

The 2018 Joseph W. St. Geme, Jr. Leadership Award Address: Reflections on Mentorship

Mark A. Schuster, MD, PhD

The following is an address given by the author in receipt of the Joseph W. St. Geme, Jr. Leadership Award, presented by the Federation of Pediatric Organizations at the Pediatric Academic Societies Meeting in Toronto, Canada, on May 5, 2018. Gary R. Fleisher, MD, Chairman of the Department of (Pediatric) Medicine and Physician-in-Chief at Boston Children's Hospital, and the Egan Professor of Pediatrics at Harvard Medical School, introduced the author.

abstract

Gary's generosity in his introduction is surpassed only by his generosity as a boss. It's hard to think about him without thinking about his mentorship, which has been unstinting, starting long before I came to work with him a decade ago and continuing even now after I have moved to another job. He is the quintessential mentor.

I am truly appreciative and humbled to receive an honor that recognizes Dr St. Geme and to join the group of prior awardees, many of whom have provided guidance over the years. Even 2 of my longtime mentors are on the list: Cathy DeAngelis, who has shared her wisdom with me since I was a fellow, and Lewis First, who, as my continuity clinic preceptor, taught me how to be a general pediatrician and who has been a source of support for me ever since. It reminded me that throughout my life, I've benefitted greatly from mentors. It got me thinking that I should talk about mentorship and how much I have gained from having terrific mentors—and how much being a mentor has enriched my sense of purpose and enjoyment in my work.

ORIGINS OF THE TERM “MENTOR”

Where does the concept of mentorship come from? This takes me back to

freshman year in college when I read *The Odyssey*. Odysseus goes off to war (the Trojan War, to be precise) and puts his old friend named Mentor in charge of rearing and teaching his then infant son, Telemachus. Of course, Odysseus takes the long way home (20 years or so), giving Mentor plenty of time to be, well, a mentor. As an extra twist to the story, Athena pops in every now and then to inhabit Mentor's body and kick the mentorship into high gear. Who better to provide mentorship than the goddess of wisdom?

WHAT IS A MENTOR?

So, what is a mentor? Anderson and Shannon¹ did a really nice job of characterizing it, writing that mentorship is

a nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels, and befriends a less skilled or less experienced person for the purpose of promoting the latter's professional and/or personal development. Mentoring functions are carried out within the context of an ongoing, caring relationship between the mentor and the protégé.¹

There's a popular impression that mentors matter, and the research supports that impression. Studies have found that physicians who have

Kaiser Permanente School of Medicine, Pasadena, California; Department of Medicine, Boston Children's Hospital, Boston, Massachusetts; and Department of Pediatrics, Harvard Medical School, Boston, Massachusetts

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Address correspondence to Mark A. Schuster, MD, PhD, Kaiser Permanente School of Medicine, 100 S Los Robles Ave, Suite 301, Pasadena, CA 91101. E-mail: mark.a.schuster@kp.org

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been mentored are more productive,² more likely to receive grants and publish,³ and more likely to be promoted.⁴ And they tend to have greater career satisfaction.⁵

Here are 6 observations, in no particular order, on what I would recommend mentees look for in a mentor (see Table 1).

A Good Mentor Is Someone You Feel Comfortable With

First, it's important to find a mentor you can trust and feel comfortable with. Someone might be famous, someone might be successful, but if you can't be honest with them about your motivations and goals—and your desires and fears—they can't look out for your true best interests.

In my own experience as a mentor, I feel like I'm most helpful when someone can explain what factors influence their decisions, such as financial challenges or an impending divorce. I remember one mentee who seemed to be making an odd decision about a job change, until he explained that his child had a condition that required extra attention. Understanding professional goals is also important. Mentors can be much more helpful if mentees explain what they want out of their careers, even when their goals are not the same as their mentor's. One research fellow confided sheepishly to me, "I no longer want your career. I don't want the hours, the pressure, or the type of work." That was important to share, because helping guide someone to prepare to write a K award is not a good use of anyone's time if that person has decided that they don't like research and would rather focus more on patient care or advocacy or education—or none of the above.

