

# The Road of Mentorship

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## OVERVIEW

**Mentorship can be the cornerstone of professional development and career satisfaction. There is literature to support that mentorship not only improves job satisfaction, but also improves productivity, facilitates personal growth, and can rekindle our passion while lessening the risk of compassion fatigue. Mentorship is a developmental relationship that changes as the relationship evolves. There are two broad categories of mentorship: traditional and transformational. There are four subtypes within each of those areas: formal, informal, spot, or peer. Mentorship is critical to the professional development of junior colleagues. Good mentorship is guiding and steering younger partners and other colleagues toward paths of success. As a mentor, one should be looking for opportunities for formal professional development and engagement of mentees. Self-motivation is the hallmark of the successful mentee. The mentee should be able to set his or her own goals, strive to actively seek feedback, ask questions, and keep an accurate record of progress. Although the onus is on the mentee to reach out, mentorship has bidirectional value directly related to the efforts of both parties. There are many benefits to mentorship, such as the promotion of learning, personal development, improved job satisfaction, and improved job performance. Barriers exist, including the rapidly changing landscape of oncology, time constraints, lack of self-awareness, and generational differences. Through a career, mentoring needs will change, as will mentors.**

Mentorship can be the cornerstone of professional development and career satisfaction. Although there is not a lot of mentorship research specific to oncology, there is literature to support that mentorship not only improves job satisfaction, but also improves productivity, facilitates personal growth, and can rekindle our passion while lessening the risk of compassion fatigue.<sup>1</sup>

Mentorship is a developmental relationship that changes as the relationship evolves. Like any relationship, there is risk of dysfunction. Mentorship is intended to be a learning relationship to guide individuals in their own way to sort through their career challenges whether directly related to oncology practice or psychosocial functions as an oncologist. Both mentees and mentors must have self-awareness. There needs to be a balance of support and challenge. A mentorship contract can be used to clarify expectations, set boundaries, and define objectives.<sup>2</sup>

It is important to understand what mentorship is not. Mentorship should not be confused with preceptorship. A preceptor is a teacher as in the fellowship model of training. Nor is a mentor a faculty advisor. Mentorship is different from sponsorship. A sponsor is more of a coach or advocate in the work place who has some leadership power who can lean in with you, whereas a mentor listens and guides while providing practical insight and constructive criticism. Ideally, a good mentor helps the mentee achieve his or her full

potential. Successful mentorship is a two-way street that requires clear expectations on both the mentee and mentor's parts, open communication, dedication, and feedback along the journey.

There are two broad categories of mentorship: traditional and transformational. Traditional mentorship is the model of the older and wiser physician sharing knowledge and guiding the young and inexperienced physician, as we more often see in academics and research. Conversely, transformational mentorship lacks the hierarchy. The mentor and mentee are considered equals and learn from one another as we often see in the community setting.<sup>1</sup> Within each of those areas, one may engage in formal, informal, spot, or peer mentorship opportunities.

Given different needs, most people will be exposed to all four subtypes of mentorship. Formal mentorship is more structured and may be initiated through a professional organization or institution. For those in research, there is often a formal mentoring relationship in which the mentor is appointed. Informal mentorship often occurs on an ad hoc basis and may exist over a long period. Informal mentoring may be done by colleagues, individuals more senior to you, or even those outside your department or institution. Spot mentoring is typically a single conversation with someone with whom you seek expert advice. For example, you have a complicated patient with a rare malignancy, and you seek

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out your department chair for advice. Lastly is peer mentorship. Peer mentoring is typically a small group of individuals at a similar career stage who meet regularly to support one another.

Although this article focuses on the roles of the mentor and mentee, it is important to recognize that the institution in which they practice also plays a key role. Today, oncologists practice in a variety of settings that impacts options and support for mentorship. Ideally, the institution or practice helps to foster mentorship opportunities. In some settings that means dedicated time or funding, and in other settings, it is formally connecting mentees and mentors. Regardless of the size of the practice or type of setting (academic, government, community, etc.), it is about creating a culture that promotes mentorship and champions the recognition of the mentorship process and the value to the mentee, mentor, and institution. Fostering a culture for mentorship can start in the trenches.

