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**Anesthesiologists™**

Residents In a Room  
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VOICE OVER:

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DR. LISA SOLOMON (HOST):

Welcome to Residents in a Room. The podcast for residents by residents. I'm Dr. Lisa Solomon, Assistant Professor at Rush University Medical Center, and your host for this episode. Today, we're going to talk about methods for advancing your career, such as mentorship. I'm here with my colleague from ASA's Committee on Young Physicians and three residents. Please introduce yourself.

DR. CHRISTINE VO:

Hi, I'm Dr. Christine Vo. I'm an Assistant Professor at the University of Oklahoma. And I'm four years out graduated.

DR. DREW CORNWELL:

Hi, I'm Drew Cornwell. I'm actually an Interventional Chronic Pain Medicine fellow at Case Western Reserve University. And I recently finished residency in anesthesiology at Geisinger Medical Center in Danville, Pennsylvania.

DR. DANIELLE LEVIN:

I am Danielle Levin and I'm a CA2 at St. Elizabeth Medical Center in Boston, Massachusetts.

DR. HEENA AHMED:

Hi, I'm Dr. Heena Ahmed. I'm a resident currently at Baylor College of Medicine in Houston, Texas. I'm a CA3.

DR. SOLOMON:

Right. Thank you for joining us today. So, in this episode, we're going to focus on mentorship. Why are mentorships important to the field of anesthesiology? And what do you hope to gain from a mentor?

DR. VO:

I believe mentorship is, in anesthesiology, to help you excel in your career and become the best version of yourself. This may involve helping you achieve your personal and professional goals. Introducing you to new ways of thinking, challenging your limiting assumptions and teaching you life lessons and so much more.

DR. AHMED:

I think mentorship is especially important in anesthesia, at least specifically because we don't really get exposure to it early on as a medical student. And so, I think the field itself benefits from the mentorship that you get early on in your career. And to just fully grasp of the day to day or workflow that you would get within the field itself.

DR. CORNWELL:

I think a lot of it comes from the, the inherent nature and the job that you're doing in, in the field is, is not something that's, it's naturally taught in the course of medical education. It involves tasks that not only require, not thinking of a physician, but also in a lot of additional tasks that require, you know, nursing traits and, and skills that you, n, n, frankly rarely acquire. And so having someone that's at that level, or just above us a level, is very important to, to show us, you know, tricks of the trade, for lack of a better term.

DR. VO:

I agree. The field of anesthesiology is so diverse and there's so much out there that I think in a sense, mentors can definitely contribute to satisfaction in personal and professional development. And it's great to have someone that has an experience to foresee any such opportunities or challenges that may be ahead.

DR. SOLOMON:

Those are really great points that you brought up. And, and I think it's also important to understand what mentorship opportunities are available at your institution. Can you talk a little bit more about what you're aware of that is offered at your programs, perhaps on research or specific specialty mentorship opportunities?

DR. LEVIN:

At my institution, resident is partnered up randomly with an attending when they first join the residency program. And then as the residency program continues, residents get to choose to either stay with this mentor or choose a different one. We don't have specific, like, research mentors or leadership mentors, but as you progress through your residency, you figure out who you feel more comfortable with, which personalities you connect more with, and kind of more natural mentorship relationships form.

DR. CORNWELL:

You know, I think where I trained in residency, there was no formal mentor establishment, and that can happen in a lot of programs. And so, a lot of it is left to the individual residents to, to seek someone out. And that's not to say that there's not a, a lack of willingness on the side of the attending or the faculty, but the structure may not just be there. And so, it's, it's important to, you know, ask if you have an idea of what you may be interested in. It's important to just start asking people and eventually someone will point you in the direction of someone that can lead you along in that mentoring role.

DR. VO:

Actually, at my institution, I actually stayed on as faculty from where I did my residency training, and we didn't have a formal mentorship program either. But within the timeframe that I've been here, we actually developed a Mentorship Committee because we recognize the importance of mentorship. And so, we essentially created a survey that solicits general interest from the faculty, as well as their academic interests and what their priorities are in a mentorship pairing and we try to closely aligned that as

much as possible with another survey that we send out to our residents. And so at least that gives them some networking and connection when they start off with residency. And then obviously, those natural mentorships are very productive to a resident's success. So those natural relationships are, you know, allowed to be fostered as well. But we feel like it's important to at least start that mindset, to have a mentor from the very beginning. And we found it really successful.

DR. SOLOMON:

So, it sounds like we have a mix of both formal and informal mentorship pairings and Dr. Vo, can you comment a little bit about your experience? What about, how does sponsorship differ really from mentorship and in establishing your program, can you give a little insight to the residents and, that are listening today?

