

The pathway to mentorship

by Mallory Williams, MD, Detroit, MI

Mentors provide career guidance that is essential for the academic surgeon and the surgeon in private practice. The academic surgeon depends on strong mentorship for guidance in basic science and clinical research, patient care, and professional development. The surgeon in private practice seeks clinical mentorship for technically difficult operations, assistance in expanding surgical skill sets, and practice management. So whether assisting in grant writing and research design or providing technical expertise in advanced laparoscopy, the role of the mentor is essential. Outstanding leaders in surgery have given their perspective about mentorship previously. Wiley W. Souba, MD, FACS, for example, developed the mnemonic MENTORS to describe the following seven qualities that all mentors should have:

Motivate

Empower and encourage

Nurture self-confidence

Teach by example

Offer wise counsel

Raise the performance bar

Shine in reflected light¹

Henri R. Ford, MD, FACS, in praising his parents as mentors, stated, "They inculcated in us a sense of responsibility and helped us develop and refine an 'acquired' taste for academic excellence."² Edward M. Copeland III, MD, FACS, has written about a surgery department chair's role in mentoring: "An open door policy by the chair is almost imperative... a chair should mentally change places with faculty members to see how decisions affect them."³ Each of these leaders in surgery recognizes the importance of mentorship in producing future surgeons and continuing the tradition of excellence in surgery.



Profiles of effective mentorship

Julie Freischlag, MD, FACS, imparted the appropriate perspective of a mentor when she wrote, "...almost anyone with the right work ethic and interest can become a surgeon. We become what we see. Great mentors influence us all."⁴ With this in mind, I interviewed three successful young surgeons who have benefited from mentorship throughout their careers. My aim is to clearly illustrate effective mentorship in productive young surgical careers. I focused on how each of these individuals initially met their mentor. The development of each relationship is discussed, as well as a review of the successes of each relationship.

Darla K. Granger, MD, FACS

Key mentor: Arthur J. Matas, MD, FACS, professor of surgery and director of renal transplantation, University of Minnesota, Minneapolis, MN.

Dr. Granger is currently clinical associate professor of surgery at Wayne State University and director of pancreas transplantation at St. John's Medical Center in Detroit, MI. Dr. Granger felt confident about becoming a successful academic surgeon while training at the University of Minnesota. Nancy L. Ascher, MD, PhD, Alexa I. Canaday, MD, and other female role models who completed their training and were very successful trailblazers were a source of inspiration.

Dr. Granger emphasizes the role that Richard Simmons, MD, FACS, and Dr. Ascher played in advising her during her medical school years, but she says her key mentor in her career has been Dr. Matas. She met him as a hard-working intern on the transplant service of the University of Minnesota. During her second year of residency, Dr. Matas asked if she would be interested in joining his research laboratory. Dr. Granger was interested in becoming a transplant surgeon and jumped at the opportunity. They met and began early preparation for her research years and future fellowship in transplantation.

Dr. Granger describes Dr. Matas as the perfect mentor. "He was very supportive of both our basic science and clinical projects." Laboratory meetings were held regularly, but there was also informal time for personal development. "Dr. Matas enjoyed sharing the credit for hard work

performed," she says. Her research experience led to numerous national presentations and publications. Success as a research fellow led to a clinical fellowship in transplantation. As a clinical mentorship developed, she remembers, Dr. Matas' teaching was impeccable and rooted in a deep concern for his patients. Dr. Granger would accept her first faculty appointment at the University of Minnesota. Dr. Granger explains that Dr. Matas was interested in her as a human being and as a student with potential academic talent.

Selwyn Rogers, MD, MPH, FACS

Key mentors: Michael J. Zinner, MD, FACS, Moseley Professor of Surgery and chairman of surgery, Brigham and Women's Hospital, Boston, MA; John Z. Ayanian, MD, FACP, associate professor of medicine and health care policy, Harvard Medical School, Boston, MA.

Dr. Rogers is assistant professor of surgery; chief of trauma, burns, and critical care; and director of the Center for Surgery and Public Health at Brigham and Women's Hospital. Upon returning to the Brigham and Women's Hospital as faculty, Dr. Rogers established a very clear research focus in health care policy. His desire to work with Dr. Ayanian, a proven academician in health care policy research, was supported by Dr. Zinner, his surgical mentor. Dr. Rogers initially met Dr. Ayanian while a medical student at Harvard. Dr. Rogers admired Dr. Ayanian's academic work and wanted to acquire similar skills for surgical outcomes analysis. Dr. Rogers approached Dr. Ayanian and was immediately received warmly. They set up formalized meetings twice monthly and began the development of the mentoring relationship.

As time has passed, Dr. Rogers' skill set has developed and he has gained increasing responsibility for projects. Dr. Rogers has continued to highly respect the time of his mentor and, even though he has tremendous responsibility inside the department of surgery, their time together collaborating on mutually beneficial projects continues to be cherished. When asked what he considers to be the most important aspect of successful mentorship, Dr. Rogers says, "A passion for what you are doing, a wealth of ideas and original thought, a vision of where you want to

be, and stamina.” He defines a successful career as the ability to mentor other individuals to successful academic endeavors.

Jeffrey S. Upperman, MD, FACS

Key mentor: Henri R. Ford, MD, FACS, vice-president and surgeon-in-chief, Children’s Hospital of Los Angeles, and professor and vice-chairman of surgery, University of Southern California (USC).

