Jonathan E. Rhoads Lecture: Mentoring and Nutrition Care

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Jonathan E. Rhoads Lecture: Mentoring and Nutrition Care

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> We must acknowledge that the most important, indeed the only thing we have to offer our students is ourselves. Everything else they can read in a book.
>
> —Daniel Tosteson, MD
> Dean, Harvard Medical School, 1979

I am deeply honored to have been invited to give the 32nd Jonathan E. Rhoads Lecture at A.S.P.E.N. This is particularly meaningful to me because Dr Rhoads was my mentor, advisor, and friend for 23 years in the Department of Surgery at the University of Pennsylvania. Moreover, he truly inspired me to dedicate my career to improving the nutrition care of hospitalized and home patients. Additionally, I have attended most of the annual Rhoads Lectures and I remember their influence on me was profound during my early career.

Inasmuch as this lectureship is named in Dr Rhoads' honor and because his mentorship was so important to me, I have selected the topic of mentoring for my presentation. I will attempt to answer the following questions with particular relevance to healthcare professionals in clinical nutrition: (1) What is a mentor? (2) Why is mentoring important? (3) What is the evidence that it makes a difference? (4) What are the qualities of a good mentor? (5) How to choose a mentor? and (6) How will mentoring be performed in the 21st century?

Defining a Mentor

The word mentor originates from Homer's epic legend *The Odyssey*. Ulysses (Odysseus), King of Ithaca, asked Mentor, his trusted friend and confidant, to raise his infant son, Telemachus, while Ulysses left to fight the Trojan War. Ulysses was gone for 20 years during which time Telemachus matured (under Mentor's tutelage and guidance) into a wise and confident young man. This maturation was aided in part by Athena, the goddess of wisdom, who often assumed the guise of Mentor. This story is perhaps the most famous example of the important qualities of a mentor as an experienced, wise, and trusted friend and advisor, and as an important educator in the maturation of a young person.[1]

There are many definitions of a mentor; however, the most succinct is an experienced, trusted friend and advisor. The components of this definition are inherent to understanding the concept of mentoring. The mentor always has more experience than the mentee. This experience in turn provides the foundation for providing wise counsel. Trust is implicit in mentoring. To establish adequate rapport between mentor and mentee, it is imperative that the mentee trusts the recommendations and advice of the mentor. The mentor neither "spoon feeds" nor dictates, but teaches the mentee to think critically and to learn to ask the right questions. A major goal of mentoring is to teach the mentee to independently discover answers and solutions. Although not always present at the outset, the frequency and intensity of these interactions subsequently results in a friendship, which in some instances, may be lifelong.

The mentor differs from either a teacher or role model. Although all mentors are teachers, and, in some instances, role models as well, very few of the latter groups are mentors. The most important distinguishing quality of a mentor is the intensity of commitment to the personal and professional successes of the mentee. The time commitment to insure these successes is far greater than most teacher/role model–student interactions. In most instances, role models have either no or minimal interaction with the student/mentee. Role models often achieve their stature by gaining notoriety through professional rank, seminal discoveries, and awards for major accomplishments.

Importance of Mentoring

Most successful clinical nutritionists and researchers have either directly had a mentor or have at least been

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associated with a mentor. While one can argue whether the mentor's influence is a causative vs associative phenomenon, it is indisputable that the mentee's career is profoundly influenced by this interaction.

Mentoring benefits both the mentee and mentor, albeit in different ways.[2] The mentee's career is helped immensely by the "opening of doors" and "professional networking" of the mentor. Additionally, the mentee has a readily available advisor and counselor for both personal and professional issues. The mentor benefits extensively from this interaction as well. The mentor often lives vicariously through the achievements of the mentee.[3] This process is depicted in an old Hindu proverb, "If the accomplishments of the student do not exceed those of the teacher, the teacher has failed." Additionally, this interaction provides an opportunity for the mentor to truly make a difference in the world. The mentor recognizes, by contributing to the personal and professional successes of the younger mentee, his or her influence may continue long after retirement or even death.

