HOW TO MENTOR TOMORROW'S RETINA LEADERS

Fostering the success of future generations is the key to improving diversity within the field of retina.

A DISCUSSION WITH AUDINA M. BERROCAL, MD; MARÍA H. BERROCAL, MD; R.V. PAUL CHAN, MD, MSC, MBA, FACS; CARL D. REGILLO, MD; AND CAROLINE R. BAUMAL, MD; MODERATED BY JOSEPH M. CONEY, MD, FACS, AND GEETA A. LALWANI, MD

We have all been fortunate in our careers to find great mentors who have helped us maximize our achievements, and we have also been in situations where perhaps a different type of mentor could have been a huge asset. Young retina specialists may struggle to find their voice and position within the field, especially if they don't see themselves represented in leadership and behind the podium.

We sat down with some of the best mentors in retina to discuss what it really means to mentor in this day and age with diversity and inclusion in mind.

- Joseph M. Coney, MD, FACS, and Geeta A. Lalwani, MD

DR. LALWANI: WHAT INSPIRED YOU TO BE A MENTOR?

Audina M. Berrocal, MD: My father, who was a retina specialist in Puerto Rico, was a mentor to many, and that was a big part of my childhood. When I came into ophthalmology, I had very few mentors with whom I could open up honestly about the challenges I faced as a Hispanic woman in the field.

I was lucky enough to have my sister, and she mentored me in a way that I had never found with anyone else. I realized how wonderful that experience was and thought maybe I could be to someone what my sister was for me.

I remember when I was new at Bascom Palmer Eye Institute in Miami, I was the first in the retina department to be pregnant. It's so important for young doctors to see that it's doable, that you can be married, have a child, and be a surgeon. I had no role model of how to do those things, and it was all brand new.

Carl D. Regillo, MD: I owe a lot to the many mentors in the field who helped to guide me and foster my development. Now, it's about giving back, and I owe it to everyone to be a role model and help people in *their* careers and foster *their* development. I really like to see people's careers take off.

To help my mentees, I advise that they reach out to people who are in a position to make a difference. Things don't fall into your lap; you must reach out to those in the field who are well established and you think you can trust.

My door is open to everyone, whether that's medical

AT A GLANCE

- Physicians with different backgrounds will be better equipped to care for diverse patients.
- Think about what makes trainees uncomfortable and why, and then bring up issues that they are not used to talking about with others.
- Part of mentoring is making people comfortable in a way that helps them succeed, and that includes things we might not even think about—language, slides, presentations.
- Try to be the type of mentor that you would have wanted when you were early in training.

students, residents, fellows, people early in their career, or even my own peers. When I meet with people, I often ask them, "What do you want to do in your career? What do you want to get out of this program or this part of your life?" People have different backgrounds, different experiences, and different ideas of where they want to go.

DR. CONEY: HOW DO YOU THINK MENTORSHIP CAN HELP PROMOTE DIVERSITY AND INCLUSION IN RETINA?

R.V. Paul Chan, MD, MSC, MBA, FACS: Mentorship is one of the most important things that we do.Wwe also need to think about sponsorship to help improve the diversity in our field. We must consciously help one another and the next generation get behind the podium, publish papers, participate on committees, and get involved with our profession.

In terms of gender equity, I recently put together a meeting program, and one of the moderators called me to ask if I realized that every moderator on the program was a woman. It was an interesting comment, because I started to wonder, if every moderator on the program had been a man, would I have gotten that phone call?

For me, it was a conscious decision to highlight the young women leaders in our field, and we must continue to do that in everything that we do. We must be intentional as we think about moving the conversation forward on diversity, equity, and inclusion in our profession.

Caroline R. Baumal, MD: As a mentor, I do not have just one image of a student. I see many different types of students coming from all different types of backgrounds. I consider myself a perpetual student learning from those who come to me for mentorship. I like to learn about their backgrounds and understand where they're from. I am open to mentoring and learning from different types of people, especially if they show interest in ophthalmology and patient care and are willing to work on a project.

