

Mentorship: a two-way street

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Throughout our orthopaedic training and subsequent careers, we interact with many teachers and colleagues who help us develop our surgical skills and orthopaedic knowledge. Some may become personal role models, from whom we learn more than the basics of orthopaedics. They help to mould our orthopaedic 'character', influencing among other aspects, our bedside manner, compassion towards patients and their families, how we interact with colleagues and how we maintain a healthy work–family balance. Mulcahey et al. clarified these concepts by highlighting that a teacher shares knowledge with a learner while a role model demonstrates behaviour patterns in a passive manner and without conscious effort.¹ Although the ability to teach and set a positive example as a role model are considered crucial characteristics of a mentor, these roles should not be confused with mentorship.

The precise definition of mentorship varies widely in the literature. Taking key aspects from various definitions, mentorship can be described as where a senior respected and knowledgeable colleague (mentor) offers their time to coach, teach and guide a younger colleague (mentee) regarding personal aspects, professional attitudes and education. This requires dynamic, active involvement from both the mentor and the mentee and should enhance both of their careers.¹⁻³

The importance of mentorship seems to be underestimated by many orthopaedic surgeons. A recent survey conducted on South African orthopaedic surgeons demonstrated that 72% of those who responded face burnout.⁴ One of the strategies commonly highlighted to combat burnout is participation in a dedicated mentorship programme.^{5,6} At present, there are few formal mentorship programmes for orthopaedic surgeons in South Africa, in either the state sector, academic setting or private hospital groups.

A formal mentorship programme is not just teaching young surgeons but offering a dedicated mentor to guide the process. Various guidelines have been proposed to assist with the development of such a programme. Training units and hospital groups should embrace the opportunity to develop these programmes to help registrars and newly qualified orthopaedic surgeons through the stressors of starting their careers. The excitement and relief of completing one's training or fellowship should not be tainted by the stress of starting a new practice. The loneliness of private practice, ethical coding practices, financial pressures, being the sole decision-maker in complex situations, and maintaining the correct balance between work and personal life are all challenges faced by the newly qualified surgeon. The guidance of an experienced mentor is invaluable as the mentee navigates this new environment.

Although various mentorship models have been developed, the most productive and commonly encouraged method is one-to-one mentorship (dyadic method).³ The success of dyadic mentoring relies on willing mentees and qualified mentors. The first phase of mentorship is initiation.³ During this phase, the mentorship relationship is established. Various methods have been suggested to match a mentee with a mentor. However, many articles have highlighted that the majority of successful outcomes rely on a mentee choosing their mentor.^{1,2,7-9} The relationship's success depends upon the commitment of both parties to attend regular meetings during which they establish goals for the mentee and monitor their progress. These goals will vary according to the mentee's needs and can be personal, work or research related. After discussion with their mentor, a mentee may also consider having more than one mentor.

The importance of the respective roles and responsibilities of the mentee and mentor is highlighted in various articles.^{1-3,8} In essence, the mentee must respect the time that the mentor is offering and should thus be prepared for meetings, achieve the agreed goals, and demonstrate a willingness to learn and develop.

Regarding being a mentor, one of the major impediments commonly recognised is the time commitment required to be a mentor.⁸ Once this has been overcome, several specific traits have been identified as essential to being a good mentor. These include, but are not limited to, being available and reliable with regard to meetings; allowing the mentee to express themselves and listening attentively before offering unbiased advice; not allowing their ego to prevent celebrating the success of the mentee's achievements; and eventually acknowledging the development of the mentee into a colleague.^{1-3,9}

The programme's second or cultivation phase is the most fruitful to both parties as the mentorship develops. The third phase is the separation phase, where the mentorship has achieved its goals, and the relationship becomes more collegial than mentorship. The final redefinition stage can be indefinite, where the hierarchical order no longer exists between the mentee and mentor.³

An essential aspect of mentorship is the benefit derived by both the mentee and mentor. Much research has shown a significant benefit to the mentor, including personal fulfilment ('giving back'), development of leadership and coaching skills, and renewed interest in personal career.¹⁰ Senior colleagues should be encouraged to develop the necessary skills to become mentors. Unfortunately, teaching and demonstrating brilliant surgical skills and knowledge does not always translate into being a great mentor. Specific courses have been developed, and there are multiple online resources available that can guide potential mentors through the process.

From a personal point of view, I first met my current mentor in his role as a teacher in the mid-2000s. He was a great teacher, passionate and enthusiastic about his field of expertise. Through my interaction with him, due to the humbleness and absolute respect he demonstrated to his patients and colleagues, he became a role model to me. About 18 months ago he started assisting me as my mentor. I was honoured that he could offer me the time, given his extensive workload. Our first meeting was extremely productive, and together, we formulated a plan for the way forward. Importantly, he made me accountable to him to take certain actions we had agreed upon, and the benefits to me have been immense. Together, we have rekindled my enjoyment of orthopaedics.

Vincent Pellegrini Jr, as the president of the American Orthopaedic Association, eloquently summarised being a mentor and mentorship as follows:¹¹

'An effective mentor is the guardian and promoter of the young physician's personal and professional development. So, mentoring is the act of nurturing the emotional and intellectual growth of another person to the point that, and here comes the hard part, he or she is your peer and equal and, ideally, has eclipsed your own accomplishments with the tools and opportunities that you have provided. This requires a special person, with just the right balance of self-confidence and humility, which may be a challenge for any one of us to achieve on any particular day.'

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