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Building the pipeline — mentoring success in urology

Hiren V. Patel¹, Nathan M. Shaw² and Benjamin N. Breyer²✉

Effective mentorship is important for developing trainees and faculty in urology. Crucial aspects of mentorship are necessary to create long-lasting mentorship relationships, to enhance faculty mentorship and to promote diversity and equity in urology. Innovative strategies to address challenges and opportunities are necessary to enhance the legacy of mentorship.

Effective mentors are crucial in supporting career promotion, encouraging trainee retention and building a pipeline of success

The term mentor comes from the Greek epic poem *The Odyssey*, in which Odysseus entrusts the care of his son Telemachus to his friend Mentor when he leaves for the Trojan war. Mentor was the personification of wisdom and the ultimate teacher who faithfully guided Telemachus through various stages of life. This story remains the ideal tale of the duty of a mentor. The role of a mentor has evolved with time to meet the needs of the mentee, especially in rapidly advancing fields like urology, in which many opportunities to receive and provide mentorship at every level of training are available.

Several unique challenges to effective mentorship exist in medicine, generally, and in urology, specifically. First, mentorship is a cornerstone of academic medicine, which is steeped in tradition and hierarchy; thus, the ever-evolving goals of the mentee or mentor are occasionally in conflict with the hierarchical and rigid nature of academic medicine¹. Second, good doctors do not always make good mentors². Third, mentorship requires effort from and purpose for both the mentor and mentee. Some common principles can improve all mentee–mentor relationships, but one size cannot fit all. Finally, mentorship requires time, which is scarce given clinical, administrative and research demands.

The archetypes of mentorship

In modern academic medicine, the concept of mentorship has evolved to encompass three different archetypes of mentorship³. The first is the classical concept of mentorship, based on a dynamic, mutual relationship established between the mentor and mentee to promote the growth of both. The second is a mentor who acts as a coach, which some mentees might require to help them develop distinct skills or improve in a particular subject. Coaches can be important for learning specific skills, such as robotic surgery or specialized research analyses, but might not be involved in other aspects of mentee growth. The third is a sponsor, who develops a fertile environment for mentorship by elevating programmes, projects or individuals. Usually influential, sponsors increase the visibility of the mentee and use their power

to provide promising opportunities to individuals with high potential. Often, sponsors are not visible to the mentee and wield their power to create a pipeline for success. Finally, connectors act as master networkers who connect the three different mentor archetypes with mentees, with the goal of promoting new talent and retaining promising individuals, thereby growing the field at large. Mentees need adaptive levels and types of mentorship to grow, develop skills and improve visibility.

Effective mentors and successful mentees

Effective mentors are crucial in supporting career promotion, encouraging trainee retention and building a pipeline of success. A strong time commitment with regular meetings has been universally indicated by mentees as an important factor for establishing a strong connection with their mentors^{4,5} (TABLE 1). Mentors often make time for mentees they have a personal commitment to and create an environment of safety, confidentiality and authenticity, thereby promoting the mentee's best interests. Approaching mentorship with enthusiasm is important for invigorating both the mentee and the mentor. Mentors need to create plans that are tailored around mentee's goals, thereby setting clear targets for success and discussing criteria to avoid and manage failure. Lack of clear communication and commitment are key factors associated with failed mentoring relationships^{4,5}.

Understanding how to be an effective mentee is decisive for fostering a fruitful mentoring relationship (TABLE 1). The principal duty of a mentee is growth, not perfection. Mentees should vocalize their personal or career goals, so that mentors can help them develop a customized skill set and pursue relevant opportunities. Defining clear goals also delineates expectations for menteeship and can create a path of common interest for both mentor and mentee. As such, mentees and mentors should have regularly scheduled meetings with clear objectives. Often mentees might not be aware of what they do not know; thus, initial meetings could be spent just listening. Eventually, mentees should take the initiative to lead these meetings to provide opportunities

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Table 1 | Dos and don'ts for effective mentorship

