Mentoring and the meaning of soul

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A new US president and an international financial crisis demonstrate how quickly the world can change. But they also serve to emphasize the resilience of the industry that we are all involved in. At times of crisis, investing in health is always an attractive option. Population explosions, demographic shifts and sophisticated diagnoses mean that healthcare organizations and pharmaceutical companies continue to prosper. Moreover, when economic fears grip the world of private enterprise, jobs in the public sector acquire a reassuring glow of security.

But security does not necessarily bring job satisfaction. The medical profession has developed a siege mentality, attacked by government, betrayed by its trade union, and suspicious of its professional colleges and regulator. The NHS market is an environment of endless tinkering and policy initiatives. Patients are better informed and more aggressive. The medical career structure is slowly recovering from a period of frightening uncertainty. This may read like an extreme view of the state of modern medicine but most clinicians will have shared one or more of these sentiments in the past months.

Throw the fireworks of re-licensing and re-certification on to this bonfire and you realize that this is indeed a moment of incendiary change for the medical profession. At such times, it is too easy to become lost in your own woes at the possible expense of patient care.

One solution to the uncertainties facing many

clinicians, junior and senior, is to find a mentor (*JRSM* 2008;101:553–9). Mentoring is becoming fashionable in medicine but not as fast as it has in other professions. This situation may be a reflection of the hierarchical nature of medicine, whereby seniors are more like masters than mentors. It may also be a consequence of the pressure on juniors to provide answers rather than admit their ignorance.

Clearly, the culture of medicine is changing. Continuing medical education has been re-branded as continuing professional development. Learning has taken the place of education. Every doctor has an appraiser – not to be confused with a mentor – and the appraisal system is driven by learning needs and critical incidents.

The time for mentoring in medicine is now. This month's study by Steven *et al.* confirms its value, albeit in a select sample. If you haven't got a mentor, get one. In fact, get more than one. Meanwhile, find one, two, several others who might benefit from your mentoring skills. The mentoring process will have benefits for your practice, wellbeing and development. Above all, it will help you with managing change and problem-solving in our unsettled healthcare environment.

This might not be change that clinicians believe in, but at a time of uncertainty, building meaningful professional networks is one method of reconnecting with the soul of medical practice: better patient care.