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Editorial

Mentorship in orthopaedic surgery

After several weeks of being assigned to write an editorial, I chose to write on the topic related to mentorship in orthopaedic surgery. Each orthopaedic surgeon-in-making, 'a mentee' starves for a great mentor that would mould him in the shape of a good clinician/surgeon/academician/researcher/and human-being. A successful relationship depends upon the interplay of 3 factors: the traits and dedication of mentor as well as mentee and the learning environment. Since, I am passing through a phase that, as I see, is a junction as a mentee and as a mentor for me; I can now better appreciate the value of mentorship in orthopaedic surgery.

Few authors have attempted to write of this powerful process of teaching and learning,^{1–3} I try to bring out my perspective on the topic. Mentoring has largely been related to the orthopaedic surgery resident training programme; however, many programmes do not have a formal one. Mentoring encompasses, in my opinion, broader sense in teaching and learning activities of the mentee as well as mentor. A mentor serves as a role model for an understudy or mentee or protégé. Being mentored properly is one of the precious blessings that a trainee can get and mentoring a trainee is the most effective tool to disseminate the art of surgical science.

The issue of mentorship and its challenges has been discussed by many authors.^{1–6} Flint et al even investigated the prevalence of mentoring in the orthopaedic residency programmes and its perceived value from the perspective of orthopaedic residents.¹ They concluded that residents with mentors, residents involved in mentoring programme, and residents who selected their own mentors were more satisfied with their mentoring environment than did those with no formal mentoring programme. They suggested that residency programmes should consider establishing formal mentorship programmes and encourage residents to select their own mentors. Pairing the mentors and mentees that share similar passions in the area of interest may be critical to the success of a formal mentoring programme.^{2,5} A commitment, not forced participation, may be vital for the success of this relationship.

Pellegrini described the traits of a highly effective mentor.³ In his 25 years of teaching and learning experience in the field of orthopaedic surgery, he assembled that a highly effective mentor is accepting of individuality and the variable starting points of the mentee, shares the knowledge unselfishly, is encouraging and supportive of the mentee while concurrently providing constructive criticism on his performance, and sets the bar high but provides rest points for the mentee to catch a

breath along the way. He also suggested that an effective mentor is honest on a personal level, freely admits to not knowing everything, has a secure ego with respect to self-identity and personal accomplishments unthreatened by the successes of the mentee, and shares common challenges.

Gofton and Regehr studied the factors to optimize the learning environment for surgical training and suggested that the irreplaceable value of a mentor and the maximizing potential of optimal challenge points in learning are the two broad areas that must be at the forefront to achieve this goal.⁵

Indian education system in the field of orthopaedic surgery, in my opinion, has a long way to go. A recent decline in the sincerity of the mentee has been recognized that requires consideration. Till the time a 'formal' mentoring is introduced in the residency programme, the mentors and mentees should establish a 'functional' mentoring programme. An orthopaedic surgeon-in-making must recognize the importance of his seniors as the potential 'mentors' throughout their Endeavour. I feel truly blessed in being mentored in a healthy atmosphere. May 'Mentor-Mentee' bond grow leap and bound for the benefit of mankind and dissemination of the art of surgical science.

Introductory comments on the selected featured articles in the present issue

The present issue of the journal features few important topics in orthopaedics. The article on the results of non-vascularised fibular grafting in gap non-union of the long bones in paediatric age group is relevant for the developing countries like India as gap non-unions of the long bones in children secondary to previous infections are commonly encountered. The fact, that non-vascularised fibular grafting can be performed with minimal support system, makes the article even interesting and useful for the orthopaedic surgeons working in basic set-ups. The interested readers will get to know: What are the indications and pre-requisites of the procedure? What was the learning experience of the authors in terms of method of internal fixation? How frequently the revision surgery may be expected? Though retrospective, such studies are important in day to day clinical orthopaedic practice in providing evidence. Another important featured article is the clinical evaluation of the hip joint in sagittal plane using pelvifemoral angle. The authors have clinically measured α angle (the angle

between the Nelaton's line and the line joining the greater trochanter and superolateral pole of patella) and β angle (the angle between the Nelaton's line and the line joining the greater trochanter and fibular head) in normal hips of the Indian subjects. The study may provide a reference Indian value for the detection and quantification of the flexion deformity of the hip in unilateral and bilateral affection. This may be useful addition in the bed-side clinical post-graduate examination of the hip. There are many more interesting articles to read in the present issue that include reviews and case-reports and I am sure that an interested reader will enjoy readings them.

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