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Aims of this Guide

• To educate Sydney Medical School students in the benefits of mentorship for a surgical career;
• To assist Sydney Medical School students in developing skills necessary to engage in meaningful mentoring relationships;
• To foster a culture of peer mentorship and learning within the Sydney Medical School.

What is mentoring?

Mentoring is a professional relationship in which a person of experience guides the personal and/or professional growth of another. This is achieved through the provision of knowledge, skills, networks and perspectives.

Importantly, it is the mentee who determines the goals of the mentoring relationship. This is facilitated by the mentor who asks questions to understand the mentee’s needs, and assists them in finding their own solutions. Within this framework, mentoring relationships can provide a vast range of benefits that result in positive mentee development.

The mentoring relationship is different from a coaching relationship. Mentoring relationships usually last months to years, while coaching relationships are generally shorter and centred on performance of an individual in one or more specific tasks. Nevertheless, coaching can often form a part of the mentoring relationship, should certain skills or tasks form a part of the mentee’s desired personal and professional development.
What are the benefits of surgical mentorship?

While the mentee receives obvious gains from the relationship, both the mentor and organisation(s) in which the relationship operates also benefit.

**Mentee Benefits**

- Personal and professional development
- Improved confidence and ability to manage difficult clinical and professional situations in surgery
- Access to a forum for reflection on surgical practice and professional behaviours
- Potential access to professional resources and surgical networks

**Mentor Benefits**

- Opportunities to share surgical experience and develop self-awareness
- Opportunity to give back to the profession
- Satisfaction from being helpful and developing another’s surgical skills
- Development and use of teamwork and leadership communication skills

**Organisational Benefits**

- Enhanced professional engagement, morale and job satisfaction
- Augmented culture of reflective practice, collaboration and teamwork
- Improved communication, assisting in reduction of workplace issues.
- Widened staff skill base and competency, providing support for succession planning and achievement of strategic goals.
Why is surgical mentorship important?

Mentoring schemes are effective in supporting surgeons’ personal and professional development.

Evidence shows that those with mentors are more likely to:

- Have significantly higher career satisfaction.
- Be promoted following training.
- Become principal investigators in research.
- Complete research and publish more papers.

The most common reason for choosing a training specialty is the presence of a mentor in that specialty.

Who is mentoring for?

Mentoring is useful at all stages of a surgical career. This is due to the diversity of potential mentoring goals, which may include understanding workplace cultures, navigating professional pathways, or developing qualities required to succeed in surgery.

Particularly, mentoring is useful at points of role change (or distinct learning stages) and assists in accelerating learning and development. Examples in a surgical career are many, including Stage 1, 2 or 3 of medical school, internship, residency, registrar/training years, Fellowship, consultancy, and academia.

Mentorship can also be of great benefit for groups who are under-represented in particular fields, e.g. women and Indigenous Australians in surgery.
Roles and expectations

Mentee

• Identify the purpose of the mentoring relationship and drive the agenda.
• Be reliable – acknowledge the rarity of your mentor’s time; try to avoid cancelling or postponing agreed meetings, and be flexible with agreed meeting times/locations.
• Be motivated – complete actions agreed upon with mentor within suitable timeframes.
• Be ready for feedback and challenge – keep an open mind and be willing to reflect on and change attitudes/behaviours if required.
• Maintain professional boundaries and confidentiality.
• Be self-aware of your personality, communication and learning style - and the diversity of others’.

Mentor

• Respond to the mentee’s agenda, rather than imposing your view.
• Act as a sounding board or guide, allowing the mentee to come up with their own plan and long term goals.
• Encourage discussion of issues, intentions and change.
• Encourage self-reflective practice and provide honest feedback.
• Provide knowledge of departments, professions, networks and experiences.
• Maintain professional boundaries and confidentiality.
• Be self-aware of your personality, communication and learning style - and the diversity of others’.
How to start a mentoring relationship

Considerations

Mentoring relationships exist on a continuum of formality, ranging from informal private discussions to regimented contracts of agreement with documented portfolios. The pros and cons of each are varied and highly subjective, as each mentoring relationship has its own personality dependent on the sum of its parts (mentee and mentor).

Whichever form you prefer, some important factors to consider and/or discuss, include:

Goals and outcomes

- What are your aims?
- How will these be tracked and reviewed?

Boundaries of the professional relationship

- Will the mentor provide clinical exposure?
- Will the mentor act as a referee?

Time commitment

- How often do you wish to meet?
- How long should meetings be?
- Can you and your mentor both achieve this?

Communication

- What forms are appropriate?
- How will you cancel/postpone meetings if required?

Confidentiality

- Do you want discussions to remain confidential?
Mentor characteristics

- Does the proposed mentor have the required characteristics/personality to achieve your goals?
- What opportunities do surgical specialists provide as mentors, compared with registrars/residents/interns?
- Do mentors outside of surgical specialities provide additional insight?

Starting the conversation

Most importantly – the mentee must start the discussion. How this is approached may influence the dynamic of the prospective mentoring relationship:

Informal

- “I was looking for some opportunities to...”
- “Would you mind if I meet up with you to discuss...”
- “I need a little guidance on...”

Formal

- “I’m looking for a surgical mentor to assist with...”
- “Would I be able to meet with you as a mentor for...”

Making initial contact by email and phone is appropriate, but it is best to organise a subsequent face-to-face meeting to properly discuss your aims.
Establishing your goals and maintain the relationship

As part of the mentor relationship it is the duty of the mentee to drive the agenda. While many students know they are interested in surgery, engaging with a potential mentor with this as the sole motivator will likely result in dissatisfaction for all parties.

