

# **Mentorship: The Good, the Bad and the Ugly**

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# Objectives

1. Discuss the importance of mentorship in medicine
2. Review the impact of mentorship on career selection, success, and satisfaction
3. Outline the key roles of both the mentor and mentee
4. Suggest certain best and worst practices in mentorship

# Opening Exercise

Fast Forward to your Retirement Party...

- Answer the following:
  1. Who is there?
  2. Where is it?
  3. Who is giving the speech (es)
  4. What would you “want” them to say?

# Dr. Joe's Key Mentee Tips

- Tyranny of the Urgent – difference between urgent and important
- Protect your “best 3 hours” of the day
- Running with footmen vs running with horses...

# Why is this is so important?

- “rushing” into mentorship is dangerous...we want you ready
- Critical moments often influence our future
- Sometimes we expect too much from our mentors...mentees responsible for yourself more than anyone else!
- This may be a lifelong match, so you should know what you want and need first

*Example is not the main thing in  
influencing others, it is the only  
thing*

- Albert Schweitzer MD

# Mentorship

- Definition
  - Mentor = a wise and trusted counselor or teacher
- Origin
  - Greek Mythology – Odysseus' trusted counselor
- Process
  - Implicit or explicit agreement of both parties
- Opportunity
  - Informal and formal mechanisms have proven successful

# Mentorship – my simple definition

A partnership where a (relatively) senior and junior person commit to the development of the junior person's career in a way that is mutually beneficial.





# Important Terms

Mentor is more than:

- Advisor...academic track
- Role Model...distant
- Supervisor...evaluation
- Advocate...promotion
- Chair (division/department)...support

# The Spectrum of Mentorship

Novice

Focused on own work

First author papers

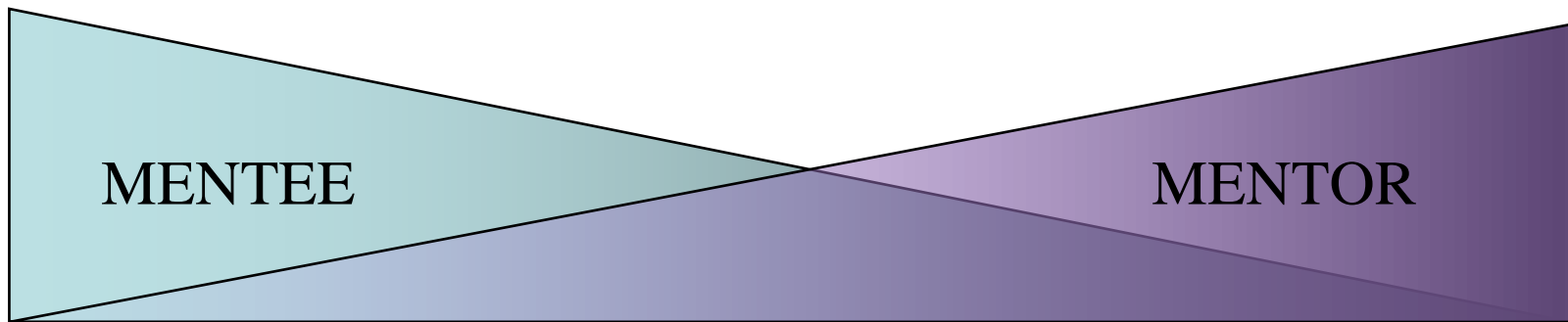
Career development awards

Expert

Collaborative studies

Senior author papers

Investigator initiated grants



# Successful Traits

## MENTEE

- Committed to success
- Passion to succeed
- Willing to learn
- Works hard/detailed
- Creative

## MENTOR

- Committed to mentoring
- Established investigator
- Experienced
- Well connected
- Wise

# Mentee Skills

- Take the *initiative* in cultivating the relationship
- Be *selective* in accepting advice from mentor
- *Prepare for meetings*
- Provide an *outline* of their activities for discussion
- *Complete* tasks that were agreed upon
- *Respond honestly to feedback*
- *Perform self-reflection*
- Reveal *flaws*
- *Face* weaknesses
- Make *effective* changes

# Mentor Skills

- Exhibit *admirable* personal qualities including enthusiasm, compassion, selflessness
- Act as a career *guide*, offering a vision but purposefully tailoring support to each mentee
- Make *strong* time commitments with regular, frequent and high-quality meetings
- Support personal/professional *balance*
- Leave a *legacy* of how to be a good mentor through role modeling and instituting policies that set global expectations and standards for mentorship

