

Being a Great Mentor and Mentee: Key Skills to Enhance the Future of Pediatric Orthopaedics



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Introduction

Pediatric orthopaedics, like many fields in medicine, is truly an apprenticeship. We begin our five to six years of orthopaedic surgery training as a young intern, and our best learning is done alongside (or across from) a senior surgeon, in clinic or the operating room. From books and scientific studies (and now VuMedi and Orthobullets) we gain essential knowledge and some techniques. But let's face it, we learn how to be a practicing pediatric orthopedist from our role models and mentors in residency and fellowship. Once we accept this essential truth, there is nowhere to hide from the fact that our

roles as mentors and teachers are just as important as our roles as surgeons; because we are building the legacy that will care for our grandchildren and great-grandchildren. Learning to be a good mentor or mentee is a lifelong pursuit. At this stage of my career, and at risk of feeling imposter syndrome, I'll reflect on how we can pay forward the gifts we've been given by being better at being both a mentor and mentee.

Like a turtle on the fence post, we didn't get here by ourselves. Which mentor(s) puts us there? Whom do we owe? Like you, I've had 5 or 10 absolutely essential mentors who deserve credit for helping me rise from a shy, nervous surgical intern to a POSNA president, chief of orthopaedics at CHOP, and ABOS director. How do we pay it forward? Besides donating time, energy, and money to our beloved organizations like POSNA, we show the gratitude for our mentors by working to become great mentors ourselves. Mentoring is who you are and how you act; it is the character and behavior that we share with trainees, colleagues, and our own mentors.

One of my great mentors was the man who hired me at CHOP, Denis Drummond. When I first came to know Denis in the mid-1990s, I was incredibly impressed with the time and energy he gave to mentoring and teaching. Denis was one of the founding members of POSNA, a pioneer in the field of pediatric spine surgery, and a future President of SRS; but when I met Denis he was clearly transitioning to a stage of his career that he eventually loved even more. He realized that his days of needing to be the highest clinical producer or most prolific clinical researcher were behind him: "Been

there, done that.” Instead, he poured much of his time each week into giving advice on patient care, career moves, research ideas, and golf swings—and he loved it. Denis died last summer, and I was honored to reflect on all that he was by writing several memorials.

Days later, Arthur Brooks’ article came out in the July 2019 addition of *The Atlantic* “Your Professional Decline Is Coming (Much) Sooner Than You Think. Here’s How to Make the Most of It.” The timing was eerie. Brooks described how we all peak professionally sooner than we think (about age 50), but yet have so much to add after that peak. Brooks presented the concept of fluid intelligence (which peaks in our 30s and 40s) and crystallized intelligence which peaks later. At this moment, I was pondering my own mid-50s career, and in light of Denis’s terrific legacy, I dove ever deeper into research and wisdom regarding mentoring. In this piece, I endeavor to explore the essential elements of being a great mentor and a great mentee, and how that can improve our career and contribution in the years ahead.

Being a Great Mentor

Before we begin, a distinction should be made between mentoring and coaching. Although there is an overlap in these roles and skills, the approach is different. Mentoring is about developing a relationship, with a focus on career development and the future. Coaching, on the other hand, is oriented around improving performance of a specific task. It is a focus on the here and now, and on performance of the person being coached. The coaching relationship tends to end once the skill or task is achieved. Mentoring, on the other hand, is a long, rich journey.

Perhaps counterintuitively, studies have shown that mentors actually benefit significantly from the time and energy that they put into mentoring. Angela Duckworth’s team performed a randomized, controlled, double-blind study of students and found that those who gave motivational advice to younger students performed better.¹ They found that students who gave advice

(compared to those who received expert advice) earned higher grades. “Beyond school contexts, advice giving has the potential to improve a wide range of outcomes in any setting in which motivation is key to success. Most important, our findings highlight the underappreciated motivational power of placing people in a position to give, not just receive. In the words of Seneca, ‘when we teach, we learn.’” For pediatric orthopaedic surgeons, we also get great career satisfaction watching the younger colleagues we mentor become wildly successful. As mentors, we are truly the parents in the pediatric orthopaedic family.

