Mentors and Protégés

By Dr. CJ Henley

In the earliest days of medical education, the primary teaching model for those who wished to pursue medicine was the mentorship model. Young men were to study medicine from a "good teacher," one "whose precepts are sound, whose practical skill is widely approved, who is clever, dexterous, upright and blameless; one who also knows how to use his hands, has the requisite instruments and all his senses about him, is confident with simple cases and sure of his treatment in those which are difficult; of genuine learning, unaffected, not morose or passionate, and who is likewise patient and kind to his pupils." The principals that originated in ancient medicine still are present in today's dental education as we all still take some variation of the Hippocratic Oath. A portion of the original oath reads: "To hold my teacher in this art equal to my own parents; to make him partner in my livelihood."

Surveys of accomplished individuals have reported that influential mentors were second in importance only to education as a factor in their career's success. Mentoring during the early stages of an individual's career has been associated with a higher level of career satisfaction and a higher rate of promotion, both in medical and non-medical fields.

In my career, mentorship has been one of the best tools for fast-forwarding my understanding of both the clinical aspects and the business of dentistry. However, finding a mentor is a challenge. It takes time and perseverance to find the right person to help guide you. The mentor-protégé relationship can be difficult to cultivate because the involved parties need to be on similar ground morally, professionally and clinically. The mentor has to have the desire to enter into the relationship; likewise, the protégé has to be ready and willing to learn.

Much of what we do on a daily basis is attempting to determine the best possible outcome for our patients. With little or no experience, it can be difficult to determine what is best for patients. It is easy to understand the statistics, failure rates and average lifespans of different restorative procedures, but each case is different, each patient is different and it often takes experience to put all of the pieces of the puzzle together to ensure excellent clinical outcomes. Years of excellent clinical practice cannot be read in a text book — it has to be both experienced and passed on.

During your career, mentorship provides guidance clinically and morally. I continue to rely on my mentors to help me in clinical decision making and treatment planning to ensure that I treat my patients with the appropriate care. This is true in all facets of my practice from choosing materials to proper treatment of oral pathology. Mentorship also is critical with respect to ethical behavior. The dentist-patient relationship is based on trust. As practitioners, we are performing a treatment that our patients (usually) cannot fully understand and cannot correct without our help. Our careers and profession are reliant on dentists who practice independent ethical behavior. Good mentorship can be beneficial for dentists who work in isolation and can help them make decisions that are good for their careers, the profession and their community.

Mentorship must be based on mutual respect, trust and friendship. I've had the good fortune to have a mentor who has not only helped me to perform the best dentistry I can, but also has become a dear friend. I deeply value the insight that I've gained from my mentor both professionally and personally. There is something inspiring when someone can help you become the practitioner and person you want to be by earnestly supporting you during your career.

Hopefully, many of you have had similar relationships in your careers. Indeed, there is a facet of mentoring that is similar to a parent-child relationship. It often is for these reasons that the connection is an intensely personal experience. Additionally, time is essential to positive mentoring outcomes. What will be gained cannot be done so quickly. The longer the duration of the relationship, the more valuable the experience.

Evidence suggests that those who are mentored early on in their careers later become mentors in higher numbers. In a survey of departmental chairs and residency and fellowship program directors at an educational hospital, 90 percent reported having had a mentor throughout their training; of these, 81 percent had become mentors at some point in their careers, suggesting that mentoring activity tends to be a self-perpetuating phenomenon.

Today, it seems that mentorships have been on the decline. Lack of access to mentors has consistently been identified as a barrier to successful mentorships. This is a disservice to both clinicians and patients as we move forward. In a survey of faculty from 24 U.S. medical schools, faculty members with mentors had significantly higher career satisfaction scores than those without mentors. Medicine and dentistry have always had mentorship as a central part of their educational processes. I encourage both potential mentors and protégés to consider mentorship — not only is it mutually beneficial to both parties, but more importantly benefits the patients we treat.

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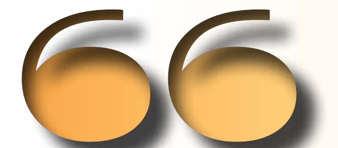

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