Comparison of Residents’ and Faculty’s Perception of Mentorship Experience in Otolaryngology

David A. Diaz Voss Varela, MD, Kulsoom Laeeq, MD, Yuri Agrawal, MD, Howard W. Francis, MD, Charles W. Cummings, MD, Nasir I. Bhatti, MD, Sandra Y. Lin, MD

Department of Otolaryngology – Head and Neck Surgery, Johns Hopkins University, Baltimore MD

ABSTRACT

Objective: The purpose of our study was to compare faculty’s and trainees’ perceptions of their mentorship experience in an Otolaryngology-Head and Neck Surgery training program.

Study design: Cross-sectional survey design.

Methods: Residents and faculty were surveyed regarding their perceptions of mentoring relationship. Trainees were asked about the characteristics of their mentorship experience. In a separate survey, faculty were asked to describe their mentorship relationship, whether they have the appropriate resources to provide effective mentorship, and to identify areas in which further training would improve their mentoring skills. Analysis of variance was used to compare differences between faculty and trainee responses.

Results: Twenty trainees (86%) and thirty faculty (85%) completed the survey. Residents met with their mentors at least twice a year, corresponding to the minimum departmental requirement. More than 80% of faculty and residents reported that career planning was the most commonly addressed topic in their mentorship sessions. However, faculty and residents differed in their perceptions of providing mentorship in other areas including research (p = 0.014) and clinical judgment (p = 0.184). While 83% of the faculty reported providing mentorship for research, only 50% of the residents agreed. Forty-six percent of faculty felt formal mentorship training would improve their skills as mentors, particularly in career planning and providing feedback.

Conclusions: Further insights into differences between faculty and trainee perceptions may improve the mentorship experience. Moreover, providing formal mentorship training for mentors could make mentorship more effective.

INTRODUCTION

While there is no consensus of what mentorship or being a mentor is, Connor et al³ aptly define a mentor as a trusted and faithful guide for a person who is on a journey of personal, professional, and career development.

A holistic mentorship model composed of continuing education, personal support, and professional development has shown to have a positive effect of mentoring in medicine.

Even though there is increasing evidence of the benefits of mentoring, providing effective mentorship has become increasingly challenging due to work-hour restrictions and increased faculty workload.

In Otolaryngology-Head and Neck Surgery (OHNS), there is a lack of formal mentoring programs throughout the US. In a different study, as high as 38% of the OHNS residents surveyed were either neutral or not satisfied with their mentorship experience during their training. We believe that gathering both the mentors’ and mentees’ opinions will give a better understanding of their relationship and might help training programs improve their mentoring skills.

Therefore, the purpose of our study was to compare faculty’s and trainees’ perceptions of their mentorship experience in an OHNS training program.

METHODS AND MATERIALS

After Institutional Review Board (IRB) approval the survey was sent to all the residents and faculty at the Johns Hopkins Otolaryngology Head & Neck Surgery Residency Program.

Two different questionnaires were designed for both mentors (faculty) and mentees (residents). The mentors survey comprised of 13 questions, however the mentees survey had 20 questions. The need for the survey was explained in a cover letter that was attached to the questionnaire.

The survey was sent to all the participants through an email via survey monkey. Follow up emails were sent to the non-respondents.

Descriptive statistics of the percentage of the responses were used to analyze the results.

RESULTS

Twenty trainees (86%) and thirty faculty (85%) completed the survey. Residents met with their mentors at least twice a year, corresponding to the minimum departmental requirement. More than 80% of faculty and residents reported that career planning was the most commonly addressed topic in their mentorship sessions. However, faculty and residents differed in their perceptions of providing mentorship in other areas including research (p = 0.014) and clinical judgment (p = 0.184). While 83% of the faculty reported providing mentorship for research, only 50% of the residents agreed. Forty-six percent of faculty felt formal mentorship training would improve their skills as mentors, particularly in career planning and providing feedback.

DISCUSSION

Surgical training model is based on a strong relationship between a mentor and a mentee. Residents learn from and under the supervision of their attending surgeons to attain the skills required to become competent in different domains. With the paradigm shift in surgical education, changes have been made to how the new surgical trainees are taught today, however the mentorship remains a crucial part of the residency training programs.

Formal mentoring programs have been established at many residency programs, where a resident is assigned a mentor, with whom he/she is required to meet twice a year. However, surgical faculty is usually assumed to be good at “mentoring” and no formal training or instructions are given on what constitutes an ideal mentor-mentee relationship.

The purpose of our study was to identify the difference between the perceptions of mentors and mentees regarding mentorship. We also aimed to identify the areas in which the residents are given feedback. Our results indicated that both mentors and mentees agreed that the career planning was most commonly addressed topic in their meetings. Also, 70% mentees responded that the mentor provides expertise in the area of need. Forty-six percent of the mentors thought that formal mentorship training would improve their skills as mentors.

CONCLUSIONS

Our results indicate that mentors provide expertise to mentees in the area of their need. Further insights into differences between faculty and trainee perceptions may improve the mentorship experience. Moreover, providing formal mentorship training for mentors could make mentorship more effective. We suggest that seminars and training sessions should be conducted for the faculty and senior residents regarding the characteristics of a good mentor and to provide insight into a great mentor-mentee relationship.

REFERENCES


CONTACT

Nasir Islam Bhatti MD
nibhatti1@jhmi.edu
Phone: 410-955-7137
Johns Hopkins Department of Otolaryngology-Head and Neck Surgery