

## A model in dermatology for long-distance mentoring

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### INTRODUCTION

Mentorship is an important element for a successful career in any field. Physicians who have had mentors report having more career satisfaction and believe that the relationship has positively affected their job experience and promotions in their field.<sup>1-4</sup> However, multiple studies have documented that a significant number of young physicians report not having a mentor through training and their early stage of career.<sup>4,6</sup> Within the field of dermatology, mentorship has recently been emphasized in many training programs through assigned mentors with a high degree of resident satisfaction.<sup>3,7,8</sup> Once past residency, however, early career physicians may have fewer opportunities for mentorship, while they also may be expected to become mentors themselves. In 2005, the American Academy of Dermatology established an Academic Dermatology Leadership Program (ADLP). This program has been well received, with consistently positive formal and informal evaluations. Moreover, participants report very high retention rates in full-time academic practice (>75%).\* An important component of the ADLP is the matching of participants, who are early in their career as academic dermatologists, with a mentor—often located at a distant geographic locations—as a way to help them succeed in the field and advance as leaders. In most cases, mentorship is conducted primarily via phone calls with only a few in-person meetings. While this approach can pose unique challenges, it has great potential, particularly in a field like dermatology. Most academic departments in dermatology are small, and the opportunity to be matched with a mentor from

a different institution with a different perspective can be especially valuable. This article aims to outline strategies shared from informal discussions among the authors, all of whom have participated in the ADLP, to optimize such “long-distance”, extramural mentoring relationships, and to describe some of the lessons learned from these relationships. It is not meant to be a comprehensive review of mentoring or mentoring strategies, but rather to provide ideas for “jump-starting” this unique type of relationship. Many of the principles described herein may be applied not only to academic dermatologists, but also to those in community-based practices, at other career stages, as well as in other disciplines.

### GROUND RULES

- Both mentor and mentee must be able to make a time commitment to the relationship, including being able to set aside 30 to 45 minutes at least monthly for a telephone “meeting”. Sticking to agreed-upon times without excessive rescheduling is necessary; conversely, failing to make or keep these appointments signals a lack of interest or commitment and can doom the relationship.
- Both the mentee’s and mentor’s time is valuable. Preparing to get the most out of each mentoring session can help enhance the mentorship relationship. It is extremely helpful prior to each session to have specific questions or topic areas to discuss, set at the end of the previous meeting or by e-mail, which can be meaningfully be discussed (see suggestions below). This allows time to reflect and prepare for the discussion.

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## CHOOSING AN EXTERNAL MENTOR

Many dermatology departments are small and picking a mentor who has no inherent conflict of interest (eg, a division chief mentoring a member of their division) may not be possible. A benefit of the mentoring offered through the ADLP and similar programs is in getting outside perspective from a mentor with fresh eyes, objectivity, and without potential conflicts of interest.

Selecting a mentor is a key first step. A mentee stands to gain a tremendous amount from the mentor: career and/or personal guidance, long-term perspective, and knowledge on how to approach a difficult problem. The mentor is generously offering time to the mentee and, at the same time, the relationship can give significant satisfaction to the mentor in helping another person grow personally and professionally, while also expanding his or her own learning experience. Some important points to consider when choosing a mentor include the following:

- Do ask more senior or other trusted colleagues for suggestions about who might be a good fit in terms of interest or career path. Ask their advice regarding who—in their opinion—has a proven commitment to mentoring, seems like a good match, has good communication skills, and enjoys making connections with junior faculty. Instead of simply name-recognition, consider whether a mentor will have the time, interest, a track record in helping more junior dermatologists to rise in the ranks.
- Choosing a mentor who has a slightly different career interest may still have the potential for great success. For example, an academic dermatologist with a subspecialized interest in contact dermatitis may effectively mentor a person interested in developing their own niche in wound healing. As a corollary it actually may be helpful not to choose a mentor with similar subspecialty interests, to avoid “talking shop” which might stifle other types of discussions such as those listed below.
- The mentee should find an individual with whom they feel comfortable asking questions and voicing concerns. Shared values and similar life situations can be very important in developing a close mentoring association.
- Though the ADLP program is aimed at matching young academic dermatologists with other dermatologists or dermatology specialists (eg, dermatopathologists, surgical dermatologists, etc.), it is possible to find valuable mentorship by looking beyond the field of dermatology. Specialists in other fields such as hematology/

oncology, infectious disease, pathology or rheumatology, or industry may be able to offer sound career advice as well.

