

Overview:

Mentoring has a long and highly regarded tradition in medicine. The Hippocratic Oath refers to it in description of the relationship with teacher, "...to regard my teacher in this art as equal to my parents; to make him partner in my livelihood..." (Setness, 1996). Ramanan (2006) notes "Mentoring during early stages of a career has been associated with high career satisfaction and may guide development of professional expertise." Personally, each of us can think back to one or more teachers who were instrumental in the development of our careers and manner with patients. Their influence reflected how they were more than teachers, they were mentors. An important component of residency training is the development of a relationship with a mentor. In fact, at a presentation at the International Conference on Physician Health in 2006, involvement with mentoring was identified as one of the top ten strategies for a healthy residency. It was specifically advised that each program have a formal system in which each new resident is assigned to a mentor with specific expectations in the mentoring relationship. Informal mentoring is also encouraged. Mentors may be faculty or more senior residents. Residents utilize their mentors for consultation on professional and personal concerns.

A survey by Levy (2004) identified three things residents seek from mentors: 1) career advice such as post residency choices, research options, exploration of 'the big picture'; 2) support including confidential support, being open to any type of question and discussion of current stresses, listening to ideas, facilitate networking and providing a sounding board; 3) role modeling that offers encouragement and inspiration, advice on career-personal life balance, real-life perspective, demonstrating light at the end of the training tunnel, offering examples of successes and managing difficulties. In short, Levy noted effective mentoring involves "individual advocacy and attention to the career development of each house officer."

Suggestions:

1. If shortly into your first year your program does not provide you with a mentor, ask your program director for one.
2. In your first meeting with your mentor talk about their and your prior mentoring relationships, what you valued and did not like and what you hope to develop in this new mentoring relationship. Plan to meet at least 3 times a year and prn.
3. Clarify with your mentor that discussions are kept confidential and are not included in the evaluation process.

4. If after a few meetings you do not find the mentoring contact supportive talk with your peers and consider requesting a different mentor. Mentoring involves a goodness of fit and it is ok to acknowledge and change a match that is not working well. It is not an indictment of you or the mentor to make a change.

5. Basic guidelines you should expect your mentor to follow (Levy, 2004)

- provide a confidential relationship involving trust, openness, sincerity
- ask you what you want in the mentoring
- prioritize access to meet prn and as scheduled
- encourage you to share your ideas, goals, dreams about your career
- will be supportive, not judgmental as you explore training and career paths
- will support and enjoy your achievements, not compete with you

Additional Information:

- [Mentoring background information](#)
- [Online resources](#)

References:

- Levy B, Katz J, Wolf M, Sillman J, Handin R, Dzau V. An initiative in mentoring to promote residents' and faculty members' careers. *Academic Medicine* 2004;79(9):845-850
- Ramanan R, Phillips R, Davis R, Silen W, Reede Joan Mentoring in medicine: keys to satisfaction. *American Journal of Medicine* 2002
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- Setness P. Mentoring: Leaving a legacy of opportunity and responsibility. *Postgraduate Medicine online* 1996; 100(4)

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