Dr. Upperman is associate professor of surgery and associate director of trauma at the Children’s Hospital of Los Angeles, at the University of Southern California. Dr. Ford is his key academic and career mentor, but he has also benefited professionally from a wealth of mentors who encourage him to excel in surgery, research, and organized medicine, including the following: Edwin Deitch, MD, FACS; Robert Johnson, MD, FAAP; Benjamin Rush, MD, FACS; George Machiedo, MD, FACS; Thomas R. Russell, MD, FACS; Onye Akwari, MD, FACS; Edward Barksdale, MD, FACS; Eugene Wiener, MD, FACS; George Gittes, MD, FACS; and Timothy Billiar, MD, FACS.

Dr. Upperman initially met Dr. Ford at the Clinical Congress of the American College of Surgeons. While attending a reception, he introduced himself to Dr. Ford, a young faculty member in the division of pediatric surgery at the University of Pittsburgh. Dr. Ford inquired about Dr. Upperman’s career interest and Dr. Upperman mentioned his interest in pediatric surgery. Dr. Upperman obtained Dr. Ford’s contact information and invitation to call him, which Dr. Upperman followed up with a thank-you letter.

Later, at the annual meeting of the British Association of Paediatric Surgeons in Istanbul, Turkey, Dr. Upperman again met Dr. Ford. He affirmed his interest in pediatric surgery. Dr. Ford made suggestions regarding Dr. Upperman’s early career and introduced him to pediatric surgeons. Determined to succeed, Dr. Upperman interviewed widely and carefully applied the guidance given to him by Dr. Ford and others and was named administrative chief resident at the University of Medicine and Dentistry–New Jersey Medical School.

Dr. Upperman joined Dr. Ford’s laboratory in pediatric surgery at University of Pittsburgh.

Regularly scheduled laboratory meetings with clear focus led to national presentations and a well-developed academic mentorship. During his fellowship, Dr. Upperman was awarded a K08 grant. When Dr. Upperman became a clinical fellow, a clinical mentorship developed. Dr. Upperman says he appreciated “the attention to detail and overall bedside manner of Drs. Wiener and Ford.” Valuing Dr. Ford’s mentorship, Dr. Upperman joined the faculty in the division of pediatric surgery and continued to develop as a surgeon-scientist. Before being recruited to USC, Dr. Upperman continued to enjoy the support of Dr. Ford’s mentorship as he evaluated other opportunities and says Dr. Ford responded very well to his desire for more administrative responsibility.

What are pathways to effective mentorship?

In these profiles of mentors in surgery, there are similar steps taken by each young surgeon that led to successful identification of a mentor and initiation of effective mentorship. They all recognized the importance of mentorship in achieving their career goals. Each young surgeon identified key individuals to serve as their mentor. After identifying mentors, each went through a careful process in order to clarify and develop the relationship. Key to this process was the formulation of strategy to accomplish clearly specified goals. Inherent in the strategy was the creation of a formal structure for the relationship. Finally, one of the most important aspects of this process was execution by the mentee. I summarize the process of recognition, identification, specification, and execution using the mnemonic RISE:

- R**ecognition that mentorship is important
- I**dentification of specific mentors
- S**pecification of goals of the mentorship
- E**xecution of the strategy

Recognition of mentorship as a career priority is essential. The investment of the necessary time and resources to identify and nurture a mentoring relationship requires that it is a high priority. This investment occurs when the benefits and value of mentorship are clearly seen. In the mentorship profiles provided in this article, each

individual recognized the need for effective mentorship to accomplish his or her career goals.

Identification of specific mentors is an art. It requires that mentees first identify their career interests and needs. This will be a continual process throughout one's career. Once this is accomplished, the individual can begin to identify appropriate mentors. It is also important to identify the seven qualities that Dr. Souba stated were necessary for effective mentoring.¹ These qualities exist in the mentors profiled previously.

When searching for a mentor, start with current trusted advisors. Mentorship resources may be available in the institution or department. The identification process usually begins locally and may expand to the regional, national, and international levels. Technology facilitates long-distance mentoring; however, mentors present in one's institution are important and should be considered. Surgery societies all have mechanisms for the development of formal mentoring. There are resident memberships available that usually grant access to the faculty member names, e-mails, and research interests. The Association for Women Surgeons and the Society of Black Academic Surgeons, for example, have important mentorship missions specifically focused on these key constituencies. Different individual expertise will be sought in the identification process. For Dr. Rogers' research, this meant someone outside his department. For Dr. Upperman, this was initiated at the American College of Surgeons' Clinical Congress with someone outside his institution. And for Dr. Granger, this meant developing a relationship with someone in her institution who was able to facilitate her research and future clinical fellowship. All of the profiled surgeons had more than one mentor. And each surgeon had identified his or her career interests and needs upon approaching the prospective mentors.

Specification of clear goals for the relationship creates the measuring stick for effective mentorship. This process allows for the strategy to be created and the relationship to be structured for success. The accountability is in the structure of the relationship, and this structure includes timetables and deadlines. Throughout each mentorship profile, regular meeting times and

informal meetings were a consistent feature. Often the mentorship began with a very specific goal and then developed to include added responsibility. All of the surgeons became junior faculty at the institution of their mentor and their administrative responsibility increased with their development. This demonstrates the vital qualities of mentorship, trust, commitment, and empowerment.¹

Execution of the strategy with continued structure and support creates the opportunity for success. Success is a powerful fuel for the continued development of the mentorship in new and expanding directions. No matter how great the strategy and structure created to accomplish goals, there must be action on the part of both the mentee and mentor, as failure to execute the strategy is a pitfall of mentorship. □

References

1. Souba WW. Mentoring young academic surgeons, our most precious asset. *J Surg Res.* 1999;82(2):113-120.
2. Ford HR. Mentoring, diversity, and academic surgery. *J Surg Res.* 2004;118(1):1-8.
3. Copeland EM III. Mentoring faculty members. *Surgery.* 2003;134(5):741-742.
4. Freischlag JA. My mode of mentoring. *Surgery.* 2003;134(4):416-417.

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