There are several essential elements to the mentoring role. First and foremost, the mentor must believe that mentoring is important and valuable. Without a deep confidence in the concept, the necessary time and attention commitment will be impossible. There must be mutual trust and respect. Optimal mentoring is truly a two-way street. There must be measurable goals, some that are established from the first meeting, and some that develop along the way. There should be regular contact and conversations. Both the mentor and the mentee must grasp the growth mentality. The goal is to make the mentee independent, not dependent on their mentor.

Perhaps the hardest but most important aspect of mentoring for the very busy pediatric orthopaedic surgeon is making time. We must carve out time to have some deep conversations, and also time to quickly respond to other communication like email or text. With this commitment must come the understanding that we can’t possibly mentor everyone every day. It is not realistic to think that we can become a close mentor of every resident who rotates with us or every medical student we teach. Spreading ourselves too thin just means that we won’t do a satisfactory job with anyone. I focus my mentoring on our three Ben Fox year out research medical students, our four clinical fellows, my junior partners, and any former fellows or other POSNA members who reach out requesting advice. Although this seems like a fairly large number of mentees per year, only a small number need weekly or monthly mentoring.

I have also enjoyed doing formal medical society mentoring for POSNA, and through the AAOS Leadership Fellows Program.

Besides making time, perhaps the other biggest challenge to being a great mentor for many of us is to improve our deep listening skills. Listening is a superpower. Busy, distracted surgeons like me (who had ADHD before it was cool to have ADHD) sometimes struggle with delivering the sort of focused attention that a great mentor must learn to generate. Additionally, we are surgeons: fixers of pathology; but sometimes giving directive advice is not the most enduring way for mentees to learn the skills to approach future issues on their own. Some pearls can be gained from Michael Stanier's recent book, *The Coaching Habit: Say Less, Ask More & Change the Way You Lead Forever*. Stanier emphasizes how important it is to do very little talking and a lot of listening. He suggests using open-ended questions such as "So what's on your mind?" and "So what's the real challenge for you here?". Then, the real work gets done: you use the AWE question repeatedly "And What Else?" He is one of many wise counselors who insist that you won't really get to the heart of the matter with the person you're supposed to be listening to until you ask them to build on their last answer. Do that a few times over and over and eventually you will get to the truth. This is particularly important when there is a significant age or rank divide between the mentor and the mentee. The mentee may not be comfortable being blunt with the truth on the first answer—continue to pursue with AWE.

Your interactive sessions with your mentee must build trust and you must be fully present without external distractions. There must be respect for privacy and clear boundaries. Information discussed should be confidential. If concerning information is disclosed by the mentee (for example, a drug or alcohol problem, or depression/burnout), then there should be a trust-building private conversation about next steps for getting help. The meetings must be warm, friendly, and fun. In order to promote further conversations, mentoring

meetings must be enjoyable to both. It is important to gently confront perfection. Create the understanding that guidance will not always be executed perfectly or that the mentee is obligated to follow it every time. One should remind their mentee that advice is free, "You are free to take it or leave it." There should be follow-through on the advice and corrective feedback if necessary. It is so important to inspire and motivate. Your advice should always be as positive as possible.

When mentoring someone in medicine younger than you, whether it is a medical student, resident, fellow, or junior partner, your stories are valuable. A mentee greatly benefits when you are willing to share your "mistakes made, and lessons learned." It is not helpful to just regale them with your heroic accomplishments. Instead, think about when you were in their shoes. Compassionately consider their anxious view of the present and future and share any stories you can about how you faced the same kinds of challenges, either successfully or unsuccessfully. I frequently share stories with my mentees about early career mistakes: poor time management, not valuing sleep, being bad at saying no, dragging the stress of my day into the door when I returned home from work, etc. To our fellows, I explain how stupid I was starting my job at CHOP just a few days after ending fellowship at DuPont and moving a family of five north to the Philadelphia area. Thanks to that bonehead decision, I've never had two weeks off in a row. I advise all my fellows to start their jobs in September, if possible, and enjoy the trip (or two) of a lifetime before starting life as an attending orthopaedic surgeon. If a great mentor can help the mentee see a perfectly attainable path forward (because it's been done, so it must be possible), it can turbocharge the mentee with the necessary confidence to take that next step in their career.