## GETTING STARTED

During one's career, mentorship needs change. It is important to assess your needs. For example, during early career, the focus often is in the transition from trainee to attending, technical skills needed for your institution, having difficult conversations, and work-life balance. During midcareer, needs may include professional development, leadership skills, keeping up with the literature, and volunteering (such as on ASCO committees). During late career, needs may focus on becoming a mentor, leadership in the community, and transitioning to retirement.

Once you understand your needs, you seek mentors. It is not about one person meeting all needs. Often you ask mentors for specific areas based on their expertise or your view of them as a role model for that need. For example, as an early career oncologist with less technical skill in end-of-life communication, you may seek guidance from an oncologist who the nurses view as good at those discussions or even the local palliative care provider. It can provide an opportunity for you to exchange expertise. You teach the palliative care provider something about prognostication from an oncology viewpoint, and the palliative care provider helps you

improve your skill with having difficult conversations. That type of mentorship could be formal, in which you ask the provider to enter a partnership with that expectation, or the experience could be informal, in which you ask to observe during a family meeting.

As you begin on the journey of mentorship, it is important to be open to formal, informal, spot, and peer mentoring opportunities. Additionally, not all mentors will be oncologists. For example, as a midcareer oncologist wanting to be more active at your local hospital, you may find that your hospital's chief of staff could be a good mentor for leadership skills. Likewise, you may find peers from other institutions at a similar stage in their career that provide an opportunity for peer mentorship in which you learn from one another, sharing knowledge as you grow together. Working as an ASCO volunteer creates many opportunities to network and find mentors or mentees. Attending the ASCO annual meeting provides the chance for spot mentoring as well.

Finally, do not give up. Mentorship to an extent is about chemistry and trust. Often you may find a mentorship opportunity once a friendship has developed. Although similar personalities may create an opportunity to build rapport and foster comfort for open communication, the down side is that it is easier to stay within your comfort zone. Often you may learn more from someone who looks at things from a different perspective.<sup>2</sup>

## TENETS OF A GOOD MENTOR

Mentorship is critical to the professional development of our young colleagues. Mentorship relationships may differ from highly structured with very specific goals, assignments, and timelines to less clearly articulated relationships with variable meeting schedules and less deliverables. It must be a relationship that is based on mutual trust and value. It is important to be aligned regarding the goals of the relationship, as the goals in professional development can be variable. Professional success for our colleagues may be based on satisfying certain criteria for advancement—key positions, publications, or managing collaboration. In private practice, success is initially measured by your ability to build a practice, be a good partner, and contribute to your community and later your ability to lead. Mentorship in an academic setting may be a more formalized relationship, whereas mentorship in private practice is often an informal process benchmarked by communication, education, dissemination of social capital, support, and presentation of opportunities for professional growth and development. Leaders in oncology have new skills to learn in managing the organization's business and development needs, leadership, and strategy and managing change.

Good mentorship is guiding and steering junior partners and other colleagues toward paths of success. This may mean introducing them to critical relationships within the institution or community. It also means introducing them to referring physicians, endorsing their addition to the practice, and giving them opportunities to contribute to community or organizational efforts and lead. Sometimes it also means

### KEY POINTS

- **Mentorship is a developmental relationship that changes as the relationship evolves and can serve as the cornerstone of professional development and career satisfaction.**
- **There are two broad categories of mentorship: traditional and transformational. Within each of those areas, there are four subtypes of mentorship: formal, informal, spot, or peer.**
- **Mentorship is critical to the professional development of our young colleagues.**
- **Good mentorship is guiding and steering junior partners and other colleagues toward paths of success.**
- **Self-motivation is the hallmark of the successful mentee.**

helping them navigate obstacles and derailing behaviors that could affect professional success. Not all mentorship relationships are formalized. They do not have a particular cadence or duration, though sometimes in more structured relationships, they will. Although formal mentorship relationships may have structured communication timelines, informal mentorship relationships may have varied communication, sometimes communicating several times a week, a few times a month, or only a few months out of the year. Most mentorship relationships span over many years, even decades. Most mentorship relationships have value to both mentor and mentee. In community practice, these relationships are more collaborative, as there is an egalitarian nature to the organizational structure, and in academic settings, these relationships are more hierarchical.

