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Participant expectations in a national otolaryngology mentorship programme

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Abstract

Objective. Mentoring within surgery is increasingly recognised as a powerful development tool, but participant expectations have not previously been explored. This study aimed to explore and analyse participant expectations from the UK's first national otolaryngology mentorship programme.

Method. Participants completed open-ended questionnaires. Responses were qualitatively analysed using a grounded theory approach. Iterative cycles were used to develop codes using a constant comparison technique. Emerging categories were refined to identify core themes.

Results. Key mentee expectations were career, and clinical and academic guidance. Enhancing networking opportunities was highlighted by medical students and junior trainees. Psychosocial and lifestyle support were predominant themes for all trainees. Receiving impartial advice and guidance from outside their training region was expressed only by senior trainees. Mentor expectations aligned with those of mentees.

Conclusion. This study identified key areas of the 'hidden curriculum' for students and trainees in otolaryngology, showing the evolving expectations and priorities as they progress through training.

Main Article

Dr R Abrar takes responsibility for the integrity of the content of the paper

*See Authorship section for full list of collaborators.

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Introduction

Mentorship is increasingly recognised as an essential component of surgical education and training. The Royal College of Surgeons England advocates mentoring at all stages of surgeons' careers and acknowledges mentoring as a separate entity to training and remedial or supervisory relationships.[1] The General Medical Council recommends that all staff who are new to a role or organisation must have access to mentoring as good medical practice.[2] Research suggests that mentoring relationships can enhance confidence in doctors, reduce stress, and positively influence career progression as well as professional and personal development and well-being.[3–6]

Despite this, there is a lack of high-quality literature on mentorship within surgery, with publications being primarily editorial or commentary in nature.[7] The large majority of studies pertaining to mentorship in surgery focus on qualities of a surgical mentor, the structure of mentor–mentee relationships, advice for overcoming barriers to mentoring, and perceived benefits of mentoring programmes.[7,8] To our knowledge, participant expectations prior to embarking upon a mentoring relationship have never previously been explored in depth, certainly not within otolaryngology.

Our study aimed to fill this knowledge gap by using a qualitative approach to identify key themes of mentee and mentor expectations from a national otolaryngology mentorship programme. Qualitative analysis has the advantage of not being constrained within the limits of focused quantitative methods of data collection and therefore has the potential to highlight any areas of 'hidden curriculum' that participants wish to share or explore through their mentoring relationships. Identifying these could enable pre-emptive training to prepare mentors before they embark upon a mentoring relationship. We hope that increasing our understanding of mentee and mentor expectations can lead to better and more tailored designs for surgery mentorship programmes guided by evolving mentee needs.

Materials and methods

Participant recruitment

A cohort of 84 participants (mentors and mentees) was identified from the Women in ENT Surgery mentoring programme. The Women in ENT Surgery mentoring programme, which started in 2019, was the first national mentorship programme in otolaryngology in the UK. It is endorsed by ENT UK, the professional membership body representing otolaryngology surgery in the UK. Each prospective participant (mentee and mentor) was invited via e-mail and provided with an open-ended written questionnaire (Table 1) and a participant information sheet.

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Table 1. Study questionnaire

Question number	Question
Q1.	What are your expectations entering this mentorship programme as a mentee? *What do you hope to achieve or gain from this mentorship programme as a mentee?*
Q2.	What are your expectations entering this mentorship programme as a mentor? *What do you hope to achieve or gain from this mentorship programme as a mentor?*

Participants were encouraged to write their responses in as much detail as possible. Mentees were only expected to answer question 1, and those also taking the role of mentor in the programme were required to respond to question 2 as well. Q = question

Participants were given the opportunity to ask questions before agreeing to take part in the study and were free to withdraw their participation at any time. The Health Research Authority Decision Tool confirmed that NHS Research Ethics Committee approval was not required. Informed consent was obtained from all study contributors, and the study followed the principles of the Declaration of Helsinki.[9]

Data analysis

Qualitative analysis was conducted by the main author (RA), who independently reviewed and coded questionnaire responses using a grounded theory approach.[10,11] Several iterative cycles were used to develop these preliminary codes using a constant comparison technique. Emerging categories from codes were refined to identify core themes. Dedoose (version 8.3.17; SocioCultural Research Consultants, Los Angeles, USA) qualitative analysis software was used for all qualitative analysis.