We recommend sitting down for 15 minutes and writing down your surgical goals (see Appendix A for template).

Additionally, it can often be helpful to periodically reflect on recent experiences. These reflections can provide useful discussion points for future meetings with your mentor (see Appendix B for a template).

Finally, documentation of agreed actions and discussion points can assist in creating accountability and drive to succeed (see Appendix C).

While activities such as these may seem tedious and time consuming, the structure and routine will provide a solid base to help you form meaningful mentor relationships. It can be useful to collate them in a folder to easily monitor your progress.
How to end a mentoring relationship

Many argue that a good mentoring relationship never ends; rather, it transforms as the mentee progresses through their career. However, it is important to acknowledge that not all mentors and mentees match or succeed. In addition, some mentorship relationships reach a natural end as mentees achieve their initial goals. While career directions in surgery and medicine are highly diverse, its community of people (even at medical school) is small. Therefore, advice on honest and professional cessation of mentoring relationships is warranted – you never know who you will work with down the track!

1. Before ending a mentoring relationship, assess your successes:
   - What was achieved? Did you gain any skills, knowledge or behaviours?
   - Were any goals not achieved? Why not?
   - What have you learnt about surgery?
   - What have you learnt about yourself?
   - What is your plan from here?
   - Is there anything you would change next time?

2. Use the above questions to guide discussions in your final meeting/s.
   (Alternatively, they may also serve as a form of reflection so that you can reinvigorate your mentoring relationship, rather than end it.)

3. If suitable, you may wish to ask your mentor for some final advice on pursuing your future aims/interests.

4. To close the meeting, you may wish to ask if you can return for advice on a more casual basis (when needed).
Tips for mentees for a successful mentoring relationship

Drive the relationship,
This is the ‘Number 1 Rule’! It’s your job as the mentee to maintain the connection.

Respect your mentor’s time.
It’s easy to get disappointed or angry if meetings are cancelled or cut short. Remember that your mentor is giving up their time to help you. Consider whether there are other ways to ensure meetings/discussions take place (e.g. meet in theatre, arrange early morning meetings or talk via the phone or Skype).

Don’t start too strongly!
Small talk is needed at the beginning and periodically during the relationship. Ask about experiences, clinical interests, or any interesting patients your mentor has had lately.

Be prepared for your meetings.
What do you want to talk about? Any issues to discuss? Do you need to gather any background information that would facilitate your discussions?

Be personable, but not too personal.
Don’t forget professional boundaries.

Engage more than one mentor!
Mentors can provide a large variety of experience and skills, but it can be rare to find a person who meets all your mentoring needs. As you progress in your career you will develop needs that might not be met by mentors from your junior years.
Bibliography


Aims of the Sydney University Surgical Society

- To foster and promote surgical education for medical students at the University of Sydney and at other recognized institutions;
- To foster and promote the development of the 9 surgical competencies outlined by the Royal Australian College of Surgeons, including technical expertise, medical expertise, clinical decision making, communication, collaboration, management and leadership, health advocacy, scholar and teacher, professionalism and ethics;
- To promote and encourage communication between students and surgeons, with an emphasis on the establishment of educational exchange & mentorship;
- To provide educational opportunities for students such as lectures, skills workshops, and experiences in operating theatres; and
- To provide a social outlet for members and students with an interest in surgery.
Appendix A. Goals
The goals on this sheet can be discussed with your mentor. We recommend completing the statements and timeframe as a minimum.

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Statement</td>
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<tr>
<td>Goal 3</td>
<td>Statement</td>
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</tbody>
</table>
## What are you short-term goals (1 – 2 years)?

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Statement</th>
<th>Deadline</th>
<th>How will you achieve this?</th>
<th>Who can assist/support you?</th>
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<table>
<thead>
<tr>
<th>Goal 2</th>
<th>Statement</th>
<th>Deadline</th>
<th>How will you achieve this?</th>
<th>Who can assist/support you?</th>
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<tbody>
<tr>
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<tr>
<td>Goal 3</td>
<td>Statement</td>
<td>Deadline</td>
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<td>How will you achieve this?</td>
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<td>Who can assist/support you?</td>
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Appendix B. Reflective Development

The following are a series of questions that may help you evaluate your progress and prepare for meetings with your mentor. We suggest keeping it in a portfolio with your other mentoring documents.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you achieved completion of any tasks or goals lately?</td>
</tr>
<tr>
<td>Have you had any setbacks in achieving your tasks or goals?</td>
</tr>
<tr>
<td>How are you feeling about your progress?</td>
</tr>
<tr>
<td>What has frustrated you lately?</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>What has pleased you lately?</td>
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<td></td>
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<tr>
<td>Have you consciously changed any behaviours lately? Why?</td>
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<tr>
<td></td>
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<tr>
<td>Have you learnt anything about yourself lately?</td>
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<tr>
<td></td>
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<tr>
<td>Is there anything new that you want to learn?</td>
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<tr>
<td></td>
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<tr>
<td>Have you added anyone to your network?</td>
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</tbody>
</table>
## Appendix C. Meeting Review

The meeting review is to assist you in reconciling key learning points and actions to address prior to your next meeting. We suggest keeping it in a portfolio with your other mentoring documents.

<table>
<thead>
<tr>
<th>Date of Next Meeting</th>
</tr>
</thead>
</table>

**Key Points of Meeting**

<table>
<thead>
<tr>
<th>Key Tasks / Actions</th>
</tr>
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</table>

**Discussion points to follow up next meeting**