The Value of Mentors

BY ELIZABETH DALE, MD

As an impressionable resident settling into my seat for morning glaucoma lecture, an image on the projector drew my attention. A single photograph displayed a narrow hallway with tightly woven, gunmetal gray carpet. Sheets of white paper were paired and neatly arranged in a linear fashion along its length. The attending explained that they represented the visual fields of an individual glaucoma patient obtained over 20 years. It was clear that these visual fields told a portion of the patient's story: extended periods of stability punctuated by shorter intervals of decline and glaucomatous visual field loss. My mentor then described his long relationship with the patient, cultivated over years of collaboration and mutual decisions. Such moments inspired me to pursue the practice of glaucoma, a subspecialty that combines my interests in medicine and surgery while allowing me to refine my technical skills, nurture patients with acute and chronic disease, and provide longitudinal care.

My glaucoma fellowship offered me unparalleled exposure to complex and refractory disease. I was fortunate to train with wise, seasoned clinicians and surgeons who place a premium on the practice of evidence-based medicine. This approach provided a foundation from which treatment is tailored to meet the needs of every individual.

For me, the jewel of glaucoma fellowship was a weekly journal club in which we fellows learned from our mentors how to critically assess and evaluate the merits of new publications and landmark trials. Each of us will employ these skills in the future. This weekly session also included a lively discussion of complex cases. I deeply respect the humility my mentors demonstrated by seeking the advice of colleagues and considering alternative approaches to treatment.

During any fellowship, the trainee has the luxury of intimately observing interactions between mentors and their patients. In the clinic, one of my mentors greets each family member by name. These greetings consist of warm embraces and energetic discussions of new grandchildren, career changes, and vacation plans. I learned that compassion, empathy, and communication inspire patients' confidence in the surgeon. On the long, challenging journey of glaucoma management, nothing is more critical than mutual respect and trust. I hope to emulate my mentors in fostering similarly sound relationships with my patients.

In the final days of our glaucoma fellowship, my co-fellow Michael Smith, MD, quoted Sir William Osler: "The good physician treats the disease; the great physician treats the patient who has the disease." Dr. Smith reminded me that we had the great fortune not only to learn from but also to become clinicians who take pride in treating both the patient and the disease. ■

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