

Speed Mentoring: An Innovative Method to Meet the Needs of the Young Surgeon [☆]

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OBJECTIVE: Speed mentoring has recently been used by several medical organizations as a strategy to establish mentoring relationships, which are felt to be critically important in the development of the surgeon. This study assesses a surgical speed-mentoring program at the 2015 American College of Surgeons (ACS) Clinical Congress.

DESIGN: A steering committee designed the speed-mentoring program to match 60 ACS Resident and Associate Society mentees with a mix of junior and senior leadership of ACS. Each mentee met with 5 mentors for 10 minutes each during the 1 hour session. After participation in the activity, surveys were provided to assess the event. The survey included forced-choice questions using Likert-scales as well as open-ended questions. Mentor and mentee responses were compared using Medcalc software using comparison of means and comparison of proportion, with $p < 0.05$ considered significant.

SETTING: The study was undertaken at the 2015 ACS Clinical Congress.

PARTICIPANTS: A total of 60 mentors and 49 mentees participated in the inaugural ACS Speed-Mentoring activity. The postactivity survey was completed by 54 mentors (90%) and 39 mentees (79.5%).

RESULTS: There was a high level of satisfaction with the activity, with 100% of mentors and mentees stating that they would recommend the activity to a colleague. There

was overall high satisfaction with the organization of the session by both the mentors and the mentees although the mentors were more likely to feel that they needed more time for each interaction. More mentees (93%) than mentors (68.5%) felt they were likely to develop a mentoring relationship with one of their matches outside of the organized session.

CONCLUSIONS: We demonstrated that a speed-mentoring event at a national surgical meeting offers an effective platform for mentoring and is mutually beneficial to both mentors and mentees. Data collected here will be used to modify and improve the design of future speed-mentoring sessions. (J Surg Ed ■■■■-■■■. ©2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: speed mentoring, mentoring, young surgeons

COMPETENCIES: Interpersonal Communications and Professionalism

INTRODUCTION

Mentorship is essential in any field for both professional and personal development at all stages of one's career. Numerous texts and courses have been written on the topic, but fundamentally it involves the dynamics of a relationship between 2 individuals. Both individuals in the mentor-mentee relationship have important roles.¹ Critical, though, to the success of mentorship is identifying the best mentor for each mentee. Often, mentors are designated by happenstance (the mentor has a supervisory role to the mentee) or the mentor is at the same institution and is easily accessible.

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In other situations, however, the mentee actively identifies an individual who is at a remote location or in a disparate field. Such interactions can be more challenging to establish. The inability to find an appropriate mentor is often cited by underrepresented minorities as a barrier to their entry into certain fields.² Similarly, geography and simple lack of institutional availability can also be limitations to finding an appropriate mentor.

Like in other professional fields, mentorship is critically important in the development of the surgeon, not only in early stages of training, but continuing well into practice and leadership. Two major leadership organizations, the Women in Surgery Committee of the American College of Surgeons (ACS) (WiSC) and the Young Fellows Association of the ACS (ACS-YFA), recognized that need and have established mentorship programs to help in overcoming barriers that individuals have in finding appropriate mentees. In both programs, applications were solicited from both mentors and mentees, a comprehensive evaluation was performed by a committee to evaluate commonality of objectives, and then pairings were made to establish longitudinal mentorship relationships. The mentor-mentee pairings were periodically re-evaluated and program is accordingly refined over time.

A new model of establishing mentor-mentee relationships is often referred to as “speed mentoring.” The phrase is a play on words of “speed dating,” a technique pioneered by Rabbi Yaacov Deyo in Los Angeles in the late 1990s as a way to introduce young Jewish singles to each other.³ The method involves brief opportunities for two individuals to meet with each other, often for as little as 5 to 10 minutes. Speed mentoring has recently been used by several medical organizations as a strategy to establish mentoring relationships. A Medline search reveals 4 letters to the editor or full article describing the use of speed mentoring in their programs. (Medline search 11/20/2015). The size of the mentee groups varied from 7 to 60 with a variety of durations of experience.^{4,5,6,7}

The ACS-YFA, WiSC as well as the ACS Resident and Associate Society (ACS-RAS) and the ACS Committee on Diversity Issues were interested in capitalizing on the purported benefits of the speed-mentoring model for attendees of the 2015 ACS Clinical Congress. To that end, a speed-mentoring experience was established, and attendees were queried as to their impressions of the event.

MATERIALS AND METHODS

The speed-mentoring event was cosponsored by the ACS-YFA, ACS-RAS, WiSC, and the ACS Committee on Diversity Issues. A steering committee was established to plan and execute the speed-mentoring session, including members from each of the sponsoring committees. Mentees were recruited from the ACS-RAS electronic mailing list, a variety of ACS newsletters and online communities, and

social media including Facebook and Twitter 3 months before the event. Any member in good standing of ACS-RAS was eligible to be a mentee; they were accepted in the order in which they responded. Mentors were solicited from ACS membership using online communities, ACS newsletters, and electronic mailings. An effort was made to create a diverse pool of mentors, with leaders from the ACS-YFA as well as senior leadership of the ACS represented. We also sought a diversity of specialties, age, career setting and stage, and areas of mentoring interest.

Sixty mentees were chosen for participation; the remaining applicants were placed on a waiting list. Mentees were asked to select three main topics of interest for the mentoring session out of 12 options (Table 1). Mentor applicants were asked to provide a brief biosketch or brief background summary. They were also asked to select 3 of the above mentoring topics that they felt most comfortable discussing with mentees. Twelve groups with 5 mentors with similar mentoring interests were created. Mentoring groups was created in a manner that maximized diversity of seniority, practice experience, and geography. Mentees, in groups of 5, were then assigned to a mentor group according to area of interest.

The speed-mentoring event took place during the annual ACS Clinical Congress in Chicago, IL. Each of the 12 groups was organized into a circle of tables that included 5 tables. The mentors were assigned to a specific table, and mentees rotated through the tables in a clockwise fashion within the group. Each mentor and mentee pair interacted for 10 minutes for a total of 5 sessions. Five minutes at the end of the session were used for wrap-up and evaluation of the session.

The speed-mentoring committee developed a postactivity survey for both mentors and mentees. The survey was not piloted but was based on surveys designed for other ACS mentoring programs as well as on the survey described by Serwint et al.⁷ in their work describing speed mentoring in a pediatric academic organization. The 15 question surveys included forced-choice questions using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) about the overall impressions of the event and interactions with other participants. Open-ended questions were used to collect

TABLE 1. Topics for Speed-Mentoring Program

Negotiating a contract
Choosing a specialty
Academic career
Employed physician
Private practice career
Finding a job
Work/life issues
Being a surgeon parent
Research career
Leadership skills
Local mentorship
Surgical education
Getting involved in the ACS

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