

# Academic Mentoring—How to Give It and How to Get It

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**S**TUDENTS, TRAINEES, RESEARCH FELLOWS, AND JUNIOR faculty all benefit from the direction provided by academic mentors and research supervisors. The literature contains numerous reports on the importance of mentorship in helping facilitate the future success of trainees, documenting benefits such as more productive research careers, greater career satisfaction, better preparation in making career decisions, networking within a profession, and aiding in stress management.<sup>1-10</sup> This Commentary describes several key points of advice both for individuals who mentor and those who receive mentoring (mentees). In some places, a mentor is an individual who is not the student's direct clinical, academic, or research supervisor. This advice applies to those kinds of mentors as well as the more traditional direct supervisors.

## Determine How the Mentee Likes to Spend Time

Several years ago a faculty member who had worked in his profession for 10 years visited the corresponding author (A.S.D.) to announce plans for a career change. Until that time, this particular faculty member was a basic science researcher in the division of endocrinology who also provided clinical care to patients with diabetes 1 day per week. He was moving to a full-time clinical position in a non-teaching hospital and he described experiencing moderate career success and enjoyment from research activities performed during the first 5 years, but thereafter realized a dislike for the work. His clue about his career became evident when he noticed feeling excited about how the day would unfold seeing follow-up patients with diabetes and determining their clinical progress on the 1 clinical day per week vs the other 4 days of the week when he awoke, pulled the sheets over his head in the morning, and dreaded going to work in his laboratory. This realization led to an understanding that he was in the wrong job.

One of a mentor's most important jobs is to help mentees determine what kind of career they wish to pursue.<sup>3,11</sup> Those who train in medicine can pursue at least 4 types: clinical care, education, research, or administration. Good mentors should present all 4 options without communicating

value judgments. In particular, because the primary purpose of attending medical school is to learn how to provide direct patient care, it is inappropriate to cause mentees to feel this activity is less worthy than the others. The best way to help mentees choose a career path is to help them understand what day-to-day activities instill excitement. One suggested approach to determine this is for mentors to express the following: "Don't tell me what you want to be (ie, an academic physician). Tell me how you want to spend your time. What gets you out of bed in the morning? What really interests you? What jobs are fun for you? Design your position around those activities."

## Be Honest

Mentors need to understand that mentees frequently are afraid to tell their supervisors what they want if they feel they will disappoint their mentors. It is important that mentors not promote their own agenda over that of mentees with aspirations of producing academic clones.<sup>11</sup> The following has been stated (A.S.D.) to help the mentee become more honest: "I am a general internist, health economist, and I perform health care research. I am happy being me. I do not need you to be me to reaffirm that I made the right choice." Once said, the body language of the mentee is often observed to become much more comfortable. It is important that mentees not simply tell mentors what they think mentors wish to hear, but rather what they really think, without wasting time by pursuing unwanted directions.

At the same time, mentors need to understand that mentees may choose not to follow their advice. Mentors should not be disappointed when this happens. The nature of the relationship is that mentors and mentees should feel free to give honest expressions and advice without insistence from either side that mentees accept it.<sup>12</sup>

On a more formal note, some have suggested that mentoring relationships should undergo regular evaluations for process (clear objectives and regular, purposeful meetings), communication (feedback, mentees being able

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to challenge mentors), and outcomes (sense of progress and development, improved networks).<sup>13</sup> Such periodic evaluations are valuable tools to help ensure ongoing honesty.

There are circumstances in which mentors should perhaps not be completely forthcoming. For instance, when the mentee tells of making a particular career choice (as opposed to asking for advice about the choice), the mentor should not show disapproval or state the choice is a mistake. In these circumstances, mentors must distinguish between the mentee's requests for advice and announcements of firm decisions (often not easy to do). Once mentees have decided, expressing disappointment can be a very bad way to end the communication. Mentors can make it clear that the door is open to reverse the decision, but should not say "You are making a mistake," because that phrase may be counterproductive and will not be forgotten.

### **Follow Through**

It is important for mentors to be supportive. This can take the form of making the right introductions, dealing with individuals whose cooperation is required, or providing financial support.<sup>9,12,14</sup> In other cases, providing support simply involves responding to the mentee's questions, reading manuscripts, providing advice, and following through on promises. Prolonged delays on either side are harmful to the success of mentees. Students should, therefore, carefully investigate the experiences of previous individuals who received mentoring from someone they are considering approaching. They should review a proposed mentor's curriculum vitae and determine how many students were overseen who now have successful careers. If the answer is many, it bodes well for the future. If a faculty member has been in a mentorship role for more than 20 years but has almost no successful disciples, the mentee might do well to avoid that person.<sup>12,14</sup>

### **Do Not Become Friends**

In this relationship mentors have power. The individuals can never be equal and therefore should not establish a relationship as friends during the mentorship period. Doing so may result in complications, hurt feelings, and can be destructive. This is not to say that the mentoring relationship cannot be cordial, personal, enjoyable, or fun. This simply means that the appropriate professional distance must be maintained to protect both parties.<sup>15,16</sup>

### **Do Not Be Afraid to Terminate a Mismatched Relationship**

Personality conflicts in the mentor/mentee relationship may occur. If these conflicts are irreconcilable, to the point that a positive mentor/mentee relationship is unlikely, the relationship should be terminated. This advice applies for both mentors and mentees.

### **Be Explicit About Credit for Work**

At the beginning of the mentoring relationship, the roles are usually very clear: mentors often provide the initial ideas, infrastructure, financial support, and supervision for a project and mentees often perform the day-to-day work. Over time, roles change. For example, original ideas or questions will ultimately be generated by mentees and mentors may increasingly play a more peripheral role. This may lead to difficulties in determining who gets credit for the work. The principal objective way of assigning credit is the designation of an individual's role on a grant application (principal investigator or coinvestigator) and the position of the names on the author list.

