



Mentee-ing Matters

by Adina Kalet, MD, MPH

Yesterday I received an email from the father of two former “mentees” (*not yet* an official word in the English language—but it should be). “*Both J and M acknowledge that your involvement in their lives was life-altering. We are all grateful to you*” he said. Attached was a newspaper article from the small city in which they were born and raised. It profiled the two young men who have joined, in their respective clinical disciplines, the health care system that serves their large rural area. In the accompanying photograph, the men stand back to back in their long white coats. Although it had been over eight years since I have seen them in the flesh, “that feeling” welled up in my chest. My people, Jews hailing from eastern Europe, call the special sense of pride and joy one gets from the accomplishments of one’s children, “[Nachus](#).” That is what I felt.

Creating and supporting mentors is critical to the mission of the Kern Institute.

- **Transformational Innovation (TI₂) projects:** As Chris Decker, MD and Julia Schmitt of the Kern Culture and Systems Pillar described in detail in their [piece](#) in the *Transformational Times* last week, a very large group of students, staff and faculty are involved in creatively developing a set of sixteen Transformational Innovation (TI₂) projects focused on mentoring of – and enhancing a deep sense of belonging for – our underrepresented minority (URM) students.
- **Virtual Health Science (VHS) mentor program:** Last week we, Jean Mallett, Program Manager for Student Inclusion and Academic Enrichment, Malika Siker, MD, Associate Dean for Student Inclusion and Diversity, in collaboration with Cassie Ferguson, MD, Kern Student Pillar Director, kicked off the Virtual Health Science (VHS) mentor program for five MCW medical students selected to mentor local high and middle school students into health professions careers.

- **URM scientist peer mentoring development:** I am now preparing, for the 10th year in a row, to run an annual summer, week-long near-peer mentor development program for URM health services scientists as part of an NIH funded Program to Increase Diversity in Behavioral Medicine and Sleep Disorders Research (PRIDE) Institute. I want to share my view on the mentoring “secret sauce.”

“Mentoring” as a Misunderstood Concept

“Mentoring” is what linguists call a “god term.” Mentoring is used frequently without consensus about what it specifically means, but it is seen universally to be a good thing – like “love” and “mothering” – which makes it seem magical. The limited number of rigorous research manuscripts confirm that highly successful academicians are much more likely to report having had at least one significant mentor in their lives. Most mentors believe they are good at it.

But, beware! There are pitfalls and problems. The available commentaries and thought pieces have been primarily written by white men. Women and URM individuals are less likely than white men to report having had a mentor. It is possible for mentors to be harmful to their proteges.

As a white woman with at least six highly influential mentors in my life, I have tried to “pay it forward” by serving as a mentor for hundreds of others. Here is what I believe, *It is mentee-ing skills, not mentoring skills, that matter most to the success of the mentee-mentor relationship.*

Characteristics of Successful Mentees

Have you noticed that successful individuals are active participants in their own mentoring and allow themselves to be mentored? They seek advice and feedback everywhere. They “manage up” being persistent, reaching out and being prepared for all contact with their mentors with specific questions and

next steps. They usually, but not always, seem to know where they are going and why – even when not certain. Oh, yeah, and they are very forgiving of the human foibles of their mentors. They are realistic about other humans; they respect and are respectful of their mentors; yet they do not put their mentors on a tottering pedestal from which they will, in all likelihood, fall.

Successful mentees are open to everyone, but selective. They become good at accumulating mentors who are people with integrity, who will not take advantage of them, but will provide them with supervised opportunities to learn how the world works. And most importantly, they collect people they can trust to hold them to high standards and provide an abundance of – especially critical – feedback. They understand how to get very busy people to spend time with them, advocate for them and dare, I say, “love them.”

Deliberately Assembling a Mentoring Network

The truth is that most of us who report having a mentor have, in reality, assembled a “mentoring network” or, as Dr. Greer Jordan calls them her, “board of directors.” The single mentor model – or the “great man in the lab” model of mentoring – while successful for a few is not, and probably has never been, the predominant model in medicine and science. Knowing all this, when I first meet with a new “mentee” I pull out an empty [Mentoring Map](#) from the website of the [National Center for Faculty Development and Diversity](#). I walk away for 10 minutes giving them time alone to fill it in as completely as possible. Then we review it together. There are almost always areas of richness and obvious gaps. Then we talk about what they discovered and plot out ways to fill and cultivate the gaps.

Becoming a Great Mentor

Don’t get me wrong, being a mentor is by no means a passive role. Effective mentors make sure their protégés learn to be effective mentees. Mentors build the protégé’s skills so they will be confident and respectful when they reach out to busy people, expand their networks, and get what they need.

Effective mentoring requires special insights and skills, as well. Mentors must never take advantage of their mentee's admiration. The mentor balances the roles and relationships with the mentee – boss, lab leader, teacher, mentor – each of which can carry competing interests.

The mentor provides a sense of vision that helps the mentee see their potential future selves, identify sets of attainable goals, navigate institutional politics, gain insight into organizational politics, manage failure, and provide resources for financial management.

The mentor encourages the mentee to maintain balance by planning personal and career goals in tandem.

The mentor must have exquisite maturity, communication skills, availability, responsiveness, generativity, and a willingness to focus on the needs of others over self. The mentor must be self-aware, have solid emotional intelligence, and be a model excellent time management. Especially time management. Mentees need time, advocacy, access to resources, and not just love.

Finally, the mentor must be able to recognize when it is time to let go and move into a peer-to-peer relationship.

Mentoring Despite [Differences](#)

Traditionally URM folks have not had mentors who “look like them.” This is not always a bad thing, but it provides a greater challenge for both the mentee and the mentor. Differences must be navigated with openness, trust, and a willingness to listen nonjudgmentally to the mentee's lived experiences.

I learned early in my career that I needed to judiciously avoid potential male mentors who didn't speak with obvious love and respect for the women in their lives – their wives, daughters, mothers, sisters, colleagues, and friends. Men who are not in the habit of listening and believing the world view and

experiences of women were not going to be able to guide me in the way I needed. And of course, there have been many women in my life who were not, as disappointing as it was, “good-fit” mentors for me.

Back to J. and M.

After identifying a shared interest in ethics and the moral development of physicians J, the eldest, sought me out. I have a rule. If a student – any student – requests a meeting, I always make time. That was the beginning of a series of regular conversations in person and by email throughout the years he was a medical student and resident at our institution. We have had wide ranging discussions. He worked with me on a series of projects. I introduced him to others, wrote him letters of recommendation, sent wedding gifts, and – when he asked – provided personal advice and recommendations. I met his parents and fiancé on Match Day and at a graduation celebration. When his little brother joined our school, I agreed to meet with him as well.

I was not their only mentor, there were many others. But now I feel I have made a significant contribution to the lives they lead, the physicians they have become and the patients they care for. That’s Nachus.

References:

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