Mentoring never ends

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Mentoring relationships are a fundamental component of surgical education, and these relationships help build the next generation of successful surgeons. In this issue of the *Journal*, Stephens and colleagues¹ shed light on the many mentor roles that cardiothoracic surgery residents seek throughout their training, as well as some areas where there may be deficiencies in mentorship. Reflections on this article have been written by a mentee (A.J.S.) who is currently a postgraduate year (PGY) 2 and a mentor and mentee (C.E.D.) who is currently PGY 18.

A.J.S.: Integrated residencies are a relatively recent training modification in which the same groups of mentors and mentees are partnered for 6 or more years. The field itself is constantly evolving and has changed substantially during the decade of its existence. As residents in such an ever-changing field, we ultimately seek mentors who are dynamic in nature. In the early years of training (PGY 1-3), we seek mentors who are able to teach technical skills, give appropriate autonomy in evaluating and managing patients, and help us to guide our careers as we decide between academic and community practice jobs. In our later years of training (PGY 4-6), we seek fine-tuning of technical skills, help in finding jobs through mentor relationships, and advice for building a successful practice going forward.

The integrated cardiothoracic surgery programs are unique in the sense that we work in small programs with a nearly 1:1 resident–attending physician ratio. This causes a special relationship to develop between residents and attendings, because residents are working “on service” for a vast majority of their training. This increased frequency requires mentors to teach younger residents basic technical skills and ultimately how and when to operate as residents progress into their later years. Again, this dynamic nature is desired by integrated residents, because the training model requires mentors to grow along with the trainees.

Chadrick E. Denlinger, MD (left), and Alexander J. Sbrocchi, MD (right).

Central Message

Mentoring relationships are critical for the development of surgeons, and these relationships are also important throughout one's entire career.

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C.E.D.: Essentially, the resident's perspective highlights the evolving needs and questions for which they seek advice and guidance as their training progresses. In reality, the needs of individuals continue to evolve well after we graduate and move on to independent practices. As a result, the perfect mentor gives whatever support or advice the mentee is seeking. Although it is reasonable to categorize questions common to individuals according to their level of training, and it is even possible to further dissect common questions based on the mentee's gender or specific career interest, this probably does not provide meaningful guidance to a mentor for what their mentees may be interested in. Instead, characteristics requisite for all mentors that are appreciated by everyone seeking advice include (1) a willingness to listen carefully, (2) a solid understanding of the individual who is asking the question, (3) experience and understanding the situation, and (4) a willingness to provide an honest and sincere answer to the one asking the question. Perhaps all that may be necessary is rephrasing the question and reflecting it back to the one asking it.

Reference

1. Stephens EH, Goldstone AB, Fiedler AG, Vardas PN, Pattakos G, Lou X, et al. Appraisal of mentorship in cardiothoracic surgery training. *J Thorac Cardiovasc Surg*. 2018;156:2216-23.