DR. VO:

Yeah, so we don't necessarily have sponsorships. For me, I feel a, a sponsor is someone who is truly invested in their, they call them proteges. And so, they're typically older faculty members that have had lots of experiences and potentially a lot of influence within their network. And so, they have the ability to potentially propel their proteges into their goals and within that pairing. Not to say a mentorship itself isn't as meaningful and valuable, but they, I feel the investment is probably more so in a sponsorship than a mentorship.

DR. SOLOMON:

I think this is one area that I particularly had experience as an early career physician starting out in private practice, really understanding the difference that having a colleague that is in a position of influence or a mentor that can not only provide you areas to excel in the field of anesthesiology, but to support both your personal and your professional growth. And I think that's really important, to get experience in advocacy or practice management, to be able to have an individual that can guide them and also provide opportunities for them to get some experiences.

So, we're going to talk now and shift a little bit about the topic of just in time mentoring. And, and this is really guidance from people who just went through something that you are experiencing or from someone who can guide you through a very specific situation. And do you consider this kind of advice from your peers, in your cohort mentorship, or do you have mentors for different needs? Let's have you take this one, Dr. Ahmed.

DR. AHMED:

Yeah, I think a, a really good example of this is what I currently just went through, I was applying for a fellowship, and I reached out to a lot of my upperclassmen about what they've learned through the process. And, and particularly this fellowship is pain medicine, which I didn't have as much exposure to early on in my anesthesia residency. And so, I, I really did need to seek out different mentors, whether it be attendings and also other residents, to get all of those perspectives on this, this new field that I was trying to apply to.

So, I think that you do need different mentors for different kinds of advice, because maybe some of my attendings are out of touch with the application process, say, but they're the ones who are actually practicing now and can give me a perspective on the actual job market or what my career will look like. So, I think that both types of advice are different kinds of mentorship and has benefited me just recently in my career.

DR. SOLOMON:

Great. Thank you. How about you, Dr Vo? Can you provide a little bit of your experiences in the, for having different mentors for different needs?

DR. VO:

Definitely. I, I feel like anyone that has experience or expertise that I'm seeking can definitely be a mentor. So, whether or not that's one of my peers or somebody that's much older, I would consider it a mentorship.

In regards to the different mentors for different needs. I agree. You're not necessarily limited to just one mentor, because each person can bring forth different strengths that I desire in myself. So having, like, I personally have a mentor that helps provide guidance in research development. Another one helps me with the administrative standpoint and another helps me grow my confidence in clinical patient care. So, I value each of those relationships in a different way, but it's meaningful to me.

DR. SOLOMON:

Great. From a broad perspective, How about do professional organizations or the ASA provide mentorship opportunities? What's your personal experience using these resources, Dr. Levin?

DR. LEVIN:

I was part of a program, the ASA, where the ASA assigned me a resident mentor, and I did medical school in New Jersey, and my mentor was in Florida. In addition to virtual advice, during one of the SOAP conferences where I was presenting an abstract. The SOAP conference, conference was in Miami, and I was able to meet up with my mentor in person. And it felt amazing to have a familiar face at the conference. And then we went out for dinner after the SOAP conference where I got more advice on residency applications and career advice. And it was just a great experience overall.

DR. SOLOMON:

How about yourself, Dr. Cornwell? Can you describe some resources that you've used through the ASA or other professional organizations?

DR. CORNWELL:

Sure. So, I initially got involved in the ASA House, House of Delegates, as far as the resident section component, and began meeting various people through there, that were further along in their anesthesia training and, and ultimately through contacts with, with them and being involved in the State delegate aspect, I kind of got tied in with ASRA or the American Society of Regional Anesthesia. And, and through there, got involved with one of the committees and ended up being on a newsletter committee and ended up being paired with a number of faculty from across the country who ultimately published an, and article together. And then another one reached out to me and asked if I was interested in writing some chapters in, in a review textbook that was, I being prepared.

And, you know, it's not like there was anything that I did in particular or, you know, had outstanding qualities that I feel like I might bear. But it was just the fact that I was present and connected with them through these, these situations, that they were able to turn to me and say, hey, do you want to do this? And, and that was what I, you know, and I never would have foreseen this occurring or anticipated that currently when I signed up to be involved in societies. And so it was really interesting to see that just kind of organically occur.

DR. SOLOMON:

Anyone else want to speak to this?

DR. AHMED:

Yeah. I actually was involved in ASA as a medical student as well. I got selected for FAIR, which is the medical student summer fellowship that they offer. But it was actually a huge part of my career journey. I think meeting Dr. Toledo at Northwestern, that was a little shout out if she's listening, really did help set me up for success early on, since I didn't really know much about the field of anesthesia until later on in med school. But when I, because I did that fellowship between my first and second year of medical school, it was such a wonderful opportunity to see the field of anesthesia, do some research. I got a publication out of it, and I thought that really was such a great thing for ASA to offer medical students every year. And I still actually keep in touch with her. And we talk and text. And she's been such a great resource throughout my career. And I think that's really helped me look for more opportunities with the ASA moving forward.

