

EDITORIAL

MENTORING IN THE DENTAL PROFESSION

“I am what I am, not because of who I am, but who I was made out to be”. These words best summarize the success story of any dental professional. We seldom reach our potential as clinicians, teachers or researchers on sheer talent alone, rather it’s the guiding hand(s) along the way that helps us in that journey. Some call such people as seniors; some call them friends or well-wishers. However the best term for these individuals is “Mentors”.

A mentor can be succinctly defined as an active partner in an ongoing relationship who helps a mentee to maximize his/her potential and reach personal or professional goals. The concept of mentorship is quite ancient. Its roots can be traced to Greek mythology, when King Odysseus left to fight the Trojan War and left his son Telemachus in the hands of his friend, Mentor, to educate and train the boy to fulfil his destiny. Mentor succeeded in doing so, and the rest as they say is History.

The role of mentors in the field of dentistry is to assist the mentee regarding setting goals, providing constructive feedback about performance, building confidence, writing letters of recommendation, submitting names for awards, helping in grant and manuscript preparation. Mentoring has been quantified by studies, many of which reflect that health professionals with strong mentors are more productive and show greater satisfaction in their personal and professional lives, as compared to those who did not have strong mentors.

The styles of mentoring are universally applicable and quite diverse. The relationship between a mentor and mentee can be casual, where the mentor may not be aware of his/her impact on the mentee but the mentee does acknowledge the positive influences that he/she has accrued, or it can be informal where the relationship arises out of purely chance and progress to beyond the realm of professionalism and extends to the personal domain. Both these types are unstructured relationships with no defined goals, but are usually the most successful and long lasting ones, especially the latter. Structured mentoring relationships may be facilitated and non-facilitated. Non facilitated mentoring is further subdivided into group, multiple or E-mentoring. Non facilitated mentoring and its subgroups comprise a mentoring contract but there are no fixed one on one pairs of mentors and the mentee’s. Rather there may be a single protégé with multiple mentors (group mentoring) or 2-3 protégé’s with many mentors (multiple mentoring). The most recent advent of non-facilitated mentoring is E-mentoring which dispenses off problems faced by one to one mentoring such as being in the same place and job schedules. It requires that both parties be adept in the use of computers and have a good foundation of trust to pursue mentoring in cyberspace. Facilitated mentoring also falls under the structured mentoring criteria which involves a coordinator who assigns mentoring pairs based on a criterion of needs and skills etc. This model is usually adopted by large scale corporations and requires extensive human and capital resources; hence it is usually not employed commonly, although many consider it as the best form of mentoring.

The benefits of mentoring are manifold for the mentee, the mentor, the individual academic institutions, and the profession itself. For the mentored junior faculty member, personal and professional development is a benefit that translates into more confident faculty members who are in tune with the overall vision of the institution and their departments. For the mentor, benefits include developing mutually beneficial professional relationships and the potential to create a legacy within institutions. It is therefore essential that mentoring programs be considered mandatory within dental institutions. In many institutions, faculty mentoring tends to take place more informally. For example, the heads of the departments may take it upon themselves to mentor and advise junior faculty members in the process of professional development. While these approaches have met with some success, the development of formal institution-based mentoring programs and the assignment of specific mentors are key components for future success. When developing mentoring plans, it is important to recognize that not all faculty members are suitable mentors. It is not enough to randomly pair senior and

junior faculty members and expect long-term benefits. An unsatisfactory outcome may result when the assigned mentor and mentee have different goals, expectations, or commitments to the process. When assigning mentors, other concerns have been those of control, generational tensions, personality traits, and jealousy. Thus guidelines need to be drawn when formulating pairs of mentors and protégés to achieve the most favorable outcomes out of the relationship.

The dental profession is highly stressful, be it at undergraduate or postgraduate level. The sheer amounts of hard work and personal sacrifices that have to be endured may lead to mental breakdowns and loss of valuable human resources. One way of counteracting this effect of our profession is to ensure effective mentoring of the upcoming professionals to guarantee that we, the fore runners of our profession today, leave dentistry in the hands of such mentee's that in time will be equally, if not more, effective mentors than we could possibly be.

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