BECOMING A MENTOR




GT asked practicing ophthalmologists about navigating the transition from mentee to mentor.

BY RYAN KIM, MD; DANIEL LIEBMAN, MD, MBA; VIKRAM PARANJPE, MD, MPH; AND JON WILLIAMS, MD

Glaucoma Today: What qualities do you look for in a mentee?

Ryan Kim, MD: When I was applying for medical school and residency, many of my mentors told me that humility, an eagerness to learn, and receptiveness to feedback are the most crucial assets for a trainee, while intelligence and exam scores are of lower priority. Now that I have graduated from residency and have taken on the role of teaching residents and mentoring pre-med and medical students, I 100% agree with this sentiment. When my mentees exhibit the enthusiasm to learn and grow, that makes the mentoring process fulfilling and joyful.

Daniel Liebman, MD, MBA: I primarily look for mentees who show interest and initiative. Skills are important, but they can be taught; that's my job. What I can't teach is a desire to learn and a proactive approach. These are the ingredients that drive the most successful mentor-mentee collaborations. To that end, I don't look for an exhaustive résumé with thousands of publications but rather a track record of meaningful experiences with evidence of commitment, ownership, and completion. I also look for individuals who are motivated to work on the particular topics I specialize in. I want to make sure I'm able to offer what they seek.

Vikram Paranjpe, MD: I think a mentor-mentee relationship is strongest when there are specific areas of interest that are shared by both individuals. For example, I have different mentors that I turn to for guidance on the clinical management of a patient, research, and career advice. I think these relationships are stronger as a result. As a mentor, I have been able to provide the best advice to those who are looking for guidance on a particular topic, such as applying to ophthalmology residency or improving surgical skills. The best mentees are those with a clear idea of what their goals are for the mentor-mentee relationship.

Jon Williams, MD: The main qualities I look for are teachability and adaptability. Our fellowship focuses on exposing trainees to a wide range of incisional and MIGS techniques. A fellow who is eager to learn as many of these techniques over the course of the year as possible will be well suited to serve patients after graduation and, more importantly, will be able to adopt new surgical techniques in the future. This is important given the rapidly evolving nature of glaucoma surgery, especially MIGS.

GT: How do you successfully lead a group of trainees through a project?

Dr. Kim: Being clear about the goals and objectives of the project is important so that everyone is on the same page. Once tasks have been delegated, I regularly review the status of the project via email or Zoom without being overbearing. I am also open to honest feedback and often ask my teammates for their suggestions and opinions. Once trust and a sense of direction are instilled in each member of the project, it will run in an efficient and autonomous manner.

Dr. Liebman: Success starts with a formal team launch, in which the project's objectives, methods, and roles are clearly established and agreed upon. The project's intended output or product and authorship expectations (if applicable) should be clearly established from the outset. A timeframe and roadmap should be followed to keep both the mentor and mentee honest and accountable to each other and the project, with regularly scheduled check-in meetings supplemented by ad hoc communication as needed. When the project wraps, celebrate and brainstorm what comes next!

Dr. Paranjpe: One of the most important aspects of leading a group successfully through a project is open communication. As the leader, it is your responsibility to set clear expectations at the outset for the project as a whole and for each participant. Having a conversation early on about authorship, including the level of involvement that would constitute being included as a coauthor and the order of authors, prevents misunderstandings and disagreements later. Finally, having a clear timeline and setting discrete intervals for check-ins can be especially helpful.

Dr. Williams: I try to establish a timeline with specific goals along the way. A critical component is selecting a good research topic. Whether it is a first-year resident pursuing a project over 4 years or a fellow pursuing one over the next 1 to 2 years, the project must be realistic, and the research question cannot be too broad. Before a project gets to the Institutional Review Board or data collection phase, it is wise to present it to several other experienced research faculty to help identify any serious methodological flaws, point out potential roadblocks, or refine the research question. Doing this legwork early in the process will enhance the chances of completing a successful project.

GT: How do you support trainees applying to residency and fellowship programs?

Dr. Kim: Writing letters of recommendation and reaching out to the admissions committee or interviewers are important tasks. Offering genuine and meaningful guidance to the mentees carries equal significance. I am always happy to sit down with a mentee to go over their application packet, personal statement, and résumé. I also offer interview advice and review potential interview questions so that the

applicant feels well prepared for the next step. I truly desire the very best for each of my mentees, and I will do everything possible in my domain to support them.

Dr. Liebman: Having been through the application process in the not-too-distant past, I can offer relatively timely feedback on different programs and the application process. Now that I've sat on selection committees, I can offer advice from the other side of the curtain as well. I try to provide realistic and actionable feedback to applicants. This often involves helping them define and appropriately highlight their personal brand or what they offer that makes them a unique and compelling applicant. Beyond advice, I try to provide trainees with opportunities for research and professional exposure, either with me or with colleagues.

Dr. Paranjpe: There are several ways to support trainees applying to residency or fellowship, including helping them narrow down their options by providing your insights on different programs, reviewing their personal statements, and leveraging your own contacts at various institutions to vouch for your trainees. As someone who recently graduated from fellowship, I can say that so many programs look amazing on paper, and it can be hard to know how to select which ones to include on your list. Details on program culture or the inner workings of call schedules are not easily found online. A mentor can provide these key insights, which can be essential for deciding between two or three programs that otherwise look nearly identical on paper.

Dr. Williams: I am always happy to meet with those applying to residency and fellowship programs to review their application, provide feedback on their personal statement, review lists of programs, and help formulate rank lists. Although they can feel awkward, mock interviews are critical to adequate preparation and success. The applicant pool is filled with amazing candidates, and learning to stand out in the interview process in the right way can help you secure your dream program. Faculty at your home institution are great potential interviewers, as they often sit on admissions committees and can provide constructive feedback.

