

# Mentorship in academic medicine: truth is in the eye of the beholder

Maria Fleseriu & Dawn Shao Ting Lim



The path to becoming a clinical academic researcher is arduous and convoluted, with many hurdles. A good mentor is key to growth and development, not only as one embarks on the journey, but also as a ‘sounding board’ throughout one’s career.

A mentor is an empathic leader, teacher, educator, role model and more. The word itself derives from Homer’s Mentor, the wise advisor, guide and teacher to Odysseus and Telemachus. While far from ‘walks and talks’ in Athenian gardens, with disciples ‘absorbing’ and writing on tablets (stone, not the iPad...), the importance of one-on-one human connection cannot be understated. A similar, yet distinct, mentorship style, the ‘apprentice’ model, was key during the Renaissance. Aspects of this model remain today; the creation of a continuous, longitudinal relationship, often formed over many years, with a mentee learning and developing themselves and their work; in other words, residency and fellowship, no?

As I reflect on my journey (medical, clinical and research training in Romania, Europe and the USA), I appreciate having been exposed to many regions and countries, and thus diverse teams and mentors. Embarking on a second career, as an intern in the USA, was humbling and refreshing, highlighting an essential need for good mentors. Today, I am able to reflect on giving back (or passing forward) to colleagues, supporting trainees and fellows, and honouring my mentors’ support and encouragement.

## Who is a ‘good’ mentor?

Mentor–mentee relationships involve communication, commitment and clarity<sup>1</sup>. A good mentor should have a proven track record of academic success and experience, knowledge of working in diverse and inclusive environments, and the ability to support mentees from various experiences and backgrounds, fostering honest and unbiased collaborations<sup>1–3</sup>. Being a good mentor takes time (a lot) and dedication, and it is important to be realistic about availability, while continuing to build one’s own professional network<sup>2</sup>. Shared goals as applied to predefined needs, trust and mutual respect, and encouraging self-reflection, are imperative. Scheduled guidance meetings ensure timely support and constructive feedback along the way.

When asked what makes a good mentor, I typically respond, “it depends.” What does the mentee want and what are their needs? Some might be searching for a role model to emulate, while others might seek active guidance. Do they value flexibility, availability and responsiveness, or do they prefer to be set clear, measurable goals? The mentor should be a good listener, be empathetic and strive for continuous improvement<sup>4</sup>, but it is also important to mesh well with

the mentee’s goals and personality and to continuously evaluate the relationship<sup>1</sup>.

Mentorship can also extend beyond the confines of academia. It is well known that work–life balance is important and can reduce burn-out. Prioritizing one’s well-being and time with family and friends has become crucial in sustaining a career; I freely admit to needing some mentorship myself here...

I communicate with trainees and mentees the importance of immersion and investment (personal and work) in themselves. Take what you know, study it again, and ask questions in your clinic, of every patient. This approach is especially important for patients with rare diseases and should serve as a canvas for creative and innovative thinking. What can you do to improve this patient’s life; or what can you improve on for the next patient?

I am passionate about increasing women’s participation in research. The problem is often oversimplified as a lack of supply and demand; representation in science, technology, engineering and mathematics (STEM), while improving, requires more work<sup>4–6</sup>. We should encourage women to stay in STEM, nominate them as conference speakers, for leadership positions<sup>3</sup> and medical advisory boards<sup>2</sup>, and continue to create an inclusive, diverse and equitable research environment. More than one mentor, at various career stages and sometimes from other specialties, might be advisable. Small-group mentoring, especially linked to professional society meetings, can be very helpful. Sponsorship mentoring is a more recent concept, whereby a sponsor acts as a mentee advocate who provides access to key decision makers, who can in turn assist with professional development<sup>7</sup>.

I had superb mentors at various stages throughout my career, for whom I am forever grateful; in their honour, I strive to be even better! Mentorship, both formal and informal, is crucial and rewarding.

## The mentee perspective

In the words of Yoda, “Always two there are. No more. No less. A master and an apprentice” (*Star Wars: Episode I – The Phantom Menace*). Examples include Yoda and Luke Skywalker, Professor Dumbledore and Harry Potter, Master Shifu and Po, and modern adaptations of Homer’s Mentor and Telemachus. These examples capture the spirit of mentorship, described as “the process whereby an experienced, highly regarded, empathic person (the mentor), guides the mentee for development and re-examination of their own ideas, learning and personal and professional growth by listening and talking in confidence to the mentee”<sup>8</sup>. Proven benefits for mentees include higher academic self-reliance with regards to clinical skills, research output and teaching, increased job satisfaction, a sense of empowerment, enhanced networking and career advancement<sup>1,4,5,9</sup>.

It is challenging for women in academic medicine to navigate the roles of clinician, educator and scholar. The wise counsel of women who have ‘been there and done that’ serves to motivate further clinical excellence and academic endeavours. Mentees report positive

outcomes in perceived skills and self-esteem, career satisfaction and personal well-being<sup>3</sup>.

