least one person who springs to mind and, in some cases, we can pinpoint the exact influence they have had on us and our careers. Often there are numerous people we think of as mentors, all of whom have impacted us in different ways. Mentorship is an important concept in all lines of work and is well-documented in the fields of law, business and nursing [1], but it is particularly important in surgery [2] and particularly now.

Mentorship can be defined as a relationship between two parties, where one usually more experienced party helps another less experienced party. This definition provides the basic principle of mentorship, but assumes the process is entirely active, which is often not the case. It also suggests the flow of learning between mentor and mentee is unidirectional, thus missing much of the real value of the relationship.

When thinking about mentorship, it is often the active component of this phenomenon that comes to mind, such as teaching in theatre or on a ward round, imparting knowledge to trainees and improving their skills in the specifics of a specialty. However, it is just as important to be aware of the passive aspects of this relationship, those which are often picked up on subconsciously by trainees and not always realised by trainers. Many of us have incorporated skills into our daily practice that we observed in our mentors, who did not even realise they were teaching, such as the phrasing of breaking bad news or explaining diagnoses. These nuances of daily practice are so important and, whilst everyone has their own individual style, we have all incorporated methods we have seen into our own style (often subconsciously!) It is therefore important to bear in mind how we act in front of those junior to us, as they look to us for guidance, often without realising it.

I have been extremely lucky during my time at medical school and my short career as a doctor so far, to have had some exceptional mentors. These have not just been consultants but also junior members of the team who have left a lasting impact.

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They have all listened, taking the time to understand my concerns and tailor their teaching and methods of teaching to ensure I gained maximal benefit from our interactions. They have helped me develop my surgical and non-surgical skills, not just by actively teaching and providing opportunities in theatre, but also by allowing me opportunities to come to clinic and follow on-calls to gain experience. They have understood that some of the most important lessons we learn are through positive reinforcement of tasks done well. This builds confidence and trust in a relationship, so when negative experiences occur (which they inevitably do), constructive criticism can be delivered well and, rather than knocking confidence and disheartening a trainee, they inspire us to strive for excellence. They have taken time and been committed to developing the mentor-mentee relationship, ensuring both parties gain maximal benefit from it, developing their own teaching and communication skills, as well as finding satisfaction in the mentorship and learning from their role as a mentor, often without realising it.

These are just a few of the qualities that have made them excellent mentors, and they have ultimately inspired me to pursue a career in ENT. Given the underrepresentation of ENT in the undergraduate curriculum and poor exposure students receive at medical school, this type of inspirational mentorship is welcomed and will hopefully encourage others to commit to the career.

When it comes to mentorship, it is often not the specifics of a learning point that are the most important, but the underlying principles. I believe it is more important to teach a junior to enjoy surgery itself, rather than the specifics of a specialty. This is the same for a registrar who may be struggling to decide on a subspecialty, where the helping hand comes not in the form of a definitive answer, but a set of principles and considerations that come from experience, allowing the trainee to make the best choice for them. That is the real meaning of mentorship. It is a bigger picture, guiding those following us to make their own decisions, develop their own skills and tread their own unique path, by supporting, encouraging and guiding them.

Not only is the delivery of surgical education changing, but also the nature of surgery itself. The days of a culture steeped in fear and intimidation are being put behind us and the stigma surrounding surgery is being challenged. It is therefore paramount that we champion the role of the mentor in this new age of surgery, fully engaging with the concept and each striving to provide the best we can for our mentees.

References

1. Underhill CM. The effectiveness of mentoring programs in corporate settings: a meta-analytical review of the literature. *Journal of Vocational Behaviour* 2006;**68(2)**:292-307.
2. Sinclair P, Fitzgeraly JEF, McDermott FD, et al. Mentoring during surgical training: Consensus recommendations for mentoring programmes from the Association of Surgeons in Training. *International Journal of Surgery* 2014;**12(3)**:S5-8.

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AUTHOR

Harry Spiers,

Academic Foundation Doctor in Head and Neck Surgery, Manchester Royal Infirmary, Manchester, UK.

Twitter: @harryvmspiers