Mentoring—Making a Difference

Although many of the outcomes of mentoring are more subjective than objective, there are evidence-based reports confirming its importance. Despite the paucity of specific information on mentoring among nutrition professionals, the following generic principles transcend disciplines: interpersonal issues; organizational, administrative, and training tasks; and unwavering commitment to the personal and professional development of the mentee.

A review of the significance of mentoring in academic medicine was reported by Sambunjak and colleagues.[4] A total of 42 reports were selected from 3640 citations and 142 full text articles. Faculty with mentors had significantly higher career satisfaction scores and were more likely to have a research grant when compared to their nonmentored colleagues. There was a perception that women had more difficulty in finding mentors than their colleagues who were men. It was concluded that mentors provided an important influence on personal development, career guidance, career choice, and clinical and research productivity. These findings have been confirmed by other investigators.[5]

Mentors are made, not born. It is intuitive that "mentoring the mentors" should produce a more effective learning process when compared to a lack of structured training. This issue is investigated most objectively when measuring technical skills and well-defined tasks. Murphy and colleagues investigated the effect of training trainers to instruct medical students on inserting a central venous catheter in a mannequin.[6] Five experienced trainers were randomized to a 4-step structured cognitive insertion approach and 5 similar trainers provided their own instruction based on their clinical experience. Students receiving the cognitive instruction approach had significantly enhanced performance scores and were able to insert catheters more rapidly than their noncognitive taught counterparts.

Table 1. Qualities of a Good Mentor

Availability
Knowledge
Respected leader
Values mentoring
Motivator
Personal advocate for the mentee

Qualities of a Good Mentor

Regardless of the profession, there are generic qualities that are usually present in good mentors.[7] Although by no means inclusive, these qualities are listed in Table 1.

Availability

Woody Allen said, "Showing up is 88% of life." While perhaps mathematically overstated, showing up and being available to the mentee is mandatory for the process to be effective. Availability is a defining quality of a mentor, and this quality differs from the degree of interaction with either a teacher or role model who is influential but interacts less frequently with the mentee.

Knowledge

As the result of age, experience, and acknowledged professional accomplishments, mentors are experts in their respective areas. The mentor's fund of knowledge is invaluable to the mentee's future career. Additionally, most experienced mentors are close to the "cutting edge" in their respective areas. This new-directions information is invaluable to the mentee and it creates a unique opportunity to make innovative and potentially original contributions.

Respected Leader

Knowledge alone is insufficient for optimal mentoring. Attaining leadership in one's chosen field implies recognition and acceptance by one's academic peers, which is among the highest levels of professional achievement. Peer group acceptance of the mentor provides the foundation for political networking and opens doors for the mentee. The status of the person with whom one has trained has been important for hundreds of years. It is unlikely this concept will disappear during the 21st century.

Commitment to Mentoring

Professionals do best when they are doing what they truly want to do. Effective mentors are passionate about the process and they often live vicariously through the achievements of the mentee. This commitment is usually more lasting when the mentee personally selects and is not assigned the mentor.

Motivation

The outstanding mentor is a motivator. This includes raising the bar for achievement within the context of aptitudes and capabilities of the mentee. A perceptive mentor knows when to "push and nudge" and when to step back and reassess projected goals.

Personal Advocacy

The mentor must be a personal advocate for the mentee. This advocacy is often the culmination of the mentoring process and is among the most vital determinants for finding the best job for the mentee.

Choosing a Mentor(s)

Most of today's mentees need multiple mentors (see below, Mosaic Mentoring) to meet contemporary professional needs. This concept is increasingly more relevant due to compressed periods of training for the mentee and inordinate demands placed on mentors to generate more revenue for their respective institutions.

