

Commentary: Mentoring in Academic Emergency Medicine

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Abstract:

Utilizing the phrase, “Mentors Are Leaders,” we used the letters of these words to emphasize the essential elements in mentoring, both within and beyond the specialty of emergency medicine (EM).

MeSH words: Mentor, Emergency Medicine, Academic, Leadership, Education.

Commentary:

We are most grateful for and indebted to the many mentors in our lives. Writing this *Commentary* has allowed us to reflect on the evolution of our careers; how we have benefited from being mentored all along the way, including today; and how our mentoring has been so gratifying in furthering the careers of enumerable physicians and others over the past 30 years: to experience the cycle’s literally coming full circle - witnessing so many of our mentees’ passing the proverbial torch on to junior colleagues through their very personal mentoring - the giving of themselves to help others.

Unfortunately, we have concerns that mentoring in EM, and in academe in general, is not being fostered adequately in the following areas: women; minorities; attending physicians, especially concerning the lack of proper faculty

development courses; and residents, because of the lack of educational modules on both mentoring and faculty development. These examples are particularly disheartening since evidence has shown that mentoring does indeed improve “the product!”¹ We have chosen the phrase “Mentors Are Leaders” as a guide to penning this paper. Obviously, by utilizing this format, there is no prescribed order.

Mentor: The dictionary defines mentor as 1. A trusted counselor or guide; 2. Tutor, coach.² Ultimately, mentoring is a special form of preparation for advancing one’s career. In order to be prepared, we always admonish our advisees to read more, both professionally and personally, for reading does, indeed, maketh the complete person!

Education: Borrowing from Joseph Campbell, the goal is to find one's own bliss.³ Beyond board certification in EM, the menu from which to choose is rather large, including a myriad of professional degrees and certificates of added qualification. As a master of the obvious, we encourage young people to pursue in more detail that which truly interests them. Why? Because they will end up being happier in their career, as well as being better mentors in those specialty areas.

Negotiation: We are fond of giving tutorials on how to negotiate, including how to arrive at one's personal minimal and maximal settling point (MSP). Parallel examples outside of medicine would be to have an MSP for either selling or buying a house. Examples within EM would include having a realistic salary in mind when pursuing a new job. We recommend the book by Fisher, Ury and Patton, *Getting to Yes*,⁴ as well as two books by Karrass.^{5,6}

Teaching: Although "there is no gene for teaching," we must be fully prepared to recognize and maximize "the teaching moment," which should include promoting empathy.⁷ We must also dedicate ourselves to enhancing the art of teaching by participating in workshops designed to hone our lecturing and bedside teaching skills.

Orientation to Academe: By learning the rules early on, junior faculty will inevitably play the academic "game" far better.

- *Research and publications:* These two facets are indeed the most crucial for an academic emergency physician (EP) to be promoted; however, far too many are not nurtured appropriately along the way. We have always utilized the tactic of inviting junior colleagues to share in a research project or two in order to get them started, yet request initially that they return the favor in the near future to someone junior to them. In our careers this has served us exceedingly well, for we are firm believers in the concept that "the more we share, the more we will get."
- *Clinical Care:* Although academic EP receive the least "credit" for demonstrating excellence in clinical medicine, it is essential to demonstrate one's clinical

- prowess in order to serve as an appropriate role model for medical students, residents, fellows and junior faculty.
- *Teaching:* In addition to some of the issues mentioned above in the paragraph "Teaching," it helps us to promulgate our specialty among budding medical students.
- *Community Service:* This is a long-standing tradition within academic medicine, and EM is no exception. Included in this broad concept is involvement in administrative medicine, including service on committees within various specialty societies within EM.

Research: Dealing with the Institutional Review Board (IRB) can be rather threatening initially; however, once junior faculty members have been led through the myriad of seemingly oppressive paperwork, subsequent forays through the maze of the IRB are indeed so much more tolerable. As noted above, since research and publications comprise the diadem of such significant importance for promotion within academic EM, appropriate guidance and support of junior faculty are obligatory.

Sharing: "The more we share, the more we will get," yet this concept transcends research and publications, and should be pervasive so that it covers every aspect of academic EM. Senior faculty should take the necessary time to commune frequently with junior members of the department. Some departmental chairs formalize this process more than others.

Attitude: A positive outlook is not only associated with success, it also helps prevent an energy draining "downward spiral" associated with negative behavior. We highly recommend the article, "Purging Workplace Negativity," by Topchik,⁸ as well as the book, *Enlightened Leadership: Getting to the Heart of Change*, by Oakley and Krug,⁹ for those who want more detail on these topics.

Respect: In order to earn respect, one must demonstrate it toward others beginning with one's self.

Equanimity: Calm, coolness "under fire" is important in both the emergency department, as well as in all other venues.

Leadership: Over the years we have acquired a modest library on leadership, and these references have become trusted friends containing a wellspring of knowledge to which we return frequently. We highly suggest that chairs of departments of EM provide some of these key texts in the departmental library. *Please see suggested reading, in addition to the References.*

What Do Leaders Do? They direct change!¹⁰⁻¹²

Whitney reminds us “Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.”¹³

Equity: Leaders must be fair-minded and even-handed.¹⁴ By the same token, the Department of EM will flourish far more by investing in those junior faculty who possess the most potential. By stressing “What is going well, then asking ‘How do we get more of that’,” are two basic questions that help foster a positive, progressive “culture” within the Department, and within the College of Medicine at-large.^{8,9,14}

Advocacy: Mentors and other leaders in academic EM obviously must advocate for and coach their junior charges.^{15, 16} Our job is to serve them well, and by our actions we will pass the mantle that service to our fellow human beings is why we are here on this good earth.

“Do a deed of simple kindness,
though its end you may not see,
it may reach, like widening ripples,
down a long eternity.” -- Anonymous

Discipline: This concept entails remembering and following through with what one wants. *Discipline* is one leg of a four-legged platform; *Wisdom* is knowing what one wants; *Responsibility* is choosing what one does; staying in *Balance*, both professionally and personally, is a noble goal spanning one’s career.

Ego: To paraphrase comedian Jerry Seinfeld, “There is good *ego*, and there is bad *ego*!” Enough said...¹⁷

Responsibility: Stephen Covey reminds us of being “response-able” in following through with

our commitments and obligations, in contrast to being reactive.^{18, 19} He encourages us to spend most of our time in planning on how we will accomplish the most important things in our lives, both personally and professionally. One way to assure success is to create a personal mission statement to serve as a “roadmap” on how get where we wish to be. Covey emphasizes leading by principles, as opposed to practices, to improve customer service, which for those of us in academic EM includes our patients as well as our professional colleagues.¹

Service: Practically every treatise on leadership speaks to the need for each and every one of us to serve our charges well, including giving back to the community at-large. Churchill reminds us that, “We make a living by what we get, we make a life by what we give.”²⁰

Conclusions:

Mentoring is an essential aspect of nurturing and developing future leaders in the specialty of EM throughout the world. Because there is a lack of mentoring universally, especially under the aegis of faculty development, we should all be more aware that mentoring leads to success. The best way to foster mentoring and to enhance faculty development within EM is to formalize those processes within Departments of EM and to make sure that women and minority members are afforded the same opportunities for mentoring as others within the department.

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Authorship: Both authors contributed to the conception of the article, and collaborated in the revision and editing process.

Competing interest: None declared

Funding: This commentary did not receive direct funding.

Acknowledgement: Special thanks to Professor Ivan Steiner for the invitation to pen this *Commentary*. I also wish to thank my secretary, Ms. Debbie Geddes, for her painstaking care in the preparation of this manuscript.

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