

Mentorship in Surgical Training: Current Status and a Needs Assessment for Future Mentoring Programs in Surgery

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This interesting paper describes “a cross-sectional cohort of current surgical trainees’ experiences” with respect to mentorship [1].

I found it personally relevant, having recently finished my training in Australia where I was fortunate enough to have had a number of relationships where I consider myself to have been (informally) either a mentor or a mentee.

The authors have very eloquently described the definitions and parameters of a mentor, as well as summarized the existing literature highlighting the benefits of mentorship, and placed it in current context by discussing relevant policy within training institutions.

The questionnaire was distributed to all doctors in surgical training throughout the UK and Ireland. 565 completed questionnaires were received (out of 5,694 trainees invited). The authors themselves admit that this may result in a significant responder bias—“there is the potential for these results to reflect those with either poor or excellent experiences of mentoring who may have been biased toward completing the survey.”

Despite this it is a worthwhile insight into the experiences and needs of trainees. The results demonstrate a snapshot of the subjective experience of trainees, rather than hard science and data. It demonstrates the current shortfall in mentors among the responders—51.3 % currently had no mentor, despite 89.7 % of these stating that they would like a clinical mentor. Even if this sample is

biased, it still represents a large number of trainees who would benefit from a formal program.

There may be a number of reasons why trainees fail to find an appropriate mentor informally, such as maintaining a professional distance with seniors in one’s own hospital or region, or nationally based selection programs resulting in long distance and sometimes recurrent moves from prior training regions. By highlighting the benefits of mentorship, and its lack of prevalence, this article may at least raise awareness and encourage surgeons to take on the role of mentor.

By clearly outlining what trainees consider makes a good mentor, how a mentorship should occur, and making specific recommendations for a formal mentorship program, at most it encourages the Royal College of Surgeons to introduce such a program for the benefit of many trainees. I would hope to see a similar program in Australia.

Reference

1. Sinclair P, Fitzgerald JEF, Hornby ST, Shalhoub J (2014) Mentorship in surgical training: current status and a needs assessment for future mentoring programs in surgery. *World J Surg*. doi:10.1007/s00268-014-2774-x

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