Mentorship in Orthopaedic Surgery—Road Map to Success for the Mentor and the Mentee

AOA Critical Issues

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Mentorship in Residency

There are unique challenges and opportunities associated with mentoring of orthopaedic residents. Relative to medical students, there is a much greater duration, intensity, and responsibility for teaching, while relative to fellowship training, the educator teaches and mentors a much less knowledgeable and less skilled protégé. Although physicians receive their medical degree following completion of medical school, they learn how to become orthopaedic surgeons during the five years of their residency education. Graduating medical students have very little knowledge of musculoskeletal disease and its treatment; however, it is expected that at the end of five years, they are prepared for their board examinations and the independent practice of orthopaedic surgery. Even the most outstanding residents require frequent assessment and feedback, and the need to constantly challenge and critique the knowledge and skills of the resident has the potential to compromise the unique closeness and sense of empathy and support that serve as the foundation of the mentoring relationship.

The factors noted above have implications for the ten stages of the mentoring relationship described by Mendler. The first five phases (attraction, cliché exchange, recounting, personal disclosure, and bonding) compose the developmental phase of the relationship, during which time the “chemistry” of the relationship evolves, mutual interests and goals are identified, and the supportive framework is established. Although most residents ultimately pursue subspecialty fellowship training, our belief is that they need to experience the various subspecialties before coming to this decision, something that may not occur prior to the conclusion of their postgraduate year 3. Therefore, in many situations, the relationship with the junior resident is more one of a supportive advisor, which may ultimately evolve into that of true mentoring or plateau at that level as the resident becomes the protégé of a different mentor whom the resident subsequently identifies. The sixth stage, fear of infringement, is associated with the transition from the educator and superior to professional colleague and is less likely to occur in residency. The final three phases of mentoring are not typical of the mentoring relationships that can

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Mentorship in Fellowship

Mentorship in fellowship has many similarities to residency, but there are some substantial differences as well. Most importantly, it is critical to remember that fellows are soon-to-be colleagues in their desired subspecialty field. Fellows are more focused and committed to learning everything possible during their year of fellowship training. In addition, the surgical skills of fellows are more advanced than those of residents so their expectations are typically quite different with respect to hands-on opportunities in the operating room. The question that is raised from this fellowship mentoring model, therefore, is how can we become effective and memorable mentors?

Fellowship mentoring begins with understanding what the goals of each fellow are prior to starting the year. For example, you have an academic fellowship and have matched two highly competitive and successful candidates who have completely different career paths in mind by the time they start their fellowships. If they are treated identically, there may be one happy and one very unhappy fellow in your midst. Step 1, therefore, is to sit down with each fellow and have the fellow articulate his or her desired goals and objectives for the fellowship year. Step 2 involves returning the favor—after listening to the fellow’s goals and objectives, clearly and transparently share your goals and objectives with each fellow. Over the past decade, we have developed a set of goals and objectives that are shared with each fellow before the start of the fellowship year and this level of transparency is invaluable to ensuring that both sides are “on the same page.”

Step 3 is to break down the goals and objectives for the fellows further into the following categories: clinical, education, research, and practice-building and/or life after fellowship.

Clinical Goals

Clinical goals include defining the role of the fellow in the office and the operating room. How much time will be spent in the office? How many patients is a fellow expected to evaluate? How many surgeries will be performed? How many days will be spent in the office? How many patients is a fellow expected to evaluate? How many surgeries will be performed? How many days will be spent in the operating room? Are residents present and, if so, how are the cases distributed? Are they all the same? Are they all different? Are they all the same in the same category? Are they all different in the same category?

Education and Research

Defining educational and research goals are critical to ensuring a successful fellowship mentoring relationship. Clearly delineating the fellow’s role in conferences (indications conferences, core curriculum, etc.) helps the mentor to establish expectations. Mentoring the fellow in research projects is imperative to avoid wasted time, costs, and opportunities.

Practice-Building and Life After Fellowship

The most successful fellowship mentors are those who view the fellowship as the first chapter of a valued relationship—one that is focused on personal development and professional growth. This involves setting clear expectations with each fellow at the outset of the fellowship year and throughout the duration. It also involves providing regular feedback and support to ensure the fellow’s success and satisfaction throughout the fellowship year.

Concluding Thoughts

Mentorship in fellowship is a critical component of the training process. It is important to recognize that fellows are soon-to-be colleagues in their desired subspecialty field. Therefore, it is essential to treat fellows with respect and professionalism. By setting clear expectations, providing regular feedback, and supporting fellows throughout their fellowship year, we can ensure that they are well-prepared for their future careers in orthopaedic surgery.
that begins as a mentor-mentee relationship but evolves into
colleagues and friends as time goes on. Some fellowship mentors,
on the other hand, unfortunately view the fellowship as a
"one and done" situation, and fellows who participate in these
type of fellowships are often greatly disappointed.