Ophthalmology will benefit from diversity in our ranks; we have different types of patients from a whole array of cultures, and physicians with different backgrounds will be better equipped to care for these diverse patients.

DR. CONEY: WHAT ADVICE WOULD YOU GIVE TO SOMEONE STRUGGLING TO FIND THEIR PLACE IN RETINA, PARTICULARLY WHEN IT COMES TO DIVERSITY ISSUES?

María H. Berrocal, MD: It can be difficult to find people who are like you and facing similar issues. For someone who is starting out, the most important thing is to seek out mentors who are like you. Often, young doctors think that nobody wants to take the time, but most people really enjoy mentoring. New groups like the AAO's Women in Retina and the Young Ophthalmologists are also helping to pair mentors with trainees who request you because they find in you someone who may be like them.

Retina specialists are dealing with similar issues all over the world, and you may have more in common with clinicians abroad than you think. Some of my closest friends are outside of the United States, and we talk about issues that are not discussed in meetings. With these types of mentors, you can talk about the big issues in life, like what you want your life to be like, how you want to structure your week, if you want to travel, or if speaking at meetings is important.

Finding mentors who you can relate to, whether that's gender, ethnicity, career path, etc., will help you grow.

DR. LALWANI: JOE, HOW DID IT AFFECT YOU NOT HAVING MANY ROLE MODELS OR MENTORS WHO LOOKED LIKE YOU AND HOW HAS THAT EXPERIENCE AFFECTED YOU AS A MENTOR NOW?

Dr. Coney: This is something I have struggled with my entire life. Growing up on the Southside of Chicago, I had mentors and councilors who discouraged me from applying to certain colleges or pursuing a career in medicine. Even after graduating as the only Black male in my medical class, I was discouraged from pursuing a career in ophthalmology. Not having a supportive mentor made me feel abandoned and self-consciences. Even after I became a retina specialist, that feeling didn't go way.

Finding your own voice is difficult when no one at the table looks like you. You are the unicorn in the room and must be careful with your words because they may be mistaken if they don't resonate with people from different backgrounds. So, discovering my authentic self has been a journey and a challenge.

The lessons I learned from my parents helped to foster the tenacity needed to overcome these barriers and find my sense of purpose. Never deviating from my ethics and morals are fundamentals I live by. In addition, sharing my story has helped me become an empathetic learner and a good communicator; it allows people to see me in a different way and appreciate what I can bring to the table. This has also strengthened my leadership skills and help me to become a more effective mentor.

The most important task is finding mentors who are trustworthy and challenge you to be better. The National Medical Association has provided me with the nurturing I needed to feel secure being myself. I learned that my story is not uncommon, and my presence brings much-needed diversity and new ideas.

For young physicians, a good way to help find yourself is to get involved. The more you are around colleagues whom you admire and trust, the more comfortable you will feel in different roles. Being involved in ad boards, local or state societies, Congressional Advocacy Day, or the AAO's leadership development program will expose you to people who will become a mentor and friend. These activities and passions often lead to leadership positions from which you can incite change and become a mentor to someone else.

DR. LALWANI: WHAT FACTORS ARE IMPORTANT TO ENSURE A HEALTHY MENTORING RELATIONSHIP?

Dr. M. Berrocal: Mutual trust is the most important. You have to make yourself vulnerable and speak about your challenges and mistakes because that's what a really valuable mentor is there for. As a mentor, you also must be truthful, which means sometimes you have to tell people things they may not want to hear. As long as there's trust and you do it with kindness, it will be helpful.

Most people are afraid to open up, especially minorities, because, culturally, some things that are acceptable to me are not acceptable in other cultures. The easiest example is hugging and kissing, which is a very common greeting in many cultures, including my own, but not so much in others. Sometimes you're afraid to dress the way you want to dress, because you think you have to conform to a certain way. With more diversity, for example, women don't have to wear suits, and they don't have to look and act like men. They can just be whoever they are. Our value is in our differences.

