Mentoring Surgical Residents and Faculty: The Right Thing to Do
The Smart Thing to Do

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What Is It?
Mentor

- A wise and trusted advisor
- Faithful friend with whom Odysseus left his son Telemachus, to teach and guide him during the Trojan War
Mentorship:

Drona: the classic mentor

Arjuna: the chosen mentee

Eklavya: the self-inspired mentee
Why Do I Need It?
Benefits to You

• Reduce mistakes

• Wheel is invented once
Benefits to Your Institution

- Productivity
- Recruit, retain
- Flexibility (new skills)
- Diversity
Value

• The right thing to do.
• The smart thing to do.
Mentor

• Established
• Accessible
• Independent
• Advocate
Traits of a Good Mentor

- Good role model
- Allows others to have the spotlight
- Honest
- Insider’s view
- Transparent
- Open minded
- Empathic
- Life-long learner
- Admits mistakes
Mentoring Schemes

Unilateral
Bilateral

Single
Multiple

Assigned
Chosen
Continuum of Advisory/Support Assistance

Mentor
Sponsor/Patron
Guide
Pitfalls & Shortcuts
Peer Pal
Unilateral Mentoring

• Traditional
• Paternalistic “godfather”
• Most powerful
• Lasting
• Cannot be assigned
Partitioning Mentorship Needs

- Research
- Clinical Care
- Clinical Educator
- Global Health
- Leadership
  - Within Institution
  - Within Organized Plastic Surgery
Multiple Mentors

Can be a mix of models

• Unilateral
• Skills set
• Multilevel
Sponsor/Patron → MENTOR
Role: Short Term

- Set priorities
- Troubleshoot
- Network
- Skills acquisition
- Critique, including the positive
Role: Long Term

- Professional profile
- Education
- Publicity
Mentee

- Identify needs (with assist of Chair and mentor)
- Communicate
- Will require education
Mentor

- Communicate, listen
- Encourage
- May require education
How to Choose a Mentor

- Serendipity
- Assignment
- Role model
The Ask

Not:
Will you be my mentor?
Remember:

Asking for Assistance is Hard

Saying No is Harder
Mentorship: Research

- Goals of Mentor vs Goals of Mentee – Synergistic?
- If not completely synergistic, how can both arrive at a “happy medium?”
Facilitating Research Funding

- Working into existing grant funds:
  - Initial role is dictated
  - May serve as a launch point for additional funding
  - Define long-term goals:
    - Co-Investigators
    - Independent Investigators
- Direct mentee to institutional start-up opportunities
  - Allows more flexibility
  - Less commitment on the part of the mentor
Take Research Out of the Ivory Tower

• Facilitate investigation of ALL relevant questions: Clinical is not a “step child” behind Bench research

• Encourage mentee-initiated investigations

• Encourage collaborative investigation

• Cultivate community resources as “clinical capital”
Extending Investigations Beyond Immediate Institution

- Community surgeons: Should mentor facilitate these connections if local surgeons have a significant clinical experience beyond that of the mentor?
- Multi-institutional collaborations: How important is mentor’s access/influence to involve outside groups?
Make Research Part of the Fabric of PS

• Instill appreciation of investigative process for problems in surgery

• Encourage ongoing support for research
  – Foster involvement and leadership in national organizations
    • PSRC
    • PSF
  – Direct medical students and residents to the mentee
    • Value of joint research meetings
Mentorship: Clinical Care

- Although institution-specific, my suggestion is to retain broad base
  - Initially to satisfy ABPS requirements
  - Subsequently to maintain competence in shifting healthcare market places
- Multidisciplinary teams
  - Look for involvement and demonstrate your area of excellence
  - Don’t make plastic surgery an “office-based” specialty
- Mentor can make institution aware of the value-added benefits that your skill set may provide
Mentorship: Clinical Care

