

## Mentorship Criteria for Overseas IDCCM Training

Why do we need mentorship?

Good mentors are able to attract and recruit good students leading to high quality critical care training and eventually physicians. This would help spread good critical care in their respective countries. By investing in students, mentors stay on top of what is going on in critical care and this helps in their own academic and professional growth. In making contacts for their mentees the mentor's own professional network will widen and strengthen. This facilitates further spread of good critical care practices. Good mentorship makes sure that their mentees will continue to contribute to academic work and critical care training even when the mentor relationship dissolves, thereby making sure that good critical care training and practice thrives.

Qualifications to be a mentor

All IDCCM chief examiners, IFCCM teachers, IFCCM examiners, IFCCM chief examiners and veteran teachers who are willing to devote time and energy above and beyond their normal faculty responsibilities are invited to become mentors. They need to be approachable, accessible and have a schedule that allows them to devote time for their mentorship.

*(Preferable to avoid those who have retired and been off clinical critical care and teaching for more than 5 years.)*

What time investment is expected from a mentor

The amount of time a mentor has to spend with a mentee will vary from student to student. All students will need at least an occasional formal meeting to keep current on their progress. The number of meetings and time spent on each session is left to the discretion of the mentor based on this mentee's requirements, but the college would suggest one meeting every 2 months as a minimum contact. (Roughly 5-6 meetings in a year) Accommodating the student needs, including changes in the time and type of attention should be a priority.

What is expected and not expected from a mentor

The primary aim of the mentor is advancing & facilitating the educational, personal and professional growth of the mentee. To achieve this mutual respect, honesty, confidence and acceptance is of utmost importance.

The mentor needs to be a good listener to understand the mentee's ideas and challenges, and to open up clear lines of communication. He/she should be willing to share his/her knowledge, expertise, skills, time and support and encouragement. He/she should be willing to use his/her personal experience to help the mentee avoid mistakes, learn from good decisions and offer his/her thoughts and constructive feedback honestly and openly. He/she should offer an advice only if asked as most of the time people may only want a sounding board to help him/her work out issues and come to their own conclusion. A mentor should always maintain objectivity in grading and evaluation. Always consult the local supervisor to understand the ground reality and how the mentee's progress can be facilitated.

The mentor should promote classes that will expand the mentee's knowledge base, even if the class is not on a required list, encourage conference and workshop attendance and assist with obtaining these resources. Motivate the mentee to reach his/her full potential.

The mentor should support and encourage production of scholarly document with the use of appropriate formatting and writing style, checking for accuracy in spelling, grammar and punctuation.

The mentor should support professional development and the building of a network of colleagues by sharing professional contacts, connecting mentee with other critical care colleagues and help with arranging observer ships in Indian critical care units if the mentee wishes so.

The mentor needs to be extra careful not to criticize excessively or display indifference to a mentee's concerns. Avoid preaching or dictating. Also take extra precaution to avoid abuse of power and involve in situations such as not giving adequate credit for mentee's work or assigning work that does not have significant educational value.