Dr. A. Berrocal: When I train people who speak English as a second language, they are very intimidated by speaking in English for a presentation. So, I sit with them and practice, and I teach them how to make the slides and how to present in a certain way, because cultural differences come up. For example, someone who is Brazilian speaks really fast, and it's simply a different way of speaking.

Part of mentoring is making people comfortable in a way that helps them succeed, and that includes things we might not even think about—language, accents, slides, presentations—it's important to help them through that, because that builds their confidence.

Dr. Baumal: It is important to understand the mentee's goals and offer thoughtful commentary. Respect is critical for a mentor to support, advise, and guide a mentee. I enjoy open conversations that may at times cover difficult topics such as family and reproductive issues. Talking about these may help ease some of the biological stress women feel when ramping up their careers. Think about what might make trainees uncomfortable and why, and then bring up those issues that they're not used to talking about with others.

Dr. Chan: As a mentor, you have the opportunity to help others who may be different from everyone else and add diversity and different perspectives. It's important to take the time to sit down with mentees and coach them. When at meetings, sometimes it's even something as simple as saying, "Good luck," and asking how young ophthalmologists are doing before they get up and speak. Acknowledge them because these junior people in the field may be getting behind a podium for the first time, and it can be terrifying.

Still, the mentoring relationship is an organic process, and it's not always going to work by simply putting two people together. The best relationships develop over time. We've all had conversations with people who seek our advice, and it may not be a perfect fit. A good mentor understands their limitations and tries to connect that person with someone else who can address their needs.

RETINA MENTORING QUICK LINKS

AAO Minority Ophthalmology Mentoring Program
www.aao.org/minority-mentoring

AAO Young Ophthalmologists
www.aao.org/young-ophthalmologists

ASRS Women in Retina Mentoring Program
www.asrs.org/sections/women-in-retina/winr-mentoring-program

ASRS Early Career Mentoring Program
www.asrs.org/sections/early-career-section

ARVO Global Mentorship Program
www.arvo.org/education/arvo-global-mentorship-program

ARVO Women's Leadership Development Program
www.arvo.org/education/womens-leadership-development-program

YoungMD Connect
youngmdconnect.com

DR. LALWANI: HAS THE GROWTH OF VIRTUAL PLATFORMS CHANGED HOW AND WHO YOU MENTOR?

Dr. Regillo: So much of mentoring is a one-on-one interaction. Outside of your own group or institution, retina meetings are the best places for that. The social aspect is so important, where you can get to know people and have an opportunity to tap them as a mentor; you don't have that same opportunity in a virtual meeting. I find in-person meetings the most valuable way to connect people and foster mentorship relationships outside of your own small sphere.

Dr. Baumal: It's always great to connect in person, but the virtual platform opens so many opportunities. There are fewer time and location constraints to meet virtually. It is even an opportunity to mentor international students and exchange ideas. There are virtual meet-and-greet platforms that have been used for fellowship interviews. I enjoy the flexibility of virtual platforms, and I feel very comfortable connecting in this way.

DR. LALWANI: HOW DOES SOCIAL MEDIA COME INTO PLAY?

Dr. A. Berrocal: I'm on social media so people can see who I am, my life, my children, what I do, my hobbies. All of these

other interests make me more approachable.

For the mentees, social media allows me to find them; sometimes I see them online and can congratulate them on a job well done. It brings quick access both ways—they're able to reach me and I'm able to reach them. Before social media, people behind the podium seemed like gods and you wouldn't dare talk to them; social media has made these leaders more accessible.

DR. CONEY: WHAT YOU WOULD TELL YOUR YOUNGER SELF ABOUT TEACHING AND MENTORING THAT MAY HELP SOMEONE ELSE ASPIRE TO MENTOR THE YOUNGER GENERATION?

