

# MENTORING IN THE MEDICAL PROFESSION: AN OVERVIEW

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## ABSTRACT

Mentoring plays a critical role in charting a successful career in all aspects of the professional growth of the medical practitioner. Absence of mentoring in the medical profession leads to diverse consequences including lack of intellectual depth, poor clinical etiquette and failure to pass on the ideals of the profession from generation to generation. Thus, there is need to formalize mentoring in the medical profession in Nigeria because of its inherent potential in up scaling the level of medical practice in the country. This article describes mentoring in the medical profession with a view to sensitizing medical practitioners and enabling doctors appreciate the importance of the process.

### What is mentoring?

Mentoring has been defined variously but the definitions reveal some common basic features. For example, mentoring is defined by the Standing Committee on the Post Graduate Medical and Dental Education<sup>1</sup> as the process whereby “an experienced, highly regarded empathic person (mentor) guides another person (mentee) in the development of his own ideas, learning and professional development”. In the same way, a mentor is defined by Anderson and Shannon<sup>2</sup> as an experienced person who advises, encourages, sponsors and helps somebody with less experience over a period of time. Likewise, a mentor is

described in the American College dictionary<sup>3</sup> as a role model, trusted counselor, advocate, tutor or coach.

Mentoring is thus a relationship between a mentor and a mentee, the mentor being a more experienced person in a two way relationship in which he is expected to guide a less experienced person, the mentee by deliberate steps to ensure that the mentee acquires relevant skills in the medical profession. It means, therefore, that the mentor is a role model contributing to both professional and personal developments of the mentee. Consequently, mentors assist doctors to gain emotional and intellectual growth to become independent practicing physicians.

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**KEY WORDS:** *Mentoring, Mentors, Mentees, Medical profession*

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### Who are the mentees and mentors in the medical profession?

In the medical profession, the Mentees include House Officers, Resident Doctors, Medical Officers and young Consultants. Thus, the mentors are the older medical

practitioners in the hierarchy of the profession, depending of course on the setting.

### **Mentoring – an event or process?**

Mentoring is not a one-time event but a process or program and should start in the medical school and continues throughout the professional career in the progress towards maturity as Chief Medical Officers, Consultants and Professors<sup>4</sup>.

### **Types of mentoring**

Formal and informal modes of mentoring<sup>5</sup> are generally recognized. Accordingly, formal mentoring involves the identification and appointment of mentors by organized bodies like medical schools, health institutions and specialties / subspecialties in medicine. In formalized mentoring, mentors are assigned to mentees either individually or in groups by relevant bodies as was the case in the class mentor program of the University of Wisconsin<sup>4</sup>. In formalized mentoring, mentors are remunerated and the entire process is subjected to periodic monitoring and evaluation.

In the case of informal mentoring, no identifiable program is on ground but everyone talks about it and nothing concrete is done about it<sup>6</sup>. Senior doctors at all levels are thus assumed to be good mentors. Similarly, junior doctors see senior colleagues as mentors and demand automatic mentoring. In addition, no incentives are accorded to encourage the mentoring process as noted in the case of UW program<sup>4</sup>.

### **Models of mentoring**

Four models of mentoring have been described including apprenticeship, cloning, nurturing and friendship<sup>5</sup>. Apprenticeship mentoring is less personal

as compared to the other models. It recognizes the trainee as an apprentice occupying a post in the hierarchy of professional positions and that the trainee is mentored and taught by a more experienced professional.

On the other hand, cloning model is based on role modeling and works best in a situation where the mentor is planning succession. It enables the mentee to be groomed into the expected role as in the case of a retiring Professor in a discipline of medicine, handing over to a younger protégée.

In nurturing model of mentoring, an enabling environment is created in which the mentee is able to discuss personal issues freely as well as learn and try things for themselves with their mentors acting as resources and facilitators as may be exemplified in the deployment of a new method of treatment and the installation and usage of new equipment<sup>7</sup>.

The friendship model of mentoring occur when mentors and mentees are either close to or at least the same professional level. There is thus no hierarchical relationship between the mentor and mentee. Hence, both of them are regarded as peers. This model is evident among colleagues in the residency training program or academic staff of a medical department<sup>8,9</sup>.

### **Who is a Good doctor or a mentor?**

A good doctor is not necessarily a good mentor because mentoring provides more than teaching and role modeling<sup>10</sup>. A mentor is also expected to serve as the guardian and promoter of the younger physician's personal and professional development. A true mentor takes personal interest in the success of the mentee or protégé. Therefore, a good mentor should

show qualities like commitment, perseverance, empathy, versatility and be an optimistic person readily communicating hope in the face of daunting challenges<sup>4,10-12</sup>.

### **Advantages of Mentoring**

The presence of effective mentoring provides avenue for successful planning, transfer of knowledge and practice experience; transfer of intellectual capacity of a senior practitioner acquired over decades of practice to more junior physicians in the early stages of their careers<sup>4,6,8,13-15</sup>.

### **Consequences of poor mentoring**

Diverse consequences can result from absence of mentoring in the profession including lack of intellectual depth; poor clinical etiquette, lack of mutual respect in the profession, relegation of the Hippocratic Oath, poor managerial skills, denudation of the image of the profession, poor clinical, administrative and managerial capacity, failure to pass on the ideals of the profession from generation to generation and worsening of health indices<sup>6,8,13,16</sup>.

### **Conclusion**

Effective mentoring is crucial to the survival of all careers particularly the medical profession because it provides opportunity to transfer knowledge, skills, traditions and practices of the profession from mentors to mentees. Above all else, it will assist in stemming high level of indiscipline in the profession and aid medical practitioners to uphold the Hippocratic Oath.

### **Recommendations**

There is need to formalize mentoring in the medical profession because of the advantages of the process. It should begin in the medical schools and continue right

through all stages of progression in the hierarchy of the profession. Mentors should be carefully selected and trained for effective mentorship.

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