Introduction

The Oxford English Dictionary defines a mentor as a person who acts as guide and adviser to another person. The first reference to mentorship can be found in Greek mythology, when Odysseus...
asked the goddess Athena to nurture his son. She did this by disguising herself as a human and an old family friend by the name of Mentor.

Much of medicine is characterized by definitions and specific criteria, yet mentorship remains less concrete. Failure to understand the qualities and expectations of a mentorship has the potential to greatly jeopardize success and careers and lead to disappointment for those involved in the mentorship (Zerzan et al., 2009).

Within dermatology, the mentorship literature has grown rapidly over the last 10 years and further established mentoring as a valuable tool (Donovan, 2009; Kim et al., 2013; Maloney, 2012). The American Academy of Dermatology (AAD) describes a mentor as a “guide, tutor, facilitator, counselor and trusted advisor” (AAD, 2018; McBurney, 2015). Program directors have found mentoring to be important for the professional development of dermatology residents (Donovan, 2009). Formal long-distance mentoring models have been proposed for those pursuing academic careers (Kim et al., 2013). Approaches to mentoring, traps, and the successes of such a relationship have also been described (McBurney, 2015).

Herein, we seek to contribute to the dermatology mentorship literature with a unique viewpoint: that of a successful academic dermatology mentorship. We provide viewpoints from a mentor and mentee on making the most of your mentorship.

**Background on mentorship relationship: An example of one successful model**

Maria Hordinsky, MD, is a Professor and Chair of the Department of Dermatology at the University of Minnesota. She is recognized nationally and internationally for her expertise and research in hair diseases and the peripheral nervous system as it relates to hair follicle biology. In addition to thoroughly enjoying her administrative and teaching responsibilities, she focuses on clinical research with a special emphasis on new devices and therapeutics for the treatment of hair diseases, including alopecia areata, androgenetic alopecia, and the cicatricial alopecias.

Ronda Farah, MD, is Assistant Professor in the Department of Dermatology at the University of Minnesota. She is also the founder of the University of Minnesota Health Cosmetic Center and has a special interest in alopecia. Currently, her research primarily focuses on alopecia, lasers, and aesthetics. Her scientific drive is focused on using technology to its fullest to treat cutaneous disease within the clinical setting. Dr. Farah is passionate about medical student and resident scholarly activity.

Dr. Farah first met Dr. Hordinsky as a medical student as part of a summer program for medical students interested in research. Her first points of contact with Dr. Hordinsky in an alopecia clinic and the neurodermatology research laboratory were exciting. At that time, Dr. Farah was considering neurology as a medical specialty. Dr. Farah immediately connected with Dr. Hordinsky’s energy, enthusiasm, and scientific curiosity. The neurodermatology laboratory and imaging centers were filled with many new minds, gadgets, and eager students and fellows.

Dr. Farah’s first driven investigative research project launched with Dr. Hordinsky the following summer and focused on neurodermatology and alopecia areata. As part of this research project, Dr. Farah met with Dr. Hordinsky at least twice weekly via phone or in person and completed her first institutional review board application for research. Dr. Farah focused on using her limited time with Dr. Hordinsky to the maximum, preparing finalized summaries and drafts for her to review when scheduled. When Dr. Farah’s research months came to end, she worked to identify research collaborators who could assist with completing the study so as not to let the work go unfinished. Dr. Farah’s interest in dermatology, alopecia, and academics skyrocketed in this 2-year period and resulted in her pursuit of a dermatology residency. Additionally, Dr. Farah remained connected with Dr. Hordinsky and the project, even when moving on to her transitional year of training.

Working on the projects electronically via e-mail and intermittently attending research meetings within the Department of Dermatology allowed the mentorship to continue to grow rapidly. In 2011, Dr. Hordinsky graciously shared with Dr. Farah the opportunity to present this work at the World Congress of Dermatology in Seoul, South Korea. In this seemingly small gesture was the largest “gift” to the mentee: Dr. Farah’s first exposure to thousands of innovative dermatologists and her first experience adding to the scientific world. From that time, Dr. Farah remained keen on academic dermatology. During her residency at the University of Iowa Hospitals and Clinics, she remained in contact with Dr. Hordinsky on their other ongoing studies, primarily via e-mail and text. Dr. Farah made pointed efforts to meet with Dr. Hordinsky in person when returning to Minneapolis or attending national conferences. During the fall of 2014, Dr. Farah began her faculty position with Dr. Hordinsky at the University of Minnesota in medical dermatology. To this day, she maintains a strong interest in alopecia.