Dr. M. Berrocal: When I was younger, I was always very afraid to contact people and seek advice. I was very fortunate to have two great mentors, Stanley Chang, MD, and Don Gass, MD, who were approachable and warm and gave me great advice throughout life. So, reach out to people because everyone wants to help. It's also important to shadow surgeons, even after fellowship. Every time I travelled—for vacation or to a meeting—if I knew of a great surgeon in that city, I would ask to shadow them in the OR. I learned a lot and created great relationships doing that.

For mentors, the most important thing is to make yourself accessible to the younger generation.

Dr. Regillo: I agree, you must get out of your comfort zone and reach out to people. Also, being visible helps your career, because the more people you know, the better. That also means always saying yes to an opportunity—you can't pick and choose. You must show people that you're willing and able to participate.

Dr. A. Berrocal: Everyone teaches you something about being a mentor. I've learned good things and some things that I would never do. Also, be the mentor that you wanted to have. If you do that, you will always become better.

Dr. Baumal: I have had a variety of mentors who have advised and supported me in my career, and I try to be the type of mentor to give all of that back to others. It's important to always be aware of diversity and inclusion while mentoring and encourage all types of people to succeed in ophthalmology. We are part of one of the strongest and most collegial subspecialties in medicine and we need to continue on this path.

Dr. Chan: At the core of it, it's not about you. As a mentor, I learned early on that it's not about what you think they should do, it's about understanding what they want to do and how to get them there. Even for great mentors who've spent their life in this space, it's not about them. It's about how we can help our mentees succeed and achieve their dreams and goals.

Dr. Lalwani: We've made great strides in diversity, and so much of that is due to mentors like you. We so appreciate all of you for sharing your thoughts. You clearly inspire others to mentor the younger generation and have helped diversify the field in the process. You should all be proud—it's an incredible accomplishment and we thank you very much. ■

CAROLINE R. BAUMAL, MD
- Professor of Ophthalmology, New England Eye Center, Tufts Medical Center, Tufts University, Boston
- Editorial Advisory Board Member, *Retina Today*
- cbaumal@tuftsmedicalcenter.org
- Financial disclosure: None

AUDINA M. BERROCAL, MD
- Professor of Clinical Ophthalmology; Medical Director of Pediatric Retina and Retinopathy of Prematurity; Vitreoretinal Fellowship Codirector, Bascom Palmer Eye Institute, Miami
- Editorial Advisory Board Member, *Retina Today*
- aberrocal@med.miami.edu
- Financial disclosure: None

MARÍA H. BERROCAL, MD
- Vitreoretinal Surgeon and Director of Drs Berrocal & Associates, San Juan, Puerto Rico
- Editorial Advisory Board Member, *Retina Today*
- mariahberrocal@hotmail.com
- Financial disclosure: None

R.V. PAUL CHAN, MD, MSC, MBA, FACS
- The John H. Panton, MD, Professor of Ophthalmology; Chair, Department of Ophthalmology and Visual Sciences; Director, Pediatric Retina and ROP Service; Co-Director, Vitreoretinal Fellowship, Illinois Eye and Ear Infirmary, Department of Ophthalmology and Visual Sciences, University of Illinois at Chicago
- Editorial Advisory Board Member, *Retina Today*
- rvpchan@gmail.com
- Financial disclosure: None

JOSEPH M. CONEY, MD, FACS
- Vitreoretinal Surgeon, Retina Associates of Cleveland, Cleveland
- jconey@retina-assoc.com
- Financial disclosure: None

GEETA A. LALWANI, MD
- Vitreoretinal Surgeon, Rocky Mountain Retina Associates, Boulder, Colorado
- glalwani23@gmail.com
- Financial disclosure: None

CARL D. REGILLO, MD
- Chief, Retina Service, Wills Eye Hospital
- Professor of Ophthalmology, Thomas Jefferson University, Philadelphia
- Editorial Advisory Board Member, *Retina Today*
- cregillo@aol.com
- Financial disclosure: None