

Role of Mentorship in Surgical Teaching and Learning - Past and Present

Syed Abul Hasan Kazmi

IMPORTANCE Mentoring goes back to times immemorial. Before delving into the subject of Mentoring in surgical practices and teaching, it is vital to find out its origins which may be quite interesting to the readers. This may be an officially agreed mentor or just mutually agreed person. There can be multiple mentors as well and they do not have to be in one place. Furthermore, with the advent of the modern technology, a mentor does not have to be in a nearby geographical location. This can help because we all learn from each other. It will expand and add a lot to the knowledge and training of the mentee. Various mentors can be of varying influence and strengths. This is also termed as mosaic mentoring. In Surgical training, like all other fields of life, there is almost always a mentor or perhaps, a role model in an overlapping form.

KEYWORDS Mentorship, surgery, teaching and learning, role modeling

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Editorial

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Mentoring goes back to times immemorial. Before delving into the subject of Mentoring in surgical practices and teaching, it is vital to find out its origins which may be quite interesting to the readers.

There are many versions from the known history but amongst others, the most famous one is that the word mentor goes back to the character – Mentor, in Homer’s ‘*The Odyssey*’ - when Odysseus left for the 10 years’ long Trojan war, he asked Mentor, his elderly trusted friend, to serve as a counsellor to his son Telemachus¹. This is how the name has passed down as a senior wise person who is trusted and can impart knowledge and crafts to less experienced juniors^{1,2}.

There is another interesting version from ancient Africa; when a child was born, everyone in the village shared the responsibility for raising and educating that child. This practice still continues and is a mantra: “It takes a village to raise a child.” While the child had contact with everyone in the village, there was always an older person who would be assigned the sole responsibility to ask questions and listen to that younger child. In Swahili this was called, “Habari gani menta” which in English, means, the person who asks “What is happening?”³.

There are further examples of old French and Norwegian mythology too; so, Greeks were not the only ones who can claim the origin of mentoring³.

However, mentoring is not just a Western phenomenon, it is universal in various forms, shapes and practices. And very likely, since humans started on the planet Earth, mentorship

has always been in action in various forms in all fields of life in all cultures and places.

Mentorship is the voluntary relationship between a person with greater experience and one with lesser experience with mutual trust and respect.

On a slightly different note, a role model is someone who may not necessarily be physically present around where the trainee is and may even be a past historical figure which becomes an ideal for a person to follow in most respects.

A Mentor and Role Model can be the same person, or they can be different persons, and their place and influence are quite overlapping as shown in the table below:

Mentor	Common Factors	Role Model
<ul style="list-style-type: none"> • Direct • Knowledgeable • Good teacher • Caring • Trust worthy • Two-way Communication • Mutual Trust • Focus • Motivator 	<ul style="list-style-type: none"> • One or More Aspects of Life • Individuals • Passion • Integrity • Respect 	<ul style="list-style-type: none"> • Emulate • Historical or Present Day • Active or Passive

Table: 1. Adopted from A Venn diagram displaying the qualities of leaders, mentors, and role models⁴.

In Surgical training, like all other fields of life, there is almost always a mentor or perhaps, a role model in an overlapping form. This may be an officially agreed mentor or just mutually agreed person. There can be multiple Mentors as well and they do not have to be in one place. Furthermore,

with the advent of the modern technology, a mentor does not have to be in a nearby geographical location. This can help because we all learn from each other. It will expand and add a lot to the knowledge and training of the mentee. Various mentors can be of varying influence and strengths. This is also termed as mosaic mentoring.

It is not necessarily an older mentor and a younger mentee. It can be other way round as well with the advent of new technology such as modern Minimal Access and Robot Assisted techniques; because the younger persons can be more conversant with these new techniques and can teach their older colleagues. This brings the idea of tele-mentoring and remote mentoring where a mentor does not have to be physically around. It can be on a long term or brief and short-term basis.

In Surgery, the overlapping role of mentor and role model can be more obvious and important. The trainee surgeon can consciously or unconsciously become so influenced by a specific trainer that they can adopt the trainer's ways of work, habits, approaches and practices which are over and above the usual sphere of training modules.

Identification of positive role models in the Surgical field, particularly those with good relationships with patients and colleagues, can attract more junior doctors to this field.

There is a Halstead's apprenticeship model that relies on mentors to produce well trained surgeons. Over and above the professional training, they also impart the methods of clinical acumen and care, compassion, communication, professionalism and ethics. Surgical training differs from other spheres of life and even from those in other healthcare fields. There is added stress that emanates from the operating room environments. It is influenced by the Socratic method, which is a form of cooperative argumentative dialogue between individuals, based on asking and answering questions to stimulate critical thinking and to draw out ideas and underlying presuppositions⁵. Halstead's own mentee, Harvey Cushing, went on to develop the specialty of Neurosurgery, which is an example of good mentorship⁶.

In the past and still in many places, mentorship is an automatic and understood relationship between individuals, a senior and a junior. However, with modern systems and developments, it has become rather more

programmed and organized. Therefore, a senior faculty member or a senior student is assigned to support and guide their less experienced colleagues. Methods and approach change with time as with any procedure and custom but the basic principles never change and neither does the role of a mentor throughout the professional practices.

Having considered all this, there are barriers to mentorship such as cultural, generational, gender issues, scarcity of qualified mentors and time and availability constraints. But one can try to overcome these with proper management and an attitude of open mindedness and ensuring equal opportunities for all.

When I think about myself, I reflect on how various role models and mentors affected my career choices. My decision to embark into the Medical profession was influenced by my village doctor who I felt could cure almost everyone. Not only that but he was so kind to all and was the most respected person in the village. He was, indeed, a role model for me.

After entering Medical college, my choice of Surgery was borne out of my attitude towards human body engineering, what we call Anatomy. This attitude was cemented by the enthusiasm and guile, Professor GN Lasi displayed making the subject incredibly interesting for me. His magnetic personality not only as my teacher, but also as a person, was contagious, and he went on to become my mentor as well.

My progression through the field of surgery was largely inspired by my next choice as mentor: Professor Syed Zafar Haider. Despite the general feeling around that he was strict and tough, his moral integrity and excellent clinical acumen made me choose him for my training. As a mentor he proved to be quite the role model, as I ended up adopting, not only many of his surgical techniques, but also a lot of his every day habits. His guidance and direction are perhaps where the role model and mentor overlapped in many ways.

To conclude, it is not possible to train anyone in any craft, let alone Surgery, if the mentee is not willing. One cannot sow seeds and expect results from barren land. I feel that it is the inner aptitude and attitude of the mentee as well that leads them to a specific field, and then choose to go under the guidance of a certain mentor to train and advance further in that very profession.

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