

ACADEMIC MENTORSHIP

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Mentorship has through the ages been recognised as a time-honoured medium of promoting knowledge and skill acquisition/refinement through guidance, precept and psychological support. This has been achieved generally by an arrangement in which a more experienced, often older, person “supervises” a less experienced individual, may be to apply to all areas of human endeavour. The senior person in this relationship is the “mentor” and the other, the “mentee” or “protégée”.

The mentorship relationship applies equally in the academic, medical professional field as in other areas of skill and knowledge acquisition, and the various indices, methods and techniques equally apply.

Whilst the exact definition of mentorship has varied considerably even amongst experts, the general connotation is more or less understood, from the time of the Greek philosophers till present modern times.

Broadly speaking the relationship may be formal or informal. In the formal setting an organisation or company assigns a less experienced or junior person or persons to a more experienced person to guide, advice and supervise so to speak, in a particular area of knowledge/skill acquisition. In the University or medical school for instance, senior academic staff/lecturers are often assigned small groups of students as course advisers or supervisors for varying periods. Similar arrangements often occur also in industrial organisations; “apprenticeship” in trades is somewhat similar.

Informally, a relationship may also develop between a younger fresh entrant into an area of study with a more experienced specialist over a period; this may perhaps be attributed to some form of affinity – or a potential mentor may be sought out by a student who senses the need for support to pursue a particular course of study or goal. In the specific area of residency training for

example, some, but not necessarily all of the younger residents may be more closely attached to a consultant for advice and training supervision on a semi-permanent basis, more or less as mentor and mentee(s). Here the degree of mentorship attachment often varies. In a setting in which a consultant is the sole supervisor in a department or unit, he may by default become the mentor for most, if not all of the residencies in training!

Focus-

The focus of mentorship is generally to develop the whole person, through guidance, psychological support and moral encouragement. This is over and above the non-specific teaching and training applicable to all trainees in the unit.

Specifically an academic mentor usually serves as a role model for students at different levels, often by giving academic advice as well as career guidance, and helps to boost the pupil's aspirations, confidence and motivation.

The mentor should be able to identify the protégé's learning abilities and inclinations and at the same time provide guidance in the use of appropriate learning resources – conventional facilities as well as internet resources.

Various **modalities** are available for attaining these objectives:

☞ Precept and example - as academic mentors we must ourselves show an inclination and readiness to learn and make use of available learning resources, including library resources, the internet journal facilities, attendance at and paper presentation at conferences, etc. By carrying along the mentee, he/she is further encouraged along these lines.

☞ Accompanying learning - This is of particular relevance in the area of research, and of course will also be of benefit for the protégé in preparing

dissertations. Frequently involving the mentee in research projects and publications is actually of mutual benefit in advancing both mentor and mentee.

- ✍ Monitoring and progress assessment – evaluating progress of the protégé allows for corrections and adjustments in performance.
- ✍ Supportive academic advice - based on continuing input from the progress assessment is part of the guidance provided by the mentor.

We as clinicians as well as academics perforce endeavour to adapt these various concepts of mentorship in our work and practice in order to provide better guidance in our apparently dual roles. Indeed learning, research and clinical work are often intricately intertwined particularly in the teaching and specialist medical centres where of course residency training mainly occurs. Again most teaching activities for physicians and surgeons take place most often and most effectively in and during performance of our clinical duties, reinforced of course by more traditional didactic teaching and seminars.

Instruction and appropriate demonstration while carrying out procedures and surgical operations is no doubt a good way of imparting both knowledge and technical skills to our protégées. Recognition of this imperative often brings out the best in the mentor, in order obviously to provide good example in standard best practice. Thus the mentee is more often taken along whenever there are opportunities for learning and exposure to hands-on experience.

The mentor is also more likely to devote more time to monitoring and evaluating progress in the mentee than the generality of the study class or group.

Thus academic mentorship has no doubt been of great benefit in augmenting the general learning process for students and trainee over the years, and obviously will continue to be applicable in academic medical studies as in other areas of specialist skill acquisition.

Indeed it is believed by some that absence of quality mentorship is an impediment to a successful academic career (Riley et al, 2014). Further, a structured mentorship program in a clinical department is likely to benefit trainees in terms of career planning and professional development as well as promoting greater job satisfaction (Phitayakom et al, 2016; Kibbe

et al, 2016; Chen et al, 2016).

Therefore, for both mentor and mentee, mentorship is an arrangement greatly to be recommended.

REFERENCES

1. Miller GW, Godfrey J, Furness HN, Spiers H, Ziyada F, Lewis TL. The value of mentorship in academic medicine. *Clin. Teach.* 2017. Dec; 14(6) : 458.
2. Riley M, Skye E, Reed BD. Mentorship in an academic department of family medicine. 2014. *Fam. Med.* 2014. Nov – Dec : 46(10): 792-6.
3. Phitayakom R, Petrusa E, Hodin RA. Development and initial results of a mandatory department of surgery faculty mentoring program. *J. Surg. Res.* 2016. Sep; 205 (1); 234 – 7.
4. Kibbe MR, Pellegrini CA, Townsend CM Jr, Helenowski IB, Patti MG. Characterization of mentorship programs in Departments of surgery in the United States. *JAMA Surg.* 2016. Oct. 1; 151 (10): 900 – 906.
5. Chen MM, Sandborg CI, Hudgins L, Sanford R, Bachrach LK. A multifaceted mentoring Program for Junior faculty in Academic Paediatrics. *Teach. Learn. Med.* 2016 Jul-Sep. 28(3): 320 -8.