

Developing Culture of Mentorship

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Dear Editor,

The idea of ‘mentoring’ developed 3000 years ago, with the character of ‘Mentor’ in Homer’s Greek poem, *Odyssey*. Odysseus delegated his juvenile son Telemachus under care of his old and wise friend, Mentor, when he had to leave his young son for 10 years to fight in the Trojan War.¹

Mentoring is important for development of the medical profession. It is bidirectional and benefits both mentor and mentee.

Mentorship is a lifelong relationship and the purpose is to develop trust, guidance and mutual benefits for both mentors and mentees. Good mentoring leads to better professionals, improved patient care, and creates a brighter future for medical profession. Mentoring is not only a leadership competency; it is an exceptional act of professionalism through organizational management. Significance of mentorship in medicine and healthcare system cannot be underestimated.² Mentorship not only benefits the mentees, it has positive influence on mentors as well. It is bidirectional process. Having a mentor gives the opportunity to seek proper guidance in your professional pathway. Moreover, it provides one sense of enablement, more time for intellectual activities like publications. There is better ability to perform and lastly a mentee gets access to mentor’s network, so it leads to increased networking opportunities.

Mentors benefit from mentoring relationship as well. With mentoring, come enhanced leadership skills, improved communication and teaching techniques and ability to manage things better and achieve excellence. A mentor develops a broader network through junior doctors. It provides one with chances for introspection and appreciation of new perspectives. Last but not the least it gives a sense of achievement, joy and purpose.

Mentoring typically involves four key phases: initiation, cultivation, separation and redefinition.

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Although in most mentoring relationships, the benefits outweigh the risks, but not all are successful or effective. Mentoring fails if there is a conflict of interest, lack of commitment and communication, inexperienced mentor and clash of personalities.³ The consequences of an unsuccessful mentoring relationship can lead to inadequate collegiality. In case when too much support is provided, there may be a risk of dependency on the mentor. If the mentee is no longer learning from the mentor, it may be advisable to end the mentorship.⁴ In this new era of artificial intelligence and globalization, as a lot of work of medical education has moved online, the mentors must be well versed with the practices of virtual environment. Explicit skills and deliberate practice is required in developing connections, communication, collaboration and productivity on virtual platforms that are different from physical teamwork.⁵

Many organizations and platforms have been developed to encourage the far- flung mentorship. It provides the physicians- the mentor or the mentee, a chance to develop long distance relationship with physicians from different ethnicity, background and regions but with similar research and educational interests. This would lay a foundation stone for development of long lasting collaboration in medical research and education among different regions around the globe. So, the idea of long distance mentoring should be explored and encouraged.

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