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Editorial
Éditorial

Developing a culture of mentoring

Surely we all remember some of the difficult decisions regarding patient care that we tackled as inexperienced, newly minted surgeons at the outset of clinical practice. How nice it would have been to have received support and advice from an experienced senior mentor! The article by Patrick McDonald in this issue of the *Canadian Journal of Surgery* (page 168)¹ describes the positive influence that mentorship provided for him and contrasts this with another surgeon's experience in his own centre. This is germane to all new surgeons whether they start practice within an academic health centre or a community hospital anywhere in this country. Indeed, because learning is a lifelong process, mentorship should play some role through all stages of surgical seniority. As McDonald states, it is time to recognize and formalize the mentoring process. How may this be done?

It is essential to recognize the needs of surgeons for mentorship, and these are inextricably linked to needs for career development. Some clues can be found in a recent survey completed by clinical and academic medical specialists in a Canadian academic centre.² In this study, effective publication and grant writing was highly ranked; however, it is no surprise that the majority of top career development challenges concerned personal/lifestyle issues. These included personal organization and time management, a challenge commonly imposed by the stresses of health reform, particularly for the solo practitioner. The challenge of effective oral and written communication is highly relevant to

the new practitioner who may be aware that most complaints made by patients to professional licensing bodies are related to poor communication. The study also identified challenges inherent in setting personal and professional goals effectively, managing information, managing stress, adapting to change and preparing for leadership.

Mentoring must be able to respond to special career development needs. These needs may reflect the seniority of a surgeon's career; whether a surgeon's career is focused toward clinical practice, academia or both; and gender differences. In the same survey of career development needs,² it was noted that increasing seniority in a career created an increased need for improved communication strategies, adaptation to change, managing stress and conflict resolution.² These trends may reflect increasing demands on senior career members to administer and manage. By contrast, junior staff grappled with the need to prepare for promotion and survive probationary appointments, set goals and develop management styles. Careers focused toward clinical practice require mentorship to establish their surgical credibility. This is critical for the young surgeon who must develop confidence in his or her surgical skills, yet carefully balance this with other priorities. The mentor can help develop surgical skills amidst a complex maze of changing health practices, patient rights, professional liability, clinical practice guidelines and new linkages to academic medical centres. Gender differences in career development needs have also been identified by

female academic faculty with school-age children.²

Creating a formal mentoring process requires institutions to display their commitment to nurturing the growth of surgeons who will succeed in clinical care, research and teaching. As McDonald states, “it takes an entire hospital to raise a surgeon.” Some centres have initiated a mentoring process in Canada³ with consideration of some key factors. Mentors must be mature, respected members of the department who can provide professional and personal support, as well as challenge the vision of the young surgeon’s future career with constructive criticism. In some cases, the mentor must provide scientific and academic advice while being vigilant to protect the time for research of the surgeon who is being mentored. Most important, the mentor must devote time to meet regularly with the “mentee.” Development of goals and action plans requires regular meetings. This approach appears to have been very successful for McDonald, who was able to structure discussion of difficult cases with colleagues in his adult division and to request help with complex cases from distant mentors. In this way, a mentor promotes confidence in a new environment as the role of a new surgeon matures. The young surgeon becomes known to leaders in the

institution and beyond and enjoys opportunity for networking.

In successful mentorship programs, it is important to ensure that mentors are recognized for their time commitment. Institutions can facilitate meetings at the outset of recruitment to coincide with orientation and evening social events to support the mentored relationship. Workshops for mentors can help identify goals. Recognition in the promotions process, as well as mentoring awards from hospitals or academic faculties, can help bring distinction to this important role.

An effective mentor identifies formal opportunities for career development, for example, short courses and workshops with an emphasis on team-based practice. In the case of the 12 deaths in the Pediatric Cardiac Surgery Program at Winnipeg Children’s Hospital in 1994, an effective mentor would have identified the concerns of the cardiac nursing team who helped flag systemic issues. An attractive way to develop surgical mentoring is through telepresence. Several examples of outstanding telementoring already exist throughout Canada, which enable surgical skills development at remote sites.

Do formal mentorship programs work? Many of these programs throughout the country remain young in their evolution with a need to collect outcome data. Success will

be defined by the recruitment and retention of the best and brightest and in personal career satisfaction. Good mentoring requires leaders who champion the process, organizational and financial support, and personal resources from all involved. Too often, mentorship programs receive insufficient attention from institutions and departmental colleagues. The best environments recognize that good mentorship creates productivity and creative capacity. Most important, those institutions and senior colleagues who invest quality time in mentoring recognize that this is time well invested, because it is more than repaid in academic success and high-quality patient outcomes!

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2005 MacLean–Mueller Prize

The 2005 MacLean–Mueller prize-winning article is “Factors predicting the outcome of primary clubfoot surgery” by Peter A. Templeton, Mark J. Flowers, Kevin H. Latz, Derek Stephens, William G. Cole and James G. Wright.

This article was published in the April 2006 issue of the journal (*Can J Surg* 2006;49[2]:123-7).

The Maclean–Mueller Prize is awarded each year by the *Canadian Journal of Surgery* for the best manuscript written by a Canadian resident or fellow from a specialty program who has not completed training or assumed a faculty position.