If we believe mentoring is important—we prioritize time, we develop our attention and listening skills, we learn to build trust, we use stories from our own journey to show a way forward—then we are ready to be valuable to a mentee. So, how does that actually

happen? What are the mechanics of mentoring? Do we just walk up to a rotating resident and say “Hey, can I be your mentor”? No, that doesn’t work because of the power differential, especially with the military nature of surgical training that so honors rank. What will the resident say, “No thanks, you’re not my type of role model”? This is unlikely—instead, they will say “yes ma’am, when would you like to meet?” Then, they will show up, nod their head, and disappear forever. Instead, we potential mentors should have our antennae up. That rotating medical student who asks if they can meet on their last week of the rotation, or the resident who says “I’m thinking about pediatric orthopaedics—can we meet to talk sometime?”, or that POSNA colleague who comes up at the opening reception and says, “I could use some career advice, could we catch up at a break sometime this week?”—these are all invitations to mentor, some more disguised than others.

The key is to make that first meeting a winner. Create a time and place where you can be fully present to listen intently. Be ready with questions and stories and be sure to offer a follow-up meeting. If the potential mentee follows up with a request for the next meeting, you are well on your way to adding great value for this developing mentee.

Being a Great Mentee

Hopefully, we all recognize that as we move through our career, we are both a mentor to many, and a mentee of many. Although early in our careers we are more of a mentee, and later in our careers we are more mentor, the skills of both roles should be explored. This is not just an age factor, because we can be a mentor to, and a mentee of, our similar aged peers.

Being a great mentee is definitely a skill that some excel at more than others. First and foremost, a great mentee must be hungry to learn and progress. We can’t just sit there and nod our heads at the advice and guidance. We should aim to refine and personalize the advice to maximize its value. We must be clear with our mentor about what our needs and goals are and be very open to

feedback. We have to check our ego at the door, especially if we are later in our career and seeking advice from a very senior stateswoman. At that moment when we think we know it all (or at least most of it), we can get some humbling contrary advice which can be quite valuable.

A great mentee is a good communicator. Arrive for your mentoring session with good questions. Draft an agenda, either mentally or on paper, and be realistic about what can be accomplished in the precious time that your mentor is giving you. We must respect our mentor’s limitations, which can include knowledge of special circumstances we are in or modern challenges that did not exist during the mentor’s trek through that similar phase or set of problems. We need to help our mentor understand the current landscape. An example of this moment in history would be a medical student applying to orthopaedics this year amidst the COVID-19 pandemic, when there will be no sub-internships, away rotations, or even in-person interviews. In this situation, the mentee must lay out this unique new landscape to get the best advice.

Perhaps the most important limitation that any mentee needs to recognize is the limited time that the mentor has. The very best mentees are incredibly aware, sensitive, and compassionate about how busy their mentor is. This means flexibility for meetings and discussions, prioritizing agenda items in case time runs out or the mentors interrupted by something urgent, arriving on time and staying on time, and being sure to show tremendous gratitude after the meeting for the time that the mentor devoted to the session.

I coach my four children as they reach out for mentorship to those in their profession. They start any opening contact email with a potential mentor with, “I know you are incredibly busy, but I’m wondering if you could offer some advice about . . .”? This is the approach to take with a college professor, as well as a famous senior orthopaedist that you are approaching for advice, or maybe just to propose an idea for a research project.

