A Renewed Call to Mentor

Over the past several years much concern has been expressed about the dwindling number of clinical scientists in the academic community. These are the individuals who are the necessary catalysts and experts that provide the fundamental understanding for problems presented clinically and, who then, transfer the available and developing basic information into the “cutting-edge” practice of clinical medicine. Many have raised their voices for increased research support, relief mechanisms from accumulated student loans, and other programmed support of newly trained MDs and MD, PhDs so that their academic investigative interests could be encouraged, nurtured, and satisfied. This, clearly, is of great importance because without this tangible interest by federal and other resources, the ranks of this markedly reduced cadre of clinical investigators will shift from the state of our present crisis to one of national disaster. One such response to this urgent need, by the National Institutes of Health, is a new category of research grants for beginning investigators, the K-08 source of support. This and other efforts are necessary, and they are definitely appropriate. These funding mechanisms are to be commended.

However, a number of years ago I urged, in another editorial venue, that academic medicine should look to the retrieval of a number of able and valued academic clinical scientists who could be of tremendous assistance in this impending crises. At the time, I referred to the large number of proven role models in academic medicine who leave our academic community annually for the well-deserved comforts of the retirement years. At the time, I termed the need for retention of this large number of academic clinical investigator role models as a goal for “conservation” in an as yet unconsidered segment of our natural “national resources.” What is urgently needed at the present time is a reassessment of the planned and well-earned activities for the retirement years by those individuals who are willing but presently “unrecruited” and nonutilized. It seems to me that it is necessary to express a call to action of this urgently needed group of leaders from our immediate past to voluntarily seek, nurture, and replenish the dwindling ranks of young clinical scientists. I refer to the already established role models of mentorship who come from the halcyon days of clinical research. These are the people who made American clinical investigative leadership what it is today. Their presence in academia is a national necessity.

One recent editorial commentary called for our young investigators who are coming to the forefront to look to the advice rendered by earlier societal role models (eg, Abraham Lincoln, Louis Thomas, Yogi Berra, and even Doctor Seuss). Their words of wisdom are truly inspiring as “mentors of the new millennium.” However, what is truly necessary are real, live, and experienced mentors. Inherent in my current message is a clear comprehension of the actual meaning of mentor and “mentorship.”

An illuminating discussion on the topic of the mentor was offered by Dr Jeremiah A. Barondess, a former academic mentor, role model, and president of the American College of Physicians. In his recent presentation to the American Clinical and Climatological Association, Dr. Barondess provided a historical understanding as to just what is referred to as a mentor. This person is not simply an investigatively “well-healed” academic clinical scientist who brings to his/her immediate academic environment those important clinical and laboratory resources meant to conduct the research mission committed by that person. Mentorship requires a much greater, deep-seated personal commitment and a tremendous investment of enduring time and effort. It requires, perhaps, a knowledge of who the first academic mentor was.

As Barondess pointed out, Mentor was a close friend of Ulysses (Odysseus) (Figure 1), King of Ithaca. When Ulysses found it necessary to leave his tremendous responsibilities at home to pursue his national and military goals, he was concerned about the growth, development, and nurturing of his 2-year-old son Telemachus. So he sought out his close friend Mentor to come to his aid to deliver these highly personal and necessary qualities. Thus, for the next 20 years, Mentor provided a paternal love, wisdom, support, and academic tutoring of his personally acquired knowledge and experience and provided an input of personal insight not only by him but from other leaders for the intellectual growth of his friend Ulysses’ son.

It seems to me, this approach is vital today in academic medicine. We desperately need modern scientific and personal mentors, not only providers of research trainee “slots” and fiscal support for their trainees. We urgently need individuals who are ready to give generously and selflessly of the extensive time, experience, knowledge, and personal ability that is desperately needed for seeking out and nurturing our successors. Most active and younger faculty members of clinical departments are already stressed by the necessity for them to produce funds for their own salaries, their research, and other academic support. As I see it, the best talent, for today’s mentors, rests on those who have been successful role models in academic medicine in the past and who are willing to return to the academic clinical and scientific arena. These are the old guard who were the “triple threats”: the teachers, investigators, and clinicians (and, perhaps, administrators) who have already made the difference. Some, in their return to academia mentorship may once again assume responsibility for these areas in which they had excelled: true mentorship.

