



# Mentorship, When training goes wrong and distance learning

**Federica Furfaro**

Assistant Professor (Tenure Track)  
Vita-Salute University San Raffaele  
Gastroenterology and Endoscopy  
Milan, Italy

# What Is Mentorship?

- ✓ Guiding, not just teaching
- ✓ Adapting to individual needs
- ✓ Building trust and confidence
- ✓ “Not everyone needs the same thing”

(more time? different language?)



# Starting Point

- ✓ Assess baseline needs & competence (start scan, in person)
  - where people are
  - what we can do to support them
- ✓ Direct observation → self-reflection
- ✓ Tailored approach, no pressure
- ✓ Comprehensive evaluation (consider the person's personality, character), be patient
- ✓ Feedback & support
- ✓ Take time

# EARLY CHALLENGES



TIME



COGNITIVE  
LOAD



MULTITASKING

*Mentoring requires patience and attention to details*

# Knowledge & Skills

- Technical skills
- Clinical interpretation
- Strengths & weaknesses from trainee's perspective

# Setting Objectives

- ✓ Clear, simple, achievable goals
- ✓ Step-by-step progression
- ✓ Each trainee is unique
- ✓ Respect for trainees' sacrifices (time, money, family)
- ✓ Continuous relationship with trainer



# Feedback Matters



- Timely & specific (we are here for a short time)
- Focus on behavior, not the person
- Positive + constructive + actionable
- Encourage self-reflection
- Iterative process



# Mentors's challenges

- › Limited time 
- › Multitasking 
- › Cognitive load 
- › Fatigue 
- › Miscalibration

# Miscalibration

- experts underestimate themselves
- fail to recognize incompetence

# Recognizing failure

- ✓ **Pay attention to small steps** (e.g., probe orientation, navigation, findings)
- ✓ **Systematic** approach
- ✓ Ask for **group feedback**
- ✓ **Use logbook** to track ILOs (Intended Learning Outcomes) and trainee's perception

# Role of the Mentor

- › Role modeling 🧑
- › Clinical decision-making
- › Knowledge sharing
- › Multidisciplinary
- › Accessibility
- › Case review & distance learning

## MENTOR'S ROLE



- › Networking & advocacy
- › Research projects
- › Individual training
- › Feedback mechanisms

# Relationship & trust

- ✓ Constructive feedback = shared vulnerability
- ✓ Ask yourself: why do trainees come to you. Will they return?
- ✓ Build open dialogue and long-term relationships

# Distance Learning

- E-learning has limits
- Image interpretation as a powerful tool
- Upload cases → online discussion
- Builds confidence remotely

# Building Relationships

- Multidisciplinary collaboration (radiologists, gastroenterologists)
- Dedication of time & patience
- Support beyond training
- Availability for follow-up questions

→ *“If they don’t feel confident at home, they can contact you”*

# Teaching confidence

- Many trainees feel unready to teach
- Even skilled practitioners fear teaching
- Mentorship builds courage to share knowledge

# Endoscopy Training Example

2021

Original article

Thieme

## The effect of train-the-colonoscopy-trainer course on colonoscopy quality indicators

### Authors

Geir Hoff<sup>1,3</sup> , Edoardo Botteri<sup>2</sup>, Gert Huppertz-Hauss<sup>4</sup>, Jan Magnus Kvamme<sup>5,6</sup>, Øyvind Holme<sup>2,7,8</sup>, Lars Aabakken<sup>9</sup>, Stein Dahler<sup>10</sup>, Asle W. Medhus<sup>11</sup> , Ingrid Blomgren<sup>12</sup>, Per Sandvei<sup>13</sup>, Ole Darre-Næss<sup>14</sup>, Øystein Kjelleevold<sup>15</sup>, Birgitte Seip<sup>2,16</sup>

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ORIGINAL ARTICLE

## Intensive Systematic “Train-the-Trainer” Course as an Effective Strategy to Improve Detection of Early Gastric Cancer: A Multicenter Retrospective Study

Xiaobei Luo<sup>1,2</sup> · Kenshi Yao<sup>3</sup> · Xin Lin<sup>1</sup> · Bitao Lin<sup>1</sup> · Chaojun Zhu<sup>1</sup> · Silin Huang<sup>4</sup> · Zhenyu Chen<sup>1</sup> · Aimin Li<sup>1</sup> · Jiahao Wang<sup>5,6</sup> · Yin Huang<sup>1</sup> · Zhihao Li<sup>7</sup> · Side Liu<sup>1,2</sup> · Zelong Han<sup>1</sup> 



- Structured colonoscopy trainer programs
- Progressive, systematic approach

# Mentorship is more than training



Mentorship = Relationship (2 parts)

From my mentor...

Trust yourself...