A Good Mentor Looks Out for Your Best Interests

Mentors should be willing to put mentees' interests ahead of their own. That isn't always easy, particularly when mentors are still

TABLE 1 Some Characteristics of a Good Mentor

A Good Mentor...
1. Is someone you feel comfortable with
2. Looks out for your best interests
3. Is accessible
4. Is direct
5. Is forgiving and doesn't have to be perfect
6. Understands you and your needs

developing their own careers or are looking out for the needs of other mentees, too.

The ultimate selflessness on the part of a mentor is to prepare you to leave, to help you expand your experiences so that you're ready for more advanced roles, even to help you find a new position. Your mentors invest themselves in your betterment and then let you go when you're at your best. Does that sound familiar to anyone who's an empty nester? As said by the greatest mentor of them all, whom many of us try to emulate: "We are what they grow beyond. That is the true burden of all masters" (Yoda, *Star Wars: Episode VIII - The Last Jedi*, 2017; 1:24:00).⁶

[Dr Schuster showed clips from *Star Wars* films throughout the speech. These sources are quoted with time stamps and cited in the References section.]

Judy Palfrey helped guide me into leaving the nest when I was a senior resident. I was planning to go off to Los Angeles to join the Robert Wood Johnson Clinical Scholars Program. Our department chair, David Nathan, another wise mentor to many of us, tasked Judy with keeping me from leaving and told her to create a fellowship for me. I was already feeling ambivalent about moving to a new city and leaving behind friends and colleagues. She really could have offered anything, and I would have jumped. However, she took me aside and, at the risk of frustrating her boss, told me that she could certainly create some version of a fellowship, but I would get much better training at the Clinical Scholars program than

she could arrange. That is what you want a mentor to do—tell you what's best for you even when it's not what's best for them. Master Yoda put it nicely in speaking to Anakin Skywalker: "Train yourself to let go of everything you fear to lose" (*Star Wars: Episode III - Revenge of the Sith*, 2005; 00:33:07).⁷

I think that advice applies to mentors and mentees.

A Good Mentor Is Accessible

A mentor needs to be completely there for their mentees. If 80% of success is showing up, that's true for mentorship as well. Mentors need to show up. They need to be accessible. It's hard to go to a mentor about an unexpected job opportunity if it takes 3 months to get an appointment. When a mentor doesn't make you feel that you can reach out as needed, it's natural to wait until something really big comes up, when it's often the smaller, immediate decisions for which you most need mentorship, such as deciding whether to apply for a certain fellowship or figuring out how to deal with a conflict with a colleague. If it's hard to get access, mentees might feel they shouldn't bother the mentor until they've built up a long enough list of questions, or they might wait until their annual check-in conversation. We worry about this with patients, too: when parents feel hesitant about bothering us and decide to wait until the annual visit to let us know about their child's symptoms, say, intermittent headaches or a decline in appetite, only to have the symptoms escalate in the meantime, ultimately leading to an emergency department visit.

I remember one time when I reached out to a mentor whom I've often turned to for career advice. On this particular occasion, he gave me a time to call him on a Saturday. I thought it was generous of him to interrupt his weekend, and then when I was talking with him, I learned that he was in the car driving

from his son's bar mitzvah to the celebration. I was horrified at my intrusion. He was nonchalant. I'm not suggesting that everyone should be taking calls on the day of their daughter's wedding or their child's graduation. There are boundaries, but the point is that accessibility matters.

A Good Mentor Is Direct

I value directness from my mentors. I like them to be blunt. Mincing words doesn't help. Hedging doesn't help. I think mentees should encourage mentors to be straightforward.

Luke: *"I don't—I don't believe it!"*

Yoda: *"That is why you fail"* (Star Wars: Episode V - The Empire Strikes Back, 1980; 1:10:15).⁸

I think that counts as blunt.

