



Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

Short Guide for Mentees and Mentors **Eastern Association for the Surgery of Trauma**

Goal:

Develop a mentor-mentee relationship to allow for faculty development as mentees and mentors.

Objectives:

- Determine the needs to target during the one year program
- Discuss expectations from both mentor and mentee, regarding time set aside for a face to face meeting, communication schedule and deliverables.
- Formulate a plan of action. Examples:
 - Facilitate involvement in committees
 - Provide with advice regarding research projects
 - Propose strategies for career advancement
 - Provide advice for life-work balance

Stages of the Mentorship Relationship:

Each relationship will flow at a different pace depending on the areas of interest, personality match and communication styles. During the one year program it is desirable to accomplish these three stages of the mentorship relationship:

- **Exploration:** Exploring the issues and needs. This must be mentee driven
- **Understanding:** Gaining greater understanding of the areas of need, exploring challenges and strengths, establishing priorities.
- **Action Planning:** Encouraging creative approaches for overcoming issues and barriers for growth in desired areas.

How to be a good mentee:

Regardless of the level of expertise of the mentee, it is her or his responsibility to identify the purpose of the mentoring relationship and to drive the agenda.

The mentee should not expect to be a passive recipient of guidance or the mentor's wisdom; they must be active in identifying their needs and working to address these with the mentor.

There are several responsibilities that comes with the role of the mentee. These are some suggestions to help outline the progress during the mentorship program:

- Initiate contact
- Identify your areas of need
- Be reliable (be on time, avoid canceling and be mindful of the mentors time)
- Self-motivation- It is up to you what you get from this relationship
- Maintain an open mind, and do not be afraid to be challenged: The only way to improve is to question the status quo

How to be a good mentor:

There is no single best recipe to become a good mentor. Some behaviors and skills are more common in successful mentors such as remaining approachable, practicing active listening and constructive questioning.

Some suggestions for the program:

- Allow the mentee to lead the agenda
- Focus on what the mentee wants and whether there are actual or perceived blocks for success
- Empower the mentee to find their own solutions to their concerns
- Enable the mentee to verbalize his or her plan, this helps with building confidence, commitment to their goals and encourages self-understanding

Checklist before a meeting:

In order to take most advantage of the program consider preparing yourself before the meetings as well as using the time effectively during the meeting. This is a check list for the mentee to prepare yourself before and after each meeting.

- Before the meeting:
 - Make sure you have a clear understanding of what you want to obtain from the conversation
 - Be concise- what are the most pressing issues you want to cover?
 - Provide with all background information that can be useful for your mentor.
- After the meeting:
 - Reflect in the discussions
 - Do your homework (you must walk away from each meeting with a task)
 - Follow up with your mentor

Selected Readings:

[1-4]

1. Chen, M.M., et al., *A Multifaceted Mentoring Program for Junior Faculty in Academic Pediatrics*. Teach Learn Med, 2016. **28**(3): p. 320-8.
2. Kashiwagi, D.T., P. Varkey, and D.A. Cook, *Mentoring programs for physicians in academic medicine: a systematic review*. Acad Med, 2013. **88**(7): p. 1029-37.
3. Kibbe, M.R., et al., *Characterization of Mentorship Programs in Departments of Surgery in the United States*. JAMA Surg, 2016.
4. Steven, A., J. Oxley, and W.G. Fleming, *Mentoring for NHS doctors: perceived benefits across the personal-professional interface*. J R Soc Med, 2008. **101**(11): p. 552-7.