

# RAS

## Mentoring medical students:

### A resident's perspective

by Jonathan M. Hernandez, MD

**Editor's note:** *The following is one of an ongoing series of articles written by members of the Resident and Associate Society of the American College of Surgeons. The series provides a forum for the concerns and needs of residents and young surgeons in all surgical specialties.*


**T**he American Council of Graduate Medical Education (ACGME) does not require surgical residents to participate in the education of medical students. And given the demands of the operating room, sick patients, attending surgeons, managing the interns, and so on, perhaps you have triaged teaching the medical students to the bottom of the list of “things that must be accomplished in the confines of an 80-hour workweek”—or, admittedly, as was my case, it had become an afterthought at the end of a long day.

If your approach has been the same as mine, then please reconsider. I have come to realize that placing importance on the education of the medical students on our services

is a worthwhile time investment. It is not only the medical students themselves that stand to benefit from this investment, but also you, your fellow residents, your institution, and the discipline of surgery itself.

- *Beneficiary: You.* You cannot teach what you don't know. This point cannot be overstated. The reduction in resident work hours has not been accompanied by an increase in resident self-directed reading. If you struggle with finding an hour or two each day to devote to text and/or journal reading, taking a vested interest in the education of your medical students may be the motivation you need.

- *Beneficiary: Fellow residents.* Instead of becoming frustrated with the interns and junior residents because of their management of your patients, ensure that things run smoothly. That is, teach the medical students, with the entire team present, the way you handle commonly encountered problems and why. This way, no one with a long coat feels as though he or she is in remediation. And don't forget repetition, especially in July, August, and September.



**With a vested interest in the education and maturation of our medical students, we can help replenish the surgical pipeline with the best and brightest.**

- *Beneficiary: The institution.* The sad truth about the medical students on our services is that few will elect careers in surgery. Medical students today largely value lifestyle above all else in choosing a specialty.<sup>1</sup> But that fact should not change our attitudes or willingness to participate in their education. Approximately 30 percent to 50 percent of graduating medical students remain at their institutions for internship/residency. They will remember you, your level of interest in them, and what you've taught them. And if you did your job, you will have surrounded yourself with better doctors who less frequently make inappropriate consults. The old cliché, an ounce of prevention is worth a pound of cure, seems appropriate in this context.

- *Beneficiary: Surgery.* Although most medical students will not become surgeons, some will. You may even, by showing an interest in their education, sway some of the undecided students to opt for surgery. Who is in a better position to do so? Perhaps no one, not even the attending surgeons, according to two recent articles in *The American Journal of Surgery*, which purport surgical residents may have the biggest impact

upon medical students and their career choices.<sup>2,3</sup>

Nearly a decade ago, researchers monitored medical students from the University of Wisconsin–Madison to determine which students chose careers in general surgery. Although many of the strongest students chose surgical subspecialties, few of the top students entered general surgery residencies.<sup>4</sup> This confounding trend has continued. I believe that no specialty has more to offer than general surgery in terms of technical demand, breadth of knowledge required, patient complexity, and job satisfaction. I know many general surgery residents share my views and, fortunately, we can make a difference. Studies have shown that students can be influenced to enter a career in surgery with early, positive exposure to surgical residents, attending surgeons, and the practice of surgery.<sup>5-9</sup>

It is important to note, however, that we as residents cannot mentor our students if we do not first and foremost take an interest in their education. After all, obtaining an education is a student's primary purpose.

All surgical residents probably know what mentorship means and hopefully have had a faculty mentor of their own, but it may not be obvious how mentorship applies to residents and medical students. First, it is important to realize that mentorship is, in essence, a form of influence. Mentors are the individuals we look up to and want to emulate. As residents, we are uniquely positioned to mentor our students. We have succeeded in many of the upcoming challenges facing medical students, such as applying for residency, interviewing, matching, acclimating to new programs, balancing the demands of life with the demands of being a resident, and so on. But does mentorship require time commitments and long-lasting relationships?

Mentorship doesn't necessarily have to involve time commitments or relationships. Mentorship, as applied to residents and medical students, can occur effectively during the surgical clerkship. Furthermore, this setting is well suited to the application of the qualities reported to determine mentor credibility in academic surgery.<sup>10</sup>

- *Motivate.* Motivation can be incredibly easy with good students or very difficult with the uninitiated. There clearly are myriad means to motivation but, whatever method you choose,

avoid using fear or threats, as these techniques result in failure.

- *Empower and encourage.* Make your students part of the team. Give them responsibilities in addition to printing your list each morning. Help them feel ownership in the care of the patients they are following.

- *Nurture self-confidence.* When a job is well done, say so. It is especially nice to do so in the presence of the attending surgeon.

- *Teach by example.* Example is, of course, the most powerful rhetoric.

- *Offer wise counsel.* Hold feedback sessions with your students (preferably more often than the last day of their rotation). Give constructive criticism. Everyone has strengths and weaknesses and there is always room for improvement. Merely saying “You did a really good job” or “We enjoyed having you on the service” is insufficient.

- *Raise the performance bar.* Students’ level of understanding and performance will increase as the rotation and academic year progress. Consequently, your level of expectations should also rise. Give your students increasing responsibility and freedom accordingly.

- *Shine in reflected light.* If your team is running smoothly, chances are the attending surgeon has noticed and may comment to this end. Give credit where credit is due. Thank the team, including the students. If you are functioning as an effective mentor, your team will have been working very hard for you.

Surgical residents can effectively serve as mentors without the addition of significant time demands or undo stress. With a vested interest in the education and maturation of our medical students, we can help replenish the surgical pipeline with the best and brightest. We can give back to the discipline in which we have chosen to dedicate ourselves. And in doing so, we can help ensure a bright future for surgery, our careers as surgeons, and the training of surgeons to follow us. Ω

## References

1. Brundage SI, Lucci A, Miller CC, et al. Potential targets to encourage a surgical career. *J Am Coll Surg.* 2005;200(6):946-953.
2. Whittaker LD Jr, Estes NC, Ash J, et al. The value

of resident teaching to improve student perceptions of surgery clerkships and surgical career choices. *Am J Surg.* 2006;191(3):320-324.

3. Nguyen SQ, Divino CM. Surgical residents as medical student mentors. *Am J Surg.* 2007;193(1):90-93.
4. Callcut R, Snow M, Lewis B, et al. Do the best students go into general surgery? *J Surg Res.* 2003;115(1):69-73.
5. Kirkham JC, Widmann WD, Leddy D, et al. Medical student entry into general surgery increases with early exposure to surgery and to surgeons. *Curr Surg.* 2006;63(6):397-400.
6. Erzurum VZ, Obermeyer RJ, Fecher A, et al. What influences medical students’ choice of surgical careers. *Surgery.* 2000;128(2):253-256.
7. O’Herrin JK, Lewis BJ, Rikkers LF, et al. Why do students choose careers in surgery? *J Surg Res.* 2004;119(2):124-129.
8. Kozar RA, Lucci A, Miller CC, et al. Brief intervention by surgeons can influence students toward a career in surgery. *J Surg Res.* 2003;111(1):166-169.
9. O’Herrin JK, Lewis BJ, Rikkers, LF, et al. Medical student operative experience correlates with a match to a categorical surgical program. *Am J Surg.* 2003;186(2):125-128.
10. Souba WW. Mentoring young academic surgeons, our most precious asset. *J Surg Res.* 1999;82(2):113-120.

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