Some of the best advice a mentor can give to a mentee in early practice is the importance of “the four A’s” of practice success: ability, availability, affability, and alacrity.<sup>3</sup> There is tremendous value in being ready and happily willing to give good counsel to your referring providers. When you easily help people solve problems, you become their partner in problem solving. With changes in oncology, an individual’s success is less about the individual and more about the teams they lead. Expertise in leading teams of clinical and research collaborators and optimizing communication within the team is critical to professional development. With the advent of the oncology care model and other alternative payment models in our practice, we are dependent on well-integrated team-based care. As a practitioner, we are more dependent than ever on the many hands that help the patients we serve.

### **MEETING NEW LEADERSHIP CHALLENGES: WHAT GOT THEM HERE WILL NOT GET THEM THERE**

Mentors help identify sources of professional growth. As a new clinician enters practice, there are a new set of challenges, new competencies that medical training does not prepare you well to navigate, and new obstacles that even mastery of “the four A’s” and great team dynamics will not adequately prepare you to tackle. In clinical practice, you have to work with many collaborators: hospital systems, community support organizations, and referring providers. There are also new challenges in understanding the business of medical practice. For most young doctors, the business challenges are new and require some supplemental knowledge. Monthly review of financial statements and understanding the structures of collaboration with these partnering organizations frequently requires additional knowledge of finance, operations, strategic planning, and negotiation. Certainly, leading a practice and managing conflict and challenges internal and external to your practice requires new skill sets. Some doctors pick these new competencies up very naturally, but most of us require additional training. Becoming competent in these areas for a physician leader can help dramatically with leadership success. Advising junior oncologists to consider supplemental education

#### **SIDEBAR. Vital Aspects for Successful Mentorship Partnerships per Allen and Poteet<sup>9</sup>**

- Establish an open communication system with reciprocal feedback
- Set standards, goals, and expectations
- Establish trust
- Care for and enjoy each other
- Allow mistakes
- Participate willingly
- Demonstrate flexibility
- Consider constraints to mentoring
- Learn from others
- Work on common tasks
- Be open and comfortable

in finance and operations via remote courses (such as [www.coursera.org/](http://www.coursera.org/)) and to read books on leadership, conflict resolution, managing change, and influence (such as the *Crucial Conversations* series by Patterson and colleagues). Some physicians may elect to pursue additional degrees, such as a master’s degree in business administration or health care administration. In the academic world, the challenges in leadership are also new and require new skill sets. They may include more business knowledge, but certainly require knowledge of leading teams, strategy, and organizational development. As a mentor, one should be looking for opportunities for formal professional development and engagement of mentees.

### **FORMAL PROFESSIONAL DEVELOPMENT**

Identify and recommend formal leadership development for mentees. Many large academic institutions, hospital systems, and large practices have formal leadership development programs. Sometimes these programs can be accessed through professional organizations, like ASCO’s leadership development program ([www.asco.org/training-education/professional-development/leadership-development-program](http://www.asco.org/training-education/professional-development/leadership-development-program)) or possibly internally within your own group or health system. Some community oncology practices offer formal professional development. For example, Texas Oncology has developed a formal leadership development course that is statewide and resembles a mini-MBA that is managed in collaboration with a local business school. In the US Oncology Network, there are tier I, II, and III leadership-development courses designed for incremental leadership-development training for incrementally invested physicians. Participation in these programs is costly to the mentee in time and money, but formal leadership development is an investment in the future. Physicians are not the only ones who can benefit from this kind of leadership development. When thinking about mentees, we should include advanced practice practitioners, nurse practitioners, and physician assistants. In addition to leadership-development courses, mentees with high development potential may benefit from working with an executive coach.