# Mentors – Summary of Literature

1. May be hard to find
2. Contribute to academic **S**uccess
3. Contribute to career **S**election
4. Contribute to personal **S**atisfaction
5. Will be imitated

# Mentoring is a “Mosaic”

- Rarely can one find the “All in One” mentor
- Your present “condition” was likely the result of a host of mentors, each with an area of expertise
- The “Mosaic” model
  - Every staff has individual role to play
  - Clinical, educational, research, lifestyle, administrative...
- However, for most of us, 1-2 mentors are prominent

# Practical Advice on Selecting a Mentor

- Find someone you trust, respect, like, but not necessarily idolize
- Look for:
  - Genuinely helpful advice
  - First authorship on publications
  - Honesty
  - Connecting you to others
  - Financial advice and opportunities
  - Honest critique of your work
  - Their track record for mentoring



# Manage the Partnership



- ◆ Mentorship is most likely to be successful when the mentee assumes major responsibility for the relationship, (i.e. timing, initiative)
- Schedule time – and make good use of it: agendas, follow-up plans
- “Grab” time: at meetings/conferences, in the cafeteria, in the hallway, on the way to the parking lot
- Soon into the relationship capitalize on a “do-able” project and finish it (paper, grant...)

# The First Mentor-Mentee Win

- When first meeting, choose a small and “do-able” project or objective
  - Paper, grant, talk, letter, social media post
- Give high priority to completing that task
- Celebrate it when completed!
- Debrief on what went well and not well and learn from it

# Mentorship and the CV

- Arguably the most lacking feature of CVs I review for promotion
- You should have a running list of individuals you are mentoring

**Costello, Caitlin** (Junior Faculty)

Description: Career distance mentor - **ONGOING**

07/2015 – present

Current Status: Assistant Professor, UCSD

Outcome: involvement in ASH, clinical trials and publication (#106)

**Marshall, Ariela** (Junior Faculty)

Description: Education Mentor - **ONGOING**

08/2015 – present

Current Status: Assistant Professor, Mayo Clinic

Outcome; involvement at ASH, ongoing research projects, publications (#108, 112)

**Padrnos, Leslie** (Fellow and Junior Faculty)

Description: On site mentor – **ONGOING**

08/2015 – present

Current Status: Assistant Professor, Mayo Clinic Arizona

Outcome: facilitated mayo scholar year, faculty position at Mayo and publication (#114, 115)

- If relevant, reference published papers or abstracts in that list
- Recall the importance of first/last authorship...

# Mentorship – the Bad

- Watch for:
  - Doing the work they never did
  - Their career advancement
  - Not following up with you
  - Giving up on you after first failure
  - Not acknowledging you
  - Insecurity

# Mentorship – The Ugly

- Your mentor cannot remember your name
- You cringe (or become nauseous) when you hear their name
- You haven't spoken in over 4 months
- You don't consider consulting your mentor when you encounter problems (or successes!)
- You leave meetings with your mentor frustrated and unhappy
- You need an intervention...

# The Graduating Trainee – Issues to Discuss

- Remuneration, targets, bonuses
- Clinical commitment
- Vacation/benefits/trip/other business expenses
- Hidden costs
- Allied health support
- SPACE
- Non clinical expectations
- Path to promotion
- Research resources and expectations
- Teaching responsibilities
- Balancing personal vs group needs/desires
- Metrics of success
- Contractual issues (non compete...)
- Misc – consulting, interaction with pharma, social media, press...

# Distance Mentoring Can Work

- I mentor about 15 junior faculty worldwide
- Can advocate to local mentor and provide outside perspective
- Regular contact critical – phone, mtgs, skype
- Usual 30 min agenda:
  - Personal (5 min)
  - Career Development (10 mins)
  - Projects being worked on (10 mins)
  - Help me Help you – collaboration (5 mins)

# Conclusions

1. Mentorship is a critical part of medicine and can genuinely make or break your career
2. Like any relationship it takes careful selection, work and cultivation
3. Mentorship can be incredibly gratifying and motivational
4. Having several mentors is inevitable, but ensure you have a tight team
5. Beware of the dangers of toxic mentorship
6. Distance mentoring can work!



# Special Thanks – My Mentor

- Chris Bredeson – initial interest in heme
- Armand Keating – ASH, \$\$, Vision
- Glen Regehr – Education Research
- Wendy Levinson – Mentorship, Women in Medicine
- Keith Stewart – Myeloma, Clinical Trials
- Vincent Rajkumar – Thinking, Writing
- Rafael Fonseca – Leadership, Grants
- Brian Durie – Advocacy, Industry, Science

**THANK YOU!**

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