Welcome to another special episode of Central Line. I'm your host for Leadership Month, Dr. Crystal Wright. Today, we're talking to Dr. Paul Yost about the article he co-authored with Dr. Vivian Tanaka by the monitor titled *Mentorship and Private Practice*. Welcome to the show, Dr. Yost.

Thank you. She's a, actually a wonderful anesthesiologist, and I, I really wish that she could be doing this podcast, but I, I could get her to help me write the article but I couldn't get her to do the podcast, but she's was, was a wonderful partner in this endeavor.

Great. Well, thank you both for, for doing this article, because a lot of conversations around mentorship fall deeply into the academic area of medicine. But as you both have so eloquently described in your article, it's important in private practice as well.

So we'll go ahead and get started. Research in academic medicine, law, business and nursing have shown that mentoring leads to higher levels of career satisfaction and higher rates of promotion. Can you talk about mentoring in private practice within anesthesiology groups? What does that look like and what purposes does it serve?

Sure, mentoring in private practice takes several forms and it really serves several purposes as well. Probably the primary purpose that it serves is a, a way to integrate new members into a group. You know, we're very invested, as I think most private
practice groups are, in our new members and they really want them to be as successful as possible. And identifying a, you know, a senior member or member who has an affinity with that particular new recruit can really help to integrate them into the practice. Because, you know, medicine is, is somewhat the same, but each situation and each environment is, is different.

For example, like doing a total knee replacement. You know, in, in one place, you know, some people use very short acting spinalis and an LMA and in another place, people, you know, if people were to do that, that would be considered a failure. It's a, it's a much denser spinal and actually had to do a general on top of the spinal that we consider that a, a failure of an anesthetic.

You know, and in some places, they put in catheters in the adductor canal and other places they do single shots with Exparel and just helping them to, to get through all those differences in the way that people practice in different locations is, is really, really helpful. You know, it's in our interest as a private practice group to see that our new recruits are as successful as possible and they integrate fully.

It also serves a purpose in terms of proctoring to some degree to make sure that this person is a, a very good fit for us and that they're going to work out. And if for some reason, which is super, super rare, it's, it's not a good fit, you know, having a person who has a relationship with our, our new recruit and has their trust is, is very helpful in, in navigating some of those more difficult situations, too, although those situations are really rare.

And I'd also say that, you know, mentoring isn't just for younger people. I have a, I mean, I'm toward the end of my practice. But I decided to do some work up in Northern California and I'm going into a new environment and one of their anesthesiologists sort of took me on as their project and, you know, it was good. It was really wonderful. You know, they helped me with their EMR, with their electronic record. You know, and in each electronic record, even if you've used like, say Epic before, each individual site is, is different and has its own little peculiarities and, and specifics. But he told me about what the, you know, the desires of the surgeons were and how they do their cases. It was really, really, really helpful to, to get me to integrate seamlessly into, into a new practice, into a new location. And to look, so I have, I have great respect for him. His name's David. So...

DR. WRIGHT:

You never forget a good mentor.

DR. YOST:
No, definitely not.

DR. WRIGHT:

I think that it's interesting how you bring up the element of trust, because that is critical for an anesthesiologist that's coming into a new group and having that mentor to help you develop that trust with the surgeons, with the nurses that are in the operating room, can be really meaningful in terms of the initial development and integration into their career and in their practice.

DR. YOST:

Oh, absolutely. I mean, sometimes you're not just a mentor, but you're a cheerleader. You're saying you're going love this, this is so good, this is where they came from, this is what they're good at and, you know, this is what they bring to our practice. You're going to love working with them. And then that goes a long way toward helping that person integrate successfully into that practice. And, and we want people to integrate and successfully because it takes a lot of time and effort to bring somebody in. And we want them to be a good fit and we want them to be happy, productive members for, for the rest of their career.

DR. WRIGHT:

Absolutely. I know in my own experience, I had the same experience transitioning from being in one group for 10 years and transitioning to another institution, and so I can definitely relate to that.

How do you know who would make a good mentor and how do you know how to match them with an appropriate mentee?

DR. YOST:

I think one of the primary characteristics really is, is empathy. You know, that and a good understanding of emotional intelligence, you know, being able to, to develop a relationship with somebody, the things that we look at in terms of finding a good mentor for, for people coming in.

The other thing is, as well is that some people when they come in are recommended by a member of our group. And so they have an existing relationship with that person. And so I think choosing that person to be the mentor usually helps because, you know, they already have a trusted relationship. They've already been recommended by that person to come in. So those people tend to make very good mentors for those people.
DR. WRIGHT:

Right, because just the stress of coming in, you know, and trying to force a mentor mentee relationship doesn't always work, whereas if you have something that, where someone has a relationship with another anesthesiologist, it's an easier fit.

