



28th Annual Gabor Racz Advanced Interventional
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Mentorship that Works: Rethinking Fellowship Support in Pain Medicine

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Conflicts of Interest

- None



Objectives

- Define mentor
- Review the basic competencies of mentors
- Identify the core skills of a mentor
- Establish the foundations of mentorship in pain medicine
- Addressing the gaps



Mentor

- Greek Mythology
 - A friend of Odysseus entrusted with the education of Odysseus' son Telemachus
- Modern times
 - An experienced and trusted adviser



Basic Competencies of Mentors

- Knowledge
- Credibility
- Communication
- Altruism
- Commitment



Knowledge



- Must have core knowledge and skills in the field
- Knowledge of the present and vision for the future state of a particular field is important for setting goals and directions



Credibility



- A mentor should have the seniority and reputation to be able to open doors for the mentee within and outside the institution to optimize chances of success.



Communication



- A successful mentor needs to commit time and develop 2-way communication with the mentee, emphasizing listening and active intervention.
- This builds trust, is essential for creating a long-term relationship, and allows for an understanding of the goals, strengths, and weaknesses of the mentee.



Altruism



- Mentors must give selflessly and actively to the relationship.
- Exploitation, inattention, and passivity are anathema to effective mentoring.
- The goal always needs to be the growth of the mentee, not the professional aggrandizement of the mentor



Commitment



- Both parties must be committed to the realities of time, energy, transparency, honesty, and resources to foster success.



Core Skills of a Mentor



- Active listening
- Building trust
- Encouraging and inspiring
- Identifying barriers and goals
- Educating and teaching new skills
- Providing constructive criticism
- Managing risk
- Providing opportunities



Foundations of Mentorship in Pain Medicine



- Research and Collaboration
 - Engage in research and collaborations at various levels
 - Develop a broader understanding of pain medicine
- Complication management
 - Focus on training to manage procedural complications
 - Ensure patient safety through skilled development



Foundations of Mentorship in Pain Medicine



- Promotion of multidisciplinary collaboration
 - Encourage working with multidisciplinary teams
 - Foster a holistic approach to pain management
- Structured approach across career stages
 - Spanning from students to seasoned physicians
 - Emphasize continuous professional development
- Resetting the culture of mentor
 - Advocate for continuous mentorship enriching both mentor and mentee
 - Integrate academic mentorship with industry and society

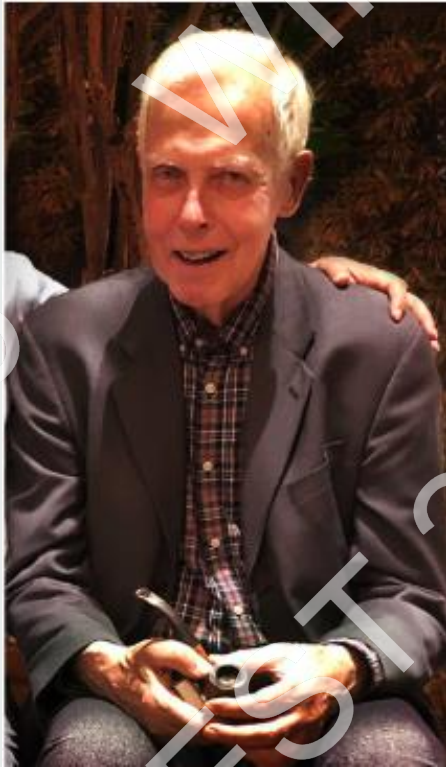


Is mentorship succeeding in the current model?



- One-year PM fellowships is insufficient to address the field's growing complexity
- The current one-year model does not allow for a hierarchical mentoring system, i.e senior fellow guides junior fellow
 - Fellow to resident mentoring does exist
- Mentorship in PM fellowships follows a linear structure
 - Faculty mentor to the fellow and fellow to the resident

Is mentorship succeeding in the current model?



- Millennials prefer peer-based learning
 - Thrive in collaborative environments where knowledge is shared horizontally rather than solely from top-down structures
 - Builds confidence, and fosters creativity in problem-solving
- Current mentorship model fails to provide sufficient opportunities for fellows to engage in meaningful, peer-to-peer mentorship



How can we address the deficiencies?

- A multi-year educational model should be considered
 - Would allow fellows to engage in more comprehensive training while fostering a culture of mentorship among peers
 - Senior trainees could mentor junior trainees, providing guidance on both clinical and procedural matters
 - Would provide more opportunities for fellows to develop their teaching skills
 - Would also allow faculty to allocate more time for individualized mentorship



How can we address the deficiencies?

- Extending the fellowship duration:
 - By extending the fellowship period to two or more years, fellows would have more time to absorb complex concepts, refine their procedural skills, and develop stronger mentor-mentee relationships.
 - The additional duration would allow for better integration of advanced techniques and the ability to revisit important topics with ongoing guidance.



How can we address the deficiencies?

- Considering PM as a distinct residency program.
 - By incorporating PM as a distinct residency specialty, trainees would be provided with more extensive and consistent exposure to the field's clinical and procedural aspects.
 - This would allow for a more thorough education and mentorship experience throughout their residency training, ensuring that postgraduates develop a solid foundation in knowledge and hands-on skills



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Conclusions



References

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