

Mentoring: Then and Now

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Few endeavors are more important in academic life than mentoring. It has proven worth because it increases faculty productivity, retention and promotion and also provides demonstrable value to the institution.¹ It is likely that is has equal value to those who leave the academic health center

for the private sector, although that is less well documented. Mentoring has changed drastically in the 50 years I have been in academic medicine. When I was a progressing from student to faculty member, mentoring was almost universally practiced, but was not publically discussed. From my perspective, there was a period from about 1980 to 2000 when mentoring ceased being part of the academic mission, although some departments, divisions, and individuals never wavered in their dedication to this important process. In the past 10 years, there has been a resurgence and “institutionalization” of mentoring and this promises important dividends for faculty and institutions. In this personal perspective, I hope to illustrate what mentoring and faculty development was in the 1950s through the 1970s, and what it has become in the past decade. I illustrate the differences between mentors, critical career advisors, and influential teachers/role models. I direct the reader to useful, recent information about mentoring/career development and share my own perspective.

Then

I entered college at Auburn University in 1956 as a product of the Sputnik era to study chemical engineering. At that time, the United States was considered to be scientifically behind the Soviet Union and I hoped to be one of those Americans saving the United States from communist Russia. After 3 years in courses such as organic chemistry, physics, and physical chemistry, it became clear, despite good grades, that I did not want to be an engineer. Analyzing electrical circuits and studying thermodynamics was

miserable work. I had become intrigued with medicine and research after reading *Arrowsmith* by Sinclair Lewis, so I enrolled in a biochemistry course. A young assistant professor named Paul Melius made the course interesting and, because I did well, he gave me a job washing glassware in his research laboratory. Conversations about biology and research led me to firmly decide on a career in medicine. Thus, this influential teacher had a critical impact on my career choices.

I left Auburn for Birmingham seeking a summer job before medical school. I would like to say that this was a well-conceived intellectual decision, but in fact I was following a young woman I met in college who had a new job in Birmingham. (There is an important lesson here: More career decisions are made for love than logic.) The medical school registrar directed me to a new faculty member, Basil Hirschowitz, and he hired me. The irony of this was that when I came to the University of Alabama at Birmingham (UAB) for my medical school applicant interview the year before, I had expressed an interest in research, so they sent me to hear a research seminar. The person giving the seminar was Basil Hirschowitz. This coincidence convinced me that we were fated to be in a mentoring relationship. Dr Hirschowitz is famous as the person who developed fiber optic technology for medical endoscopy. This revolutionized gastroenterology and laid the foundation for use of this technology in other medical fields. In my view, this was a Nobel Prize-winning medical discovery although the 1987 Kettering Prize for outstanding advances in cancer was the highest acclaim he received for developing such profoundly influential technology. What is perhaps not well appreciated is that Basil was both a basic and a clinical scientist. His studies of the mechanisms of pepsinogen and gastric acid secretion were state of the science in the 1950s. He nurtured me in the scientific method, inculcated in me an appreciation of biostatistics (a relatively new field at the time), and guided my research during medical school which resulted in 3 first authored papers in the *American Journal of Physiology*. He welcomed me on hospital rounds and, because he was a superb, compassionate physician, served as a role model for my plans to do both clinical medicine and research. He also gave me critical career advice. Dr Hirschowitz met the definition

Table 1. Definition of Mentoring From the University of Minnesota Clinical and Translational Science Institute Online Program: Optimizing the Practice of Mentoring¹

“Mentoring is a collaborative learning relationship that proceeds through purposeful stages over time and has the primary goal of helping a mentee to acquire the essential competencies for success in a (research) career.”

The operative words of this definition are underlined. Thus, a mentoring relationship is a reciprocal one. It is not casual or intermittent; it is dynamic and changes with time. Competencies include knowledge, skills, core attitudes, and personal qualities. For research, success means becoming an independent, productive investigator. This definition applies also to clinician–teachers, but success to this group may mean formal recognition or awards as one of a few acclaimed clinicians or highly valued teachers/educators, or may be as simple as the undying gratitude of patients, students and trainees.

of a true mentor (Table 1) and as a result of our relationship, I was locked into a career in academic gastroenterology.