## OPPORTUNITIES FOR ENGAGEMENT

There is not one clear path for engagement, but meeting with your mentee and knowing their professional goals will help you identify opportunities for them to engage and lead. This requires a mentor to engage with their mentees about their goals of professional development, look at the landscape ahead, and know what opportunities they cannot see. Frequently, a mentor will have to leverage his or her social capital on behalf of the mentee to offer opportunities to lead in new arenas. This may come in the form of your recommendation to work with a local hospital or philanthropic group; it may come in the form of fostering engagement with professional organizations like ASCO, American Society for Radiation Oncology, Community Oncology Alliance, and American Association for Cancer Research, making the connections they need so they can lead research within a collaborative group and giving talks at national meetings to make a name for themselves in cancer care.

## TENETS OF BEING A GOOD MENTEE

The traditional concept of mentorship in the medical field is primarily derived from academic practice. Academic medicine has long-standing formalized career paths (i.e., clinical track, medical education track, tenure/research track, etc.) with specific timelines, expectations, checklists, and requirements for career advancement that are generally consistent between institutions. These career-advancement guidelines can be readily found through the Office of Faculty Affairs or its equivalent at academic medical schools (e.g., Emory University: [http://med.emory.edu/administration/faculty\\_affairs\\_dev/promotions.html](http://med.emory.edu/administration/faculty_affairs_dev/promotions.html)). The requirements for promotion are some mix of scholarship, teaching, and service based on your specific track. There are even readily available guidelines and recommendations for mentor/mentee conversations according to timeline and academic track (e.g., University of Pennsylvania: [www.med.upenn.edu/mentee/documents/mentor\\_guide.pdf](http://www.med.upenn.edu/mentee/documents/mentor_guide.pdf)). However, this type of formalism does not exist in the community medical setting, and there is significantly more variability in the concept of what career development means and the role of the mentee and mentor in nonacademic practice.

In community oncology practice, career development has no standard and can represent a variety of different scenarios depending on many factors including: practice type (hospital employed vs. physician owned), practice size, location (urban vs. not), role of research in the growing trend of hybrid-type community-academic practices, practice structure (existence of a cancer center or formal cancer program with physician administration), and involvement with accreditation organizations such as ASCO Quality Oncology Practice Initiative, American Society for Radiation Oncology, and Commission on Cancer, to name a few. An important initial step for the mentee in community practice is to know your specific interests and strengths and have a vision for what you would consider to be a successful career while considering the needs of your practice, group, or organization. In most community practices, the expectation is for a busy

clinical practice with additional responsibilities performed either with relatively small amounts of protected time or “on your own time.” Because of this structure, it is important not to overextend yourself by making too many commitments or getting involved in too many endeavors that will lead to failure, physician burnout, or both. It is imperative for the mentee to set personal goals and have an idea of individual strengths and what “you can bring to the table” to begin identifying a career path and, consequently, who the ideal mentor would be.

It is typical to have multiple mentors because of the various aspects of community oncology practice. It is common to have a different mentor for patient care/referral relationships, for hospital leadership/committee access and networking, and for research efforts. Another key distinction between academic and community mentorship is motivation. Academic mentors, especially midcareer faculty, are incentivized to provide quality mentorship as part of their advancement criteria, and their track record of successful mentorship is a metric that is scrutinized during the promotion process. That is generally not the case in the community setting, where these formalized systems are not in place. This underscores that the mentee should be aware that their mentors are providing their time, energy, and expertise for little to no external benefit, and as such, the mentee should be self-motivated, take initiative, and have an active role in the relationship, recognize and acknowledge the time and effort their mentor is providing, be flexible and understanding of the mentor’s schedule, and be prompt for all interactions.