Role	Dos	Don'ts
Mentor	Engage	Promote personal self-interests
	Invest time and effort	Overcommit to mentee's goals
	Create a safe environment for mentee	Fail to communicate
	Promote mentee's best interests	Avoid advocating for mentee
	Create a tailored development plan	Micromanage mentee activities
	Assess personal work capacity	Overwhelm mentee with non-goal-oriented tasks
Mentee	Identify mentor or coach	Overcommit to projects and opportunities
	Focus on learning	Overpromise, underdeliver
	Communicate goals or objectives	Focus on perfection
	Schedule regular meetings with mentor	Lack conviction or initiative
	Focus on listening and receiving	Fail to regularly communicate
	Receive and integrate feedback	Fail to work as part of a team
	Establish a mentoring committee	

of self-reflection and demonstrate responsibility and respect. Missteps are inevitable and should be regarded as an improvement opportunity, rather than failure; thus, mentees should be open to receiving and integrating feedback.

Lastly, both mentee and mentor should recognize when a relationship is no longer beneficial; this limit could mark natural finish lines like completion of surgical coaching or diverging goals and priorities of the mentor or mentee. Recognizing the conclusion of a fruitful mentor and mentee relationship is equally as important as preserving one.

Commitment to mentorship

Commitment to mentoring faculty in urology is of utmost importance, as it creates a legacy of mentorship. Several studies have shown that faculty with mentors are more likely to be promoted, be academically productive, be retained by academic institutions, and have higher career satisfaction than their counterparts^{6,7}. However, mentorship programmes are not ubiquitously present among departments of surgery and, when available, some mentorship programmes are informal and unstructured, with little involvement from all key stakeholders⁸. Programmes implemented at the University of California, Los Angeles (UCLA), the University of California, San Francisco (UCSF) and the University of Kansas Medical Center (KUMC), among others, have formalized faculty mentorship to address both retention and career-advancing goals. Without departmental and institutional support of mentorship, both academically and financially, this framework is difficult to sustain.

Diversity, equity and inclusion in urology rely on our commitment to attracting, retaining and promoting women and under-represented minorities (URMs) in urology. Based on the 2019 American Urological Association (AUA) annual census, women and URMs make up 29.4% and 7.7% of urology residents,

respectively⁹. However, women and URMs make up 10.3% and 3.7% of practising urologists, respectively¹⁰. As representation within urology improves, we must create focused efforts to recruit and retain new talent. This recruitment and retention process is known as the 'diversity pipeline' and has been an area of active interest across numerous fields. First, efforts should focus on expanding the pipeline for new talent through mentorship programmes, such as LatinX in Urology and UCSF's UnderRepresented Trainees Entering Residency (UReTER) Mentorship Programme, which increase accessibility and exposure to urology for under-represented trainees. Second, recruitment strategies that aim to diversify the candidate pool, such as holistic review of resident applicants, are crucial in this setting; mentors can provide the applicant with the necessary resources to reach equitable opportunities and promote a culture of diversity and inclusion among faculty during recruitment. Third, once in training, residents must be extremely well supported, and mentorship is important in this process as it provides the foundation to recruit diverse faculty and residents. Furthermore, good mentorship, including structured mentorship programmes, is important in retaining and promoting trainees and faculty. Multiple studies have demonstrated that mentorship counters burnout, which can disproportionately affect those under-represented in medicine. Finally, mentor safeguarding of the principles of inclusivity is of paramount importance and mentors should strive to protect mentees from inequities.

In the past few years, the field of urology has seen reinvigoration of understanding the key drivers of mentorship. Innovation and creativity are needed to recruit a diverse group of mentors that mentees can relate to and who can impart the legacy of mentorship. A systematic approach is necessary to implement structured mentorship programmes. Consequently, an institutional and extramural resource investment is necessary to establish these programmes and to create national mentorship pathways to connect mentors and mentees.

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Competing interests

The authors declare no competing interests.