- Mentor can help to promote your clinical activities
  - Direct and facilitate marketing strategies to expand patient-base in surrounding communities
  - Drive increased revenue towards your clinical activities and downstream (dept./institution)
- Make institution aware of the value-added benefits that your skill set may provide
- Navigate specific circumstances of your institution
  - Vast majority of funding comes from hospital rather than medical school – keep them in the loop!
Mentorship: Clinical Educator

- Connect to educational venues in plastic surgery
  - Medical student level
  - Resident level
- Connect to educational venues within Med School
- Consider Masters in Education
- Utilize ACAPS
  - Initially focused on Program Directors
  - Now focused on promoting education among all academic plastic surgeons
Mentorship: Global Health

- Increasing demand by plastic surgery residents
- Seek out those at your institution who have developed models for global health
- Align these models with ACGME guidelines
  - Global health rotations can be ACGME-approved
  - Need not conflict with 48-week clinical requirement
  - Websites: ACGME; ACAPS
Mentorship: Global Health

- Seek mentors from institutions involved in Global Health
  - PSF (VIPS)
  - Operation Smile (Cleft-focused; willing to expand?)
  - ReSurge (Cleft-focused, but expanding)
  - Smile Train (Cleft-focused – not supportive of resident education)
  - WonderWorks (Blindness; Clubfoot; Burns)
Mentorship – Institutional Leadership

- Develop mentee’s contacts within institution
- Plastic Surgery
  - Advocate for involvement in departmental committees
  - Mentor should consider off-loading responsibilities as mentees progress (e.g., Committee Chair; Program Director)
- Institution
  - Promote relationship with medical school organizations (faculty senate; rank and tenure; research appropriations)
  - Promotion to leadership roles within respective organizations
- If the mentor is not in this position then he/she may use their contacts to appropriately link mentee
Mentorship – National Leadership

- Develop mentee’s contacts within national organizations
- Improve national exposure
  - Presenting at meetings
  - Involvement in committees of national organizations
    - *Begin by reviewing websites for committee charges
  - Promotion to leadership roles within respective organizations
- If the mentor is not in this position then he/she may use their contacts to appropriately link mentee
How Do I Get A Faculty Position?
• Excellence in residency/fellowship
• Presentations/Publications
• Mentor’s support
APT
The Terrain

- Particular to each Division / Department / School
- Not always transparent
- Not forgiving
- Diversity is lonely
The Clock

- Promotion
- Tenure
- Organizational
- Biologic
Life Balance

Work            Home
Flexibility

- Multiple paths
- Respond to change
- Reinvent self
All Academicians

• Give back
• Give forward
• Invent solutions

We have met the enemy and he is us.
Women and Minorities

- Often feel isolated
- Have slightly different needs
- Mentorship choice should remain sensitive to this
Authorship Delayed
Catch Up Later
Clinical Benchmarks

- wRVUs
- Charges
- Collections
- Reputation
- Publications/Presentations
Research Benchmarks

Grants

$ 

Agency

Publications/Presentations
Education Benchmarks

• Volume
• Roles
• Evaluations
• Publications/Presentations
Service/Administration Benchmarks

- Particular to role
- National activities
- Local – Regional service
Milestones

• Promotion
• Tenure
Invest in Our Future
Toxic Mentors

When the relationship hurts more than helps
Conclusion: Identifying a Mentor

- Seek out mentors who share your interests and have reputation as role models – acid test:
  - Must “walk the walk”
- Seek out mentors who are well-connected for their expertise in specific areas
  - Research
  - Clinical Care
  - Clinical Educator
  - Global Health
  - Leadership
- Seek out mentors who are willing to look beyond themselves to fulfill your needs
Why Do This?
As a **clinician**, I impact individuals and their families.

As a **teacher**, I impact many more patients.

As a **researcher**, I find better ways to treat patients.

As an **administrator**, I help to shape and give back to our specialty.

As a **mentor**, my efforts in each area are multiplied.
“We help people. That is what plastic surgery is all about. We get more than we give.”

Robert Goldwyn, MD