“Be like Mike...”

Edward D. Verrier, MD

From the Department of Surgery, University of Washington, Seattle, Wash.

Disclosures: Author has nothing to disclose with regard to commercial support.

Received for publication May 15, 2017; accepted for publication May 30, 2017; available ahead of print June 29, 2017.

Address for reprints: Edward D. Verrier, MD, K. Alvin and Shirley E. Merendino Endowed Professor of Cardiovascular Surgery, University of Washington, Seattle, WA (E-mail: edver@u.washington.edu).

J Thorac Cardiovasc Surg 2017;154:1348

0022-5223/\$36.00

Copyright © 2017 by The American Association for Thoracic Surgery

<http://dx.doi.org/10.1016/j.jtcvs.2017.05.094>

The article “How I Found a Mentor”¹ speaks to the importance of support, friendship, and counsel throughout one’s educational and professional life in cardiothoracic surgery and how 3 young surgeons found such support. All of us who have had strong formative role models or “mentors” have certainly benefitted and would agree with this message. Within this simple message, I believe it is essential to distinguish 3 overlapping concepts: teaching, coaching, and mentoring. Classically, a teacher imparts knowledge. “I am the expert, I have all this information and I am going to teach it to you. If you listen to me and watch me, you will learn.” It is a top-down learning model and not necessarily optimal for adult learners, but it is the educational model most commonly used through medical school.

In contrast, coaching is about performance, skill acquisition, teamwork, and taking a learner on the Dreyfus scale² from point A as a Novice to point C as Competent to point E as Expert. Coaching is most effective for resident education as the learner is really involved in such a performance sport. Coaching involves honest performance analysis, objective assessment, structured debriefing, formative feedback, behavior modeling, and guided self-reflection. A coach may be friendly, but they are really not your friend. Lifelong learning, however, must go beyond residency but nontechnical skills such as leadership, professionalism, communication, time management, and emotional intelligence become even more essential. This is where mentoring becomes so important. One definition of mentoring states: Mentoring is a power-free, 2-way, mutually beneficial learning situation in which the mentor provides advice, shares knowledge and experiences, and teaches using a low key, self-discovery approach.³

Mentorship.

Central Message.

Teaching, coaching, and mentorship are part a continuum of support for all surgical residents and young practicing surgeons for their professional life.

See Article page 1345.

In reality, the definition of the “mentor” who the authors are referring to in this essay combine all 3 aspects of teaching, coaching, and mentorship and as noted by the authors. Achieving such a sustainable match for life between mentee and mentor can be a challenge but well worth the effort. The authors highlight 7 basic principles worth renaming for the mentee: recognizing commonality of interests, self-honesty and introspection, positioning oneself, persistence, understanding changing needs, bringing something to the table, and humility. Well said. From the other side of the table, every mentor wants that kind of sustainability and reward as they get older and will always embrace, nurture, and cherish such special relationships.

References

1. Alberman LF, Rudersdorf PD, Herrmann JL. How I found a mentor. *J Thorac Cardiovasc Surg.* 2017;154:1345-7.
2. Dreyfus SE, Dreyfus HL. *A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition (PDF)*. Washington, DC: Storming Media; 1980. Available at: <http://www.dtic.mil/dtic/tr/fulltext/u2/a084551.pdf>. Accessed June 13, 2010.
3. Starcevich M. Coach, mentor: Is there a difference? Available at: <http://www.coachingandmentoring.com/Articles/mentoring.htm>. Accessed August 2016.