Mentorship in Academic Medical Centers—Faculty
Recruitment and Retention
The converging factors of unfilled academic positions, formi-
dable recruitment costs, and high turnover rates point to the
need for a more effective approach to the recruitment and
retention of academic orthopaedic surgeons. The expenses
associated with turnover alone, including the costs of re-
cruitment, hiring, and lost clinical income until the faculty
member is replaced, are estimated to be over $580,000 for a
faculty associated with turnover alone, including the costs of re-
rention alone. The expenses
generated an average annual cost per department exceeding
$400,000. The focus of this section is to identify the factors
most closely associated with the success or failure of recruiting
and retaining talented faculty in the building of an academic
orthopaedic surgery program.

Leadership and Recruitment
At its core, the recruitment and retention process is about
leadership. From 1996 to 2000, Collins, in search of the factors
that led to exceptional business performance over time, con-
ducted a study of 1435 American companies. Just eleven com-
panies excelled, and each of them was headed by what Collins
termed a “Level 5” leader. A coupling of unique personal char-
acteristics helped the most effective leaders to find the right
people and to foster in those people the highest levels of ded-
ication and performance. Foremost among the traits of the
Level 5 leaders were the paradoxical personal qualities of hu-
mility and fierce resolve. Collins’ leaders shared credit for suc-
cess and were the first to accept blame for mistakes.

In Good to Great and the Social Sectors, Collins further
described how outstanding leaders recruit and retain talented
people in not-for-profit organizations. In the chapter “Get-
ting the Right People on the Bus,” he observed that the most
effective recruits are nearly neurotic in the pursuit of their
goals; they are driven to making lasting achievements in their
areas of interest.

Mentoring and Retention
Forty percent of medical school faculty who responded to a
recent broad survey on career satisfaction reported that they
were not progressing satisfactorily, and 42% were seriously
considering leaving academic medicine. In an effort to
counter those trends and to address the factors associated
with failure, investigators have recommended that formal de-
partmental mentoring programs be developed—programs to
address those personal and professional issues that correlate
most closely with the retention and advancement of young
faculty.

Studies on the effects of mentorship have observed a
number of important outcomes, including an improved early
understanding about the department and its issues and prac-
tices, higher promotion rates, and greater career satisfaction
and department commitment. The most rigorous programs
have sought to address the three specific categories of content
that appear critical to the success of developing academicians:
referred information (the information necessary to perform the
work of an academic orthopaedic surgeon), appraisal informa-
tion (regular feedback), and relational information (informa-
tion about social relationships).

The Provision of Information and Feedback
One of the primary benefits of the mentoring relationship is the
usefulness of the information that the mentee gains. At the
outset, a mentor who is genuinely committed to the young
faculty member’s success spends time understanding career
and personal goals of the mentee. He or she helps to develop
a list of research and publishing goals, attempts to provide
insight on the importance of managing time and professional
commitments, and relates experience on the benefits of avoid-
ing obligations that are not directly related to initial career
goals. At the same time, the mentor relates basic information
about the academic department, including the choice of track
(clinician-educator or investigator), the expectation for clinical
productivity, the scope and scale of achievement required for
academic advancement, the commitment to house staff edu-
cation, and the culture of academic cooperation and profes-
sionalism that exists in the department.

Formal mentoring programs have a place in improving
the retention and advancement of young faculty. Uniformly,
young faculty members pass through important milestones,
including the selection of an area of focus, the decision to
pursue certain activities and to forego others, and the achieve-
ment of a reasonable balance of family and career. Ultimately,
the goal of a well-designed mentoring program is to help young
academicians deal with both predictable and unpredictable
circumstances and to prepare them, in the most positive way
possible, for the professional, personal, and environmental
transitions that occur regularly in academic orthopaedics.

Menteeship—Obligations of the Protégé
A protégé is a person with potential who is in a relationship
with a person with expertise. In the book Faculty Success
Through Mentoring, by Bland et al., the authors define mentor-
ing as “a relationship with a defined purpose: to help mentees
successfully acquire the key competencies and constructive
work relationships they need to lead a successful and satisfying
career.” Additionally, they state that it must be a “collaborative
learning relationship.”

