What It Takes To Be a Great Mentor

BY DARRELL E. BASKIN, MD; JEREMY D. WOLFE, MD; AND CHIRAG P. SHAH, MD, MPH

Great surgeons are not necessarily born; rather those with potential are cultivated through years of training. Likewise, great mentors are good people refined by their experiences as teachers and role models. What separates our greatest mentors from our many beloved teachers? As always, we turned to our best mentors for advice. We are thankful to Sunir J. Garg, MD, and Sunil K. Srivastava, MD, for their years of outstanding mentorship and for sharing their insights to make us better mentors in our career.

—Darrell E. Baskin, MD; Jeremy D. Wolfe, MD; and Chirag P. Shah, MD, MPH

Q: What are the qualities of a good mentor?

Sunir J. Garg, MD: Part of being a good mentor is getting to know the person you are mentoring and getting to understand what their long-term goals are. I think once you understand a person's goals and have a better idea about their particular skills and abilities, it helps provide better guidance and support.

Sunil K. Srivastava, MD: I think the most important quality is honesty. The ability of a mentor to give the mentee honest advice and guidance is probably the most important aspect of their relationship. The mentee sometimes needs to know the hard truth: it's up to their mentor to tell them.

Along those same lines, mentors need to be constructive in their advice – it's not enough to just say "you are not very good"; you need to be able to give the reasons why the mentee is not performing well and ways they can improve. Also, if they are doing things well, it is important to acknowledge them but continue to challenge them to improve.

Finally, I think the mentor should provide opportunities to mentees such as research projects or added responsibilities in clinical care. Mentors want to brag about their mentees, so giving them opportunities to succeed is important.

Q: Who has been an exceptional mentor to you? What qualities make him or her stand out as compared to other mentors?

Dr. Garg: I have been lucky to have a few of them along the way, many of whom were instrumental in helping me develop both professionally and personally. Some of them told me things that made no sense to me at all at the time, probably because I didn't know what I didn't know. Looking back, when they were speaking with me, there was an undertone of "if I knew then what I know now."

Dr. Srivastava: I had different mentors at different times in my career development. I owe them all a lot. The two who have played the biggest roles have been Cynthia Toth, MD, and Daniel Martin, MD. The most important quality they both have is honesty, albeit sometimes brutal. Both have also provided me with exceptional opportunities. As I become older, it is great to be able to call them and ask for advice about things that they have probably been through during their career development.

Q: What practical advice do you have for young attendings who wish to become good mentors?

Dr. Garg: Nothing has been as helpful as examining my own life and career. I am fairly introspective, and I think that has helped me quite a bit. The people that I work with will often hear me say, "Well, when I was a resident/fellow I thought this, but now I think that what I thought didn't really make that much sense or wasn't really that important." Getting older provides perspective, and sharing that perspective for me is meaningful. I also try to put myself in the other person's place, and

that helps me find ways to share some insights that might make sense for them, given where they are in their life and career.

A number of years ago I was fortunate to be in the presence of the Dalai Lama, and I had a chance to ask him about the nature of wisdom. He replied, "I am wiser than some and not as wise as others." Then, talking through his great big belly laugh, he tugged on a few strands of his hair and said, "These gray hairs make me wise." I asked him that when I was twenty. It makes much more sense to me now than it did at that time.

Dr. Srivastava: Because I am fairly sure there is not a formal announcement when a mentor/mentee relationship actually occurs, I do not think you actually know who will consider you a mentor. Practically, you must treat everyone you meet equally. If people respect you (whether clinically, research-wise, or for other reasons), they will seek you out. Consider what was successful in your own mentor-mentee relationship and work from there.

Q: How do you balance a busy clinical and surgical career with family and mentees?

Dr. Garg: It's tough. As I have become busier clinically and at home, I don't spend as much time "hanging out" as I used to, and that's inevitable as there are more demands on one's time. The mentoring experience, however, for me is as robust as ever, in part because I have obtained more experience myself, so it is easier for me to help the persons being mentored explore the issues that concern them.

Dr. Srivastava: Time management is an issue for everyone in our field. You have to decide yourself how much you dedicate to each of your responsibilities. I have a self-imposed rule that once I get home, I do not talk on the phone for nonpatient-related questions until my kids (1 and 3 years old) are asleep. I always try to schedule meetings with residents and fellows while I am at work, either at the beginning or the end of the clinical day.

Some of my mentees have become close friends, so it is not uncommon to have them over for dinner or share a dinner out with them.

Q: Is there a limit to the number of active mentees you can successfully mentor at a given time?