There is published literature on the characteristics of successful or failed mentoring relationships. A recent study surveyed medical mentors and mentees and found that successful mentoring relationships were characterized by reciprocity, mutual respect, clear expectations, personal connection, and shared values. Failed mentoring relationships were characterized by poor communication, lack of commitment, personality differences, perceived (or real) competition, conflicts of interest, and the mentor’s lack of experience.<sup>4</sup> There are many areas of community oncology practice in which strong mentorship can be beneficial. A recent study published survey results of physicians in a community-based mentoring program and demonstrated that participants reported a variety of benefits, including setting goals (62%), planning next steps in their career (60%), gaining new insights (52%), completing a long-deferred goal (30%), reducing stress (19%), and improving self-confidence (19%).<sup>5</sup>

Self-motivation is the hallmark of the successful community-based mentee. The mentee should be able to set his or her own goals, strive to actively seek feedback, ask questions, and keep an accurate record of progress. The mentee cannot expect or rely on the mentor to do the heavy lifting. One of the most important aspects of the mentor is to be a guide on the road of mentorship, directing the mentee toward opportunities, but not doing the work for the mentee. A downside of nonacademic practice is the relatively reduced access to networks that form the governing bodies of

national organizations and journal editorial boards. A mentor can facilitate crossing the initial barrier to entering these organizations, which is usually the most difficult obstacle for successful engagement.

There are pitfalls to avoid as a mentee. Many pitfalls stem from being conflict adverse or lacking confidence. For example, a mentee who eludes conflict may over commit and agree to tasks that are irrelevant to his or her career or even allows himself or herself to be walked over. Someone who lacks confidence may not be comfortable asking for help or questioning the mentor. Vaughn and colleagues describe several mentee missteps to avoid.<sup>6,7</sup> Clear communication is key. Avoid assumptions. Instead, ask for clarification when needed. Feedback and constructive criticism are invaluable. Although the mentee should actively seek and be open to feedback, receiving constructive feedback can be a learned skill to help avoid being defensive or sensitive to criticism. In the community setting, there is generally less hierarchy between the mentor and mentee. It is helpful to know something about your mentor's life outside of work to develop a relationship and improve communication. However, do not try to force a friendship or become artificially close, as that can potentially detract from the intended tone of mutual respect.

The mentor-mentee relationship is meant to be mutually beneficial and has been shown to help with work-life balance and reduce rates of physician stress and burnout.<sup>8</sup> A successful relationship requires investment of time and effort from both the mentee and mentor, and emphasizing certain positive characteristics and avoiding known pitfalls can help maximize the success of both parties. Allen and Poteet<sup>9</sup> assembled details about vital aspects for successful mentorship relationships, which are outlined in the Sidebar.

## CONCLUSION

Although the onus is on the mentee to reach out, mentorship has bidirectional value directly related to the efforts of both parties. There are many benefits to mentorship, such as the promotion of learning, personal development, improved job satisfaction, and improved job performance. Barriers exist, including the rapidly changing landscape of oncology, time constraints, lack of self-awareness, and generational differences. Through a career, mentoring needs will change, as will mentors. Nonetheless, mentorship over the long haul will likely result in your transition from mentee to mentor and hopefully maintain your passion for oncology while inspiring other young physicians.

## References

1. Thomas-Maclean R, Hamoline R, Quinlan E, et al. Discussing mentorship: an ongoing study for the development of a mentorship program in Saskatchewan. *Can Fam Physician*. 2010;56:e263-e272.
2. MacLeod S. The challenge of providing mentorship in primary care. *Postgrad Med J*. 2007;83:317-319.
3. Patterson K, Grenny J, Maxfield D, et al. *Change Anything: The New Science of Professional Success*. New York: Grand Central Publishing; 2012.
4. Straus SE, Johnson MO, Marquez C, et al. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad Med*. 2013;88:82-89.
5. Tietjen P, Griner PF. Mentoring of physicians at a community-based health system: preliminary findings. *J Hosp Med*. 2013;8:642-643.
6. Chopra V, Edelson DP, Saint S. A piece of my mind. Mentorship malpractice. *JAMA*. 2016;315:1453-1454.
7. Vaughn V, Saint S, Chopra V. Mentee missteps: tales from the academic trenches. *JAMA*. 2017;317:475-476.
8. Griner PF. Burnout in health care providers. *Integr Med*. 2013;12:22-24.
9. Allen TD, Poteet ML. Developing effective mentoring relationships: strategies from the mentor's viewpoint. *Career Dev Q*. 1999;48:59-73.