This makes me think of a mentor of mine who rightly wears her directness as a badge of honor and pairs it with a clarity of thinking that makes it especially welcome. When I was considering a job offer after fellowship, her response was, "you shouldn't go there—you'll have one paper at the end of 2 years." And a few years later, her reaction to an opportunity with a prominent professor was, "why would you work with him? Has he ever really mentored anyone?" Her bluntness was startling to me, especially when I felt lucky that anyone might want to hire me, but she was right, especially as I look back with a wiser appreciation for what's involved with mentorship. Sometimes when she would give direct advice, I would find myself recoiling from it in disagreement—and through my reaction to her opinions, I was able to recognize my own true feelings about the subject. Her unrelenting honesty served me well.

A Good Mentor Is Forgiving and Doesn't Have to Be Perfect

We need our mentors to understand that no one is perfect. As mentees, we make mistakes, but we can learn from

them. Here is Yoda again: "Heeded my words not, did you? 'Pass on what you have learned.' Strength, mastery...hmm! But weakness, folly, failure also—yes, failure most of all. The greatest teacher, failure is" (Star Wars: Episode VIII - The Last Jedi, 2017; 1:23:27).⁶

Mentors fail as well. They often have busy jobs and can be subject to professional or personal pressures that make it hard to consistently prioritize what's best for their mentees. I'd encourage mentees to be forgiving of mentors, even if at times you feel like roadkill as they race on their own academic highway. We should avoid creating an image of mentors as all-knowing and motivated only by the purest of intentions. Mentors are just people. Even the best ones don't always offer sound judgment, and they're not always the perfect example to follow. Mentors make mistakes. I think it's often best to be tolerant of those mistakes.

So how does one select a mentor? What should you be looking for? Mentors come in all sorts of packages and not always the ones we expect. Let's hear from Yoda again, when Luke first comes upon him:

Luke: *"I'm looking for someone."*

Yoda: *"Looking? Found someone, you have, I would say, hmm...? [Laughs]"*

Luke: *"Right..."*

Yoda: *"Help you, I can! Yes! Hmm..."*

Luke: *"I don't think so. I'm looking for a great warrior."*

Yoda: *"Oh! [Laughing]...Great warrior!"* (Star Wars: Episode V - The Empire Strikes Back, 1980; 00:45:38).⁸

And to drive home the message a little more: "Look at me. Judge me by my size, do you? Hmm? Hmm... and well you should not" (Yoda, Star Wars: Episode V - The Empire Strikes Back, 1980; 01:07:39).⁸

A Good Mentor Understands You and Your Needs

People often feel that mentors need to come from their same exact field, and, of course, those are the ones

who are typically the easiest to identify. But mentors can come from other fields. In my own case, I've received mentorship from people not only in pediatrics but also in internal medicine, social psychology, economics, and other fields. And we can have multiple mentors at the same time and over time. No one person necessarily fills all of an individual's needs.

A big question in mentorship is whether a mentee should select a mentor with a background similar to the mentee's. In one study, Black and Latino residents felt that a lack of racial and ethnic concordance inhibited mentorship relationships, requiring them to explain things about their background and experiences that wouldn't warrant explanations to someone with shared demographic characteristics.⁹ Someday, we might live in a world where such characteristics don't play such a large role. But today, many people want mentors and role models in whom they can see themselves. This is only one of many reasons why we need to work hard to create a diverse workforce in our medical schools and academic centers and make sure that mentors from diverse backgrounds are available to students.

This brings me to what I've learned in the wake of a speech that I gave about my experiences as a gay man in med school and residency and later as a faculty member. It was published in *Academic Pediatrics*¹⁰ and then circulated fairly widely. I started receiving e-mails from people around the country and then around the world, mostly from premeds and med students seeking advice about coming out in their applications and from residents and junior faculty concerned about their jobs. What I observed was a deep need for advice from someone who had walked on the same path. Many didn't feel they could be open about their personal lives at their own institutions.

I answered every e-mail, and while it may be a stretch of the term to call the advice I was trying to offer mentorship, it was a need for mentorship that prompted them to ask me questions, as well as a need for someone to bear witness to their stories. So, while I imagine a day when someone's demographics don't warrant inclusion in a talk on mentorship, that day is not here for many individuals.

I have been fortunate to serve in a mentorship role to many remarkable people. [The original speech included a slide with photos of mentees.] They have brought richness and joy to my career, and some have become colleagues, even serving as mentors for me in areas where I have needed guidance, not the least of which has been parenting.