Early in the corresponding author's career (A.S.D.), an unfortunate interaction occurred between a mentor and mentee that best illustrates the problem. The mentee, who was then a junior faculty member, had an idea to use an existing medication to treat a genetic disorder and this intervention had a very positive result in 1 patient. Because there had been no similar descriptions in the literature, the mentee prepared a manuscript describing this case report, and the paper was subsequently accepted by a high-profile medical journal. The mentee did not include his mentor as a coauthor primarily because the mentee felt that the mentor, who was an internationally recognized expert in the field, would have received credit for the idea. The mentee claimed that the idea and work were entirely his and that the mentor had no role in the paper; moreover, the mentor certainly did not meet the current authorship criteria established by the International Committee of Medical Journal Editors (this episode preceded the development of those criteria by several years).<sup>17</sup> The mentor learned about the paper and objected strenuously to being excluded from the author list. The disagreement ascended the chain of command at the university. Ultimately the paper was published in the high-profile journal without the mentor's name as an author. This episode led to the mentee leaving the institution because many of his colleagues reportedly ostracized him for this behavior.

The best way to avoid similar episodes is to be explicit from the beginning of a project about who is going to receive what credit, to acknowledge that the mentor/mentee relationship will change over time, and to follow the International Committee of Medical Journal Editors' established criteria for authorship, although this may require some subjective judgment. Mentors should not expect their mentees to include them as honorary authors.

Similarly, it may be common practice for some mentors to include their students as authors specifically to advance their careers even without proper contribution to warrant authorship. This is equally inappropriate. If mentors wish to include students as authors on manuscripts, an appropriate set of tasks that constitute grounds for authorship should be assigned and conducted by students.

### Separate at the End

At some point, supervisors have to end the mentoring relationship with students. It does a junior faculty member no good to continue to put the supervisor's name on grants or papers. Doing so stunts the growth and reputation of mentees and is problematic when they are considered for career awards or promotions. The responsibility for separation lies primarily with mentors and at some point mentors have to state directly, "We will no longer write together." This does not mean that mentors stop providing advice. It just means that the names can no longer be attached on grants and articles.<sup>16</sup> Although the exact publication record and length of time for mentor/mentee relationships is not well established, data from a preliminary survey suggest that the break point seems to be 6 to 10 papers and 3 to 5 years before separation typically occurs (unpublished data, A.S.D.).

### What Mentees Should Do If Mentors Do Not Wish to Separate

In these situations, mentees should ascend the chain of command in the organization and solicit help of the division head, department chief, chair, or dean. These individuals will clearly understand the issue and broker the separation. After separation, mentors and mentees can become friends, assuming they actually (still) like each other, because at this point they will be equals. One of the wise mentors of A.S.D. taught the following: "I was always careful to be nice to the people I met on the way up. They were the same people I met on the way down."

The mentor/mentee relationship is an essential aspect of career development. These suggestions provide advice and helpful behaviors for this worthwhile and integral activity in academic medicine.

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### REFERENCES

1. Roch GR. Much ado about mentors. *Harv Bus Rev.* 1979;57:14-20.
2. Palepu A, Friedman RH, Barnett RC, et al. Junior faculty members' mentoring relationships and their professional development in US medical schools. *Acad Med.* 1998;73:318-323.
3. Pololi LH, Knight S, Dennis K, Frankel RM. Helping medical school faculty realize their dreams. *Acad Med.* 2002;77:377-384.
4. Allen TD, Eby LT, Poteet ML, Lentz E. Career benefits associated with mentoring for proteges: a meta-analysis. *J Appl Psychol.* 2004;89:127-136.
5. Cameron SW, Blackburn RT. Sponsorship and academic career success. *J Higher Educ.* 1981;52:369-377. doi:10.2307/1981284.
6. Schapira MM, Kalet A, Schwartz MD, Gerrity MS. Mentorship in general internal medicine: investment in our future. *J Gen Intern Med.* 1992;7:248-251.
7. Ramanan RA, Taylor WC, Davis RB, Phillips RS. Mentoring matters: mentoring and career preparation in internal medicine residency training. *J Gen Intern Med.* 2006;21:340-345.
8. Kirsling RA, Kochar MS. Mentors in graduate medical education at the Medical College of Wisconsin. *Acad Med.* 1990;65:272-274.
9. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui T. "Having the right chemistry": a qualitative study of mentoring in academic medicine. *Acad Med.* 2003;78:328-334.
10. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine. *JAMA.* 2006;296:1103-1115.
11. Rose GL, Rukstalis MR, Schuckit MA. Informal mentoring between faculty and medical students. *Acad Med.* 2005;80:344-348.
12. Lee JM, Anzai Y, Langlotz CP. Mentoring the mentors: aligning mentor and mentee expectations. *Acad Radiol.* 2006;13:556-561.
13. Grainger C. Mentoring—supporting doctors at work and play. *BMJ Career Focus.* 2002;324:S203. doi:10.1136/bmj.324.7353.S203.
14. Tobin MJ. Mentoring: seven roles and some specifics. *Am J Respir Crit Care Med.* 2004;170:114-117.
15. Ramani S, Gruppen L, Kachur EK. Twelve tips for developing effective mentors. *Med Teach.* 2006;28:404-408.
16. Hunt DM, Michael C. Mentorship: a career training and development tool. *Acad Manage Rev.* 1983;8:475-485. doi:10.2307/257836.
17. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication, updated February 2006. <http://www.icmje.org/>. Accessed January 3, 2007.