

A Viewpoint on Close Monitoring in Healthcare and Nephrology

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Introduction

Mentorship is essential for success in any field, including medicine. Medicine is especially well-suited to mentoring because it has relied on an apprentice-based educational system for hundreds of years. Since there has been a sharp decline in interest, which will almost certainly result in a significant shortage of nephrologists, mentoring is critical to the field of nephrology.

Description

Mentoring has always been important in medicine. Indeed, one could argue that this is how medical professionals are educated. Mentorship has also been shown to protect and advance those aspiring to be academic physicians. Mentorship in nephrology has become increasingly important as interest in the discipline has waned over the last ten years. This article will discuss the effects of mentoring on medical careers, various types of mentors and their characteristics, and the duties of both mentors and mentees. We will discuss specific nephrology problems and how mentorship has been used to solve them. We conclude that mentoring is powerful tools that can help our industry have a bright future. A true mentor actively engages with, evaluates, and improves his or her own effectiveness as a mentor while attempting to maintain open and honest communication with the mentee. Someone with extensive connections and experience who is infrequently accessible and does not promote open and regular lines of communication is a resource, not a mentor.

Many similarities exist between good mentors and good doctors, including sincerity, dependability, moral character, and availability. Furthermore, he or she must evaluate and accept the mentee's behaviour, maintain high regard for the mentee despite obvious flaws, and offer constructive criticism. A genuine mentor-mentee relationship lasts a lifetime and has the potential to grow into something more equal and mutually beneficial over time. Mentors, in particular, can learn a lot about technology and social media from their mentees. When you think of mentoring, the classic mentor-mentee relationship comes to mind, but the reality is usually more nuanced. The traditional mentor is a formal, ongoing, and reciprocal relationship between a seasoned professional and a novice that serves to advance both parties' professional development. The most common type of mentoring model is the dyadic model. This partnership is most successful when there is mutual respect, shared beliefs, and effective communication.

The sponsor type of mentor is committed to the mentee's career advancement by providing opportunities for visibility and advancement, such as giving presentations at national and international conferences, participating in

study groups, and writing or editing articles for high-impact journals. In addition to assisting the mentee, the sponsor wishes to advance the mentee's career in order to maximise the potential of accomplished individuals to advance in their respective fields. The "connector" mentor frequently connects mentees with sponsors, mentors, or other mentees. The connections are well-known individuals who have amassed significant social and political capital as a result of their academic achievements.

Despite the fact that there are numerous types of mentoring relationships, many mentors may discover that their role has not been clearly defined from the beginning of their relationship with their mentee. Perhaps this is a chance mentor to whom a younger, less experienced person looks up, confides, and seeks advice. This type of mentor has a lot to offer, even if there is no expectation that they will provide wise advice or quick fixes. Despite the fact that no randomised controlled research has examined the effectiveness of mentoring, numerous observational studies in primary care, obstetrics/gynecology, and surgery have demonstrated its benefits. To begin with, academic clinicians who received consistent mentoring had a better track record of publishing, obtaining research funds, spending more time performing research, and mentoring others.

Academic success can be difficult for women in particular without a mentor. A survey of medical students, house staff, and junior professors at the University of California, San Francisco found that more women (22% junior faculty and 21% house staff) than men (9% junior faculty and 16.5% house staff) did not have a professional mentor. There is disagreement over whether mentors should be formally assigned or self-identified (i.e., informal mentoring). A formal mentoring programme has the advantage of ensuring that every mentee has access to a mentor as well as a curriculum that includes clear expectations, goals, and meeting times. Informal mentoring lacks specific goals but allows the pair to develop their own based on their needs and timetable. The current biggest issue in nephrology may be a lack of enthusiasm for the field, which prevents people from even looking for mentors. This is an urgent issue that requires immediate attention in our field. Mentors have taken on a large portion of the responsibility: how can one rise to the challenge and inspire new interest? High workloads, expanding regulatory requirements, a poor work-life balance, and lower pay scales in comparison to workload are just a few of the factors contributing to this drop in interest [1-7].

Early persuasion takes place through cutting-edge programmes like The Kidney Tutored Research and Education for Kidney Students Program, a creation of the American Society of Nephrology (ASN) Workforce Committee based at the Mount Desert Island Biologic Laboratory in Bar Harbor, Maine, and the University of Chicago in Illinois, medical and graduate students are exposed to renal physiology, personalised medicine, and healthcare disparities. Another strategy is to provide outpatient dialysis and transplant rotations to students and residents in order to highlight the rewarding long-term relationship between the nephrologist, the patient, and the family. These introductions are intended to highlight the patient-centered care that is at the heart of our profession. Patient as well as the patient's family Women in Nephrology (WIN) was established in 1983 to address specific gender issues in nephrology. An all-inclusive community of these minority nephrologists was intended to allow women to more easily take on leadership roles and have a voice in an industry dominated by men. The driving principles were a strong mentorship culture and open communication with both male and female coworkers. Professional development seminars were developed to help young, mid-career, and senior women gain national prominence and leadership roles

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in their respective institutions, as well as to be more broadly represented in the leadership of their professional societies.

Conclusion

Mentorship is critical for professional and personal success, and it is especially important in nephrology. As a result, mentoring must be formally recognised and adequately compensated. A mentorship award is notable in that it is not offered by either of the two major nephrology societies in the United States, the ASN or the National Kidney Foundation. Because the majority of current research is based on surveys or interviews, which are prone to bias, mentoring, like any other scientific discipline, should be thoroughly investigated. Excellent mentoring is a powerful tool that, when used effectively, can motivate future generations of nephrologists and ensure the field's future is confident, energetic, and positive.

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