

The Art of Mentoring

Text by Prof Foo Keong Tatt
Photos by Dr SY Chew

This article was adapted from a speech Prof Foo gave during the Symposium on Panel on Teaching through Mentoring at the Singapore General Hospital (SGH) Annual Scientific Meeting 2013.

Introduction

In the Greek epic poem, the *Odyssey*, Mentor was the name of the wise counsellor whom Ulysses entrusted to bring up his son, Telemachus. According to Wikipedia, a mentor is defined as someone who imparts wisdom to and shares knowledge with a less experienced colleague. Someone who has the welfare of his mentee at heart: a true friend.

Medicine: both art and science

I learnt from Prof Wu Jieping, considered the father of urology in China, that we do not treat diseases, rather, we treat patients. Treating diseases is a science and treating patients is an art. Whatever we do should be in the interests of patients. We should treat patients as a whole, treating them irrespective of class or creed.

To improve our care of patients, mentoring should impart both the art and the science. We should treat with competence and care with compassion. To enhance our care, we need to conduct research and teach the next generation.

“A good mentee must be ... humble like the bamboo”



Why the need for mentoring?

Good clinical practice should not only be evidence-based, but also a balanced application of the knowledge in real-life practice, for the best interests of patients. This necessitates a good understanding of the natural history of disease and the correct attitude.

Balance is the key – in nature, in our lives as well as in management of diseases. The way is not straight, but full of twists and turns. That is why in Eastern philosophy, the symbol for balance is the yin and yang. We need to balance the high tech and the high touch; the hardware and the heart ware. We must keep to the middle. However, balancing is not easy, as it requires experience and wisdom, and not just knowledge. That is why mentoring is necessary.

What makes a good mentor?

Over the years, I have been blessed with good mentors, who helped to shape my life and philosophy. In 1968, I was among the first batch of surgical trainees at the newly opened University Hospital in Kuala Lumpur. There, I had the good fortune to come under Prof Yong Nen Khiong, who cared not only for his patients but also his trainees. He taught me that “we do not give our best, but *the* best to patients”. This is because our best may not be good enough and that we should refer patients to the best available.

After my fellowship in 1972, I joined the University Department of Surgery at SGH as a lecturer under Prof Ong Siew Chey. He was yet another good mentor who emphasised proper diagnosis and also pre- and post-operative management, instead of just operating. Also we were reminded to “be one step ahead of the complications, if not the patients may be one step beyond!”

In 1978, Prof Foong Weng Cheong took over as head of the University Department, and I learnt from him not only surgical techniques but also the importance of understanding the natural history of diseases. He

used to comment that our then new technique, transurethral resection of the prostate (TURP), was incomplete compared to his open surgery for prostate and we disputed that. But he was proven right 30 years later, that our conventional TURP was indeed incomplete, as many patients returned with haematuria and other symptoms due to recurrent adenoma. As we now have a better understanding of the disease’s natural history, we have improved the procedure by changing to enucleation and resection of the prostate transurethrally.

Three decades ago, I was given the opportunity, under the university sabbatical leave scheme, to specialise in urology with the Smith & Nephew Fellowship. I learnt how to conduct TURP from my mentor Dr Robert Whitaker. He was approachable and friendly, and I managed to learn much from him. Up till today, we still keep in touch to exchange ideas in science and art (we share a mutual interest in watercolour painting).

A good mentor is accessible and patient, and a friend for life. A good mentor also teaches the fundamentals and practises what he teaches. He walks the talk.

What makes a good mentee?

With the Internet, knowledge can be easily acquired, but its application to real-life practice requires guidance from mentors. Skill is not just knowledge, but the application of knowledge with awareness of the fundamentals.

A good mentee must be committed to the core purpose in medical practice and be humble like the bamboo, resilient but hollow to absorb new experiences. He also needs to follow the master in the art yet at the same time, think for himself in the science.

Conclusion

In summary, mentoring is important to help society or an institution to progress, with commitment by the mentors and mentees to improve the care of patients.



Transmitting core values to the next generation – new SUA members taking their association’s pledge at their annual dinner in 2013

When I officially retired in 2003, I was touched to be formally acknowledged by my students as their mentor. Now, more than ten years later, I am reassured that some of the values I learnt from my mentors will be passed on to future generations through the Singapore Urological Association (SUA) pledge at the admission of new members to the association: that they will uphold their professionalism; to treat with competence, care with compassion, and work in collaboration and harmony with their colleagues; and teach the future generations. ■



Prof Foo graduated from Singapore University in 1965 and obtained his FRCSed in 1971. He is currently an emeritus consultant at the Department of Urology, SGH; clinical professor at the Yong Loo Lin School of Medicine, National University of Singapore; and adjunct professor at Duke-NUS Graduate Medical School. He is also the honorary executive director of the Urological Association of Asia.