I do not suggest that these tried and true mentors renew their broader academic careers to obtain new research grants-in-aid or recruit research fellows and students in laboratories.
Nor do I suggest that they become co-investigators with junior faculty or that they need to work with younger faculty members as a member of an existing research team. While these activities may all be possible, they hardly present the viable attractions to lure proven clinical scientists back to academia. What I have in mind is the urgent need for the availability of these expert teachers and mentors to help seek out undergraduate and medical students and house officers for academic careers. They would also relate with these individuals in small conference settings to discuss their interests and means to pursue their thoughts. They would be available to stimulate existing faculty members intramurally or extramurally to develop the interests and experiences of their own “mentorees.” They might even help explore and work out plans and details for the students or fellows to “red shirt” time away from their regular program to pursue graduate work. They could discuss research projects, review abstracts of regional or national programs, critically review and edit manuscripts, and just “be available.” This imaginative and talented scholar therefore would provide an “infectious” nidus for existing faculty as described; conversely, it would be satisfying and intellectually rewarding for the mentor as well as the mentorees. And, who knows, it may actually be self-perpetuating and growth providing in that academic community. This is what mentorship means to me.

After all, are these not the individuals who were happy to share their time and professional life with their “mentorees” in earlier years? They will, once again, discuss their research activities in the clinical setting and in the laboratory with their trainees. They carefully reviewed and discussed the abstracts and manuscripts written not only by the student and others in the department but by the mentor himself. In my own personal experience, the concepts provided in Edward D. Freis’ Physiological Reviews article and our discussions became my academic guideposts during my career. Ed’s philosophy was to suggest a meaningful research project, to allow the trainee to follow through with the idea, and then provide occasional advice and always available discussion as desired by the research fellow. And, from my point of view, it was also to be available thereafter to build on that relationship. Others in that role may be more interested in their own success. And, although never a research fellow of either Irvine H. Page or Harriet P. Dustan, my collegial conversations with these good friends over the years about my personal, investigative, and intellectual interests provided the “feedback” that all of us value and require in our professional and personal life as we continue on in our own careers. These experiences provided the grist for what role models provide in their careers and as mentors. It is this intellectual intercourse that is necessary for all of us who value the life’s work of a clinical scientist. To be sure, not all role models are mentors and, conversely, not all mentors are necessarily role models. However, both provide the fundamentals for the professional development of the clinical scientist and the teaching and compassion necessary for future leaders in academic medicine. To each of these three important clinical investigator mentors, I shall be forever indebted.

Fortunately, most of these individuals who are potential mentors for clinical scientists already have retirement incomes. However, these wise and talented professionals who are potential mentors should not “do something for nothing.” It would only be valued for what was provided by their institution—nothing. Some form of additional support clearly may be necessary. And, since the benefits of their teaching and interpersonal activities accrues to the good of the institution’s entire academic community, it need not be derived from existing departmental or individual research support from research grants. Moreover, the Social Security tax legislation recently enacted by the Congress provides additional incentive since the mentor will not be penalized in his own Social Security income.

The precise and detailed role and activities provided by the individual mentors must be worked out by these role models with the specific institution’s administrative academic leaders, but the time is at hand and is ripe for such efforts to be initiated. What is truly necessary is the use of our old academic innovative intellectual initiative. Let us roll up our sleeves and do the job that is urgently necessary. Let us respond to the challenge of providing new “mentorees” and clinical scientists by older mentors. Let us start now to replenish the stock of needed leaders and clinical investigators!
References

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