Results

Out of the 84 mentoring programme participants, we received 27 responses to our survey. The 27 survey participants included colleagues of all grades from medical student to junior trainees (foundation and core trainees), senior trainees (otolaryngology specialty trainees and fellows) and consultants. Of these, 13 were participating in a mentee capacity only, 4 as a mentor only and 10 as dual mentee and mentor within the Women in ENT Surgery mentorship programme (Table 2). Mentee and mentor expectations were explored separately.

Mentee expectations

We identified three key themes of mentee expectations: professional support within the mentoring relationship, pastoral support to mentees, and how mentees wished to receive their professional and pastoral support. These themes and the categories used to code the data are summarised in Table 3.

Theme 1: professional support

Professional support was the most common theme among mentees in regards to their expectations of a mentoring relationship. These were further categorised into: career guidance, academic guidance, clinical development and networking.

Career guidance

Nineteen of 23 mentees (83 per cent) from all three training grades (medical student, junior trainee and senior trainee) described receiving career guidance as an important aspect of their mentoring relationship. While some wanted general advice regarding 'career decision making' (participant 22) or navigating their 'career trajectory' (participant 18), others wished to receive more specific advice about how 'best to improve chances at applications' (participant 27). A few senior trainees expected advice to be more tailored towards 'fellowships and consultant jobs' (participant 18), as also explained by participant 6 who sought:

> guidance with career planning (e.g. how and when to plan a fellowship, how to increase chances of getting a consultant job in a subspecialty of choice, how to be a competitive candidate for a consultant job)'. (Participant 6)

In contrast, junior trainees were more concerned with advice on how to 'get an ST3 [specialty trainee year 3] number from a person who has successfully achieved one already' (participant 16) and to 'make a connection with a senior clinician that would make the idea of entering this career prospect less daunting and more achievable' (participant 13). One junior doctor explained:

> As a mentee I hope to be paired up with a senior ENT surgeon (trainee or consultant) who will be able to support me in my next stages of career planning/applications. I hope to be able to meet (virtually) on a regular basis to explore my hopes and fears for the future and my career goals. I hope to receive some guidance around CST [core surgical training] applications, some support in my interview preparation (and ideally some mock sessions), and in a wider context, advice on how to make the most of the opportunities available to a foundation doctor/junior trainee. (Participant 14)

Academic guidance

Ten of 23 mentees (43 per cent) from all 3 training grades also wished to seek advice about academic opportunities. This included specific advice regarding 'research opportunities' (participant 19), 'building a competitive portfolio' (participant 17), participation in 'collaborative projects' (participant 13), or

Table 2. Demographic data of study participants

	Training grade (*n*)				
Women in ENT Surgery mentoring programme role	Medical student	Junior trainee	Senior trainee	Consultant	Total (*n*)
Mentee only	3	7	3	–	13
Mentor only	–	–	1	3	4
Mentee & mentor	–	2	8	–	10
Total	3	9	12	3	27

Distribution of study participants as per training grade and Women in ENT Surgery mentoring programme role

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Table 3. Mentee expectations from the mentoring programme