## ESTABLISHING A RELATIONSHIP

Once a mentor is identified and both parties have agreed to devote the requisite time and energy needed to sustain a mentoring relationship, important “next steps” can help ensure that the relationship gets off to a good start and is sustainable. A specific time for initial conversation ideally in person or, if not feasible, via telephone should be arranged. Ground-rules for how often, how long, and best times for further conversations should be established. Both mentee and mentor should be honest and straightforward about availability and desired duration of the mentorship. As the mentor/mentee relationship begins, some suggestions for the initial discussion include:

- Establish goals for the relationship: timeframe of relationship (ie, 6 months, 1 year), what overall issues/questions to be discussed.
- At least monthly telephone calls, of approximately 30 to 45 minutes, should allow adequate time to cover one or two questions/issues and follow-up (see below for specific ideas for such discussions).
- Schedule or confirm the next teleconference at the end of the each phone conversation.
- Whenever possible, schedule face-to-face meetings at conferences, or other in-person meetings, at least two times over the course of the year of the mentoring relationship. The AAD annual or summer meetings may be good opportunities to meet.
- Keep what is discussed confidential. Private professional and personal information may be shared with one another. Trust is extremely important in the mentor/mentee relationship and any break in this trust can spoil the relationship. At the same time, be open and agree on any issues that may be off-limits for either the mentee or mentor.

## MENTORING: QUESTIONS TO EXPLORE

The specifics of mentoring will vary from pair to pair. Ideally, discussions are open-ended rather than scripted, with the goal of helping mentees navigate difficult issues or dilemmas. The best type of mentoring is not just “giving” answers to questions or telling the mentee what to do, but rather listening carefully to the mentee’s issues, asking questions and bringing clarity to situations to help the mentee discover for himself or herself the right solutions.

**Table I.** Mentoring questions to explore

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- Discussion of career path, promotion strategies, negotiating a new job or role
  - Developing a niche
  - Time management
  - Work/life balance: tips and strategies when feeling extended
  - Managing travel schedules and dual career families
  - Keeping one's clinical practice manageable and allowing enough time for scholarly productivity
  - When it is important to say "yes" and when to say "no"
  - How to get involved in committees, pros and cons
  - How to prepare for teaching/lectures/talks
  - Issues regarding ancillary support staff
  - Tips for staying up-to-date in one's field
  - Advice for guiding and managing medical students interested in dermatology
  - Learning how to effectively mentor others, particularly early in one's career
  - Issues that could be "fatal flaws" in a career
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Some may find that shared readings may be helpful to discuss. Examples of common issues that can be explored in the mentorship relationship are presented in [Table I](#).

### NATURAL CONCLUSIONS TO THE MENTORSHIP RELATIONSHIP

Unlike more open-ended mentoring relationships, the ADLP program is a 1-year program with a defined end. If the mentoring relationship has been successful, it may continue as an informal relationship beyond the prescribed 1-year time frame even evolving into collaboration or friendship, but this should not be an automatic assumption by either party. Occasionally, a mentor/mentee relationship may not be successful. Common reasons for a less than satisfactory relationship include lack of communication about goals, lack of time or desire to commit to the relationship, or lack of chemistry. This should not discourage either the mentee or the mentor from trying to establish a different, better relationship at a future time, but it is important to reflect on why the relationship did not succeed in order to avoid making the same mistakes in future relationships. The option of a "no-fault" termination

if the relationship is not working should be available to avoid hard feelings.

### CONCLUSIONS

Mentoring is now widely recognized as an important aspect of success. We have presented a model of mentorship that can provide a valuable and rewarding experience for both mentee and mentor even for those with already overloaded schedules. The ADLP is not alone in creating such mentor/mentee relationships in dermatology. Other mentorship programs include those organized by the Women's Dermatological Society, the Society for Pediatric Dermatology, and the American Society for Dermatologic Surgery. The Society of Investigative Dermatology and the AAD Mentorship Workgroup are establishing mentorship databases. The AAD Mentorship Workgroup is working to create training modules for mentors to be more effective in their efforts. With commitment and enthusiasm, external mentorship relationships can broaden one's perspectives, bring light to difficult issues, facilitate networking, and in the best of circumstances, lead to a longer term meaningful mentoring relationship or even a friendship.

### REFERENCES

1. Gray J, Armstrong P. Academic health leadership: looking to the future. *Clin Invest Med* 2003;26:315-26.
2. Palepu A, Friedman RH, Barnett RC, Carr PL, Ash AS, Szalacha L, et al. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med* 1998;73:318-23.
3. Freeman SR, Greene RE, Kimball AB, Freiman A, Barzilai DA, Muller S, et al. US dermatology residents' satisfaction with training and mentoring: survey results from the 2005 and 2006 Las Vegas Dermatology Seminars. *Arch Dermatol* 2008;144:896-900.
4. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA* 2006;296:1103-15.
5. Ramanan RA, Taylor WC, Davis RB, Phillips RS. Mentoring matters. Mentoring and career preparation in internal medicine training. *J Gen Intern Med* 2006;21:340-5.
6. Freiman A, Barzilai DA, Barankin B, Natsheh A, Shear NH. National appraisal of dermatology residency training: a Canadian study. *Arch Dermatol* 2005;141:1100-4.
7. Donovan JC. A survey of dermatology residency program directors' views on mentorship. *Dermatol Online J* 2009;15:1.
8. Donovan JC. Mentorship in dermatology residency training programs: charting the right course. *Dermatol Online J* 2009;15:3.