Editorial

Mentorship in Neuroanesthesia and Neurocritical Care

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"*In learning you will teach, and in teaching you will learn*"- Phil Collins

Challenges faced by healthcare professionals in their personal and professional life are aplenty. Facing them effectively requires following the footsteps of and learning from the experiences of role models, seniors, and colleagues, alike. A successful healthcare professional is one who is most likely mentored for such challenges through the various phases of his/her educational path and even further.

Various definitions exist for the term "*mentor*." Simply put, a mentor is a supporting person providing two broad categories of service to another individual (the *mentee*): (1) career enhancement and (2) psychosocial support. Career enhancement provides the mentee to perform challenging assignments, adequate exposure in the respective fields, and ensures that professional ethical values are imbibed. Psychosocial support, possibly the more important aspect of mentorship, prepares the mentee to perform the tasks of career enhancement by ensuring that the mentor provides a role model, counselor, and friend. This aspect of mentorship enhances the mentee's work-ethic and productivity.[1]

Historical Perspectives of Mentorship

The origin of the term mentor dates to almost 3,000 years ago, in Homer's *The Odyssey* where the Greek king Odysseus leaves his son Telemachus in charge of a trusted advisor, mentor (meaning, a man who thinks), to help raise him, impart wisdom, and protect the household.

Even before this, thousands of years back, Indian scriptures have references to mentorship in the form of the "*Gurukul*" system of education that developed the mentor–protégé relationship (Guru–Shishya Parampara) as the way of learning. In Vedic age scriptures, the significance of "Guru," the teacher (mentor), and "Shishya," the student or follower (mentee), is well-described.

Mentorship in Medicine and Specialties

Every individual entering and going through the years of medical school dreams of taking up a specialty of interest that developed in the first place through inspiration from a role model. Every medical student looks out for a mentor to guide them to pursue the path of professional success, not just in undergraduation but well beyond—specialty training and the pursuit of fellowships or residency. Historically, the field of medicine has progressed in this template of guidance helping students ultimately become trained and successful professionals and mentors thereafter.

Working on patients with complex medical conditions requires intricate knowledge of the management of such complexities and practical experience is gained by observing/working under a mentor. This essentially forms the much-talked-about "*Learning curve*," the importance of which has been well established in cardiac surgeries, neurosurgeries, and neurological disorders.[2–4]

Mentorship in Neuroanesthesia

The foundational mentorship history of neuroanesthesia is synonymous with neurosurgery. Harvey Cushing, the father of modern neurosurgery, left a larger imprint on anesthetic practice by emphasizing the importance of blood pressure monitoring in anesthesia and introducing the anesthesia chart for intraoperative monitoring.[5,6] Mentorship in neuroanesthesia practice, where a faculty/consultant could be a mentor with a resident/fellow as a mentee, presents its unique challenges. The tag of a rather new subspeciality in modern medicine presents an opportunity for anesthesiologists to learn the trade and help spread its wings elsewhere.

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However, it not only requires expert teachers dedicated to the training of fellows but also requires the training process to be streamlined.

Second, compared with undergraduation or the broad specialty, the pool of both mentors and mentees is far limited at the level of subspeciality training. This can either serve as a boon in terms of enhanced attention toward the trainee or possibly low productivity depending on the mentor–mentee partnership. Third, the limited duration of subspeciality programs may prove a barrier to effective mentorship. Luckily, in India, the concept of 3-year residency programs offers the same time as anesthesia specialty training and provides for an effective mentorship to be implemented.

Additionally, there is a paucity of literature about mentorship programs and resident responses to anesthesia which is a major barrier to the implementation of the same in Neuroanesthesia practice. Fortunately, the allied subspecialties such as neurosurgery and neurology have attempted to provide evidence of the success of mentorship programs and identify the roles of mentor and mentee. The advantages and drawbacks of these systems can be included in the formation of an effective mentorship regimen in neuroanesthesia.

