Mentorship, Education, and Teamwork in the Making of a Skull Base Surgeon: A Summary of the 28th Annual NASBS meeting

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I was very proud to serve as the 2017–18 President of the North American Skull Base Society (NASBS). The 28th Annual Meeting of the NASBS held at the Loews Coronado Bay in Coronado, California, was a tremendous success. The theme of the meeting was *Dynamic Mentoring of the Skull Base Surgeon: Training our Future* and combined discussions about education and mentorship to train the next generation of skull base surgeons.

Skull base surgery involves teams where learners have to understand complex surgical anatomy, new technologies, and the realization that minor surgical errors could have a devastating negative impact on the patient. Medical educators face increasing patient demand, reduction in resident work hours, increased scrutiny and monitoring of quality and safety, different attitudes toward work–life balance (Generation Y/Millennials), difficulties in measuring competence, and, in many jurisdictions, pressure for operative resources. Gone are the days of “see one, do one, teach one.” There is a very steep learning curve in skull base surgery and it behooves educators to find ways to move our residents and fellows along the learning curve through a variety of means (e.g., lectures, demonstrations, cadaveric dissections, simulation, online learning, virtual reality, surgical rehearsal platforms, etc.). Our patients and society expect and demand this.

The meeting had multiple education discussions and debates about how best to train the next generation of skull base surgeon, but mentorship was put forward as a key component of this training. We have all experienced educators and mentors who possessed great knowledge and skill but the ones who probably made the biggest difference in our careers are the ones that encouraged us and believed in us. No one likes to be told they are doing poorly or made to feel like they are incompetent. Our learners are under constant scrutiny and it is much more common to look for things they are doing imper-

fectly and let them know about it rather than trying to catch them doing something well or exemplary. Think about trying to catch them doing something well and to let them know it. Build people up by encouragement and show your gratitude and acknowledge their accomplishments. These simple acts can go a long way to make our residents and fellows feel valued and will make their learning and confidence progress more rapidly. One of the greatest gifts mentors can give to those around them is hope. Our learners will continue to work, struggle, and persevere, if they have our encouragement and acknowledgment that they are on the right path.

Our time is limited and when you start to mentor someone, you have to put in the time. However, there is still tremendous value in sitting down for 5 to 10 minutes and discussing their issues, concerns, and help guide them in their learning and career choices. As mentors, we should set goals that are specific, measurable, attainable, and realistic. We also have to help them recognize when opportunity knocks.

Trust is an important factor in building our professional and personal relationships. Mentors and education leaders need to build trust and be consistent in approach, style, and methods. Integrity, sincerity, reliability, and commitment are apparent to our learners. If we do not show these qualities, then trust will not be built and the mentor–mentee relationship will suffer.

I am indebted to the two Program Co-Chairs, Drs. Zoukaa Sargi and Amir Dehdashti, as well as the Program Committee who did an amazing job in organizing a most interesting program. There was a record attendance and a great vibe throughout the meeting. The three premeeting courses all sold out early; these were a hands-on open and endoscopic skull base course (organized by Drs. James Evans and Ricardo Carrau), a *Primer Course* targeting medical students, residents, fellows, and allied health professionals (organized by Drs. Eric

Monteiro and Scott Wait), and a *Meningioma Education Day* held in conjunction with the Society for Neuro-Oncology (organized by Drs. Gelareh Zadeh and Ian Dunn).

The Program Committee did an excellent job in organizing a most interesting meeting with a variety of main topic sessions, expert debates, video sessions, and special sessions (Women in Skull Base Surgery, Mentorship and Certification of the Skull Base Surgeon) in addition to proffered paper sessions. We introduced a 3-minute thesis competition where the top 10 submitted abstracts were asked to present their research findings in 3 minutes or less with one slide only. Participants also had the opportunity to test their skills in stopping carotid artery bleeding through simulation. We reintroduced *Skull Base Jeopardy* and congratulations to the team from the University of Pittsburgh Medical Center who took first place. On the final day of the program, the *Pituitary Forum* was very successful and was co-organized with the International Society for Pituitary Surgeons.

To honor the legacy and teaching of Dr. Albert Rhoton, we created *The Rhoton Room* where specific anatomical areas were presented with a three-dimensional anatomy talk followed by the relevant imaging and then dueling dissections by two surgeons/surgical teams. This was highly successful and enjoyable for attendees.

There were a large number of abstracts submitted with 207 selected for podium presentation and 201 for poster presentation. I was very happy to see 48 medical students, 124 residents, and 98 fellows in attendance given the education and mentorship theme of the meeting. There were a record number of new members and special thanks to Dr. Madison Michael and the other members of the Membership and Credentials Committee for their leadership on this.

The three Guests of Honor were Drs. Patrick Gullane, Fred Gentili, and Peter Neligan. Dr. Gullane eloquently detailed the evolution of the NASBS, Dr. Gentili spoke on his vision of the skull base surgeon of the future, and Dr. Neligan spoke on the value of teams in skull base surgery. Dr. Harry van Loveren gave a wonderful lecture on "The Making of a Neurosurgeon: From Your Hands to Theirs." Dr. Dan Fliss from Israel detailed the current and future state of skull base surgery and Dr. Robert Miller spoke on networking. Mr. David DeLong spoke on experience and maximizing the value of mentoring.

The Research Committee led by Drs. Anand Devaiah and Shaan Raza evaluated over 40 research applications for \$30,000 in new funding awards approved by the NASBS Board. In addition, we announced an exciting endowment from the Steven Prewitt Foundation to support education and research in skull base surgery. I am indebted to Dr. Perry Mansfield and the Steven Prewitt Foundation for supporting the mission of the NASBS.

I want to thank the fellowship programs and individuals who generously supported the 2018 NASBS International Travel Scholarship. With their support, we were able to fund four awards to allow Dr. Anthony Thomas (South Africa), Dr. Idoya Zazpe (Spain), Dr. Hermantkumar Nemade (India), and Dr. Olli-Pekka Kamarainen (Finland) to attend the meeting.

I am indebted to the leaders in the NASBS for their guidance, "can do" attitude, collegiality, and kindness. The past leaders and presidents of the Society have done an absolutely outstanding job in shepherding us to this moment in time. The pipeline of leaders is exemplary and I know we are in good hands with Dr. James Evans, from Thomas Jefferson University, who will continue to move the Society forward to the next level.