

CORRESPONDENCE

Forward thinking with reverse mentoring: Prioritising well-being over professional development

We would like to commend the insightful Really Good Stuff article by Tylee et al.¹ outlining their institution's efforts to address the challenges of faculty and trainee disengagement through a Mentorship Retreat. It is clear that the retreat fostered valuable mentor–mentee relationships and provided crucial professional development, particularly through the focus on Individual Learning Plans and CV development.

However, whilst the authors identify burnout as a critical issue, we observed that the retreat's emphasis was more on professional development and career progression, rather than directly addressing the well-being of fellows and faculty. In our local programme, physicians who seek mentorship are frequently looking for someone to support their general well-being, as well as to guide career development. Given that burnout is a significant driver of disengagement, we wonder if future iterations of the Mentorship Retreat described by Tylee et al. might include more targeted strategies to improve emotional well-being. The authors mention encouragement of introspection but do not elaborate on how this could address well-being concerns. In our experience, useful techniques for developing introspection include tools such as visualisation, grounding techniques and developing self-awareness of one's own core values.

Additionally, we would also like to introduce the concepts of reverse and reciprocal mentoring to enhance the retreat. Reverse mentoring, where junior faculty mentor senior colleagues, and reciprocal mentoring, whereby the relationship is bidirectional, can help breakdown the traditional hierarchies within medicine, offering senior faculty the opportunity to benefit from the perspectives of junior colleagues, promoting cross-generational learning.² Incorporating these approaches could not only help create a more supportive environment, which may help mitigate burnout, but also foster personal growth for both junior and senior faculty.³ We could encourage Tylee et al to explore how reverse and reciprocal mentoring could be integrated into their workshops, supporting both professional development and well-being in a more holistic way.

Recent evidence from medical training surveys continues to demonstrate high levels of burnout amongst trainers and trainees.⁴ Reverse and reciprocal mentoring could play a pivotal role in addressing this. In our own programme, we will continue to champion this bidirectional approach, confident that nurturing these dynamic mentoring relationships provides the greatest opportunity for personal and professional growth and well-being for both mentor and mentee.

AUTHOR CONTRIBUTIONS

Ashley V. Simpson: Conceptualization; writing—original draft.

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DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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