Info-Morsel
May 2024
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Mentorship Basics: Offering and Receiving

Summary
Do you have a mentor? We are guessing you could name a few, and they may not even know that you consider them your mentor! Mentorship is as old as humanity, and ubiquitous in medicine, yet evidence to support it is patchy. It is a wonderful, warm, relational way to engage in learning, teaching, developing, and evolving. It is essential for learning a new job or role. It is generally considered different from coaching, which leans more into goal-setting, observation, data collection, and specific feedback. It is bi-directional, benefitting both mentees and mentors. Effective mentorship requires certain qualities of both the mentor and the mentee, and some degree of 'fit' in the relationship. A mentorship relationship may grow organically, or from some degree of intentional organizing. And even when best intentions and planning are at work, mentorship relationships can go sour. In our academic family medicine setting, mentorship relationships could be made up of any combination of staff, allied health clinicians, students, residents, faculty – at any level of experience or expertise.

Take-away Tidbits

1. Key characteristics of a successful mentor may include enthusiasm, generosity, patience, a sense of humour, knowledge and competence. (1)
2. It is important that the mentee does not act as an empty vessel, merely receiving the mentor's advice and wisdom, but rather as an active participant in shaping the relationship. (1)
3. Mentoring works best when the mentor and mentee have similar values and interests; 'matches' should be self-identified and not assigned. (1)
4. Unsuccessful mentoring relationships may result from poor communication; lack of commitment; personality differences; sense of competition: conflict of interest; and a lack of experience of the mentor. (1,2)

Table 5. Examples of differing mentoring styles

Mentoring style	Characteristics
Classic model	Formal approach Well planned with a specific setting One on one A more experienced mentor and less experienced mentee from the same field
Shadowing	Not considered a true form of mentoring Based on observation of experienced professionals
'Trans' model	Mentor works outside of the mentee's area of focus: e.g. clinical research paired with basic scientist Widens development of professional network Fosters multidisciplinary and multi-departmental collaborations
Networking model	Less intense than traditional styles Less dependence on an individual mentor Offers a wider range of perspectives
Reverse mentoring	Both parties act in the capacity of mentor and mentee The older generation learns from millennials, who may have open minds, and are engaged with present and future technology The millennials learn from the older generation, who have experience in the skills and practice of their field Two-way learning experience (both the mentor and the mentee learn) Brings different employee generations closer together
Group mentoring	Suitable in organisations with lack of senior leaders Delivery is virtual or face to face Peer mentoring also occurs Possibility of rotating between mentors
Spot mentoring	More casual approach Seek out a senior leader One-off mentoring 'spot' meetings Specific and focused
Virtual mentoring	Using Skype, FaceTime or chat facilities More geographically friendly Potential risks include miscommunication, slower development of the mentoring relationship, trust and confidence

From A Burgess et al.(1)

Resources:

1. Burgess A, van Diggele C, Mellis C. Mentorship in the health professions: a review. The Clinical Teacher 2018; 15: 197–202. https://doi.org/10.1111/tct.12756

2. Chopra V, Edelson D, Saint S. Mentorship Malpractice. JAMA 2016; 315:14. 1453-4. doi:10.1001/jama.2015.18884

3. McMaster DFM Faculty Mentorship Toolkit (2020, faculty portal web page).