In contrast, learning collaboratives are groups of 2 or more peers, colleagues, or mentors, often from different organizations, who are attempting to learn together. Both approaches capitalize on the resources and skills or everyone involved.

CONCLUSIONS

Vygotsky's theory of proximal development suggests that learning is inherently social and individuals learn more together than they could alone. Mentors, coaches, and peers provide important support for learning and skill development. Our educational programs should have strategies in place to support these learning relationships and networks.[4]

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Mentoring and Modeling Professionalism: Clinical Care

Richard Korentager, MD, FACS

The concept of mentoring has been present for millennia. The original "mentor" was named Mentor in Homer's Odyssey. He helped Odysseus' son mature during the 20 years Odysseus was away on his quest. Mentoring and modeling professionalism in clinical care follows that same principal. The mentor serves as a role model, critic, and evaluator for the mentees to help the mentees develop the skills they need to be successful in their professional life and by extension in their personal life.

Mentoring is a 2-way street. It is a relationship between the mentor and the mentee in which both must be engaged in the process. When asking faculty to serve as mentors to other faculty, residents, or medical students, it is essential to match the experience, style, and personality of the faculty to those they are to mentor. Mentors and mentees need to define their expectations of the relationship and periodically evaluate the success of the relationship. A mentor who models professionalism in their professional and personal life can have a profound effect on the mentee. They can provide a template for the development of future clinical care leaders. The mentor, being in a leadership position relative to the mentor, is best served following the principles of the Servant Leader, which include the ability to listen, be introspective, empathetic, and be committed to the growth of the mentee.

Mentoring and modeling cannot be separated especially when it comes to professionalism. Mentorship will naturally occur in both structured and unstructured forms—formal meetings between the mentor and mentee and in the form of observation in the clinic and OR setting by both parties. Just as is the case when working with young children, demon-

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strating and consistently applying professionalism to all aspects of clinical care—whether it be relationships with patients, nursing/paramedical staff, medical students, residents, and other faculty—is of the utmost importance. Do as I say and not as I do is a recipe for disaster.

Ideally, the relationship that is established should continue for an extended period of time to allow the mentor/mentee relationship to mature. The mentees must feel safe to express what they feel and see relative to professionalism. It is important to evaluate the success of the relationship from both the mentor and mentee perspective. That may require the input of a senior leader if either or both parties feel that the relationship is not progressing in a positive direction.

The mentor must always be willing to discuss and honestly evaluate all interactions where professionalism may have been compromised whether it is the mentor, mentee, or any member of the clinical care team. The best predictor of future behavior is past behavior, so it is essential for the mentor to address instances of breaks of professionalism in clinical care as quickly as possible. One must also use all of the resources at one's disposal to correct lapses in professionalism. These may include not only the department/division resources but also others within the hospital or medical school.

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