Identifying the critical parts of a career that are of interest
to an individual is critical to allowing surgeons to use their
time, efforts, and skills effectively. Research by Csikszentmihalyi
focused on surgeons and similar professions that have high job
satisfaction. As outlined in his book, Flow, there are certain
conditions under which a sense of complete immersion in one’s

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work can occur”. Athletes frequently describe this state as being “in the zone.” Table I lists some of the conditions under which flow can occur. It is clear from this list that the operating experience is ripe for the opportunity to experience flow. Indeed, many of the surgeons whom he studied would enhance the difficulty of their procedures by trying to increase the feedback—reducing the operative time, increasing the operative efficiency, or enhancing patient outcomes through characteristic improvement and technique. It is important to recognize the opportunity that our profession allows for us to be engrossed in our work and capitalize by making the great parts of our job more frequent and easier to attain.

First, a protégé should create a personal mission statement, develop and document goals as an orthopaedic surgeon, and decide what his or her career will be about. This will allow the protégé to define pathways for success, set timelines, and establish priorities. Secondly, it is imperative for the protégé to identify individuals who meet the needs for professional development in each of these identified areas. For example, acquiring a mentor who can help to procure laboratory space may require different contacts and connections than someone who has the ability to advance a career in a subspecialty society or who could provide an example on appropriate professional behavior in the clinical setting.

Consequently, protégés must be willing to reach out—at times even to strangers—in order to attain appropriate guidance in certain areas of personal and professional development. It is this challenge, initiating relationships, which can be intimidating for junior faculty. If the protégé is thoughtful, kind, humble, and willing to work, mentors are frequently willing to provide resources such as time and energy. Once the relationships of mentorship are established, they are rewarding for both parties.

After the relationship between a protégé and a mentor is established, there are concrete ways that the protégé can maintain the relationship and enhance the likelihood of success (Table II). First of all, the protégé must be respectful. Arriving prepared and on time is a part of this commitment. Second, a protégé must be trustworthy. One should make no promises that cannot be kept and should keep the promises that are made. Third, a protégé must demand and accept feedback. This commitment to hear what mentors have to say is at the heart of the relationship. Protégés should listen to the mentor carefully, analyze what he or she says critically, and provide feedback on what they have heard. In addition, they should ask thoughtful questions of the mentor. Fourth, the protégé must understand that this relationship is mutual. Once a mentor-protégé relationship is established, it is important to remember that it is truly mutually beneficial.

It is also important for the protégé to recognize the limits of the mentor-protégé relationship. Certainly, there are aspects to these relationships that can be stimulating for a protégé’s career and can enhance his or her involvement in certain organizations. At the same time, success in the professional realm of orthopaedic surgery is predicated not on the importance of one’s mentors, but on one’s own due diligence and hard work. It is simply by incorporating the advice, life skills, and assistance of a mentor that a protégé’s possibilities are enhanced. There is no substitute for self-directed effective career development.

Overview

Mentorship plays an integral role in the career development of orthopaedic surgeons. Beginning with residency, mentors serve as role models, teachers, and advocates to help the mentee

### TABLE I The Conditions Needed for Flow To Occur*

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<th>Condition</th>
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<tbody>
<tr>
<td>1. Clear goals for the process at hand</td>
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<td>2. A high degree of concentration requiring a limited field of attention</td>
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<td>3. A loss of self-consciousness and an emerging of action and awareness</td>
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<td>4. A distorted sense of time</td>
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<td>5. A direct and immediate response to feedback from the experience</td>
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<td>6. A balance between ability level and challenge (the challenge is neither too hard nor too simple)</td>
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<td>7. A sense of personal control over the activity</td>
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<tr>
<td>8. The activity is intrinsically rewarding and there is an effortlessness of action</td>
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<td>9. A lack of awareness of bodily needs (in the flow state, people do not recognize hunger or thirst)</td>
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<td>10. An absorption into the activity, narrowing the focus of awareness (action awareness merging)</td>
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*Not all conditions are required for every instance of flow.

### TABLE II Obligations of a Protégé

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<tr>
<td>1. Be respectful and be prepared</td>
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<tr>
<td>2. Follow through</td>
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<tr>
<td>3. Demand and accept feedback</td>
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<tr>
<td>4. Require accountability</td>
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<td>5. Seek opportunities for self-improvement</td>
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<tr>
<td>6. Recognize the limits of mentorship</td>
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<tr>
<td>7. Seek new mentors (and protégés)</td>
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attain the fellowship or job of his or her choice. Then, in fellowship, the mentor takes on a different role in helping to prepare the mentee for his or her first job and life after fellowship. Mentorship of junior faculty is imperative to enhance job satisfaction, productivity, and retention. Finally, learning the art of becoming a good mentor helps to enhance the mentor-mentee relationship and leads to increased happiness and job security.

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References