The faculty at UAB took an active interest in bright and ambitious medical students. Many of the faculty members had received their training in Boston and they arranged for me and my former Auburn classmate and medical school roommate, Bob Copeland, to do exchange medicine clerkships at the Peter Bent Brigham Hospital and the Massachusetts General Hospital, respectively. We subsequently matched at the Brigham and Mass General for medicine internships. For an encore, the next year 2 other UAB students were cultivated by UAB faculty to follow us as medicine interns at these 2 hospitals. These faculty members helped us to obtain prestigious, career-altering residencies because this was part of the academic mission and not because of some formal UAB-mandated program. They were not truly mentors, but had a profound effect on us as career guides and influential teachers.

Dr Hirschowitz used his connections to influence where I would serve my “doctor’s draft” (Berry Plan) commitment in the Armed Services: Walter Reed Institute of Research. During my research-productive time there, I had to make a decision about gastroenterology fellowship training. Franz Inglefinger at Boston University, one of the giants in gastroenterology at that time, accepted me into his training program, only to subsequently write me that he was moving to the position as editor of the *New England Journal of Medicine*. This created a critical decision point in my career. I returned to Birmingham to discuss this with Dr Hirschowitz and there I met George Sachs, who had joined the division to do research. George was a strong basic scientist and was subsequently one of the discoverers of the gastric H^+,K^+ ATPase, which led to the development of proton pump inhibitors. George was adamant that if I truly wanted to do basic research, I needed to train with a molecular scientist. My research at Walter Reed Institute of Research led to a passion for studying intestinal electrolyte transport so George suggested that I do a post doctoral fellowship with Peter

Curran, an exciting young scientist at the Harvard Biophysics Laboratory. Dr Curran had just been awarded the American Physiological Society’s Bowditch Award, given yearly to a young scientist for outstanding research contributions. With great trepidation and with the blessing of Dr Hirschowitz, I applied to Dr Curran and subsequently began an exciting National Institutes of Health (NIH)-sponsored fellowship with him at Yale where he had just relocated. Thus, George Sachs, although not a mentor or teacher, had a profound effect on my career as a critical career advisor.

During my fellowship in the Department of Physiology at Yale, I became friends with Henry Binder and Jim Boyer, junior faculty in Howard Spiro’s gastroenterology division. They came, as I had, to Peter Curran’s laboratory to learn transport physiology to jumpstart their own impressive careers. I also became close friends with Arthur Finn, a physician–scientist who was studying electrolyte transport with renal physiologists in the department. Arthur, a white man, was a strong activist in the civil rights movement. He was physician to the Black Panthers, a vocal and controversial black activist group in New Haven. Arthur became my mentor in the fields of minority rights and social justice. He helped me to sort out my feelings about minorities and to overcome my guilt about race relations that many Southern-born people of my age have as a result of their upbringing in the segregated South. This has helped me immensely both professionally and personally over the years. Not all mentoring is about science, clinical medicine, and career development.

My first “real” job was at the University of North Carolina (UNC) at Chapel Hill. My friend Arthur Finn had left Yale the year before me for a position under Louis Welt, a nephrologist and Chair of Medicine at UNC. No doubt Dr Welt had something to do with the Chief of Gastroenterology, John Sessions, hiring me: Why else would you hire a person with no clinical GI training! So my first few years at UNC were dedicated not only to my laboratory, but also learning clinical gastroenterology from John Sessions, Eugene Bozyski, William Heizer, and Henry Lesene. This was an exercise in peer mentoring. I read and re-read Howard Spiro’s single-authored textbook of gastroenterology and through the learning experience of caring for patients and teaching GI fellows, I became a good clinician, although I never learned endoscopy. After I had become Chief of the division at UNC, I took the Gastroenterology Boards at the same time as several of my clinical fellows and I passed (talk about pressure, I could have never faced these fellows again if I had failed)! My professional society did not penalize me for lack of formal training: I became president of the American Gastroenterological Association in 1993 and was awarded the Friedenwald medal for life achievements in gastroenterology in 2001.

Peter Curran continued to be my mentor after I left Yale, recommending me for ad hoc NIH study sections, journal reviews, and passing on book chapters that he did not want to write. Then disaster struck: Peter Curran died suddenly and unexpectedly in 1975. Not only did I feel the grief of losing a friend, but I clearly felt the absence of a mentor. A

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