Another delicate skill the mentee must have is the ability to redirect their mentor if they are off target. This is generally not something that happens in the first session together, but as rapport builds between the mentor and the mentee, the mentee should feel comfortable saying “yes but . . .” Sometimes this is simply adding some more information to help clarify the advice you’re getting, and other times it is just a modern landscape situation (Step 1 will soon be P/F) that needs to be explained to a mentor who went through something different.

Above all the skills and tactics mentioned above, the most important thing that makes a great mentee is their ability to sprint through any door that is opened. The biggest gift that you can give your mentor is to be successful as a result of their advice and to fully exploit an opportunity that was gifted. Likewise, nothing is more dissatisfying to a mentor than a mentee who sets up a long meeting, nods their head, and then disappears forever. As a mentor, you will feel pure joy when your mentees text you with great news on residency match day, let you know when they landed their first job, a traveling fellowship spot, academic promotion, or election as future POSNA president. These accomplishments are the true reward of mentoring, and the very best mentees shine with this talent.

Of course, there will always be letdowns and disappointments. But the key skill is sprinting through that open door and making the best of the advice that your mentor has given you. Be worthy of their time and energy, and you will be a star mentee!

Creating a Culture of Mentoring in Your Group/Organization

If indeed we value what we get from being a mentor and mentee, then it logically follows we want to create environments where both roles are respected, nurtured and even rewarded. On the local scale, this would be our practices and our academic partners; on the larger landscape, it would be our regional and national organizations.

In our practices and among department faculty, it’s essential that we lead by example: walk the walk. Beyond our extremely busy clinical practices and the requisite time we put into research and education, we must demonstrate that we are also investing weekly and monthly time into mentoring. Summer research or year-out research programs for medical students are terrific shared mentoring opportunities for our groups. When we commit to learning about mentoring and become better at it through our career, we pass down our mentoring skills toward junior partners when we mentor them. This combination of prioritizing and practicing mentoring in our groups, along with passing down mentoring best practices, creates a culture that is restless to build its legacy through the generations to come.

In organizations, we create programs. POSNA’s mentorship program has been well received and very successful. AAOS has had the Leadership Fellows Program over the past two decades which created many graduates who are committed to AAOS as an organization. Yet, we recognize that cultures can change. As a result of a strong sub-specialization trend over the past two decades, the AAOS program has become less successful in creating long-lasting mentor-mentee relationships.

Maybe more important than these formal programs is the encouragement and guidance that we give to new POSNA members to become active volunteers for the Society. I recall quite clearly being a young POSNA member with absolutely no idea how to become a major contributor to the organization in the years ahead. Nobody teaches you that kind of stuff in medical school or surgical training. So I reached out to mentors that I developed in residency and fellowship with questions about how to contribute to POSNA, especially after returning from my amazing POSNA traveling fellowship—the opportunity of a lifetime—and feeling the desperate need to give back to the organization for the rest of my career. The advice I got was spot on, “Take any job they will give you and exceed all expectations.” This fits perfectly with the concept of

“sprint through any door that is opened for you.” The other key concept that became obvious was “get it done and have fun.” A volunteer organization like POSNA cannot progress unless highly capable people make getting POSNA work done a high priority. The volunteers on committees and in other organizational roles must be finishers. But just getting excellent work done on time is not nearly enough in a volunteer organization. Others have to enjoy working with us because this is volunteer work, not our paid job. Rising from enthusiastic candidate member to president of the organization is just a long series of progressive service roles in which you “get it done and have fun.”

As I finish this perspective, I’m filled with joy thinking about some of the amazing people I’ve been honored to mentor. Current pediatric orthopaedic stars like former

Penn residents Jeff Sawyer, and Woody Sankar; and former CHOP fellows Ted Ganley and Michelle Caird; rising stars like former Penn resident Jason Anari, and former Ben Fox fellows Chrissy Goodbody, Neeraj Patel, Joe Yellin and Alex Gornitzky. Every one of these current and future pediatric orthopaedic surgeons could write a book on being a great mentee and sprinting through doors when they are opened for them. There are many others. The future of pediatric orthopaedics and POSNA are in great hands with all of them.

References

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