Theme	Category	Value (*n*)	Advice that mentees hoped to gain in the following sub-topics within each category
1. Professional support	Career guidance	19	Career development opportunities. Transition to higher practice. Sub-specialty selection. Planning fellowships. Applications & interview practice for specialty interviews.
	Academic guidance	10	Building a competitive curriculum vitae and portfolio. Presenting & publishing academic work. Research opportunities. Collaborative opportunities. Gaining prizes for academic work. Guidance for examination preparation (e.g. MRCS/FRCS).
	Clinical development	9	Improving clinical confidence. Improving clinical effectiveness. Courses to advance clinical development. Improving surgical operative skills. Discussing clinical near misses, mistakes and challenges.
	Networking opportunities	7	Networking to advance academic & clinical opportunities. Establishing a wider social network of ENT trainees.
2. Pastoral support	Psychosocial support	3	Support with personal struggles & personal development. Support with being a 'female' in surgery.
	Work-life balance	10	Balancing family & children with work. Less than full time training. Time out of training (e.g. maternity leave).
3. Mentorship style	Impartial guidance outside of training region	6	No connection of mentor with mentee's deanery or training region. Support that is impartial with regard to mentee's training & departmental politics. Support with issues mentee is uncomfortable to discuss with clinical or educational supervisor.
	Learn from mentor experiences	6	Learning from discussion and reflection of mentor's mistakes, challenges and successes.

n = number of study participants expressing statement(s) relevant to the category within each theme. Note that a total of 23 mentees participated in our study (3 medical students, 9 junior doctors and 11 registrars). MRCS = Membership of the Royal College of Surgeons; FRCS = Fellowship of the Royal College of Surgeons

preparation for 'exams' (participant 6). One participant elaborated:

> They [mentor] could give me an insight in the areas of my CV [curriculum vitae] that I could improve and how to achieve it, e.g. ideas about prizes, conferences I could present at and journals I should aim to publish. (Participant 16)

Clinical development

Nine of 23 mentees, from all training grades, also sought guidance for clinical development. This included guidance for 'developing operative skills' (participant 21) and 'advice on courses' (participant 19). Others wished to improve their clinical effectiveness at work, with one commenting:

> They [mentor] could offer me insight on how to make the most out of my current role e.g. attend theatre, lead ward round, so that I enjoy my work and I am well prepared for my responsibilities as ST3. (Participant 16)

Networking opportunities

In contrast to other forms of professional support, finding networking opportunities through the mentorship programme was highlighted as a goal by medical students and junior trainees only (7 of 23 mentees). One junior doctor explained:

> I am aiming to meet like-minded people with similar interests (e.g. female surgeons/ENT/education) and have an enjoyable experience during the mentorship programme. (Participant 27)

Others felt that the mentorship programme would allow them 'to make networking connections to further interests in research and observe and participate in collaborative projects' (participant 13). Another junior trainee hoped the mentorship programme would give her 'greater access to seniors in the specialty aside from those I am directly working with' (participant 9). One medical student felt that networking through the Women in ENT Surgery mentorship programme would help 'establish a wider social network of ENT surgeons' (participant 17).

Theme 2: pastoral support

Psychosocial support

Receiving psychological support was important for three mentees, with one mentee explaining:

> I hope that my mentor will be able to not just discuss career planning and opportunities, but also to be a listening ear should I find myself struggling over the next few months/years. (Participant 14)

Five mentees wanted to seek specific pastoral support related to being a 'female in surgery', with one mentee hoping to 'receive support, guidance and advice for being a woman wanting to pursue a career in ENT' (participant 25) and another wanting to understand the 'standard day to day experience as a female ENT surgeon' (participant 13). One touched upon the stigma associated with being a female needing to take time out of training:

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> I had previously had a challenging training year in a hospital where I felt out of my depth at times and felt that I was viewed more negatively than my male colleagues. I felt that this was partly due to LTFT (less than full time training) and being pregnant for part of the year. I hoped that the mentor programme would provide me with a strong female role model, someone who I could discuss work and training challenges'. (Participant 20)

For many other mentees, their expectations with regards to being a 'female in surgery' revolved around the difficulties of work-life balance, as explored further in the category below.

Work-life balance

For 10 of 23 mentees (43.5 per cent), receiving advice about work-life balance was very important. Of these, nine mentees sought specific advice about work-life balance in the context of being a 'female in surgery'.