Although many have found the need to limit specialty overlap for mentorship, Dr. Hordinsky and Dr. Farah have instead found this a synergizing opportunity that has since led to numerous publications and active ongoing clinical trials. Furthermore, during her time as faculty, Dr. Farah developed aesthetics within the residency and clinics, opening new doors and ideas for their mentorship.

Dr. Hordinsky’s mentorship does not end with direction on research and publications. Her patience and understanding have allowed the mentorship to also be supportive during the important stages of a young mentee’s life (i.e., medical school, internship, residency, moving out of state, marriage, sick family, and the birth of children). Dr. Hordinsky’s ability to rise gracefully into academic excellence and balance family, research, and teaching are amazing feats for mentees to learn from.

**Five viewpoints from a mentor**

**Attributes of a good mentor**

An outstanding mentor will have effective listening and communication skills, be able to use his or her own successes and failures to guide the mentee, and be able to see and foster the individuality of the mentee (Ingram and Paul, 2015). Most importantly, the mentor needs to be able to recognize when the mentor/mentee relationship is ready for a change. Throughout the relationship, both the mentor and mentee should be able to recognize and take advantage of opportunities that allow both to grow. This requires ongoing communication; the more both mentor and mentee are engaged, the more the relationship has the potential to be successful for both, not only in the present but also in the future. Excellent mentees are expected to surpass their mentors, and senior mentors such as myself have the luxury of being more altruistic as the pressure of proving oneself academically may potentially be less (Pfund et al., 2014).

**Mentoring is a two-way street**

Mentoring is definitely a two-way street. Perhaps in the initial stages, mentoring may be more of a one-way street with the mentor directing the conversation. However, as the relationship matures, guidance of a mentee may be associated with the mentor reflecting and changing his or her way of doing things. Contact
with the energy and enthusiasm of different generations may provide the spark for innovation and trialing new ways of doing things in medicine and, in this case, dermatology. This may provide both the mentee and mentor with increased academic job satisfaction.

**How to identify a mentee**

In academic dermatology, one is always surrounded by trainees and colleagues at different levels, ranging from undergraduate and graduate students, to medical students and residents, to faculty at all levels of professional development, as well as staff who are on their own career path trajectories. In this dynamic environment, there is usually never a dull moment, and in the clinic and research environment, one is constantly mentoring and at the same time evaluating professional behavior and development, productivity, and so on.

An outstanding mentor/mentee relationship evolves when both are passionate about an area or areas of mutual interest and want to further the field. At this time, effective listening and communication skills, being able to use personal successes and failures to guide the mentee, and being able to foster the individuality of the mentee are paramount. Likewise, there has to be recognition that the mentee may surpass the mentor or even potentially compete directly with the mentor in an area of mutual interest.

**How to grow a mentee**

Growing a mentee can be organic or systematically laid out. Regardless, in addition to the primary mentor, multiple mentors are highly recommended and could be a combination of mentors from the mentee’s field of interest or outside of the mentee’s field. This should be someone who can offer different experiences and viewpoints and could be from the mentee’s institution or even from a different institution or institutions within or outside of the United States. A key to success will be excellent communication using whatever method works best for the mentor and mentee. A successful relationship should result in several outcomes ranging from publications, grant submissions, and meeting presentations to friendship, intellectual stimulation, and comradery that may not only be inside but also potentially outside of the workplace.

Other ways to grow a mentee in dermatology include making the mentee aware of the many leadership programs available through the AAD, such as the AAD Academic Dermatology Leadership Program and Leadership Forum. Likewise, mentorship grants and opportunities are available to medical students, residents, and faculty through many dermatologic organizations, some of which include the American Hair Research Society, American Society for Dermatologic Surgery, American Society for Dermatopathology, Medical Dermatology Society, Society for Investigative Dermatology, and the Women’s Dermatologic Society.