DR. YOST:

Yeah. And also, you know, paying attention to things like age, demographics, personal interests, I think makes a big difference too, and just, you know, trying to find someone who likes being a mentor, likes teaching, like cheerleading, likes seeing other people succeed and is able to develop good relationships with people, is, is super helpful.

DR. WRIGHT:

Right. Right. So what's unique about the mentor mentee relationships within the context of private anesthesia practice?

DR. YOST:

I think just because it's so, it's sort of informal and not well defined and I think it differs from institution to institution, I don't think it's any less valuable. And I, I think in some ways I think it might be beneficial to have it even be a little more structured and to, to give a little bit more time in, in teaching people about mentoring and how you can be a successful mentor and how to make that program work. But I think it's just because it's ill defined. When I was, you know, asked to help with this article, I did do some research, too, and I, I found an awful lot of articles on, on mentoring in, in academia and in other fields, but very little about it in private practice, although, you know, it definitely exists. It's just that it's, that it takes a different form, I think in each practice, in each location.

DR. WRIGHT:

Right. It's because I think of it's, as you mentioned, it's informality. It's probably why it's not discussed as much, but it's occurring and anesthesiologists are benefiting from it, you know, in terms of, of learning, you know, how to be in their groups to minimize burnout. You know, I know where you're heavily involved in organized medicine within the ASA that even that role that you have oftentimes can be the spark for another individual that might not even consider being actively engaged in organized medicine. But as a mentor, that's the spark that you serve for them.
DR. YOST:

Yeah, definitely, like, I'm definitely the person in my group is most involved in, in organized medicine. Definitely and so I, I do get a lot of people who want to be more involved. And Dr. Tanaka is one of them. And, and nothing makes me feel better than to see pictures of her in legislators' offices and, you know, and, and being a key contact and being able to advocate for the specialty at that level because she's got wonderful communication skills. She writes well, she presents herself well. She's very professional and, and she knows how to, to advocate for her specialty and is a great role model. So I think that's a, a big part of that. And it is, it is informal, but it definitely exists. And it's definitely a benefit to everybody, to our specialty, to the new people coming in, to the group as a whole and to our patients. You know, I think the patients definitely benefit from, from having the anesthesiologist know, know the system in which they're practicing and the preferences of the surgeon and, you know, finding a way to integrate smoothly.

DR. WRIGHT:

Right. So as we know, mentoring is, is not without challenges. Can you share some tips on how to overcome obstacles, maybe some tactics for becoming a better mentor?

DR. YOST:

I think the biggest thing is, is really empathy. It's really trying to find a way to put yourself in the shoes of the new person coming in. You know, how would I feel going into a new situation? What would I be nervous about? And, and then taking that perspective and then doing your best to, to allay those fears and to make that a smoother transition. But I think that's probably the, the biggest characteristic of a successful mentor is just someone who can put themselves in the shoes of the person to whom they're trying to, to help integrate into a given practice, a given situation.

DR. WRIGHT:

Right. Right. So tell me, what, what do your mentors get out of the relationship with the mentee? Why is it worth the effort for someone in private practice to become a mentor?

DR. YOST:

Well, first of all, it, it benefits the group, you know, when, when new people come in and they're successful, it makes all of us look good and helps our patients. It helps our practice, it's of enormous benefit to the group, you know, to have people come and successfully, and you know, it takes us several months to have a new recruit to come in.
And in order, you know, for that person to be able to integrate successfully at a high rate of, you know, high percentage is, is very, very beneficial to us and, and to our patients, to our group and our practice. And, the better our new recruits look coming in, the better we look as a group as well, and better care they take care of our patients so that.

And that, and just to me personally, I've, I've always been kind of service oriented and I always feel like it's kind of my job to help other people take my role and, and to get out of the way. So I, I have no qualms. To me, that, that's just part of life is, is sort of training the people and, and helping them to succeed in the roles of which you fulfill and you kind of live on through that. So to me, that's one of things that I get out of it like I love seeing Vivian and, and how successful she is.

DR. WRIGHT:

Well, I can definitely attest to your efforts, although we are in totally different parts of the country. I can remember as an early career physician getting started in advocacy and, and working with you and, and talking with you during our different governmental affairs meetings in D.C. and, and having all those opportunities. So your, your mentorship extends beyond your practice.

