Editorial

Mentoring—It's All Good, Right?

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“The greatest good you can do for another is not just to share your riches but to reveal to him his own” —Benjamin Disraeli (1804–1881), British prime minister

Mentoring is ubiquitous in academic medicine these days, required at every stage of academic life. Trainees and junior faculty members must be mentored, and more senior faculty are required to do the mentoring. At my institution, in the last several years there have been many attempts to formalize the mentoring process. Each medical student is required to complete at least one “mentored scholarly activity” during their residency. The same holds true for all of the residents in Accreditation Council for Graduate Medical Education programs. Finally, each assistant professor has a more senior faculty member assigned as their formal mentor.

I don't believe anyone can deny the importance of a good mentor. Mentoring goes back several centuries, and anything *that* old can't be all wrong, right? I refer you to the Sistine Chapel, the ruins of Delphi, and Strom Thurmond. If we remember back to our college English studies (or if we look it up on Wikipedia, which is what I just did), we find that Mentor was an actual person in Greek mythology, to whom Odysseus turned to teach and foster his son Telemachus while Odysseus traveled during the Trojan War. It is because of this reference that the term *mentor* is so widely used today, loosely meaning a combination of teacher, coach, and guide.

I personally have been fortunate to have had many incredible mentors during my training and professional career. Interestingly, if asked to name my most important mentor, I'm at a bit of a loss. I tend rather to categorize my mentors. There are my clinical mentors (John Kaufman, M.D.; Arthur Waltman, M.D.; Jan Durham, M.D.; Sadashiv Shenoy, M.D.); my research mentors (Kaufman again; Ernest Moore, M.D.; Allan Prochazka, M.D.; Cathy Battaglia, Ph.D., R.N.); my writing/editor mentors (Brian Funaki, M.D.; Al Nemcek, M.D.; Ziv Haskal, M.D.), and my service mentors (Kaufman; Durham; Chip Dodd, M.D.; Jim Borgstede, M.D.). Interestingly, I'm at the stage in my career where my mentors needn't even necessar-

ily be my elders. In many ways, I'm mentored by as many younger individuals as I am by those older and with more experience. And the names just mentioned are only those who mentor me in my professional career, although admittedly many I now consider friends as well as mentors. But if I were to think about it, I'm quite certain I could come up with many more names outside of medicine who have taught me as much about living my life as those in the field of interventional radiology or radiology. I once asked Al Nemcek, M.D., an interventionalist I greatly respect, about his mentors. Interestingly, the first person he mentioned was his harmonica teacher.

So with the background that I understand the importance of mentoring and the incredible effect a good mentor can have on his or her mentee, I must express some concern that we have perhaps taken a good concept too far. By way of explanation, let me describe my own difficulties with regard to the mentoring relationship. Being a relatively senior individual with various leadership positions in my department, I have been asked on multiple occasions to provide mentoring to less senior individuals. It is only right that I should be so asked (although at times I must admit that exposing that many trainees and junior faculty to my way of life may bring into question the wisdom of my bosses), and for the most part I happily comply with the requests.

However, there are some downsides to being a mentor to many different individuals. First, we recently went through an assignment process by which junior faculty members were assigned to senior faculty in a formal way; in other words, there is a list now that has a mentor's name assigned to each junior faculty member. In an attempt to formalize the process, however, I feel that we have in many ways tied the hands of both parties. What if the junior faculty member has a different set of interests or a different skill set than their mentor? What if, as in my case, the mentee simply outgrows the mentor (my mentee is very accomplished in medical student education, of which I know nothing)? Or what if one mentor simply is not enough? Although I'm supposed to be the

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mentor, I personally am still seeking out mentors for myself, but one won't do. I need a clinical mentor, a research mentor, a service mentor, and so on. By formalizing the process and placing it in the forefront of everyone's mind, haven't we in some ways made it a much more narrow process with minimal latitude?

One other concern is that the mentoring process will take up too much time from the mentor. I think we all agree that being a good mentor requires time and interest on the mentor's part and the best mentors are actively engaged in their charges. Can this not have a downside to it, however? Let me provide an example to explain this opinion. As mentioned, every medical student and resident now has a mentored scholarly activity requirement. I fully support this and feel that if nothing else, it will teach trainees to be better readers of the scientific literature. However, the question begs: From where are we going to get all of these mentors? In my department, as in many academic centers across the country, <20% of the faculty members are actively engaged in high-level research. Once you figure in 4 years' worth of medical students, 4 years' worth of radiology residents, 1 year's worth of fellows, and the smattering of bioengineering students, radiological science students, and even undergrads, it's easy to understand that willing mentors are becoming increasingly difficult to find. One unintended side effect of this is the fact that much of my time is spent on projects that are appropriate for my mentees. I feel that, as

a mentor, it's more important for me to be involved with a project that excites my mentee instead of forcing them into one of my research interests. It isn't that they wouldn't be interested in having a part of one of my projects (well, actually, it is kind of that. Okay, actually, it is nearly completely that, but I digress). But isn't it my duty as a mentor to allow my pupil to explore the area that excites him or her the most, and for me to provide guidance along the way rather than dictate to them what they do? The drawback to this, and it's become true in my own workplace, is that I spend so much time mentoring projects, many of which hold little intrinsic value to me, that my own research suffers. And, at the end of the day, how can it help a mentee to have a mentor who is no longer involved and excited about their own research? Stated differently, if all of the research time for more senior investigators is being spent on lower level initiatives instead of using that skill set to perform more mature and advanced projects, what will happen to the quality of radiology research over the next several years? Who will have the time and energy to drive forward the high-level cutting-edge research? A real catch-22 if ever there was one.

I have no answers to this conundrum, of course. When asked if I would like to be considered for this editorial position, Brian Funaki told me the best part of the job was that I could write whatever I wanted in this column, so I have. And I can only imagine how incredibly proud my mentors are of this column.