

Mending mentorship



By Michal A. Elovitz

 Check for updates

Training and funding for mentoring, together with metrics to measure success, can ensure this vital practice is beneficial for all mentees, at all stages of their career, argues Michal Elovitz.

In the complex structure that is academia, mentorship is the essential mortar. It stabilizes the foundation on which physicians and scientists can begin their career journeys and grow diverse skill sets with the goal of building meaningful careers. Yet, the mortar that binds these foundations is poorly maintained, unevenly distributed and often insufficiently valued. From the National Institutes of Health to academic institutions, we must train mentors, provide financial support and dedicated time for mentoring, and develop metrics that support and enable equitable mentoring opportunities.

Our academic careers are shaped by mentors, both good and bad. The totality of that mentorship undoubtedly influences our career trajectories. While I had yet to conceptualize the idea of what a mentor is, my high-school teacher became my first mentor. Despite a commitment to become a doctor since early childhood, my first mentor's impact was significant, imploring me to choose history as my college major alongside my pre-medical courses. As I look back now, I can see that my teacher embodied the very best parts of mentorship: she encouraged me to go beyond what was written as facts; she challenged me to see literature and art through the lens of the time, through the political circumstances and the economic conditions in which these works were produced. In essence, she spotted my curiosity and capabilities, and encouraged me to challenge what I had traditionally thought of as learning. In doing so, she was a wonderful mentor. Later on, in medical school, I was fortunate that a female faculty in obstetrics and gynaecology agreed to mentor me. Maybe without even knowing it, she infused me with the possibility that by conducting research, we could

improve the care and outcomes of pregnant individuals. Looking back, I feel that it is underestimated how good mentors can drive our career paths – what we see as not only doable but also as rewarding.

As one's career progresses, the intriguing duality of mentorship becomes, at times, painfully clear. A good mentor can also be a suboptimal mentor. From our training years, many of my female colleagues and I can relay stories of a specific mentor that taught us how to be the best diagnostician, a productive researcher and/or an aspirational leader. But some of those same 'good' mentors made many misogynistic missteps. Female colleagues communicate how they were counselled by these mentors that they could not be a mother and a surgeon, that they could not compete in male-dominated fields and/or that they could not possibly be a physician and a scientist. While they were not wrong about existing obstacles to being a female in medicine and science, it is doubtful that these same mentors ever gave this advice to their male trainees.

Fellowships and faculty positions are demanding but can also coincide with starting a family. During these times, mentorship can be invaluable to career satisfaction and success. Too many women in medicine can relay stories about the failure of mentors to support pregnancy and parenthood. One programme director told their mentee that a demanding fellowship was an inopportune time to have a high-risk pregnancy. Another programme director, upon his mentee reluctantly revealing her pregnancy at 24 weeks during a surgical fellowship and assuring him that her work would not suffer, he replied that he had never known a pregnant woman whose work got better. In addition, a different division director asked his female faculty why they were so insistent on going to their kids' school events when he never went to his and just sent his wife. While some of these stories are decades old, many are more recent. Whether intentional or not, academic mentorship continues its struggle to optimally support female physicians. Ideally, a mentor

would help their mentee navigate the challenges of balancing an academic career with being a parent, would provide guidance on how to strategize grant submissions with publications, and would support them as they transversed the ever-changing but constantly demanding landscape of childhood needs.

As one travels down a medical career path, there can be many opportunities to alternate the route, to choose different trajectories. It is during these later career stages that mentorship can be so critical. Yet, as many enter mid-career, mentorship falls away with many institutions neglecting the essential need for mentorship at this juncture. While some institutions now require the 'naming' of a mentor, this is not met with metrics for quality mentorship nor with any clear process on how to navigate the mid-career mentor-mentee relationship. While several of my female colleagues created peer support groups to assist with mentoring (which were very helpful), they have almost universally found no or limited support from their institutions regarding quality mentoring.

Aside from my early years in training, quality mentorship has been nearly absent from my career. To this day, I not only feel the void of those needed experiences but also deeply recognize how it limited my ability to be the best mentor to my own mentees. The collective experiences of female colleagues clearly demonstrate the continued precarious nature of mentorship in academia. During my career, there was no clear guidance on how to find a mentor or on how to be an effective mentor. Importantly, there was no programme to encourage or support the development of beneficial mentors. Mentorship – quality, reproducible and effective mentorship – is crucial to advance physicians and scientists. If we believe (as I do) that physicians and scientists are essential to discovery, innovation and implementation of research that improves patients' lives, then mentorship must be treated with the importance it deserves.

We can do so much more to support mentor-mentee relationships. Leadership needs to create processes and pathways to help

mentor–mentee relationships succeed. We should embrace guideline setting for mentorship along with educational opportunities that teach mentorship skills. Perhaps most importantly, we need to foster transparent dialogue between mentees and mentors that lead to more productive relationships. These open discussions should provide opportunities to change and/or end existing mentee–mentor relationships that are no longer fruitful for both or either party. We must consider ways to optimize pairings with the lens that academic careers do not exist in vacuums void of race, gender and lived experiences. In addition, it is imperative that there is confidential reporting that can prevent undue harm to mentees by mentors and that stops cycles of ineffective and/or abusive mentoring. Likewise, mentors need the ability to divest from unproductive, if not harmful, mentee–mentor relationships.

Importantly, the requirement for mentorship demands monetization. The idea that

mentorship is ‘above’ payment is harmful. Mentorship exists in a world where clinical and research productivity are economically incentivized. Institutions should provide time and finances for mentorship that are tied to clear metrics for the output of that role. These efforts should occur along with the collective insistence that training grants provide support (dedicated effort with salary coverage) for faculty who serve as primary mentors.

We have a responsibility to science and medicine that goes beyond our individual work. That responsibility should mandate quality mentorship. As a community, we must prioritize effective and productive mentorship with the understanding that for most mentees, multiple mentors with varied skill sets will be required to ensure the next generation of physicians and scientists can be productive, thrive, and continue to advance medicine and science.

At the end of a recent keynote presentation at a scientific meeting, I had a slide showing eight of my active mentees. They are an exceptional group of women working in many different specialties. I hope that I have been the mortar that has helped to build a solid foundation on which they can achieve all their career and life goals. I know that I could have done more – with more training, more time, more commitment to mentoring. When I look at that slide, I see all the promise of mentorship. I see discoveries, I see innovation, I see tomorrow.

Michal A. Elovitz  

Women’s Biomedical Research Institute,
Icahn School of Medicine, New York, NY, USA.

 e-mail: michal.elovitz@mssm.edu

Published online: 5 February 2024

Competing interests

M.A.E. receives salary support from National Institutes of Health. M.A.E. is a consultant with equity interest for Mirvie.