GT: How do you handle letters of recommendation?

Dr. Kim: No matter how well I think I know the candidate, I first have an in-person meeting with them over coffee or lunch. Because I may have only a snapshot of their life, I want to learn more about their story, characteristics, and goals. I identify the applicant's strong attributes to highlight as well as key moments in our clinical experience together when the applicant demonstrated professionalism, compassion for the patient, and clinical acumen. I firmly believe that authenticity and integrity are cardinal to a letter of recommendation. While being as objective as possible about the candidacy of the applicant, I try to offer them my strongest support.

Dr. Liebman: I advise all trainees to request a letter of recommendation from someone only if that person will be able to write them a strong letter, and that includes from me. Tepid or generic letters are read quickly and discarded by selection committees. If I don't think I am the best individual to write a letter for a trainee, either because I don't know them well enough or because I don't have sufficient material to share, I will (politely) advise them as such. For trainees with whom I have worked and for whom I can write a strong letter, I will usually ask them what they are hoping my letter will touch upon and what part of their application they hope my letter will strengthen. Is mine the "clinical skills" letter or the "research aptitude" letter? Is there a particular incident or experience they'd like me to communicate? With this information, I can provide a letter that is complementary to their fuller application or underscores a particular point important to their pitch to the residency or program director.

Dr. Paranjpe: I have yet to be asked to write one; however, from a trainee's perspective, asking for letters of recommendation can be stressful because many attendings are inundated with requests and it can make you feel like a burden to ask for a letter on your behalf. It is important to try to ask people who know you well to write you a letter of recommendation. They can highlight your positive qualities and describe their experience working with you in the clinic or on a project, and you can avoid receiving a generic letter filled with boilerplate superlatives about how great you are.

Dr. Williams: I recommend that trainees seeking letters of recommendation (whether from myself or others) provide the potential letter writer with a 1-page summary of their application that is tailored to the person writing the letter. This was a great piece of advice given to me by a mentor early in my medical training. I have found this practice especially important with more senior faculty who have supervised multiple residents and fellows over the course of their career. A summary should highlight your personal background; projects or prior work; awards; and any presentations, publications, or abstracts that you want to highlight (especially if they were done under the mentorship of the letter writer). Providing such detail up front can ensure that the content of the letter is congruent with your overall application and can help further highlight important achievements for admissions committees.

GT: What advice can you offer to fellows stepping into a mentoring role?

Dr. Kim: Becoming a mentor has been such a humbling and fulfilling experience. Mentoring provides me with a sense of purpose and motivation to grow into an exemplary person and physician. It is a great honor to be involved in the next step of someone's professional career and to have a meaningful influence on their trajectory. I am committed to supporting the mentee however I can. Being genuine and objective about what I can do to help is crucial for not only the mentee but also for those who receive my recommendations. Also, mentoring requires significant commitment in terms of time and contemplation; make sure to take on as much or little as your capacity allows.

Dr. Liebman: I try to provide opportunities for fellows and more senior residents to step into a "structured mentor" role alongside me, whether it is teaching more junior trainees in the clinic or OR or overseeing and providing feedback on shared research projects. These opportunities let them try on the mentoring

hat while still receiving mentorship. I encourage fellows to reflect on the teaching and advising methods they experienced and to cherry-pick the best elements of each of their own mentors to carry forward as mentors themselves. We are all an amalgamation of our own mentors.

Dr. Paranjpe: As a recent fellowship graduate, I'm looking for the answer to this as well! However, from my experience mentoring medical students in a formal context and mentoring junior residents more informally, some keys to being a good mentor are to (1) listen to and understand your mentee's needs, (2) find concrete ways in which you can meet one or more of those needs, and (3) take ownership as the mentor by setting up time to connect and check in with your mentee, rather than putting the onus on the mentee to reach out first.

Dr. Williams: It can feel intimidating and awkward to make the transition from fellow to mentor in medicine. My role models in residency and fellowship have years of experience practicing and teaching trainees. However, I would recommend that those stepping into a mentoring role approach it with confidence. You have a lot of guidance to offer trainees, even if there is little gap between your levels of training. Younger faculty can be a tremendous source of support and assistance for residents and fellows, even beyond the practice of ophthalmology. You have recent experience with many hurdles that cause anxiety for ophthalmology trainees, like the Ophthalmic Knowledge Assessment Program examination, the American Board of Ophthalmology written and oral examinations, job search, licensing, and more. Do not sell yourself short. ■

RYAN KIM, MD
- Board-certified Ophthalmologist, Total Eye Care, Duncanville, Texas
- Adjunct Assistant Professor of ophthalmology, UT Southwestern Medical Center, Dallas
- ryankim220@gmail.com
- Financial disclosure: None

DANIEL LIEBMAN, MD, MBA
- Glaucoma and cataract surgeon and Instructor in Ophthalmology, Massachusetts Eye and Ear, Boston
- daniel_liebman@meei.harvard.edu
- Financial disclosure: Consultant (AbbVie)

VIKRAM PARANJPE, MD, MPH
- Glaucoma and cataract surgeon, Los Angeles County Department of Health Services, Los Angeles
- vikramparanjpe@gmail.com
- Financial disclosure: None

JON WILLIAMS, MD
- Assistant Professor, Department of Ophthalmology, NYU Langone Eye Center, New York
- jonathan.williams@nyulangone.org
- Financial disclosure: Consultant (AbbVie)