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A Student's Perspective on Reaching Full Potential in Academic Medicine

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At 1 am, watching televised comedy, hoping to avoid my dissertation but remain productive, I read the Question of the Year via the Twitter feed of the Association of American Medical Colleges and immediately thought, "I'm not realizing my full potential—and I have something to say about it." I began questioning Dr. Kanter's question, first focusing on what he meant by *full potential*. That term must be defined before it can be developed, so who defines it? By stating "*their* full potential," I suspect Dr. Kanter believes potential is defined by the individual, but most individuals don't have the foresight to know their full potential or how close they are to reaching it. I changed Dr. Kanter's question into one more specific and asked, "What methods are available to help trainees identify and reach their full potential?"

I was struck by *New York Times* columnist David Brooks' endeavor to understand what makes a good life. Brooks calls to readers over 70 years old "to evaluate their own lives, taking a step back to write a brief essay on how they had done and what they had learned in the realms of private life, career, faith, community, work and self-knowledge."¹ Instructive are not the responses but Brooks' method: guided self-reflection.

Here I define *guided self-reflection* as an exercise during which a trainee improves his or her self-awareness ("insight into...emotional responses to specific...situations"²) and self-assessment ("ability to assess one's own performance and compare this self-assessment to an external, valid, and credible source of evaluation of this same performance"²). Methods to teach self-reflection have been described, and it is generally accepted that improving these skills results in enhanced patient care and provider wellbeing.² I hypothesize that guided self-reflection is insufficiently practiced in academic medicine at all levels, but I cannot find hard evidence to support or refute this hypothesis. If true, it is alarming, because self-reflection is a vital way to assess one's professional and personal strengths and weakness, and to formulate a plan to improve in these areas. It may be the starting point for achieving full potential. Educators can facilitate self-reflection through full-scale programs or simple exercises regularly peppered throughout training.

Brooks' method is instructive in another way. His goal is to uncover what leads to a good life by listening to those who thought they lived one and those who thought they didn't. He has become a student with many teachers. In doing so, Brooks acknowledges the second important means to allow us to reach our full potential: mentorship.

Unfortunately, less than 50% of medical students and in some fields less than 20% of medical faculty report they have a mentor.³ If these were exam failure rates at an institution it would be dissolved. In addition to helping trainees expand scientific and clinical skills,

navigate an institution, network, and monitor career advancement, good mentors “[offer] guidance in the processes of self-reflection, vision-building and goal-setting,”⁴ qualities mentioned above as vital for reaching one’s full potential. These skills are also essential to achieve an effective mentor–mentee relationship, so good mentors prime a trainee to interact successfully and learn from future mentors.⁴ The design and success of mentoring programs have been enumerated elsewhere but comprehensive data from randomized controlled trials remains sparse.^{3,4} All institutions should develop, rigorously evaluate, and disseminate mentoring programs to aid the local and broader educational community. Institutions without full-scale mentoring programs should create a program to ensure that every trainee has access to a dedicated, quality mentor. Because a trainee’s needs evolve as he or she progresses through training and different mentors have different areas of expertise,³ it would behoove institutions to craft flexible mentoring programs that allow trainees to add mentors that meet current and future needs. Faculty should be compensated or recognized for mentoring—it is a vital service to ensure advancement of clinical care, research, and teaching. It is the job of trainees to thoughtfully engage their mentors and not squander this opportunity for growth.

In conclusion, guided self-reflection and structured mentorship appear to be underutilized yet critical for trainees to identify and realize their full potential. Institutions should prioritize development and assessment of programs that ensure trainees regularly self-reflect and utilize mentors. Broadly, these efforts may lead to improved patient care, scientific innovation, and beneficial redesign of the health care system. I apologize to my mentor for watching standup comedy instead of working on my dissertation.

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