

# Redirecting the Focus of Resident Mentorship

The idea of milestones for resident mentorship was introduced by Khan and colleagues<sup>1</sup> in a recent article in the *Journal of Graduate Medical Education*. We take for granted the authors' assertion that mentorship is an essential component that helps people navigate the challenges inherent in medical training. Part of the appeal of the graduate medical education process is the close relationship between resident and attending physician: a type of apprenticeship that once existed across many professions, which has increasingly been lost in the transition to modernity. At its best, this relationship extends beyond the formal bounds of patient care to encouraging and supporting a resident's career goals and addressing his or her individual concerns. The first year of residency requires the physician in training to work with a variety of attending physicians. Such an arrangement allows the resident to select the faculty member who seems to be a good fit for guidance and support going forward.

We appreciate the efforts of the Accreditation Council for Graduate Medical Education Council of Review Committee Residents in compiling a number of specified mentor competencies.<sup>1</sup> While these are broad enough to be applicable to different residency programs, we feel that interpersonal compatibility between mentor and mentee should take precedence. The effectiveness of mentorship appears to increase when mentor and mentee are matched according to personality type.<sup>2</sup> This is even more important when, as Khan et al suggested,<sup>1</sup> mentors are selected among residents who are more advanced in their training but may lack the authority attached to the title of *attending physician*. A "speed-dating" strategy to pair junior residents with senior residents was described by Caine et al.<sup>3</sup> Residents ranked 3 preferred resident mentors after meeting individually with each of the mentoring candidates one-on-one for 90 seconds. This increased resident satisfaction to 85%, compared with 30% when mentors were assigned by the program. A similar process has been endorsed by the otolaryngology program at the University of Alberta,<sup>4</sup> where residents are directed to select from a pool of prospective faculty mentors based on deidentified data featuring their character traits and expertise. The program found statistically significant decreases in *depersonalization* and *emo-*

*tional exhaustion* when residents had a role in selecting mentors based on compatible traits.<sup>4</sup>

The literature cited here is only a small sample from the multitude of sources addressing mentorship as a means to combat resident burnout. The individualization of the mentoring process appears to be beneficial. Peer and resident-faculty mentorship, once left to the residents to pursue, are increasingly recognized by programs for their ability to offset the challenges faced during residency.

We believe the best way to establish these relationships is to facilitate encounters between like-minded individuals. Defining mentoring milestones, while important, should not be used to rigidly demarcate the relationship between mentor and mentee. In the short amount of time accorded by the rigors of training, personal compatibility should be the foremost consideration in this relationship.

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## References

1. Khan NR, Rialon KL, Buretta KJ, et al. Residents as mentors: the development of resident mentorship milestones. *J Grad Med Educ*. 2017;9(4):551–554.
2. Jackson VA, Palepu A, Szalacha L, et al. "Having the right chemistry": a qualitative study of mentoring in academic medicine. *Acad Med*. 2003;78(3):328–334.
3. Caine AD, Schwartzman J, Kunac A. Speed dating for mentors: a novel approach to mentor/mentee pairing in surgical residency. *J Surg Res*. 2017;214:57–61.
4. Zhang H, Isaac A, Wright ED, et al. Formal mentorship in a surgical residency training program: a prospective interventional study. *J Otolaryngol Head Neck Surg*. 2017;46(1):13.