

Mentorship Culture in the VUCA World

Ahmet Rüçhan Akar

Ankara University School of Medicine
Turkey

Defne Güneş Ergi¹, Dilek Erdinli¹ and Ahmet Rüçhan Akar^{2*}

¹Ankara University School of Medicine, Turkey

²Department of Cardiovascular Surgery, Ankara University School of Medicine, Ankara, Turkey

COLUMN ARTICLE

Mentorship culture in medicine

Today, we are living in a new normal, “VUCA world” as initially suggested by Colonel Gerras S.J. for the U.S. Army in the 1980s. VUCA is an acronym that describes the current environment, which is undoubtedly volatile, uncertain, complex, and ambiguous [1]. Next-generation academic physicians have to keep up in such a challenging chaotic environment and need to work harder than ever while seeking their paths [2]. During their residency training; financial constraints, intense work schedules, interprofessional competition, unpredictable patient volumes, violence against healthcare professionals, sexual harassment, gender discrimination, lack of time for meaningful relationships, and social media may all contribute to the chaos and complexity [3-6]. The current “VUCA world” may result in high levels of burnout, emotional exhaustion, depression, anger, sadness, anxiety, and uncertainty around performance or even suicide [4,5]. Besides, from early in their careers, modern-day medical doctor candidates are confronted with a myriad

of challenges in meeting increasing public expectations of skill and expertise [7]. Medical students and residents can no longer rely entirely on experiential development through the volume of exposure.

Critical thinking, responsibility, work ethics, safety, quality improvement, and continuous education are all critical topics of discussion in the tutelage of future physicians. “Seeking the exceptional” for a meaningful life, as suggested by Friedrich Nietzsche requires critical thinking and creativity. Strategic thinking, creative thinking, problem-solving, and decision-making are essential elements. Given these conditions, are the traditional, “tried-and-true” approaches to medical training adequate or even compatible with this changing context in this new era? We think the answer is no. High-quality, patient-centered health care requires a healthy workforce with life-work balance [8].

During the early 1900s, the forefathers of modern medicine (e.g., Osler and Cushing) modeled and advocated a close mentor-mentee relationship which, ultimately, proved hugely advantageous for both parties as well as for the burgeoning field of medicine. A mentor, according to

this typical example, is a person with influence and knowledge who offers wisdom, advice, and opportunity for the mentee – a close mutually beneficial alliance requiring motivation and commitment from both parties. Traditionally, a mentor needs to possess not just superior skills and knowledge but also high moral and professional values, physical, emotional, and intellectual dedication [9-11].

The term “mentor” is originally derived from Greek mythology. In Homer’s *Odyssey*, Mentor was a friend of Odysseus entrusted with the welfare and guidance of his son, Telemachus. Mentor, assisted by the goddess Athena, was empowered in this exalted role to shape this young man into the new king. Thus, the role of mentor became one of great responsibility – bestowed on the mentee as a sort of “gift from the Gods.” Most historical examples include specific mentor/mentee pairs such as Socrates and Plato [12]. Socrates (470-399 B.C.) introduced the question-and-answer approach and believed the importance of gaining self-knowledge. Plato (427-347 B.C.), under the influence of Socrates, founded a school called the “Academy”. Plato mentored Aristotle (384-322 B.C.), who in turn, creates a center of learning called “Lyceum”. Aristotle was a mentor to Alexander the Great. Since then, accumulated wisdom was passed from one generation to another [10]. As Sir Isaac Newton (1643-1727) once commented: “If I have seen further it is by standing on ye shoulders of Giants”. Finally, mentorship has also evolved and became state of the art [11]. Currently, the term “mentor” commonly defines being an advisor, listener, tutor, master, role model, supervisor, motivator, teacher, guide, critical friend, supporter, door opener, referral agent, sponsor, or a strategist. Mentoring is a two-way teaching and learning relationship and benefits both mentors and mentees [10,11]. Mentorship culture is now recognized as one of the most critical factors in determining career success, especially concerning advancement and productivity.

Educational models in the world of medicine are in a state of flux. To attain adequate levels of knowledge, technical skills, and situational comfort, they must collaborate with others and take advantage of the trust-based partnership of mentors. Mentoring has been a part of medicine and sur-

gery since the days of apprenticeship, but its role and value is increasingly recognized in recent years [3,13]. Diverse mentorship has a significant impact on training and career development in academic medicine [14,15]. It is pragmatic and confidential cooperation for a mentee to nurture their personal and professional development. It is a dynamic process in which both the mentor and the mentee and also the organization can benefit [10,11,16,17]. High-quality mentoring culture contributes to the growth of academic departments by improving research productivity, faculty career satisfaction, and educational performance [17].

