What is Mentorship?

I was looking for synonyms for Mentor and came across these terms: councillor, guide, teacher, guru, adviser and supporter. I wonder how many consultants/*bosses* consider any one of these terms as one of their important roles! Proactive approach in this area is not that common. Juniors are left on their own and expected to learn and absorb as much as possible and to fend for themselves.

As a medical doctor, I am well aware of the fact that what we learnt as undergraduates, though important base for our knowledge, was not enough to prepare us for the real tasks in life. It is what we learnt after graduation from our seniors that made us worthy of being called experienced. This applies to all professions. As a young doctor I eagerly learnt from my mentor surgeon how to do basic things in surgery, whilst assisting him in operating theater and care of the surgical patients in the wards. He taught me all the surgical skills until one day he asked me to come to the operating side of the table to perform my first inguinal hernioraphy. What is unforgettable is his complement by saying that if he had to have a hernioraphy, he would like me to perform it. I have had many mentors since then who have got me where I am today. And it is but natural that I do the same to those who are associated with me in one form or another.

As we progress in our careers, we keep on gaining experience from those who work alongside us, especially our seniors. We learn from our successes and mistakes. All this builds our confidence and add up to what is known as 'experienced' person, which has always been in great demand in every profession. As we go higher in our careers and achieve seniority, we get assisted by junior professionals and other assistants and the role is changed from learner to teacher. This process of learning on the job is repeated and the cycle goes on. Some of the teachers are famous and people use their names in the CVs to have an edge over the other contestants for a job. After all, foundation of education lies in learning from other's experience and knowledge.

In 1982, I was appointed as NHS public health consultant in a district in South Wales. Those days we had the luxury of having a secretary. Use of computers in offices had just begun and I was keen to use it for infectious disease notifications from general practitioners in the district. I asked my secretary if she would mind using computer to enter these notifications. Her response was "doc ask me to do anything but not computing, I am mortally scared of computers". I left it at that and forgot about it. In about six months, as the backlog of notifications was getting out of hand, one afternoon I asked her if she could sit by my side and type what I dictate her on the computer key board, it will be a great help. She readily agreed. I had already prepared an entry form for the notifications in *EpiInfo* and we sat down on one of the desktop computers and dictated a few forms to her. I had to attend to a call so I left her to enter next form on her own. When I came back she had already entered a few forms on her own. I asked her what was she doing and she responded, typing in the forms. I gently informed her that she was using a computer! She never looked back from that day and went on to become the first secretary to use computer in the department and took the lead in teaching word processing to all the secretaries in the department. I was up-to-date with the notifications and could produce reports every month as a feedback to our general practitioners and to the central office for collation of infectious diseases data and reporting.

Few years later, when I moved to Welsh Office with all wales responsibility for Epidemiology and Information, I was given a temp secretary, until such time a permanent one could be appointed. Sharon was an architect from California with Japanese descent. She had failed to get her qualifications recognised in the UK and had to resort to work as a secretary. I found her to possess abilities far beyond the experience required to work as a secretary. The other consultant in the office who was dealing with cancer registry, had her own secretary. We discussed the issue and agreed that

we could manage with one secretary and the other one we could share as a research officer. Sharon was soon appointed research officer in the department. She assisted me in developing the Welsh Public Health Common Data Set (PHCDS). On my advice, Sharon went on to register herself for master's course in public health in Welsh National School of Medicine, and obtained MPH with the dissertation on PHCDS. She used to call me as her mentor!
(More on PHCDS under Power of Information under Blog)

In 2005, when I joined the Public Health Department in Freeport, Papua, Indonesia, our office manager asked me if I could help her to see that the senior Information Officer could be made to sit in his office and do some work. He was notorious for doing little work and spent most of his time chatting and smoking outside the office. I found him to be smart and knowledgeable but there was no challenging work for him in the office. We had developed substantial health promotion material by that time and I wanted to create a database so that the materials could be archived and stored in a manner that it could be easily used. We sat down together and I explained the project and asked him if he could develop a database that could house the health education material in the department. Next week he came to my office and told me that this was something he and his colleague could do easily. Within a month an access database was developed. I asked him to present the database in the weekly staff meeting. After some hesitation and my encouragement he did present it in the staff meeting and received a great applause. He also went on to take the responsibility of working on posters, brochures, and other health education materials that were being produced within the department. (Refer to Health Education Strategy in a Large Project, appeared on my blog last week - 22 September 2018).

In Laos, I had a wonderful team of three Laotian doctors, who were the reason for the success of the project. We spent a lot of time talking in the beginning on the implementation of the Public Health Action Plan (PHAP). I wanted to impress on two important points to make the project a success. Firstly, the information was power and that we had to have credible information to be able to demonstrate that the project had made a difference over time. Not only that, it would help us in monitoring our own efforts, if they were making any difference. Secondly, that we would take democratic decision of any plan to be implemented. Anyone who has a suggestion, including myself as the manager, must be able to convince the team on the practicality of the plan and that it would work. The three doctors were medically trained and one of them had MPH from Queensland University, Brisbane, Australia. Apart from my deputy, the other two had little knowledge and experience in public health. There was a lot of work to be done to understand and use public health principles in the implementation of the PHAP. Apart from regular training sessions with the team, one thing that proved to be most effective was training of my MPH doctor. She received training indirectly through translating my talks to the district health teams explaining the PHAP and the programmes within it. She had to listen to what I was saying, digest it and then translate it in Lao for the district teams. This process was repeated several times in the districts, in the health centers and in the village communities. Even in the team meetings she had to translate some of the things to the other two doctors. This indirect dialogue perfectly placed the Public Health foundation in the team. At the end of the project we had live population register with every birth and death recorded in the project area so that we could calculate correct birth rate and death rates and other indicators. In the impacted population the Infant Mortality had fallen from 105/1000 LB to 46/1000 LB, female stunting among Under-5s from 53% to 33%, intestinal parasitic rate from 59% to 21% and completed immunisations had reached 97% for year two children. (Details can be found in the blog under collaboration with government health services)

The world of medicine is acutely in a state of flux and mentorship can be a key driver of success. It must come from within, as imposed mentorship would be a hollow process. However, the mentor must continue to be a learner.

“A teacher can never truly teach unless he is learning himself;
A lamp can never light another lamp unless it continues to burn itself” - *Rabinder Nath Tegore*