Dr. Garg: No. It's not likely, however, to be more than a few people at a time. Most mentoring does not have to be done in long sessions. Many times, a few minutes over a cup of coffee really can help give the junior colleague a different perspective on things that allows them to make a more informed decision.

Dr. Srivastava: Yes. I do not know what the number is, but I am sure there is. I think I can give advice to anyone who wants it – but I am not sure that's being a mentor.

Q: What are some frustrations of being a mentor?

Dr. Garg: Sometimes you see great potential or attributes in the person being mentored, but they may not value those things as much as I do. For example, I may want them to train at certain "better" places, or continue teaching or doing research if they excel at it, but this may not be what they want to do. It's at these times that I have to ask myself if I want these things because these are the things that the person being mentored wants, or is it something that I want?

Dr. Srivastava: I am not sure you can expect someone to always take your advice. My only frustration has to do with mentees not respecting my time.

Q: Has your role as a mentor changed over your career? How have you seen your mentoring role evolve over your career?

Dr. Garg: To quote Mark Twain "When I was a boy of 14, my father was so ignorant I could hardly stand to have the old man around. But when I got to be 21, I was astonished at how much the old man had learned in 7 years." Experience and hindsight are a great teacher.

Dr. Srivastava: The mentoring experience does change as I age and continue to go through new experiences. I think I can give better advice now on what to do early in one's career as I have been through it myself. I am not sure how it will evolve. I think that I will have more to say and probably regret some of the things I have said in the past.

Q: What are some qualities of a good mentee?

Dr. Garg: A degree of introspection and humility and the desire to learn from the experience of others is crucial to being a good mentee. If people can say, "one of the things I'm struggling with…," or "I'm stressed because I don't know which of these options makes the most sense for me," or "I don't know what to do about…," we are well on our way to a relationship that will likely be meaningful to both parties.

Dr. Srivastava: A good mentee takes ownership of career or life experiences and, although he or she looks to me for guidance, I am not expected to make their decisions for them. A good mentee will also listen well, but with a critical ear. He or she should be able to run with the advice or suggestions that I make, paired with an ability to constructively disagree at times.

Q: How do you choose your mentees among all the fellows, residents, and students you teach?

Dr. Garg: I think you end up finding one another. Part of a good mentor-mentee relationship is having good rapport and some similarities. Part of it is luck, part of it is word of mouth, and part of it is because of availability.

Dr. Srivastava: You do not get to choose sometimes. I am willing to answer questions for most people, but those who want a more substantial relationship usually have to seek me out and speak with me about their goals. Usually it's the mentee choosing the mentors; it's rare that I get to pick someone. I will say that most of the people with whom I have had this relationship I have liked on a personal level; that helps in making the relationship successful.

Q: How would you describe the appropriate distance between you and your mentees? Are you on a first-name basis?

Dr. Garg: It varies. One doesn't have to be friends with a mentee to have a great relationship, and because much of the mentoring we do is in a professional setting (and medicine is long on tradition) it may not be typical to be on a first-name basis during the attending-trainee phase of the relationship. As the relationship matures, and as the similarities of circumstances converge (such as becoming an attending) there is often a loosening of these roles, and that is one of the really great things about these relationships.

Dr. Srivastava: In my opinion, a first-name basis is fine. Most people can't pronounce my last name.

Q: Are there unmentorable people? Do you make an effort to reach out to them? How?

Dr. Garg: I struggle with this one. I want to say everyone can be mentored, maybe not to the same degree or with the same result, but to some degree. Perhaps everyone can be a mentee, they just haven't found the appropriate mentor. There are some people, however, for whom the mentee role is not something with which they are comfortable. I try to make myself available to them and give them the chance to ask questions if and when they wish.

Dr. Srivastava: There are unmentorable people. Those individuals, in my experience, will tend to discontinue the relationship on their own. After all, who will continue to ask for advice if they never agree with it or follow it?

Q: What is the best part of being a mentor?

Dr. Garg: It makes me happy to see people I train and care about succeed and be happy, and I take some pride in the fact that I might have had a small role to play. In a way, I learn as much from the experience as they do. At times, the issues that a mentee grapples with, such as "How do I balance my time? What do I want out of my career? Where should I live? I'd like to spend more time doing research, but it's hard to find the time," are issues that I deal with as well, and my discussions with them help give me perspective on my own life.

Dr. Srivastava: The best part of being a mentor is witnessing the success of my mentees, whether it is via that person securing a coveted fellowship or position, or completing a research project. Seeing mentees get the fellowships they want, succeed in their job search, or successfully complete a research project is great. Just seeing people you care about do well is rewarding. ■

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