Mentoring also provides the opportunity for the sharing of experience so that new trainees can supplement their learning in the operating room, angiography labs, and hospital wards with the shared experience of their mentors. Trainees can absorb real-world experience anecdotally as well as learn from the mentor’s developed knowledge and expertise. Further, although didactic forms of education do not allow for customization or communication to the learner, mentors can identify gaps in education and specifically address their learner’s needs [18]. This personalization is of particular importance as supplemental learning needs to complement each trainee’s unique clinical experience. However, from the mentee’s point of view, they are expected to be active listeners, ready to open self-life, responsive, humble, curious, open to feedback, on-time, understanding, non-judgemental, patient, ready to hear critiques and honest [10,11].

The current VUCA world is a reality. However, the antidote could be a new VUCA– “Vision, Understanding, Clarity, Agility” as suggested by Bob Johansen. The educational environment and academic programs are not immune to this recommendation [19,20]. Diverse mentorship experiences in research and teaching have paramount importance [2,21,22]. A productive mentoring culture may help to pass the new VUCA principles to the young generations during their personal growth and development. Besides, it can help mentees push their goals beyond what they thought possible by encouraging them to take risks, learn from mistakes, and reevaluate failures as learning experiences without forgetting that mentoring should be a lifelong process.

BIBLIOGRAPHY

1. Alkhalidi KH., *et al.* "Are you ready? Crisis leadership in a hyper-VUCA environment". *American Journal of Disaster Medicine* 12.2 (2017): 107-134.
2. Woolston C. "Postdoctoral mentorship key to career success". *Nature* 565.7741 (2019): 667.
3. Lin J and Reddy RM. "Teaching, Mentorship, and Coaching in Surgical Education". *Thoracic Surgery Clinics* 29.3 (2019): 311-320.
4. Janko MR and Smeds MR. "Burnout, depression, perceived stress, and self-efficacy in vascular surgery trainees". *Journal of Vascular Surgery* 69.4 (2019): 1233-1242.
5. Smeds MR., *et al.* "Burnout and its relationship with perceived stress, self-efficacy, depression, social support, and programmatic factors in general surgery residents". *The American Journal of Surgery* (2019).
6. Soklaridis S., *et al.* "Men's Fear of Mentoring in the #MeToo Era - What's at Stake for Academic Medicine?". *The New England Journal of Medicine* 379.23 (2018): 2270-2274.
7. Sambunjak D., *et al.* "Mentoring in academic medicine: a systematic review". *JAMA* 296.9 (2006): 1103-1115.
8. Stephens EH., *et al.* "Appraisal of mentorship in cardiothoracic surgery training". *The Journal of Thoracic and Cardiovascular Surgery* 156.6 (2018): 2216-223.
9. Berk RA., *et al.* "Measuring the effectiveness of faculty mentoring relationships". *Academic Medicine* 80.1 (2005): 66-71.
10. Clutterbuck D. "Everyone Needs a Mentor: Fostering Talent in Your Organisation". London: Chartered Institute of Personnel and Development (2004).
11. David Megginson., *et al.* "Mentoring in Action: A Practical Guide". Second edition London and Philadelphia (2006).
12. Davis LL., *et al.* "The art and angst of the mentoring relationship". *Academic Psychiatry* 21.2 (1997): 61-71.
13. Gomez-Ospina JC and Garcia-Perdomo HA. "Mentoring: A revolutionary act". *International Journal of Surgery* 65 (2019): 94-95.
14. Guise JM., *et al.* "Team Mentoring for Interdisciplinary Team Science: Lessons From K12 Scholars and Directors". *Academic Medicine* 92.2 (2017): 214-221.
15. Cross M., *et al.* "Benefits, barriers and enablers of mentoring female health academics: An integrative review". *PLoS ONE* 14.4 (2019): e0215319.
16. Jacobs BN., *et al.* "Effect of Mentoring on Match Rank of Integrated Vascular Surgery Residents". *Annals of Vascular Surgery* (2019).
17. Heeneman S and de Grave W. "Development and initial validation of a dual-purpose questionnaire capturing mentors' and mentees' perceptions and expectations of the mentoring process". *BMC Medical Education* 19.1 (2019): 133.
18. Tsen LC., *et al.* "The development, implementation, and assessment of an innovative faculty mentoring leadership program". *Academic Medicine* 87.12 (2012): 1757-1761.
19. Rivera-Mata J and Martorell-Riera A. "An effective matching method for a scientific mentoring program". *Nature Biotechnology* 37 (2019): 693-695.
20. Robbins JB., *et al.* "Impact of a Speed Mentoring Program in an Academic Radiology Society". *Journal of the American College of Radiology* 16.5 (2019): 754-756.
21. Brueckner-Collins JK., *et al.* "Inspiring the next generation of academic physicians: the academic health careers program". *Medical Education Online* 23.1 (2018): 1530559.
22. Steinberg JR., *et al.* "Service through surgery: A quasi-experimental comparison study on the impact of a preclinical seminar course on diverse mentorship and attitudes towards the underserved". *American Journal of Surgery* (2019).

©All rights reserved by Ahmet Rüçhan Akar., et al.