One senior trainee explained:

> As a female trainee and thinking about starting a family, I would like to be paired with [a] mentor who understands and can be supportive or signpost useful resources/policies. I often feel unsupported in this regard. (Participant 10)

Others specifically wanted 'tips on going and coming back from maternity leave and advice/tips on less than full time training' (participant 6) and 'taking time out of training' (participant 27). Participant 11 elaborated:

> If and when I decide to start a family, I think I will find it very useful to discuss various options of how and when to return to work, and how to cope with the extra complications brought by managing a young family and a career. (Participant 11)

It is interesting, but not surprising, that most of the mentees seeking advice with regards to balancing family life and work were senior trainees ($n = 6$), with a few junior trainees ($n = 4$). Overall, half of all mentees who were senior trainees specifically mentioned seeking advice with work-life balance as an important expectation from their mentoring relationship. None of the three medical student mentees sought advice with regards to maintaining a work-life balance.

Theme 3: mentorship style

Importance of impartial guidance

Six mentees, all senior trainees, explicitly highlighted the importance of receiving impartial guidance in their mentoring relationship. One mentee explained how she hoped the mentoring programme would give her access to a mentor who:

> … did not belong to my region and therefore had no direct impact on my training. I hoped that I could be more open about things without worrying who my experiences/thoughts would get back to. (Participant 20)

Another mentee quite aptly highlighted how she expected her mentoring relationship to be:

> …a place to discuss about reflections in daily practice or near-misses/mistakes that I am unable to discuss with clinical/educational supervisor for various reasons. (Participant 10)

The mentor not being connected to the mentee's deanery and being someone 'outside the training region' (participant 22) who would 'care about them (the mentee) and want to see them (the mentee) [to] succeed without being limited by training or departmental politics' (participant 26) was a key aspect of the mentoring relationship for more than half of all otolaryngology registrars who took part in our study.

Learning from mentor reflections & experiences

Apart from direct professional and pastoral support as explored within themes 1 and 2, six mentees from all three training grades also wanted to learn through discussion of mentor reflections and experiences, with one wanting to 'learn what "to do" and what "not to do" through the mistakes/challenges/successes their mentor has had' (participant 17). One mentee explained:

> I feel the mentor's breadth of experience will offer reflective learning points, as well as my own experiences, and by discussing these will allow us both to learn more about how to manage situations better'. (Participant 8)

Through our analysis of the three key themes of mentee expectations, we identified how mentee expectations differ and evolve as they progress through training; this is represented in Figure 1.

Mentor expectations

We have split analysis of mentor expectations from the mentorship programme under two themes: exploring how the mentors expected to support the mentee and exploring what the mentors hoped to personally gain from their mentoring experience. Both are summarised in Table 4.

Theme 1: providing support to the mentee

The categories within this theme align closely with the themes explored within mentee expectations of the mentorship programme (i.e. providing professional support, providing pastoral support, ensuring all guidance is impartial and sharing own experiences). These categories are explored very briefly below with key representative mentor statements.

Professional support

Eight of 14 mentors specifically hoped to provide professional support to their mentees. This included career guidance, such as 'practical tips for getting into CST/ST [core surgical training/special training]' (participant 21) and academic guidance, such as 'general revision advice' (participant 19). One mentor explained how she aimed to:

> …guide and facilitate the progression of a mentee in a holistic approach to be the best version of what they want to achieve as well as guide them through the hurdles of training/career progression. (Participant 5)

Pastoral support

Six of 14 mentors expected to provide pastoral support, with one commenting on how they 'wanted to inspire the next generation of female otolaryngology surgeons, to support them to realise this is something they can do' (participant 18). Another wanted to 'support holistically regarding anxieties/stressful parts of work/life – signposting to support if needed' (participant 21).