But I also participated in the House of Delegates and then as a resident, ran for the governing body. And I don't think I would have known about those opportunities unless I had a mentor who kind of guided me in that direction.

DR. SOLOMON:

And talk a little bit more about what's important to you in a mentor. And I'm wondering if you have a rank list. And if so, what's in it?

DR. LEVIN:

If I had to rank what is the most important factor in choosing a mentor, for me it would be a person with a personality that, that I can easily relate and connect with. Somebody that is super passionate about their job and that sees it more not as a job, but more of a, as a career, somebody that has shared personal and professional interests, somebody that is able to understand my goals, and, and it's important for me to (sic) that my mentor sees me as a person, as an individual, and not just as a CV. And I've met some really great mentors in medical school and in residency who have inspired me through anesthesiology and for whom I will always be forever grateful.

DR. CORNWELL:

And I found that I have, you know, I've kind of, can categorize them as clinical and non-clinical mentors. I think one of the strongest attributes of a very good clinical mentor is someone who is extraordinarily skilled and capable in performing what they do clinically or, you know, clinically strong as you might term it, because they're clearly and often the most comfortable with having someone inexperienced. And that allows them to mentor you and bring you along safely and, and efficiently.

And then in the non-clinical settings, you know, the ones who kind of help to get involved in leadership or more academic or, or, or settings. I think one of the most important things is just, you kind of find, that most of them will have a very amiable and outgoing personalities and are just willing to bring along anyone that raises their hand and says, hey, I want to try this out. And, and that's kind of one of the strongest attributes that I've felt (sic) drawn to, because it seems to work in a very just comfortable environment.

DR. SOLOMON:

I definitely agree that there is, there are both clinical and nonclinical mentors. And I think for myself, my mentorship priorities have changed as I've progressed through my career. Initially, predominantly mentors in clinical aspect, and as I became new to practice, then I had mentors that really provided insight from nonclinical topics, and (sic) into leadership opportunities.

How about yourself, Dr. Vo? Can you comment a little more if your mentorship priorities have changed as your, you've progressed through your career?

DR. VO:

It definitely has. For me, the key has been to find attending physicians who have shared interests, both, both professionally and personally. They understand what my goals are and are invested in my success. But they're also supportive when there are setbacks.

Before, early on in my career, it used to be prioritized to find someone that could help with career planning. But as I've progressed, having someone that I can trust and respect became more important. I needed to have someone who I felt safe to fail around, but also would continue to encourage me to be the best version of myself.

DR. SOLOMON:

How about you, Dr. Ahmed? What's on your rank list in terms of what's important in a mentor?

DR. AHMED:

I agree with the same kinds of characteristics that were described. I think distinguishing in clinical and nonclinical mentorship does make a lot of sense. And I've noticed that, too, as my career has been progressing.

I do think that a general outlook or shared values would probably be very high on my list, just because I really want someone who comes in to this mentorship relationship trying to help me find what excites me. And we kind of work together to learn from each other and really nurtures that kind of open mindedness, and I guess a way to look at what opportunities I could keep finding throughout my career. And I think that really helps in a mentorship relationship.

DR. SOLOMON:

Great. Thank you. Stay tuned. We're going to take a short break.

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DR. SOLOMON:

Welcome back. So let's flip this around. What are the mentees responsibilities?

DR. LEVIN:

I think the responsibility of the mentees to be the kind of like the driver of the relationship. The mentee is responsible to identify the skills, the knowledge, the goals that the mentee wants to achieve and to effectively communicate that to the mentor and the mentee's responsible to take full advantage of the learning opportunity. And the mentee is responsible to look for opportunities, to give back to the mentor and to share information that the mentee feels is valuable so that it's a, a relationship in both directions.

DR. CORNWELL:

Yeah, I, I totally agree with a lot of those points. And I think one of the biggest is also, is maintaining, you know, the highest respect for the, your mentor's time and what they're investing in you, because there's, there's nothing that will take the wind out of their sails

faster if you are showing up to something late or not, getting things done on the timeline that you may have outlined together. And that just communicates, I think, very clearly in one of the most simple ways that you really respect someone if, is if you are, you know, showing up and being reliable on the things you say you will do and when you'll do them.

DR. AHMED:

I think also mentees have the responsibility to come in with a good attitude and really open minded attitude as well, just so that you can be receptive to what your mentor is offering you. And I think that there's always something positive to learn from that kind of mentorship.