**Recognize when to empower the mentee**

Mentoring in clinic is associated with the medical student or resident showing mastery of certain clinical skills and readiness to proceed to new educational experiences. This is probably the empowerment experience that is easiest to understand and relate to. Mentoring on topics such as career development, research activities, and long-term academic goals can get slightly more complicated.

In the ideal long-term mentor/mentee relationship, the mentor will be able to listen, suggest opportunities that the mentee may or may not seize, and then enjoy the successes of the mentee. Along the way, the mentee’s interests may change, and the mentor needs to acknowledge that there may need to be an academic parting as each pursues different directions.

Alternatively, the mentee may really be energized by what the mentor is doing and, in due time, move full-speed ahead with new ideas in the same field. The mentor needs to embrace this direction and fully empower the mentee to be as successful as possible.

**Five viewpoints from a mentee**

**Realize mentorship is valuable and pursue it**

As with other aspects of life, mentorship may not be simply serendipitous as described in the scenario above. Identifying a mentor may be a difficult and exhausting thought process. However, mentorship has infinite value to mentees that is irreplaceable and may require work to establish. Walking swiftly through a specialty meeting hallway or evening networking reception may give the false impression that mentorship is easily attainable. One by one, self-doubt, vulnerability, stress, and anxiety may ensue with the thought of mentorship pursuit or memories of past partnership failures. Questions may spiral through the mind: When and where will I find the perfect mentor? How will I find the mentor? What if the mentorship does not flourish? Why does everyone have a mentor but me?

Overcoming these insecurities and coming to the realization that we are all deserving of mentorship no matter the situation is fundamental. With personal reflection, we find that aspects of mentorship have already shaped us and continue to influence us throughout our lives, including family members, school teachers, friends, colleagues, and support groups. Mentorship is likely already a natural aspect of your life. From babies to billionaires such as Bill Gates, mentorship fosters individuals from all walks of life. All of us can benefit from opportunities for self-improvement, guidance, leadership, and discussion.

Mentorship is considered by some to be not a one-way but a two-way street (Grant-Kels, 2015; Ingram and Paul, 2015). This frame of thought allows mentees to realize the full potential of a positive mentorship relationship and their value within the partnership (Fig. 1). While it is true that mentorship may begin with the mentor driving the discussions, recommendations, and advice, over time these relationships may evolve to the mentee also providing information, assistance, or other guidance to the mentor. Ultimately, it is this evolving and maturing partnership that often keeps those mentors driven to continue to work with mentees.

**Seek multiple mentors with multiple different roles**

Mentees should not limit themselves to one mentorship experience. Instead, identifying multiple mentors within several areas of interest to the mentee is key (Chopra and Saint, 2017). Key areas in a mentee’s world that may benefit from several types of mentors include patient care, research, practice management, work–life balance, and networking (Table 1). For example, while the mentorship between Drs. Hordinsky and Farah is primarily focused on career development in dermatology, Dr. Farah continues to have several other mentors who have accelerated her career, including mentors in other fields such as plastic surgery, laser medicine, aesthetics, patient care, and medical administration. Mentors within other aspects of medicine may be essential for full growth potential (Table 1).

Furthermore, mentor searches should not be limited by career stage, age, or distance. Junior mentors may be equally as informative and often have fresh memories of similar experiences, documents, protocols, and ideas that can be used for practice setup, research issues, and even everyday life. One may find oneself more
comfortable discussing career goals with research and academic mentors while work–life–family balance may more easily be related to those in similar family situations or even those outside of the mentee’s immediate professional circle.

Finally, there is always power in numbers. With an army of mentors, you may find more research, academic, committee, publication, leadership, and clinical learning–based opportunities. When you seek to carry out innovative ideas, you will have a more robust and knowledgeable team behind you, lending you direction and credibility.

Use your mentor’s time wisely

Some have suggested that mentees can derive more from a mentorship by “managing up.” Zerzan et al. described managing up as a method extrapolated from the corporate world. With this method, the mentee cultivates the relationship by driving mentorship. This is completed with clear expectations from the mentee in addition to the mentor becoming accountable for scheduling, agenda creation, and objective setting. This removes these pressures from the mentors and allows the mentor a direction in how to fulfill the mentee within the relationship (Zerzan et al., 2009).