How many times have we heard a young professional say, "If I was only informed of this option several years ago, my career would have been better directed to my ultimate goals"? It is thus imperative for the mentee to select mentors early in their career. This strategy improves the probability that more appropriate decisions will be made.

The mentee should schedule office appointments with several faculty before identifying the individual who is the best fit. In some instances, individuals who appear to be good potential mentors, based on public persona, may in turn be less desirable when private interactions are initiated.

A mentor with similar interests, ideals, and professional goals as the mentee should be sought in each of these areas. Although the mentee frequently attempts to make the selection process as objective as possible, the final decision is often subjective.

The best mentoring relationships are voluntary—not assigned. The willingness of individuals to interact because of mutual compatibilities, and not conscription, creates a milieu conducive to enhanced productivity.

Mentoring in the 21st Century

Changing Demographics of Healthcare

Changing demographics in healthcare mandate new mentoring strategies. Traditionally, teaching hospitals provide the milieu for a hands-on acquisition of clinical skills. This practice is no longer tenable at previous levels. Moreover, there is a public outcry against practicing on patients. Maintenance of patient safety, privacy, and confidentiality are preeminent in today's healthcare. Additionally, patients are older and sicker when compared to previous eras. The increased number and severity of comorbidities in patients coupled with more demanding administrative responsibilities create enormous pressures on clinicians to provide the highest quality of care within the context of limited time and resources. Indeed, it is currently more difficult than ever to perform these tasks.

The opportunity and time for faculty to mentor is decreasing. Tremendous emphasis is now placed on faculty to generate more clinical revenue to meet and sustain departmental demands. Mentoring and teaching are often relegated to the lowest priorities. Departmental budgets are either frozen or decreasing during these difficult economic times. Designated salary reimbursement and "protected time" for mentoring and teaching is either difficult or impossible to obtain. Quite simply there is insufficient time and money for faculty to collectively care for patients, perform research, fulfill administrative commitments, and teach and mentor younger individuals.

Today's world provides educational challenges for the mentee as well. Hours for clinical training have been reduced thus decreasing exposure to patients and reducing time to learn technical skills. These time constraints exist within the context of an explosion of medical knowledge and new and evolving technologies. Regardless of the type of healthcare profession, today's trainees incur enormous financial debts without guarantees of early repayment. New mentoring techniques and strategies must be implemented. Examples of these new approaches are shown in Table 2.

Telementoring

Advances in information technology provide new opportunities for mentoring. Telementoring is defined as the use of telecommunications technology, including the internet, to support mentoring relationships. Telementoring is particularly effective in the healthcare setting. Teleseminars are a component of A.S.P.E.N.'s educational spectrum and this form of communication may serve as a precursor for telementoring.

Telementoring can be expanded to teaching technical skills such as insertion of intravenous catheters and feeding tubes and operative surgery.[8] Most recently,

Table 2. Mentoring in the 21st century

Telementoring
Computer-based
Simulation, skills lab
Mosaic mentoring
Collaborative mentoring

nephrectomies were performed in pigs by surgeons hundreds of miles from the initial operating suite with the aid of robotic telesurgery.[9] Interestingly, this operation was transmitted over the internet and did not require special broad band wave lengths.

Computer-based Mentoring

To address restrictions in revenue and personnel, computer-based mentoring is being utilized by many institutions. A recent study from the University of Missouri investigated the effectiveness of experienced e-mentors on the performance of clinical nurses.[10] A total of 38 mentor–mentee pairs were examined and pre- and post-mentoring surveys were conducted. Significant improvements were observed in clinical skills and knowledge directly attributable to e-mentoring. Moreover, the mentored students felt qualified to mentor others in similar tasks.

Simulation, Skills Lab

Patient simulations and skill laboratories provide excellent opportunities for mentoring. These approaches avoid practicing on the patient and are particularly efficacious for mentoring technical skills such as inserting central venous catheters and feeding tubes. Sophisticated mannequins are available to simulate an array of clinical situations and adverse events. Optimal mentoring occurs when the same mentor and mentee are together in the skills lab and subsequently by the bedside as well.