A mentor should be a teacher, counsellor, guide and role model. Ideally, mentees should self-identify their mentor; someone with a reputation for excellence, who is passionate in teaching and generous in sharing both personal and professional experiences. A good mentor is an advocate; they seek opportunities for and take pleasure in the mentee's success. They are responsive, readily available for advice and help, yet provide space for maturation. A good mentor inspires. The mentee is assured a safe space in which to flourish with constructive feedback; doubts can be clarified without fear of reproach. Frank discussion and ideas are exchanged, and opinions on professional, academic, research and personal issues can occur<sup>10</sup>. However, it takes two to tango; a proactive attitude, commitment and respect for time and effort from the mentee are just as crucial to a successful mentor–mentee relationship. Early setting of clear, realistic and measurable goals, self-reflection and openness to feedback are needed<sup>1</sup>. In the digital era, mentoring knows no geographic boundaries. The COVID-19 pandemic has only heightened the importance of distance mentoring. Furthermore, mentor–mentee relationships evolve as both parties move along their career.

My journey with Dr Fleseriu did, however, start literally with a flight across the Pacific Ocean. Following endocrinology specialist training in Singapore, my interest in pituitary diseases led me to complete a fellowship at Oregon Health & Science University in Portland, USA. I anticipated that training with Dr Fleseriu, an internationally acclaimed expert in pituitary diseases, would be an enriching experience; one that would provide deeper insight into managing patients with neuroendocrine disorders and research on acromegaly and Cushing disease. Initially, when I was doubtful of my chances of securing a place as an international fellow, serendipity intervened! I was able to personally talk with Dr Fleseriu when she flew to Singapore to present her work at a conference.

Throughout the year-long fellowship, Dr Fleseriu provided me with many opportunities to grow, including hands-on management of challenging cases, participation in clinical trials, conducting and presenting research at international conferences and writing manuscripts. She was passionate about sharing her knowledge and experiences and there was ample opportunity to ask questions and clarify doubts. I was challenged to think through problems and offer solutions, which gave me a sense of independence, but a confidence that difficult situations could be tackled together. She was constantly looking for research opportunities for me and the other fellows (and medical students). She had many ideas (perhaps many is an understatement) but allowed us to take ownership of our direction and goals. She either provided

us with resources or directed us to others who had them, encouraged networking with other experts in the field and related specialties, and was always there to provide feedback and encouragement (and plenty of laughter).

Over the past few years, after my return to Singapore, Dr Fleseriu has continued to engage with me virtually, providing a multitude of opportunities to continue publishing and to work with other world-renowned academic clinicians in the pituitary field. She encourages me in academic pursuits, yet is mindful of work–life balance and family commitments. She has been a guide, an advocate, a cheerleader and so much more. Her generosity through the years in sharing her time, talent and life will always be an inspiration for me to pass forward.

**Maria Fleseriu** <sup>1,2,3</sup>  & **Dawn Shao Ting Lim**<sup>4</sup>

<sup>1</sup>Department of Medicine, Division of Endocrinology, Diabetes and Clinical Nutrition, Oregon Health & Science University, Portland, OR, USA. <sup>2</sup>Department of Neurological Surgery, Oregon Health & Science University, Portland, OR, USA. <sup>3</sup>Pituitary Center, Oregon Health & Science University, Portland, OR, USA. <sup>4</sup>Department of Endocrinology, Singapore General Hospital, Singapore, Singapore.

 e-mail: [fleseriu@ohsu.edu](mailto:fleseriu@ohsu.edu)

Published online: 18 May 2023

## References

1. Straus, S. E., Johnson, M. O., Marquez, C. & Feldman, M. D. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad. Med.* **88**, 82–89 (2013).
2. Shroff, R. T. et al. Where are all the women in industry advisory boards? *J. Clin. Oncol.* **41**, 1659–1663 (2023).
3. Laver, K. E. et al. A systematic review of interventions to support the careers of women in academic medicine and other disciplines. *BMJ Open* **8**, e020380 (2018).
4. Brizuela, V., Chebet, J. J. & Thorson, A. Supporting early-career women researchers: lessons from a global mentorship programme. *Glob. Health Action* **16**, 2162228 (2023).
5. Sambunjak, D., Straus, S. E. & Marusic, A. Mentoring in academic medicine: a systematic review. *J. Am. Med. Assoc.* **296**, 1103–1115 (2006).
6. Ruzycki, S. M., Fletcher, S., Earp, M., Bharwani, A. & Lithgow, K. C. Trends in the proportion of female speakers at medical conferences in the United States and in Canada, 2007 to 2017. *JAMA Netw. Open* **2**, e192103 (2019).
7. Thompson, K. & Taylor, E. Inclusive mentorship and sponsorship. *Hand Clin.* **39**, 43–52 (2023).
8. Oxley, J. and Standing Committee on Postgraduate Medical and Dental Education. *Supporting Doctors and Dentists at Work: An Enquiry into Mentoring* (SCOPME, 1998).
9. Feldman, M. D., Arean, P. A., Marshall, S. J., Lovett, M. & O'Sullivan, P. Does mentoring matter: results from a survey of faculty mentees at a large health sciences university. *Med. Educ. Online* **15**, 5063 (2010).
10. Sng, J. H. et al. Mentoring relationships between senior physicians and junior doctors and/or medical students: a thematic review. *Med. Teach.* **39**, 866–875 (2017).

## Competing interests

The authors declare no competing interests.