DR. CORNWELL:

Yeah, I think Dr. Ahmed nailed that because, you know, you might come into a situation that you've been in before and you've had experiences before, and you know, there's lots of different ways to do many things, especially in anesthesiology. So being open to whatever the different approaches may be is, is very, very important.

DR. VO:

As someone that has been given opportunities to have mentees now in this stage of my career, I, I definitely agree with what all of you have said, that that open communication is so important. You have to be willing to share your successes and your setbacks, because I'm definitely invested in your growth and I can't do that if you don't communicate that with me. So, it's definitely an active interaction and relationship. And there should be set expectations and goals and timelines so that we can monitor progress.

DR. SOLOMON:

So what I'm hearing from the group is a lot about open communication, as well as having a positive attitude and open mind, and I think those are really great tips. Have you ever received advice that you didn't buy into from a mentor, perhaps conflicting advice from your mentors? And if so, how did you react to that?

DR. LEVIN:

I value all advice that I receive from my mentors. Sometimes I might not completely agree with what each mentor says, but I think the key is to figure out the reason behind

the mentor's perspective, and try to find out something positive from every interaction and to work with the mentor, to learn from that person, to see maybe your perspective on something might change, or maybe you'll just learn something from that perspective that you take for yourself or don't take for yourself. And I think the most important thing is that the mentor and the mentee respect each other.

DR. AHMED:

I totally agree with that, I think the way I would describe it is maybe I've received advice that I didn't feel like applied to me or resonated with my personal situation because it could have differed from what they went through. But I agree that you can always try to learn something positive from, from your mentor and keep an open mind to see how that advice had helped them at that, at that time that they were in or that situation that they were in. And if you are able to apply it to your situation, then you obviously get that benefit. And then even if you don't think it applies to you, I think you can still learn from their experiences as well.

DR. CORNWELL:

I had an interaction with one of one of my attending, who I felt, you know, quite close with and, and had gotten some advice and, you know, I was, we were at that stage in our, you know, kind of professional relationship that we were rather comfortable with each other. And, and I pretty much flat out said, you know, I don't believe that. I don't think that's how it should be done. And I was, you know, a couple of weeks later that that, that mentor came back and said, you know, you told me that. So I went and studied and looked it up. And this is why you're wrong. And we went through things together and, and, you know, you know, they presented evidence to me why they felt that why they disagreed with me and that I went back with another point. And it was really kind of an amusing experience we had with each other. But I think disagreeing or, or communicating your disagreement between each other can be in some situations can be beneficial for both of you.

DR VO:

I agree. I think it's important to have enough respect for each other to be able to agree, to disagree and not take it personally.

DR. SOLOMON:

Is there something you wish members would do or knew or understood better? To wrap

this up, let's give a little advice up the ladder, so to speak, and share what we think mentors can do to best help mentees.

DR. LEVIN:

I think it's important the mentors are active listeners, provide a supportive environment and oftentimes tell stories from their experiences and how, when they remember what it was like when they were in relatively your shoes, that they're not authoritative above you in a mentor relationship, but more of, in a way, on your level, but also providing you with advice, creating a safe and comfortable environment.

DR. VO:

So I agree. Setting those clear expectations, showing your actions that demonstrate a clear investment in the mentee's success, creating a supportive environment where I know I can trust our conversations will stay private so that I can openly discuss my insecurities, and pushing me in a non-authoritative manner to challenge myself in ways I didn't know I could handle.

DR. CORNWELL:

And I think, as was said, remembering, just remember, remember, remember, we've all been along the very, very similar path in our training and just remembering that vulnerability that you felt as a medical student or as a resident. You know, I, I've been a fellow for three weeks, and I have residents that have to report to me now. And I have realized that I had already forgotten what it's like being a resident. And there's a lot going on. And it's just recalling your situation and the, and the concerns that, you know, the residents or medical students may have that you were, with your experience, realize that are very minimal, but they may not be at that point yet. So just always keeping that in the back of your mind.

DR. AHMED:

I think it's really important for a mentor to remember that their mentee is also an individual with their own interests and really helping them find what excites them and what their individual career path is going to look like. And providing the tools for that is something that a mentee can really benefit from.

DR. SOLOMON:

This was a great conversation on mentorship. So, I'd like to thank Dr. Vo, Dr. Cornwell, Dr. Levin and Dr. Ahmed for joining us.

DR LEVIN:

Thank you very much for having us.

DR. AHMED:

Thank you for having us.

DR. CORNWELL:

My pleasure.

DR. VO:

Appreciate this opportunity.

DR. SOLOMON:

Thank you for joining us in Residents in a Room, the podcast for residents by residents.

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