Mosaic Mentoring

As mentioned, changes in today's healthcare demographics have led to progressive obsolescence of the classic one-on-one mentor–mentee relationship. Multiple mentors are needed in today's world. It is not unreasonable to have different mentors for clinical activities, research, and administration, in addition to a personal advisor. Thus, mosaic mentoring provides a more realistic solution to meet today's needs. This approach (Figure 1) provides multiple mentors with different areas of expertise for a single mentee. Mosaic mentoring utilizes the unique skills of each mentor (eg, clinical, research) with the common goal of improving the mentee's personal and professional accomplishments. The personal advisor is a key person in mosaic mentoring. The advisor serves as "the captain of the ship" and facilitates functions among the multiple mentors.

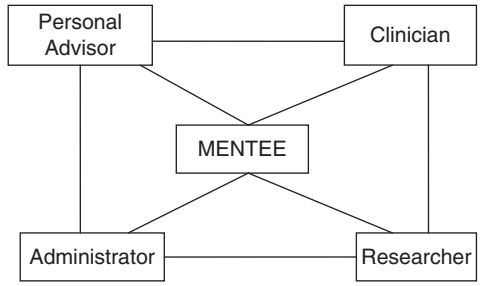

Figure 1. Mosaic mentoring. This approach provides multiple mentors based on expertise. The personal advisor facilitates the overall interactions.

Collaborative Mentoring

This approach provides mentors for multiple mentees. It is very structured and content directed. Additionally, it conserves personnel and time allocations. Collaborative mentoring is weakened by diminished one-on-one interactions with the mentee—the traditional hallmark of successful mentoring.

Summary and Conclusions

A mentor is a wise, experienced advisor and trusted friend. Mentoring provides increased clinical and research productivity resulting in career advancement for the mentee and enormous personal gratification to the mentor. Mentors are personally committed to both personal and professional successes of the mentee. Exciting new strategies such as mosaic mentoring will be needed to confront the changing healthcare demographics of the 21st century.

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Body Composition Research: Implications for the Practice of Clinical Nutrition. Journal of Parenteral and Enteral Nutrition, 16, 197-218. https://doi.org/10.1177/0148607192016003197. has been cited by the following article: TITLE: Nutritional Assessment of Children Admitted at the Childrenâ€™s Ward of the Volta Regional Hospital.Â In spite of the many advances in medicine and clinical care, appropriate nutritional assessment of hospitalized patients appears to be overlooked or not considered as a sufficient medical priority. There is an urgent need to make nutritional assessment routine for all hospitalized children. Related Articles mentoring, particularly that which is delivered using technology. â€¢ The members of the E-Mentoring Working Group, who all provided valuable perspectives, expertise, and. real-world examples. Readers can learn more about them in the introduction and in the small â€œsnapshotsâ€ throughout this guide. â€¢Â E-mentoring requires the use of some form of information and communication technology (ICT) and can include sending emails between a mentor and mentee, texting using cell phones, chatting using a messenger program or social media, video conferencing (such as through Skype, FaceTime, or another video call platform), and posting messages to digital bulletin boards or forums. Fourth annual Jonathan E. Rhoads Lecture. JPEN J Parenter Enteral Nutr. Jul-Aug 1981;5(4):281-7. doi: 10.1177/014860718100500428l. Jonathan Evans Rhoads (May 9, 1907 â€“ January 2, 2002) was a surgeon, responsible for the development of total parenteral nutrition (TPN). Rhoads was born to a Quaker family with roots in Pennsylvania dating to 1682. His father, Edward, was a physician in Philadelphia, who had interned under Sir William Osler at the Hospital of the University of Pennsylvania (HUP). He attended Germantown Friends School, Westtown School, Haverford College and Johns Hopkins School of Medicine, all Quaker affiliated. An