



The Power of Mentorship: Pearls and Pitfalls in Medical Education Research

In the ever-changing world of academic medicine and more specifically medical education, it is critical to develop long-lasting relationships. One of the most critical is that of mentor/mentee. Studies show that those engaged in this type of relationship are more confident, more likely to have a successful research career, have a strong sense of community in the practice of medicine and greater job satisfaction. It is critical to establish that this is a dynamic and reciprocal relationship that benefits both parties and lead to academic advancement.

There are several important factors both the mentor and mentee should consider when embarking on a research project or other scholarly activity. Mentees enter the relationship looking for guidance on a dedicated project as well as broader career development. In addition to seeking expertise on the specific task at hand, they are also looking for assistance in navigating the complex institutional and professional settings that can be very daunting in an early career such as the path to publication and promotion. Mentors are looking to facilitate both professional and personal development. In this way, they are the “nourishment” of the mentee growth. While the natural inclination is to gravitate towards the “best “ in the business, this does not necessarily translate to a good mentor/mentee.

There is a certain life cycle to mentorship and understanding this will allow for a more successful and robust relationship. Furthermore, there are expectations that the mentor and mentee should establish at the onset of the project to ensure that each parties are benefiting from the relationship. The initial introduction phase is when the mentee identifies a mentor that can provide the necessary guidance for their project and career. At this stage, it is important that both parties have an honest conversation with each other regarding the time commitment each can dedicate to the project. If the timing does not align, it may be in the best interest of either party to collaborate with someone on the same time frame. It is also important to discuss tangible factors such as authorship roles and deliverables of the project such as manuscript publication or presentation at a meeting.

Once the decision to enter a mentoring relationship has been made, it is critical to cultivate a positive two-way engagement and establish expectations. The mentee should be “all in” on his or her project and fully prepared when meeting with his or her mentor. This initial meeting is the opportunity for the mentor to be an active listener and identify how best to guide the mentee. During this time the mentor can provide guidance from their personal experience and expertise. Likewise, the mentee can provide the mentor with valuable new ideas and technology that are critical in the modern medical workplace. It is critical to understand that the mentor is there to guide and nurture the work not take on the labor. A mentee should not be expected to do the work of the mentor. Likewise, a mentor should be held accountable for overseeing the project and steering the mentee away from any pitfalls that might occur.

The mentoring relationship is flexible and can vary tremendously in its form and function over time. Following the completion of a specific project, the mentor and mentee may go on to nourish the partnership further or see it end. It is important for mentees to realize that they may have multiple mentors throughout their career and each may offer different perspectives. Further, the mentoring relationship represents an important developmental relationship for the mentee as it supports and facilitates his or her professional and personal development. Successful mentorships often evolve into friendships with both partners learning and providing support for the other.

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Palepu A, Friedman Rh, Barnett RC et al. Junior Faculty Members Mentoring Relationships. *Academic Medicine*. 73(3):318-23, March 1998.

Rochelle DeCastro; Kent A. Griffith; Peter A. Ubel; Abigail Stewart; Reshma Jaggi. Mentoring and the career satisfaction of male and female academic medical faculty. *Academic Medicine*. 89(2):301–311, February 2014.

Yeung M, Nuth J, Stiell I. Mentoring in emergency medicine: the art and the evidence. *CJEM* 2010 Mar;12(2):143-9.