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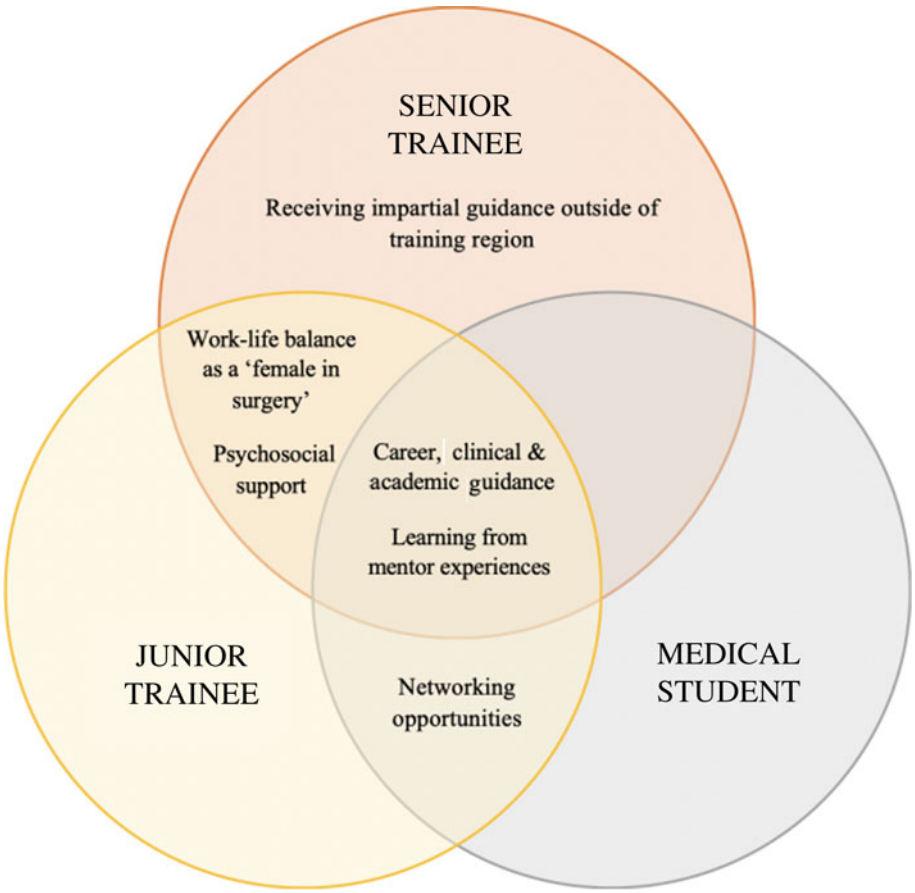


Fig. 1. Venn diagram to illustrate how surgical mentee expectations from a mentoring relationship differ according to the mentee's stage of surgical training.

Provide impartial guidance

Three mentors recognised the need for guidance outside the trainee's 'usual training programme and employing institution' (participant 2). One mentor described: 'I wanted to help trainees in case they didn't feel comfortable talking to an educational supervisor' (participant 4). One mentor recognised the need for mentee support without the fears of assessment, commenting how they aimed to:

> …support mentees in a sphere independent of supervision and assessment, and to encourage the mentee's self-progression and confidence, and facilitate problem solving if needed. (Participant 23)

Table 4. Mentor expectations

Themes	Categories	Value (*n*)	Sub-topics within each category
1. Providing support to the mentee	Professional support	8	Provide practical tips for career progression. Provide advice with applications & examinations. Signpost opportunities for clinical & career development. Be a 'role model' for junior trainees.
	Pastoral support	6	Provide holistic support regarding anxieties or stresses of work & life. Provide advice and support for less than full time training. Encourage the next generation of 'female' ENT surgeons.
	Provide impartial guidance	3	Provide advice outside of mentee's training programme & institution. Provide support with issues the mentee may not be able to discuss with clinical or educational supervisor.
	Share own experiences	5	Share & advise mentee based on own personal experiences.
2. Personal satisfaction & learning for the mentor	Personal satisfaction & reward	4	Have a rewarding experience of inspiring the trainee's future. Give back to the trainee the way that the mentors themselves were helped in the past by their own mentors.
	Improve personal skills	7	Develop personal skills as a mentor. Develop teaching skills. Gain experience as a mentor prior to more formal roles within the education sector. Improve personal curriculum vitae through mentoring experience.
	Personal reflection	1	Reflect on own journey & own learning from past mistakes & achievements.

n = total number of participants expressing statement(s) relevant to the category within each theme. Note that a total of 14 mentors participated in our study (2 junior doctors, 9 registrars and 3 consultants)

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Share own experiences

Five mentors wished to guide mentees through sharing their own experience: 'I would like to give her the advice I wish I received so that she can be more informed in her career' (participant 19).

