

Guidebook for ESVS Mentor-Mentee Programme 2025/26

Introduction

This mentoring programme is tailored to support the clinical, academic, and professional development of vascular surgery residents. Through individualised collaboration with experienced vascular surgeons, residents are guided in their journey toward academic excellence, surgical proficiency, and independent research. This guide outlines the principles and practical steps for effective mentoring within the context of vascular surgery training. It is recommended that each mentor supervises no more than two residents concurrently to ensure high-quality engagement.

1. Initiating Mentoring Cooperation

Residents or mentors may initiate contact. An initial meeting should:

- Define mutual interests (professional support, networking, research, future career planning and etc)
- Clarify expectations (realistic, with constant re-evaluation)
- Establish communication preferences (suggested platform zoom/microsoft office)
- Outline a potential scope of work (e.g., clinical research, publications, audits)

Key Elements to Establish:

- Scientific/clinical goals (e.g., write a case report, submit a poster to a vascular congress)
 - Frequency and format of meetings (programme requires 1/month meetings ideally)
 - Responsibilities and timelines (Programme lasts between 1-2 years)
 - A mentorship agreement (Officially agreeing to participate and fill out the feedback forms – within the application to the programme)
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2. Defining Clinical and Research Focus

Mentors should propose clinically relevant research topics and offer access to resources (data, tools, expertise, NOTE: within the legal ethical requirements of each country).

Residents can also propose topics. Together, define:

- A specific research question
- Necessary data and methodologies
- Possible networking /fellowship possibilities
- Together can try to solve possible challenges during the training/or as young consultants)

Suggested Monthly Themes:

1. Mentoring objectives & expectations
 2. Setting SMART goals
 3. Formulating research/project plan
 4. Feedback and communication skills
 5. Clinical networking and career pathways
 6. Navigating grant opportunities
 7. Scientific writing skills
 8. Presentation techniques
 9. Managing surgical workload and burnout
 10. Planning a career post-residency
 11. Reflecting on achievements
 12. Planning future academic steps
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3. Delegating Responsibilities

Effective collaboration requires role clarity:

- **Resident (Mentee):**
 - Perform literature reviews
 - Collect and manage clinical data
 - Draft abstracts and manuscripts
 - Design presentations
 - Clearly define the needs and communicate them
 - Show initiative
 - **Mentor:**
 - Guide methodology and structure
 - Provide constructive review
 - Support journal/conference submission
 - Help draft the plan for networking/fellowships possible
 - Help draft realistic plan and track the progress
 - Ensure empathetic communication and availability
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4. Fostering Independent Practice

Mentorship is not about supervision alone; it develops autonomy. Allow residents to:

- Make decisions and learn from mistakes
- Use research tools independently (e.g., REDCap, EndNote, SPSS)
- Engage in critical appraisal and surgical decision-making

Mentors should:

- Provide access to training resources
- Encourage self-directed learning

- Guide reflective practice
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5. Emphasizing Tangible Outcomes

Each mentorship should yield measurable results:

- Conference abstract/poster
- Journal submission
- Clinical audit report
- Grant proposal
- Database for future analysis

Use prioritization tools:

- **MoSCoW**: Must, Should, Could, Won't
 - **Eisenhower Matrix**: Important/Urgent tasks
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6. Participating in Joint Projects

Mentors may include residents in:

- Clinical trials
- Registry studies (e.g., Vascunet, MASCOT)
- Retrospective reviews (e.g., AAA repair outcomes)
- Meta-analyses/systematic reviews

Define contributions clearly to ensure accountability and recognition.

7. Scheduling Regular Check-Ins

Frequent review meetings (e.g., every 2–3 weeks) help:

- Track progress
- Provide timely feedback
- Maintain momentum
- Adjust timelines

Recommended tools:

- GROW model (Goal, Reality, Options, Will)
 - Reflective log or mentorship diary
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8. Ensuring Quality and Documentation

Maintain a shared digital folder with:

- Project timeline
- Meeting notes
- Data sheets
- Drafts and revisions
- Ethics and GDPR compliance forms

Emphasize quality, reproducibility, and ethical standards in all scientific activities.

9. Mentorship vs. Traditional Residency Supervision

Aspect	Mentorship	Traditional Supervision
Relationship	Individual, development-focused	Hierarchical, task-oriented
Duration	Long-term	Rotational/episodic
Goals	Academic, clinical, and personal growth	Clinical competency and assessments
Mentee Role	Active contributor	Passive learner
Output	Publications, grants, academic portfolio Networking, future-career planning, support	Procedural logs, performance reviews

Appendix: GROW Model for Surgical Mentoring

Stage	Objective	Example Question
G	Define a clear goal	"What do you want to complete before EOY?"
R	Assess current reality	"What progress have you made so far?"
O	Explore options & obstacles	"What are three ways forward?"
W	Commit to action	"Which option will you choose? Deadline?"

Apply the 70/30 rule: 70% mentee input, 30% mentor guidance.

Role of the Facilitator in the Mentorship Programme

The **Facilitator** plays a supportive and supervisory role in ensuring the quality, continuity, and effectiveness of the mentoring relationship between the Mentor and the Mentee. The Facilitator does not intervene in the content of the mentoring process but provides oversight, encouragement, and assistance to both parties as needed.

Key Responsibilities:

1. Initiate and Support the Mentorship Start-up:

- Attend the **initial meeting** between Mentor and Mentee.
- Help clarify expectations, goals, and ground rules.
- Ensure that both parties understand their responsibilities and the structure of the programme.

2. Monitor Progress Regularly:

- **Check in monthly** with the mentoring pair to review progress and address any emerging issues.
- Use a brief, structured format (e.g., email, call, or short meeting) to assess:
 - Whether meetings are taking place as agreed
 - Whether the mentee feels supported
 - Whether the mentor sees engagement and progress

3. Intervene Supportively When Needed:

- Join mentoring sessions **upon request** or **if challenges arise**, such as:
 - Miscommunication or conflict
 - Stalled progress
 - Misaligned expectations
- Provide guidance or mediate to help the pair realign and continue effectively.

4. Maintain Confidentiality and Neutrality:

- Act as a neutral party focused on process rather than outcomes.
- Respect the confidentiality of the mentoring relationship, while being available for discreet problem-solving if required.

5. Document and Report (if applicable):

- Keep brief internal records of check-ins and interventions, noting key milestones or concerns.
- Provide summary feedback to programme coordinators to help evaluate and improve the mentorship structure (if required by the programme framework).

Closing Note

Mentoring is a cornerstone of surgical education. With clear goals, mutual respect, and focused collaboration, vascular surgery mentorship can lead to transformative academic and clinical achievements. The structured approach in this guide is designed to help both mentors and residents navigate this process successfully.