CORR Curriculum — Orthopaedic Education

CORR® Curriculum — Orthopaedic Education: Mentorship in Surgical Training: Can Personality Assessment Help?

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From the Column Editor:

A greater need for mentorship has been identified in both orthopaedic surgery and other medical specialties for medical students, residents, and faculty [7]. But when residents do find their men-

tors, the results have been less than ideal. Although having a mentor offers the perceived benefits of improved resident engagement, performance, and well-being, a recent study [2] found that less than half of orthopaedic residents were satisfied with their mentoring relationships while in training. Is there a better way to match residents with mentors?

Guest authors Paul Tornetta, III MD and Yelena Bogdan MD suggest that formal personality surveys can potentially help residency leadership assign a better “fit” for the mentor-protégé relationship. Both authors have a unique perspective on the subject, as Boston Medical Center, Dr. Tornetta’s current institution and Dr. Bogdan’s former institution, recently included a personality assessment as

part of its residency application process.

— Paul J. Dougherty MD

Introduction

Developing young physicians into high-performing surgical residents is the goal of any surgical training program. Prior work [5] has demonstrated that surgical training programs desire physicians with a certain “surgical personality” that goes beyond talent alone. Those who excel have been shown to exhibit traits similar to their physician mentors, which almost universally include being well-disciplined, motivated, and willing to admit error when necessary [5].

A formal assessment of a job candidate’s personality has been used in the business world with great frequency, as personality screenings can predict both job and team performance [3, 4]. However, this type of assessment has not been adopted in the surgical or medical disciplines, possibly due to a lack of knowledge or compelling research demonstrating its

Note from the Editor-In-Chief: We are pleased to offer the next installment of CORR® Curriculum – Orthopaedic Education, a quarterly column. The goal of this column is to focus on the mechanics of resident education. We welcome reader feedback on all of our columns and articles; please send your comments to eic@clinorthop.org.

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effectiveness in medicine, as well as concerns regarding potential privacy and implementation issues.

What, then, can we gain from personality assessment?

Improving The Mentor-Protégé Relationship

Adding a personality assessment as part of the application process may reveal a quality resident otherwise missed during the long, strenuous, and subjective interview process. It can also be used as a tool to match residents with mentors.

Any mentoring relationship hinges on the similarities and differences between the mentor and the protégé. Mentors support the strengths of the protégé, address his or her challenges in a directed manner, and provide personal and career-related guidance. Establishing a true mentoring relationship may be critical for senior and chief residents as they start their careers. For surgical residents who spend many hours in the hospital and in the presence of attendings, it makes sense to foster those relationships in a meaningful way. This requires work and commitment.

Some programs have begun to use the Residency Select Hogan Assessment [6], which provides a description of one's general tendencies, stress tendencies (responses to stressful situations), and

drivers (those factors that motivate behaviors, such as altruism, scientific inquiry, or commercialism) [8]. The Residency Select Hogan Assessment is now part of the application process for the Department of Orthopaedic Surgery at Boston Medical Center (BMC). Additionally, all BMC residents completed the assessment as a learning aid. Generally, such assessments take about an hour to complete online, and do not need to be done in a single sitting. The assessments are taken prior to the interview. After completing the assessment, a "transition to practice guide" is generated, providing a description of the resident's personality traits in domains such as: Adjustment, ambition, sociability, interpersonal sensitivity, prudence, inquisitive, tradition, and learning approach [8]. The transition to practice guide provides three sections for each domain: Strengths, challenges, and suggestions. It is too soon to determine the impact of implementing personality testing to our application process, as BMC is only in its first year of utilizing this assessment. However, the overall response has been extremely positive, particularly the suggestions that come from the guide.

Working With The Problem Resident

Professionalism is a critical issue in the medical field, and some personality

traits may contribute to surgical attrition in training programs [1, 9]. Providing guidance to a problem resident is a frustrating task that often feels interminable and hopeless. Personality testing can provide some insight into the traits that may be causing the issue, especially those traits that worsen under conditions of stress.

For example, a high score on the personality assessment in "tradition" would predict that a resident would follow established guidelines for management, whereas a very low score would suggest a higher risk of changing established guidelines for the sake of change. But just as a low score may predict the risk of not following established guidelines, a very high score may indicate resistance to change or appropriately stepping outside of a guideline when logic dictates it. Another example might be a resident with a high "prudence" score on their transition to practice guide would likely have difficulty delegating, but would have high standards for their own performance.

Looking at the overall personality tendencies can alert the mentor to potential personality differences that may disrupt the mentorship relationship. For example, a resident who scores extremely highly on the "confidence scale" will likely not be fearful or timid in assuming graduated

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responsibility, however, this same resident may overstep their knowledge base. Mentoring this person would include a full discussion of this potential pitfall prior to its occurrence.

Another example might be a resident who is high in optimism—a wonderful quality in a healthcare professional. However, this trait, if strong, may cause a resident to take criticism less seriously as they will tend to believe that, in the end, things will work out well. Proper mentorship will guard against this.

The idea is to make both the resident and the mentor aware of these tendencies so that they do not become an issue down the line. This may not always correct the behavior, but it can provide the faculty with insight as to how to approach the issue, and provide a sense of personal accountability and awareness for the resident. A mentor with similar issues may even be the best person to address them, because he or she is in a better position to understand how to overcome these issues.

Concerns

It must be clearly understood that personality testing is not as precise a science as biomechanics or biology. Boston Medical Center is not using this tool to weed out candidates, but to

add to the mentorship process for those in our program. None of the reported results of the profile are foolproof and the actions of an individual may differ substantially from that predicted. Therefore, programs should be cautioned about placing too much emphasis on the results. That said, the use of the transition to practice guide encourages the resident to be thoughtful about their general demeanor, how they react to stress, and what motivates them. The conversation that ensues can be mutually beneficial to the resident and their mentors.

Just Another Tool In The Toolbox?

Generally, personality assessment can serve as an adjunct to judging our relationships with our trainees. It can enhance the mentoring relationship by evaluating the protégé or trainee in terms of both positive and negative traits, drivers, and potential pitfalls, helping the mentor focus his or her efforts on specific areas. It can provide a guide for addressing problems, and become an additional tool in the training process. The power of this process is yet unharnessed, and programs are now beginning to explore its use. As this process unfolds, there will be evaluations of how this tool may help in identifying those candidates who may best match the needs of

various specialties, and more importantly, how individual tendencies may be best managed for success.

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