Mentoring the newly minted: Evolving the rules of engagement

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Stephens and colleagues¹ provide an insightful examination of mentorship in cardiothoracic (CT) surgery training as assessed by a 2017 in-training exam survey. This crystallizes perceived mentorship gaps that exist in the areas of career advice, employment assistance, and work–life balance. Mentors selected by the resident mentees themselves appear to provide superior assistance to those assigned by their program directors. It is clear that our trainees value mentorship. This important summary¹ attempts to identify perceived shortcomings in hopes that we may collectively assist in closing the mentorship gap.

The ultimate goal of any training program is to ensure that newly trained surgeons possess the technical precision and ethical and moral standards required to be competent contributors to our specialty and our patients. Our aim is to provide a training environment of professional and academic excellence along with repetitive technical experiences to facilitate innate permanent adoption. Of course this must occur while creating opportunity for progressive career planning and sustainable work–life balance. With this mantle of responsibility comes the opportunity for structured mentorship.

Although easily stated, this is no small order. For the process to be sustainable and mentorship optimally effective, investment at all levels must occur, including our professional organizations, our training institutions, and especially through a renewed engagement in the mentor–mentee relationship.

The American Association for Thoracic Surgery and the Society of Thoracic Surgeons consider it a core mission to cultivate our future through dedicated leadership efforts in education, mentorship, and career development. All of our professional organizations, including the Thoracic Surgical Directors Association and the Accreditation Council for Graduate Medical Education, diligently contribute by defining standards for training environments, educational curriculum, resident evaluation, and certification. The American Association for Thoracic Surgery, through the Cardiothoracic Residents Committee and Education

Central Message

Mentorship is an essential responsibility to ensure the future of our specialty. Creating a sustainable relationship for success takes dedication from both the mentor and the mentee.

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Committee, and The Society of Thoracic Surgeons, through its Workforce on Thoracic Surgery Resident Issues and Workforce on Career Development, have recently made career mentorship a driving force behind its offerings for residents and early careerists.

Despite renewed organizational efforts, differences in local practice and training paradigms may make the learning experience and the launch of a new career highly variable. Thus it is incumbent to all faculty members to remain fully dedicated to the clinical and professional success of our trainees. Institutions that provide the home of our CT training programs must have the fiscal and strategic fortitude to endure support. This may be in form of capital investment to create the physical environment or, more importantly, through faculty support that may allay concerns over work relative value units and cost accounting that tend to negatively influence faculty behavior and time allotment to education.

As Stephens and colleagues¹ elegantly infer, consistent and thoughtful mentorship takes clear commitment as illustrated by the higher value residents placed on independently selected mentors. This experience further highlights the need for an improved understanding of the rules of engagement of mentorship. This pertains to the mentors of course, but also to mentees. Mentors must feel open to encourage a team of mentors, provide clear ground rules and communication to improve efficiency and achieve goals with mentees, and perhaps most importantly, never commit what

Chopra and Saint refer to as mentorship malpractice; that is, allowing mentees to make recurrent mistakes or, worse, taking personal credit for a mentee's efforts.² Mentees, on the other hand, must respect the time commitment of the mentor by helping to clarify needs and follow goal-directed efforts in an energized and engaging manner.³ A good mentee should follow through by delivering on objectives set and by maintaining a decorum of respect and transparency.

In the past, CT surgery's challenges with reimbursement, work-life balance, and job placement distanced many surgical residents from the pursuit of our specialty.^{4,5} Through an evolution of training, resident work hours, and a redefinition of training programs, we have seen a collective resurgence in the volume and quality of applicants. Nevertheless, gaps in our training highlighted by recent reports illustrate the need for ongoing mentorship in minimally invasive surgery, understanding the business of our specialty, and in finding successful long-term employment.^{1,6} Mentorship is a process that must continue beyond the period of formal training.⁷ As any practicing surgeon will attest, the real gains in competence and confidence occur during the first years of practice. If a newly graduated surgeon joins a practice where he or she is expected to take independent call and perform procedures with which he or she is only partially competent, disaster surely awaits the surgeon; the hospital; and, most importantly, the patient. As such, it remains vital that mentors help trainees select their first job out of training with great care so they land in a mentored environment. This mentorship handoff is

perhaps among the most essential and lasting efforts a mentor can impart on a mentee.

Once in practice, it is imperative that senior members of a practice group understand their role in the mentorship continuum. This should include assisting with cases until such time as the surgeon, practice, and medical community are comfortable that professional success has been established. This also entails promoting the new surgeon among referring physicians to facilitate growth of his or her independent practice. In these scenarios, mentorship is often highly rewarding for both the mentor and mentee. If motivated always by a dedication to do the right thing for the patient, the trust and friendship that can develop during the formative early years of one's career can forge lifelong bonds of partnership.

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