DR. YOST:

Thanks. I guess you to try to be a good example. And I am kind of a recovering politician, so, I guess that I bring some, some experience. I kind of know what it's like being on both sides, so I think that's helpful a little bit in, in some ways. But, you know, I, I like seeing people come along and, and be able to do the, I, the job that I do and to do it better than I, I can do it. That's, that's fulfilling for me.

DR. WRIGHT:

Yes. So you touch on diversity in your article as several of the articles that we're highlighting have done. Why is that so important to the topic of mentorship?

DR. YOST:

Diversity is, it's, it's a challenge. And, you know, I think having a mentor that has empathy and understanding for the personal situations and, and the places from which that professional is coming is, is, is really helpful. That's one of the, I think, one of the bigger challenges. And it, it doesn't always get spoken. And I know, you know, like for example, Dr. Tanaka's has had some issues, especially some of the places where she had interviewed, other than our practice, where she's now one of our, you know, senior partners. And I think, you know, trying to find a way to work around those issues is, is
helpful and to confront them and having a trusted person to mentor who you feel is on your side and understands where you're coming from, it makes a big difference in, in helping people to integrate. And I think it makes all of us stronger, you know, as a group, as an organization, as, as a specialty, and as a profession. There's an enormous number of inequities that are out there. Just being able to, to recognize that and to recognize issues that certain people have, is, is, I think, goes a certain way toward helping in, in some of those areas and having a, a trusted mentor can make those situations much easier.

DR. WRIGHT:

Absolutely. And I think that you hit on the, the key word is, you know, the empathy that goes along with mentorship allows for that diversity and that cross-cultural mentorship to happen, you know, or to occur seamlessly. And when that does occur, that benefits patient safety as well as the individuals that are involved.

DR. YOST:

Absolutely. Yeah, no, no question. And, and it benefits the group.

DR. WRIGHT:

Right.

DR. YOST:

It's really a win-win situation.

DR. WRIGHT:

Now, before I let you go, I want to get your feedback on something I've asked all leadership guests about. What is one misconception about leadership common amongst most anesthesiologists and why is it wrong?

DR. YOST:

Well, that, that to me is that it's not really leadership. And, I mean, people think leadership is someone going out in front and leading, but it's, it's not. It's representing the interests of your constituency. It's, it's listening more than anything else. It's making sure that you understand where people are coming from and that you're helping them get where they want to go. It's, it's not really about your own personal interests, it's not about taking things where you want to go. It's taking the organization where it wants to
go and where it needs to go and, and to have it do so of their own volition, their own accord, their own expertise.

DR. WRIGHT:
Right.

DR. YOST:
So to me, leadership really isn't leadership at all. It's, it's really about, I think it's more it's a finding a way to be synergistic and finding ways to get organizations to function well together in a common interest in a way that's beneficial for everybody concerned, not only the physicians and the practice, but, you know, your patients as well, and to get people to coalesce around that common goal, but not about you pushing your particular interest or particular perspective.

DR. WRIGHT:
I love that. I love that concept of when we look at leadership it's about leading people in the direction that they want to go, or under the direction that the organization needs to go, which is the direction the organization needs to go, oftentimes is guided by the people. So I love that concept of when we look at leadership, it's not about the leader, but it's about, more about who you were leading.

DR. YOST:
Exactly. It's, it's really leading by example in many ways. You know, I think everybody is a leader and everybody is a representative. And, and you do so by how you practice, by how you interact with others, the examples that you set, and, and the way you go about doing what it is that you do. It's not, you know, so much about directing…

DR. WRIGHT:
Right.

DR. YOST:
…as it is being supportive.

DR. WRIGHT:
Well, Dr. Yost, thank you for the conversation today. I enjoyed speaking with you about mentorship in private practice. Visit asamonitor.org to read Dr. Yost and Dr. Tanaka's article, *Mentorship in Private Practice, Credentialing Nuance are Key To Success*, as well as other articles from the March issue of the Monitor, which is all about mentoring, coaching and negotiation, connecting with purpose and tune in again for the next episode of Central Line.

DR. YOST:

I want to say thank you to Dr. Wright, too. She's always been a wonderful example and a great role model, and it's been wonderful having years in leadership and as part of our specialty. You bring a lot to the table, and I, I have always greatly appreciated working with you and listening to you and, and watching you rise up and I'll support you in any way I can. I think you're fabulous.

DR. WRIGHT:

Oh, thank you. That means a lot. I, again, I have so (CUTS OFF HERE???)

(SOUNDBITE OF MUSIC)

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