In our viewpoint, managing up has been key to this mentorship’s success. This allows the mentor’s limited time to be put to the most use. In our example, mentee preparatory work for meetings, including summaries and presentations, was vital to the rapid growth of the mentorship, and proved to the mentor that her time was well invested. In addition, without preparation and agenda setting, goals would not have been completed, and the ability of the mentee to see the project through and fully appreciate the academic research process would have been lost or resulted in one of those projects or manuscripts waiting to be finished.

Own your mentee mistakes and recognize mentor mishaps

Family illness, the birth of a child, and demanding clinical care are all items that have left me to push deadlines. Within our mentor and mentee relationship, we have found that being truthful and direct allows for the most fruitful outcomes when items do not pan out as originally planned. This route allows for the mentor to have a more accurate perspective on the situation and allows the mentee to learn from the mentor in the moment.

Being aware of other reported mentee missteps in the literature and trying to avoid them can set you up for success. These include overcommitting, avoiding, excessive relying, acting alone, and blaming (Vaughn et al., 2017). Instead, work with your mentor to develop a workload of projects and responsibilities within your scope of interest. Limit work that will not accelerate your career or work that does not spark passion for you, such as scut work. Be open and ready to ask for help when needed. When mishaps happen, take immediate ownership. Address the mistake directly and in a candid manner. Be honest and timely because this is your chance to grow and learn (Vaughn et al., 2017).

Within our mentorship relationship, we work to immediately identify issues that arise and correct them before they become larger issues. Misunderstandings are addressed immediately in person or via phone. Additionally, the mentee works hard to confirm that the mentor is not surprised by the mentee’s activities, such as new roles, research, or connections. In this way, the mentee seeks buy-in from the mentor before embarking on new or alternate paths. Rather than the mentor learning of the mentee’s activities from others, the mentor can support and back the mentee’s newfound opportunities.

Mentors should also be aware of misstep issues. In 2016, Chopra et al. wrote about mentorship malpractice as a means to describe
mentor conduct resulting in a mentee's academic career being jeopardized.

It is important that mentors and mentees understand the necessary gives and takes of the relationship, uphold a team-based, supportive atmosphere, and practice resilience. If things do not go as expected or planned, it is imperative for the mentor, mentee, and any others involved in the relationship to adapt. This is where mentorship flourishes, results in positive experiences, and accelerates future medical careers (Chopra and Saint, 2017).

Recognize generational differences

Mentorships have morphed from what they looked like years ago. Generational differences in medicine have contributed to some of these shifts, as demographics, experiences, and environments have changed. More women are entering and establishing themselves as successful equals to men who previously dominated medicine, dismantling the old societal taboo of women entering these fields (Weinkle and Weinkle, 2019). Baby boomers are now working with millennials and doctors from generation X, and these different generations can now draw upon the others to learn and gain insight.

In our case example, Dr. Farah is a millennial and Dr. Hordinsky a baby boomer. Technological changes and joint adaptation have been key to the success of the mentorship and are one example of generational differences. From the get-go, Dr. Hordinsky made communication expectations clear and identified a preference for electronic communication via e-mail. Even with these clear expectations from the start, technology and societal norms have evolved over the last few years and resulted in the use of texting, Google drive, data encryption, and new database use. The mentor’s direction on the use of these avenues for communication or projects has been key. In this way, the mentor and mentee have been able to communicate and review work-oriented material in a format that is comfortable for both.

Conclusion

Herein we share our experience with a successful academic mentor and mentee relationship. The relationship between mentor and mentee can provide strong academic and professional support and can potentially lead to interpersonal relationships that extend beyond the clinical and academic environment (Fig. 2). We hope that this summary provides a candid account of a mentorship process within academic dermatology that has worked well for us.

Conflict of interest

None.

Funding

None.

Study Approval

The authors confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.

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Fig. 2. Drs. Maria Hordinsky and Ronda Farah during a trip to Egypt in 2015, where both presented at a dermatology meeting in Sharm.