PROMOTING MENTORSHIP

I think that our profession needs to do more to encourage, support, and reward mentorship. Right now, individuals tend to gravitate toward being a mentor out of altruism, enjoyment in working with a particular mentee, or the need for free labor. But there are things that we should do to turn mentorship into an expected and routine part of being in academic medicine (see Table 2).

Action Item 1: Incorporate Mentorship Into Advancement and Base Compensation Decisions

First, and perhaps foremost, we should signal that we value mentorship. I know that mentoring is its own reward, but we all have many demands on our time and mental energy. A pat on the back is meaningful, as is a thumbs-up from the boss when your mentee gives a great presentation. But there needs to be more. Assessing contributions as a mentor should be a part of performance reviews. It should also be part of formal evaluation

TABLE 2 Action Items for Encouraging, Supporting, and Rewarding Mentorship

1. Incorporate mentorship into advancement and base compensation decisions
2. Invest in teaching how to mentor
3. Institutionalize mentorship
4. Address mentorship gaps for underrepresented groups

criteria for faculty promotion and tenure, along with other markers of academic success, such as grants, publications, course evaluations, and teaching awards. When we receive letters asking us to evaluate a faculty member for promotion, a criterion we should be asked to comment on is mentorship. Too often, institutions pay lip service to mentorship but fail to make it a standard and serious element of promotion assessment. Let's change that.

Mentors also need resources. Mentoring is frequently done on the side. It stretches the work day into nights and weekends. I know we live in a world of particularly constrained budgets, but we should strive to build some time for mentorship into our faculties' portfolio of responsibilities and percentage time allotments. Maybe mentoring 1 person would be below a threshold, but a skilled educator who is coaching 2 junior faculty through developing a new course or a researcher who is primary mentor on 3 K awards is carrying a heavy load.

Action Item 2: Invest in Teaching How to Mentor

We shouldn't expect people to know how to mentor if we don't teach them. There are so many questions: how to help mentees think about the long-term when they can only see the short-term consequences of a choice, how to coach a mentee through learning to teach without undermining the mentee's confidence, how to help a mentee draft a paper without actually writing it for them, and how to guard against taking inappropriate credit

for their mentees' work. There needs to be more than a single noon lecture, although frankly, that would be an improvement over what many people receive. It's terrific to see that there are so many sessions at the PAS Meeting this year related to mentorship; I counted over 20, ranging from "speed mentoring" to sessions on how to engage in educational scholarship to meetings for programs like the APA's New Century Scholars and the SPR Young Investigator Coaching Program.

Action Item 3: Institutionalize Mentorship

Formal mentoring programs are a good way to institutionalize mentorship. These vary widely in form and scope. They may match mentors with mentees or facilitate organic partnerships. They may guide the mentor-mentee relationship by tracking goals and checkpoints along the way. They may involve 1-on-1, small-group, or peer mentorship. Whatever form programs take, they are welcome contributors to our efforts to encourage mentorship and to bring recognition to its importance.

Action Item 4: Address Mentorship Gaps for Underrepresented Groups

Finally, I want to reemphasize that we need to make an active effort to address mentorship gaps for underrepresented and marginalized groups. I know that in pediatrics there are often more women than men in our residencies, but when it comes to leadership positions, we are still lagging greatly. We urgently need to address mentorship disparities affecting women and members of underrepresented racial and ethnic groups in our academic institutions. Mentorship needs to start prior to medical school. We should be mentoring youth in high school and earlier, as well as in college, opening their eyes to the possibility of a career in the health professions. As the dean of a developing medical

school, I'm eager to see the national applicant pool expand for the sake of all medical schools and, ultimately, for the sake of the health care we can provide across the country.

I very much appreciate this award. In honoring me, the Federation of Pediatric Organizations honors my mentors, only some of whom I've had time to mention today. If not for them, I would not have had the opportunity to pursue this career that I enjoy so much. My mentors have been a "Force" for inspiration and strength.

I'll give Yoda the last word: "May the Force be with you" (Star Wars: Episode I - The Phantom Menace, 1999; 1:30:46).¹¹

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