

Mentoring for surgical skills: a tool to share the workload

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Recently, concern has been expressed that Canada's current system for treating patients needing surgery is not sustainable in the long run. It has been suggested that the number of surgeons be increased or that nonphysician care providers be recruited to take on some responsibilities so that the efficiency with which the care is delivered can be improved.¹

Mentoring has been used to develop a professional working relationship between one specialist and another to transfer the skills of a particular specialty.² For example, allied health care specialists such as nurse practitioners can develop a particular skill by finding a mentor in a surgeon or physician. Medical mentors have proven to be instrumental in developing advanced clinical roles for nurse practitioners, although with a caution that professional boundaries are to be defined and negotiated.³ The mentoring approach can be used to spread easily reproducible skills, such as skills in ambulatory surgery, to primary care physicians and nurses practising in the community or in the rural areas; similarly, it can be used to spread specialist surgical skills from surgeons in one centre to another.

Apart from developing professional capacity, an obvious advantage

of sharing the workload in overstretched, high-demand specialties is reduced wait times for elective and semi-elective surgical interventions. A mentoring program and a culture of mentoring in health care organizations also helps to retain medical and nursing staff.⁴

Mentoring is well established in other professions as a means of professional development.⁵ However, mentoring for doctors is a vague concept. Mentoring relationships are less readily applied, and agreed meanings and understanding are lacking, with many definitions of what "mentoring" actually means.^{6,7} Mentoring is a process whereby one doctor (the mentor) facilitates and encourages another doctor (the mentee) to develop his or her career, in light of his or her own priorities.⁸ Basically, it is an alliance of 2 people with varying degrees of experience to create opportunities for support and learning.⁹ A mentor is defined as:

a person who helps a more junior person develop professionally through a combination of advising on projects, skills development, creation of opportunities, and personal growth in an intensive manner over an extended period of time.¹⁰

A mentor serves as a role model, counsellor and advocate for an un-

derstudy or protégé. Mentees benefit from time dedicated to addressing their needs, challenging the status quo and exploring ways to change.⁸ Mentoring is often identified as a crucial step in achieving career success. However, not all medical trainees or educators recognize the value of a mentoring relationship.¹¹ There are 2 types of mentoring relationships: formal and informal. Informal relationships develop on their own between partners. Formal mentoring, on the other hand, refers to assigned relationships, often associated with organizational mentoring programs designed to promote employee development.

Long-distance mentoring (i.e., mentoring someone in another city, state or country) is also an option. Although it is less demanding, it is also less fulfilling for the mentors. The shortcomings of long-distance mentoring include lack of "face time," lack of direct observation and problems with email or telephone as a means of communication. Conversely, facilitators of long-distance mentoring include having established a relationship locally before engaging in the long-distance relationship and having occasional face time (e.g., at national meetings), mutually clear expectations and a productive mentee.¹²

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Telementoring is an interactive experimental method that promotes young surgeons' education by means of distance tutoring by an expert surgeon. Telementoring is supported by a videoconferencing system and is not an exclusive methodology but an additional methodology to traditional didactic instruction. It allows personal virtual training facilitated by computers and telecommunication systems. Videoconferencing also allows tutoring for telemedicine and telesurgery.¹³

There is a wider need to identify student and faculty mentoring needs. Moreover, it is necessary to define and develop methods to recruit mentors as well as institutional reward systems to encourage and support mentoring.¹¹ The competing demands for faculty members' time can limit their availability to mentees. Unless faculty receive explicit funding and protected time for mentoring activities, it can be difficult to justify the cost in time of mentorship.¹⁴ Funding for mentoring could be obtained from public funds, postgraduate training funds or recruitment and retention funding schemes. It could also take the form of incentives such as salary increases, it could be paid by the mentee, or payment could be on a contract basis and based on results. These financial aspects can be sorted out by the experts.

Mentoring is an underused multi-prong strategy; if applied carefully and effectively, it should be reward-

ing for users, managers and stakeholders. Successful mentoring programs occur in institutions that maintain a culture that actively supports mentoring.¹⁵

In this era of rapidly expanding health science specialties and subspecialties, there is a shortage of skilled specialists. Further, changes in the training culture have reduced the number of hours to improve quality of life for doctors and surgeons. Consequently, to involve more nonspecialists and allied health care professionals in sharing the workload, both informal and formal corporate mentoring programs should be encouraged and considered as a part of senior surgeon's job.

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