



Mentorship in Orthopaedics

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In Greek mythology, Mentor was a trusted friend and servant of King Odysseus of Ithaca, who was entrusted with the care of his son Telemachus when the king departed for the Trojan War. In the king's absence over twenty years, Mentor nurtured and protected Telemachus, imparting upon him a varied range of leadership skills. This name continues to be passed down over time and generations. Dictionaries define a mentor as a friend, confidante, trusted guide, wise counselor and advisor. It's a unique relationship between a protégé (mentee) and a more experienced, accomplished, and wiser senior colleague. A mentor is more than just a teacher, for he or she upholds many challenging roles as a philosopher, guardian, role-model, protector, and/or disciplinarian as the need arises.

Background

McLain observed orthopaedic mentors to be on an 'endangered species list' and that we are at risk of losing them in our professional environment.¹ Successful models of mentor-protégé relationships are abundant in the business world but are sparse in the orthopaedic community. Both the American Academy of Orthopaedic Surgery (AAOS) and American Orthopaedic Association (AOA) have identified mentorship to be an obligation, heritage, legacy, and a commitment with a continued need for nurturing.^{2,3} More than 50% of newly appointed orthopaedic attendings (consultant orthopaedic surgeons) in Scotland felt mentorship to be very useful in boosting their clinical and managerial skills,⁴ yet relatively little has been published in the literature to date regarding this important topic.

Questions

- What are the stages involved in a mentor-protégé relationship?
- What makes one a successful mentor (i.e. skills needed to succeed as a mentor)?
- What are the barriers to successful mentorship?
- Are there advantages or benefits of mentoring?
- What does the published evidence say?
- What needs to be done to maintain this lineage or legacy of mentorship?

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Discussion

Mendler outlined ten stages of evolution of effective mentoring processes (Table 1). A mentor possesses a diverse repertoire of skills and methods of communication offering feedback, encouragement, and guidance. He or she takes their junior colleague from the known to the unknown, showing the protégé uncharted seas while imparting wisdom and strategic thinking along the way. The AOA, AAOS, and at least eleven of the AAOS subspecialty societies offer ample opportunities for young residents and fellows to acquire these mentorship skills. The AAOS and Orthopaedic Trauma Association (OTA) have resident and fellow members on its board, and the Pediatric Orthopaedic Society of North America (POSNA) and Scoliosis Research Society (SRS) also have opportunities for fellows to serve on its committees.

Conclusion

Mentorship is an active two-way process that promotes professional excellence. Residents who chose their own mentors reported higher personal satisfaction as compared to others who were assigned mentors and those who had none.⁶ Strong mentorship ties and mentors as role models have been shown to influence the subspecialty training that residents opt to pursue.⁷ However, mentorship is not for everyone, as it is an enormous responsibility presenting unique challenges. True mentors

Table 1. Mendler's stages of mentoring

1	Attraction
2	Cliché exchange
3	Recounting
4	Personal disclosure
5	Bonding
6	Fear of infringement
7	Revisiting framework
8	Peak mentoring
9	Reciprocity
10	Closure

have always been in short supply. Little time exists outside the operating rooms and patient wards for the formal teaching of management skills (business planning, negotiations, medico-legal work, and practice management) and academic skills (leadership of multi-disciplinary groups, acquisition of extramural funding sources). It is in these areas where a productive mentor-protégé relationship may maximize personal and professional achievement.

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