Theme 2: personal satisfaction and mentor learning

Mentors also saw the mentoring programme as an opportunity to gain personal satisfaction and reward, to improve and develop their personal and professional skills, and to reflect on their experiences.

Personal satisfaction and reward

Four mentors explained the feeling of 'fulfilment and pride in their mentees' (participant 26) through their role as a mentor for the Women in ENT Surgery mentorship programme. Another felt that they 'wanted to give back to a junior the way I [the mentor] was helped in the past by mentors and colleagues' (participant 22). One mentor quite beautifully explained:

> Ultimately, I hope that it can be a rewarding experience to not only improve my own clinical and teaching skills but also to hopefully inspire the trainee's future career trajectory. (Participant 24)

One mentor hoped that they would be able to encourage their mentees to become mentors themselves in the future 'to continue the process of guiding and mentoring younger colleagues in time' (participant 2).

Improve personal skills

Half of all mentors saw the mentoring programme as an opportunity to enhance their personal development, gaining key skills in mentoring and teaching while enhancing their curriculum vitae. One mentor commented that they aspired to:

> …improve my teaching skills, especially in role-modelling and getting to know how to tailor my approach when mentoring trainees of different personalities and motivations. (Participant 24)

Another mentor wanted to use this opportunity as a stepping-stone for further involvement in teaching as a consultant, commenting:

> I am also looking ahead to my own career as a consultant and I know that I want to be involved in teaching and probably be an Assigned Educational Supervisor. The mentorship programme seemed like a good place to start this, to get involved and gain some experience as a mentor. (Participant 20)

Personal reflection

One mentor also felt that the mentorship programme was a good opportunity for reflection and described how they expected to '…reflect on my own journey so far and what I have learned from past mistakes as well as achievements' (participant 24).

Discussion

To our knowledge, this is the first study to qualitatively explore surgical mentee and mentor expectations prior to embarking upon a mentoring relationship. Our qualitative research obtained diverse perspectives from participants of the UK's first national mentorship programme in otolaryngology, allowing for rich thematic analysis of participant responses. We identified key areas of mentee 'hidden curriculum' for surgical trainees, with a wide range of evolving expectations and priorities as trainees progress through various stages of surgical training. We hope these findings can be used to better tailor surgical mentorship programmes according to trainee needs.

The most common expectation of mentees was professional support through career, clinical and academic guidance. Mentoring schemes can aid development of mentees' professional knowledge, career development and confidence at work.[3,4,12–15] While this theme was important to all training grades, we found that expectations with regards to pastoral support, specifically advice regarding work-life balance, were more important for trainees of higher training grades. These work-life balance discussions were largely centred around support and advice sought by mentees within the context of being a 'female in surgery' regarding balancing family and children with work, maternity, less than full time training and time out of training. In general, a lack of female mentors in surgery has been identified in the literature.[3] Women are also less likely to have mentors, despite having more to gain from a mentorship relationship compared with their male counterparts.[16] Although our study has a distinct selection bias because all participants were female, the large number of mentees seeking advice for issues they self-identified as related to being a 'female in surgery' warrants us to question whether there is a large gap in support within current training structures for women, trainees who are less than full time or those simply seeking a better balance with life outside of work.

In terms of mentorship style, receiving impartial guidance outside of training region was highlighted as very important by senior trainees only. A national survey of UK surgical trainees in 2014 by Sinclair *et al.* identified that less than half (48.7 per cent) of surgical trainees reported having a mentor.[3] Of those trainees with a mentor, 52.5 per cent considered their educational supervisor and 45.5 per cent their current consultant as their mentors, with 88.7 per cent of the mentors being in the same training region.[3] This has potential issues with regards to confidentiality and prejudgment by mentors, leading to lack of objectivity when providing perspective on mentee issues. Distance mentoring is less likely to suffer from conflicts of interest between the mentor and mentee that may arise within a shared place of work.[17]

