

Editorial

Mentoring the New Generation of Malaysian Surgeons

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The Royal College of Surgeons of England describes mentoring as 'the process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development'. Effective mentoring is considered a crucial element in the professional development of a surgeon at all stages of their career (1). This is not surprising considering the various challenges faced by the modern surgeon; these include changing demographics and the pattern of disease, new technologies, changing health care delivery models, increasing consumerism and societal demands. The new generations of surgeons are expected to demonstrate competencies beyond medical knowledge and technical skills, research, communication skills, and team management (2). In order for trainees to achieve maximal potential in today's competitive work environment it is crucial that the surgical profession create a mentoring system that supports the personal growth and professional development of surgeons at various stages of their career (3).

In the early years, surgeons trained in the apprenticeship model. Senior surgeons in this country are products of the traditional mentoring system. In the apprenticeship system, surgeons received training on a 'one to one' basis, often under a single individual who served as a teacher, a role model and a source of inspiration. Training was unstructured and was for a variable period. Training lasted until the trainee was deemed competent to practice surgery by the mentor. In this system of mentoring, the trainees receive guidance and support throughout their entire training period and at times even life-long. Mentors generally demonstrated genuine interest in the progress and

Journal of Surgical Academia 2014; 4(2):3-4

development of their trainees. They instilled confidence and ensured trainees achieved their maximal potential. Mentors unreservedly shared their time, knowledge and wisdom with their mentees. Trainees revered their mentors and it is not uncommon to see them make anecdotal references about their training and experience.

In Malaysia, the traditional apprenticeship model of surgical training gave way to a more structured training programme in the 1980s. In an effort to produce more surgeons, major public universities in the country accepted the responsibility to conduct four year structured training in surgery called the 'Master's Programme'. While the programme was educationally sound, it lacked a formal mentoring system. In this programme, a 'supervisor' is allocated for each trainee to ensure they achieve clinical and technical competencies and pass examinations. The attitude to mentoring is casual and indifferent. There appears to be a flawed perception that 'to train is to mentor'. Mentoring is about cultivating a relationship encompassing a wide range of issues beyond career development (4). Clearly mentoring will require experience, commitment and genuine interest in the progress and development of others. Since, there is a lack of formal mentoring system, trainees resort to self-select senior surgeons as mentors on an informal basis when there is a need. Mentoring is useful because it encourages deliberate development of a relationship that will allow trainees to work through personal, as well as professional issues that they may encounter.

The profession recognises surgical trainees require mentoring at any stage in their career, and not when they are faced with crisis. We need to address the

following issues: What are the challenges in mentoring the new generation of surgeons? How can we develop a culture of mentoring with existing structure and resources in the country?

Specialization and sub-specialization in surgery has fragmented surgical training programs. Surgeons are trained in multi-institutional programs, and encounter a diverse group of supervisors. The time for interaction between the supervisor and trainee has decreased; as such mentors have less opportunity to establish an emotional bond with mentees. A single mentor is unable to provide optimal mentoring in all areas. It is apparent that traditional apprenticeship mentoring is unsuitable; new approaches are required for the mentoring of surgical trainees to meet their diverse needs. In Malaysia, the task of mentoring is even more challenging, particularly in light of enormous service and teaching commitment to senior faculty members. Lack of administrative support, time constraints and in particular when there are 'no rewards', has made mentoring an unattractive undertaking.

It is the responsibility of the Profession and Universities to create a surgical workforce that will have the necessary competencies to meet the future needs. Universities must incorporate a formal role for mentoring in surgical training. The College of Surgeons, Academy of Medicine, Malaysia (CSM, AMM) is well placed to promote a mentoring culture for new generation of surgeons. It has the experience, resources and is in a position to make the difference. In Malaysia, only 25 - 30% of specialists work in the public sector, however many experienced surgeons in the private sector may volunteer to mentor future surgeons. CSM, AMM can help identify, recruit senior surgeons who are willing to support the mentoring programme and create a 'mentor registry'. The volunteer mentors can provide mentoring in specific areas including choosing a speciality, career progression, working relationships, how private practice works and other pastoral issues. The volunteer mentors will require training to prepare them for their role as mentors.

To make mentoring more accessible, it will be useful for programme coordinators in Universities to prepare

a list of available mentors for new trainees. Universities may assign mentors to trainees, however to cultivate personal and professional development it may be better to allow mentees to select their mentors and vice versa. Mentees must take the initiative to ask for help or advice and shall be responsible for maintaining a successful mentoring relationship. Mentoring may be carried out face to face, however the use of electronic communications should be considered. E mentoring achieves the same objectives of face to face mentoring and in addition provides mobility and flexibility. Programme coordinators must ensure that the mentoring system caters for the diverse needs of future surgeons.

Mentoring programmes have been shown to help in the personal and professional development of surgical trainees. The increasing complexity of the health care delivery system and the rapidly evolving competencies expected of the future surgeon has made traditional mentoring inappropriate. It is imperative for us to identify a mentoring system that will meet the varied needs of our trainees.

Formalizing the mentoring process in our institutions may create a mentoring culture that will ultimately stimulate excellence in patient care.

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The content of this article had been presented at the College of Surgeons Malaysia Annual Scientific Meeting Plenary Session in Kuching, Sarawak, May 2014.