The Ethics of Mentoring

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Introduction

• Emergency medicine, as a field, sometimes behaves as if one is prepared to be an independent investigator if one:
  • Attended a course on research methodology; or
  • Completed a research project as a resident.

Research Training

• Blanda et al* surveyed EM Research Directors:
  • 53% were junior faculty;
  • Median time in position: 3 years;
  • 1/3 reported no publications in the prior 3 years;
  • Only 27% had a research degree; and
  • Only 21% had completed a research fellowship of any duration.


The Need for a Mentor

• Although data are difficult to obtain, a good mentor is probably one of the most important predictors of long term research success.
  • Especially true for investigators with little formal research training (i.e., no PhD).
  • Quality of the research mentor and the mentor-trainee relationship are critical factors in the evaluation of training and fellowship grants.

Ethical Issues in Mentoring

• Balance must be struck between:
  • Goals of trainee
    • Didactic learning
    • Individual research activities
    • Developing independence
    • Career development and opportunity
  • Goals of mentor
    • Scientific productivity
    • Continued development of career and reputation
    • Receipt of continued funding

Goals of Mentoring

• To prepare the trainee for a productive career as an independent investigator.
• To prepare the trainee to become an effective mentor themselves.
• To help ensure the trainee achieves satisfaction and happiness in their professional life.
Primary Issue

- Mentor must see mentoring itself as a priority, not as a means to an end, and be willing to invest:
  - Time
  - Resources
  - Time
  - Encouragement
  - Time

Example 1

- Dr. Smith is a graduating senior resident who would like to pursue an academic research-based career.
- A faculty member offers Dr. Smith a one-year research fellowship, during which Dr. Smith will help the faculty member complete laboratory experiments funded by a currently existing grant (a sure thing!).

Example 1: Issues

- Inadequate duration of training.
- No formal didactic program.
- Learning narrow set of laboratory skills.
- No plan for progression towards independence.
- Motivation of faculty is based on own research program.

Example 2

- Dr. Jones is a second year research fellow who has just had an abstract accepted for oral presentation at SAEM.
- An error is discovered in the data analysis on which the abstract is based.
- Dr. Jones brings this to the attention of the mentor.

Example 2: Issues

- Rare (hopefully) teachable moment.
- The purpose of research fellowship is training, not research.
- Options:
  - Communicate and withdraw;
  - Communicate and correct at presentation;
  - Correct at presentation; or
  - Correct at publication.

The NIH View of Research Training

- “In all cases, postdoctoral trainees should agree to engage in at least 2 years of research, research training, or comparable activities beginning at the time of appointment since the duration of training has been shown to be strongly correlated with post-training research activity.”

Example 3

• Dr. Garcia is a trainee under Dr. Miller.
• Dr. Garcia has an idea to solve a new problem, using a methodological approach she learned from Dr. Miller.
• The approach yields promising results which are used to:
  • Submit an abstract;
  • Write a manuscript; and
  • Write a grant application.
• Dr. Miller wishes he’d thought of the idea!

Example 3: Issues

• Intellectual ownership of ideas and public credit.
• Authorship order.
• Attribution on grant and role on grant application.
• Independence of trainees.
• Jealousy.
• Represent potential conflicts between trainee’s and mentor’s goals, desires, and aspirations.

Example 4

• Dr. Chang is a promising trainee completing her two-year research fellowship and currently looking for a first faculty position.
• She has published two papers and has two in press.
• During an interview at a top-notch institution she is asked about her “long term commitment to an academic career.”

Example 4: Issues

• The interviewer may or may not ask that same question of male applicants for the position.
• Nonetheless, the implications are different.
• The trainee must be prepared for this type of prejudice and discrimination.

Mentorship and Gender

  • Women are underrepresented in senior academic positions, despite near gender equality (44%) in incoming medical school classes.
  • Women are more likely to enter academic careers than men, but less likely to be promoted to associate professor.

Mentorship and Gender

• Yedidia MJ et al. Academic Medicine 2001;76:453-465:
  • Interviewed 34 Chairs, 2 Chiefs in 5 specialties regarding barriers confronting women in academic medicine.
  • Constraints of traditional gender roles.
  • Manifestations of sexism in the medical environment.
  • Lack of effective mentors.
**Mentorship, Gender, and Race**

- The academic playing field is not level:
  - Gender issues; and
  - Racial/ethnic discrimination.
- The mentor must openly address these issues and teach strategies for overcoming barriers to success.

**Mentorship and Commitment**

- The mentor must be proactive in supporting his or her trainees beyond fellowship:
  - Positions and collaborative opportunities;
  - Committee involvement; and
  - Editorial activities.
- The mentor is often in a position to ensure that the junior faculty’s contributions are appropriately noticed and rewarded:
  - Meetings;
  - Manuscripts; and
  - Grants.