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My Experience with Unofficial Mentorships : ENT and Plastic Surgery

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Abstract

Mentoring is essential in training people in various occupations, since antiquity. It is often part of an overall educational program. This is laudatory, but I wish to describe another path, which I have used, along with the traditional one i.e., unofficial mentorship. These are defined by an individual, who has certain skill sets and is interested in teaching them to a varied interested audience. This has been a 'modus operandi ', I have employed on occasion, in addition to conventual techniques. The philosophy of mentoring is briefly presented, along with my experience to hopefully increase understanding in our surgical community.

Keywords: ENT and Plastic Surgery; Modus Operandi; Surgical Community

Introduction

Epistemology is the branch of philosophy that investigates the natural, origin etc., of knowledge. Nagy et al. posits the origin of mentoring in the West, started and evolved from Homer's Odyssey, whereby, Odysseus [human] underwent a perilous journey forging relationships, teaching skills and creating functioning teams [1]. It progressed over time [2]. Guilds [11-16 century] proliferated to teach importance skill i.e., wood- work, masonry, etc., The arts needed mentees to help with the craft [3]. Today mentoring is seen in many fields. Ryan notes 98 % of the Fortune 500 companies, have programs and find them valuable for all involved [4]. Fitzpatrick - Navarro further discusses this issue [5]. Medicine/ surgery has many official ways of promoting mentorships.

Mentorships in Medicine/ Surgery

Rakhit et al. present their model of mentorship i.e., its goals, expectations and methods [6]. They emphasize that both the mentor and mentee have responsibility for this to be successful. Socrates is renowned for establishing a method in philosophy, that is to this day important not only in medical education, but applicable to all other fields [7]. The American College of Surgeons has multiple programs , applicable for specific areas i.e., trauma [8]. A recent visit to facs.org showed not only areas engaged, but the College has mentoring information to help a surgeon throughout her career and life [9]. Specialty organizations i.e. Academy of Otolaryngology and Head and Neck Surgery [10], and American Society of Plastic and Reconstructive Surgery [11], have similar programs sanctioned by the ACGME and specialty boards. These programs have been helpful both during my training years and throughout my professional career, as program directors and chief of plastic surgery. However, I have found unofficial ad hoc relationships to be very satisfying to all involved.

Ad hoc Mentorships

I working at the University of Mississippi Medical Center, was a wonderful / challenging experience. Table 1 shows factors existing and interacting during the mid-90's and early 2000 's. I was quite busy during this time as many of the faculty. I taught interns/residents primarily in the OR. I created a curriculum compliant with the ACME/ residency review committee. I had expectations of what techniques were needed, to be mastered at each stage of training. Thus, I and the rest of faculty could confidently certify each person could continue on their journey. It was essential during these years, we all evaluate those in the program regularly, and they also voiced their concerns. So , if a resident was not performing as expected, additional training was required. I interacted with everyone in the OR, and tried to teach everyone. I also learned a lot.

Since I left academic institutions, I continued to mentor those interested from my time in Watertown, NY and suburban Atlanta. I continue this practice, during last semester, and this one at UGA department of philosophy. It doesn't only occur on campus, but

at the neighboring Fairview. It is truly a unique community, from the hotel staff, but those who visit. Life is a journey. Interacting with diverse, smart and respectful people, is something I have always enjoyed. It wonderful that my mind, and enjoyment of civil interaction can still be satisfied. We can all be mentors if we care and try!

Table 1: Factors existing and interacting during the mid 90's and early 2000 's/.

Geographic / social issues	Disciplines involved
Largest city in state	Basic science faculty
Located at intersection of 2 major highways.	Biochemistry/ anatomy
Receives 70 % major trauma of state	Pathology / physiology
Health care : private practice / university practice	Premier physiology
Even at university : university / private practice	Worldwide reputation
Trauma varied / diverse medical problems	Clinical faculty
Multiple hospitals complex	Full complement of departments
Procedures occurring round the clock	Many have national/international respect
Orthopedics ,Neurosurgery / Plast Surg	Surgery department long hx innovation
Multiple Centers	Craniofacial / Wound Healing Centers
Dental school	Specialties [oral surgery /orthodontics]
Medical school	Lectures/ rounds/ OR
Nursing school- multiple levels	Physical Tx/ Occupational Tx
Circulating	in concert with Oxford
NP's	scrub techs

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