Mentor–Mentee Relationship

A mentoring relationship ranges from an informal (short-term) to a formal (long-term) process where the mentor or the faculty with useful experience, knowledge, skills, and wisdom offers advice, information, guidance, support, and opportunity to another individual to influence his/her professional development.[7] Multiple types of mentors are recognized—primary, secondary, and senior mentors as well as career, scholarly, and co-mentor.[8,9] But a more common and practical categorization might be formal and informal. Our medical education system in specialty and subspeciality training provides something akin to formal mentorship where every resident is assigned to a senior faculty for guidance in research. Informal mentorship transcends beyond academics and research and helps develop a long-term friendship between the individuals through discussions that help to shape the life and career of the mentee.[10]

A successful mentor is identified by several roles—teacher, sponsor, role model, coach, and qualities, approachable, accessible, patient, honest, and altruistic—to name a few.[11,12] Mentees are expected to display the essential qualities of commitment and intention to succeed, be proactively involved in quality discussions with their mentors, appreciate constructive criticisms, and take their careers forward. Both individuals involved should be clear with their communications and work together effectively on the needs and mutual expectations.[13]

Addressing the Barriers to Mentorship

The establishment of a formal mentorship program is important because anesthesia is consistently under-represented in the literature regarding mentorship programs. Few centers have set up such programs, but it can be safely said that they are in the nascent stages. With more trained faculty mentors, a network can be established leading to the formation of an "*academic village*" where mentees may look up to multiple mentors catering to academic and research, clinical skill acquirement, and psychosocial support.[14]

Gender and intergenerational differences may hinder the establishment of adequate rapport between mentor–mentee. Women, with additional personal responsibilities, tend to face more stress at work as well as ineffective communication with mentors/mentees considering the possibility of sabbaticals taken.

Although it can be safely assumed that the more senior the faculty, the more experience and learning that comes along, the issue of generation gaps cannot be ruled out. With rapidly evolving changes in lifestyle, communication may be better established with junior faculty as mentors.

Choosing the right mentor paves the way for addressing mutual expectations efficiently. Surveys have shown higher satisfaction rates and success achieved with mentee-chosen mentor. Unfortunately, the constitution of most academic programs currently does not facilitate this, and residents are "assigned" to a chosen mentor.

Current Status and Future Directions

Very few centers globally have an established mentorship program; anesthesia as a specialty lag behind them. India with its large-scale residency program in anesthesia offering MD (Doctor of Medicine) and DNB (Diplomate in National Board) training lasting 3 years is the ideal platform for the establishment of a formal mentorship program. The same holds good for neuroanesthesia 3 years senior residency training programs such as DM (Doctorate of Medicine) and DrNB (Doctorate of National Board of Examinations). Our current system of residency provides for a primary mentor assigned to every mentee along with one or more co-mentors but does not essentially reflect formal mentorship extending beyond the confines of residency. It is at this stage that we can identify a large pool of faculty mentors to train the residents toward career options and future fellowships. Proper guidance from both faculty and fellows/residents can guide mentees toward academic success and pave a suitable career path. This is essential to create the next pool of mentors and expand the network, considering the large number of anesthesiologists who turn to freelance postresidency.

Extending beyond the resident–faculty academic mentorship, the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) and the Neurocritical Care Society (NCS) have recently introduced multi-networking coaching programs for mentorship to enable more healthcare professionals in neurosciences to develop themselves as successful mentors.[15,16] It is high time, the Indian Society of Neuroanaesthesiology and Critical Care (ISNACC) and Neurocritical Care Society of India (NCSI) take leaf from the experience of these organizations and introduces similar mentorship programs for the members, in near future.

In conclusion, mentorship programs can enhance the academic and psychosocial outcomes of healthcare

professionals. With the advent of subspecialty training and the large pool of doctors in India, neuroanesthesia can take a step forward in nurturing young talent, enhance opportunities for training, and facilitate the growth of the specialty.

Conflict of Interest
None declared.

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