Furthermore, junior trainees and medical students emphasised how they wished to gain networking opportunities from the mentoring programme. Research has proven that mentors can broaden the mentees' network and aid in building their 'social capital', which can be seen as a good indicator of potential success.[17–20] It is interesting to note that none of the senior trainees in our study mentioned networking as being an area that they would like to explore or develop. We postulate that this may be because senior trainees in training programmes have good access to peers and trainers in their respective fields, at least in their local departments, and have also had a longer time to develop their networks. On the other hand, more junior trainees in the UK, who are yet to embark on a formalised surgical training pathway, spend a much larger proportion of their training rotating through various medical and surgical

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specialties that are not relevant to their career interests. This means that such trainees may be more likely to require support to establish networks and view mentoring programmes as a potential avenue to explore this.

- Mentoring relationships can significantly enhance mentees' professional and personal development
- There is a surprising lack of high-quality literature on mentorship within surgery
- Mentee expectations include receiving career, clinical, academic and psychosocial support
- Mentee expectations differ with stage in training
- This study identifies key areas of the 'hidden curriculum' for surgical trainees, with evolving expectations and priorities as trainees progress through surgical training

The wide range of evolving expectations expressed by the mentees, although similar to those described by mentors, may extend beyond the recommended remit of mentoring. This leads us to question whether recommended boundaries of a mentoring relationship must be built and specified in the initiative mentoring agreement or formal training provided to mentors to enable them to better navigate the extent and intricacies of a mentoring relationship. There is a general lack of training provided to surgical mentors; one study in the USA described how 56 per cent of mentors from three otolaryngology training programmes reported not having received any formal training on how to provide mentorship.[21] In the UK, a study through the Associations of Surgeons in Training and Specialty Associations in the UK and Republic of Ireland found that only 8.7 per cent of surgical mentors had received formal mentor training.[3] Limited guidance for mentors exists, but formalised mentor training opportunities must be provided to develop mentorship frameworks.[22,23] Studies have suggested that trainees experience more satisfaction from formalised mentoring programmes as compared with informal mentoring relationships.[24,25] In otolaryngology, a formalised mentorship programme has already been shown to potentially alleviate high levels of stress and burnout while being associated with an overall better quality of life for mentees.[15] However, formalising all aspects of a mentorship programme with a mandatory structure may make it less flexible to the needs of the mentee. Therefore, an aspect of informal relationship and rapport building, alongside a formalised mentorship framework to guide the mentoring relationship, may be the best way forward to allow continuous growth of a mentoring relationship.[26]

We also explored various benefits that mentors hoped to gain from a mentoring programme. These ranged from gaining personal satisfaction and reward through mentoring, to developing personal skills in teaching, building their curriculum vitae, using the mentoring relationship as an opportunity to reflect on their own journey, and learning from past mistakes and achievements. These potential benefits can be used to better advertise and improve recruitment for mentors in mentorship schemes.

Limitations of our study include the small sample size and sampling from a single specialty training programme. There is also potential for gender bias because all study participants were female and of responder bias from those more invested in their mentoring relationships. This study was a single 'snapshot' of mentoring expectations of the mentees and mentors who took part in our study; it would be worth exploring whether these evolve with time in a mentoring relationship. Caution must also be exercised when extrapolating our study findings to other specialties.

Conclusion

Our study is the first in the world to qualitatively evaluate in depth the surgical mentee and mentor expectations from the first national otolaryngology mentorship programme in the UK. We explored a wide range of mentee and mentor expectations and needs of a mentoring relationship. Key mentee expectations were career, clinical and academic guidance. Enhancing networking opportunities was highlighted by medical students and junior trainees. Psychosocial support and work-life balance as a female in surgery was predominantly expressed by junior and senior trainees. The expectation of receiving impartial guidance outside of training region was expressed only by senior trainees. Mentor expectations generally aligned with those of mentees. We suggest that these expectations are defined at the outset in a formalised mentoring agreement using a structural framework that addresses the evolving expectations of mentees as they progress through various stages of training.

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