

## ON THE LEARNING CURVE

## The Art of Mentor Maintenance

Ask any professional who has experienced a rewarding career to list the top factors in his or her success, and “a good mentor” will likely be mentioned. Yet for a young physician, mentorship can seem a confusing and elusive term.

When I first finished residency, I was in the Navy and was stationed overseas as the only pediatrician on an isolated base. Not only was I not sure what a mentor really was, I had no idea how to find one, especially since the nearest pediatrician I knew was hundreds of miles away.

The term we now use for a trusted advisor, guide, or coach came from the Greek teacher Mentor, who was entrusted with educating the legendary Odysseus’s son Telemachus. Now the word goes far beyond this classical teacher-student model.

It is important to note that mentoring is really a relationship. It works best when both participants know what they want out of the relationship, clearly define the goals up front, and regularly evaluate these goals. This is sometimes hard for a young physician to do.

For example, when I was overseas, I had ideas for things I wanted to do but wasn’t sure where I was headed long term. My goal could have been simply to

figure out a direction in which to point my career and to start moving in that direction. In fact, it was years before I developed a successful mentoring relationship, and then, only after several false starts. For me, the challenge was defining my goals—only then could I successfully look for a mentor.

How should you pick a mentor? This is a very personal question for which there is no right answer and which depends on your area(s) of expertise, personal interests, and personality.

It may be that one person can meet all of your needs. It may be that you have several different mentors—for example, someone in your specialty to focus on your academic career and another who can help you to navigate the delicate balance between home and personal life.

Depending on your needs, a mentor doesn’t have to work in your field—I have peers who have educators and psychologists as mentors.

Think about the things that are most important to you and the areas in which you feel most “lost.” Mentors can be found in the workplace, from your training institutions, in the community, or through professional organizations.

Remember that a successful mentoring

relationship requires time and commitment from both mentor and mentee—if you have too many mentors, you won’t have the time to make any of the relationships successful!

Once you have chosen a mentor, it’s worthwhile to discuss what you both hope to get out of the relationship. Set ground rules: How often should you meet to establish the relationship without overwhelming either of you? What goals are you trying to achieve and how can your mentor help you? What are your greatest concerns and how can your mentor guide you?

Don’t be afraid to put your discussions in writing; this allows you to look back and make changes as needed.

Initially, it is optimal to meet at least every other week, even if just by phone. Of course, it is ideal to meet in person, but schedules don’t always allow that. Some of the things you can discuss at your meetings include progress toward your established goals, challenges you are encountering—both professionally and personally—and how your mentoring relationship is developing.

Your mentor can help you think about new opportunities that may arise and, even more importantly, how to say “no” (one of the hardest things for many young physicians to do).

Frequency of contact may decrease as time goes by, but it should always be fre-

quent enough to maintain a connection.

Lastly, remember that a mentor-mentee relationship may not last forever—and new ones may develop as the mentee develops both personally and professionally.

Part of a mentoring relationship is to recognize when the needs of one or both participants have changed.

It is helpful to periodically reassess your mentoring relationships and think about what your current needs are as it can be easy to settle into routine.

Don’t get discouraged if you get off to a good start but then get off track. Even just writing this article has reminded me to readdress some of my own mentoring relationships and think about potential new ones.

Remember, over time, you may not only be mentored yourself, but also may serve as a mentor to others less experienced than you—the ultimate sign that you yourself have had successful mentoring relationships! ■

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BY DR. LEE SAVIO BEERS

## PDA Screener Technology Raises Teens’ Esteem for Visits

BY MICHELE G. SULLIVAN

Mid-Atlantic Bureau

SAN FRANCISCO — Teens who filled out a personal digital assistant health screen before their physician visit reported better communication with their doctor and higher overall satisfaction with their visit, Cecelia Gaffney said at the annual meeting of the Society of Behavioral Medicine.

The PDA screener is a good tool for organizing the adolescent visit, said Ms. Gaffney, a researcher at Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

“Teens have a lot of things they want to discuss with their doctors, but most of them never get addressed during a typical 15-minute visit. We wanted to use technology to optimize the time physicians would have to discuss behavioral issues,” she said.

The project, funded by the Robert Wood Johnson Foundation as part of the national “Prescription for Health” program, incorporated a 90-question adolescent health screen loaded onto PDAs.

The screen—based on the American Medical Association’s Guidelines for Adolescent Preventive Services—also included questions about sports and cardiovascular risk, questions designed to assess readiness-to-change factors, a statement of confidentiality, and entertaining “health factoids” that popped up between

questions. “Ninety questions is a lot, but most kids didn’t have to answer all of them,” Ms. Gaffney said. The questions were branching, so if a teen answered “no” to a particular health risk, none of the related questions appeared.

The 8-month study included 1,024 adolescents, aged 11-19 years. In addition to completing the PDA screen, subjects also completed a survey before and after their physician visit.

The survey assessed factors such as how well teens felt their physician listened to them, how often they got to address all their topics of concern, and how confidential they felt their conversations were.

Physicians reviewed the results before seeing each patient.

About half of each group had one or two health risk factors. Three to five risk factors were present in 28% of 11- to 14-year-olds and in 35% of 15- to 19-year-olds. Only 21% of the younger group and 12% of the older group screened negative for any risk factors.

About one-third of the subjects screened positive for at least one symptom of depression.

The screen for the older group includ-

ed a drug/alcohol risk assessment; 50% said they had used alcohol or drugs within the past month, and 15% screened positive for a potential drug or alcohol problem.

The screen showed that most subjects were getting adequate milk intake, but

more than half didn’t eat adequate amounts of fruits and vegetables.

Time spent watching television was higher in the younger group, whereas the older teens reported spending more time

on the computer and playing video games.

The readiness-to-change assessment showed that most subjects were highly confident of their abilities to change health behaviors, even if they had never attempted any changes.

Exit surveys showed that the screener significantly increased the subjects’ perceptions of communication and trust in their physician.

Before the visit, 63% said their physician listened well to them; after the visit, that number increased to 68%. The percentage who felt their doctor-patient conversation was confidential rose from 61% to 84%. Before the visit, 89% said

they usually get to address all their concerns with their physician; after the visit, 98% said they discussed everything they wanted to.

The PDA also increased the number of adolescents who thought the physician was the right person to go to as a resource, Ms. Gaffney said.

Physicians involved in the study liked the PDA screener, she added.

“[Physicians] were able to give reinforcement for the positive behaviors the kids reported and focus more on the risk factors,” she said.

The conversation started at the beginning of the visit, so the physicians were able to spend more time counseling without making the visit longer. ■

## VERBATIM

“Physicians are like big ships. By the time you can see that they are sinking, it’s too late.”

Dan Shapiro, Ph.D.  
on physician stress, p. 68