

A PIECE OF MY MIND

Vineet Chopra, MD, MSc

The VA Ann Arbor Healthcare System, University of Michigan School of Medicine, Ann Arbor; and Department of Internal Medicine, University of Michigan School of Medicine, Ann Arbor.

Dana P. Edelson, MD, MS

Department of Internal Medicine, University of Chicago Medicine, Chicago, Illinois.

Sanjay Saint, MD, MPH

The VA Ann Arbor Healthcare System, University of Michigan School of Medicine, Ann Arbor; and Department of Internal Medicine, University of Michigan School of Medicine, Ann Arbor.

Corresponding

Author: Vineet Chopra MD, MSc (vineetc@umich.edu).

Section Editor:

Roxanne K. Young, Associate Senior Editor.

Conflict of Interest

Disclosures: The authors have completed and submitted the ICMJE Form for the Disclosure of Potential Conflicts of Interest and none were reported.

Mentorship Malpractice

The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.

Steven Spielberg

The word *mentorship* evokes strong emotional and intellectual chords. In formal parlance, *mentorship* has been defined as “a dynamic, reciprocal relationship in a work environment between an advanced-career incumbent (mentor) and a beginner (mentee) aimed at promoting the career development of both.”¹ In our careers in academic medicine, we have seen mentees benefit from mentors through development of critical thinking skills and advice on research ideas, scholarship, and networking opportunities. Similarly, now as mentors we have also benefited by gaining an ally to support our work, developing larger circles of influence, and establishing legacies as academic leaders. It is thus not surprising that mutually beneficial mentor-mentee relationships are a key predictor of academic success.²

While much has been written about the qualities that constitute an ideal mentor,³ little attention has been given to behaviors that make one less desirable. This gap is important because mentor-mentee relationships are, by definition, unequal, with mentees being more vulnerable. Mentees are also likely to disproportionately suffer in a dysfunctional relationship, behooving them to be cognizant of mentor behaviors that threaten success. In our combined 50 years in academic medicine, we have borne witness to—and, sadly, even occasionally participated in—suboptimal mentoring. While small intermittent lapses are natural when managing various responsibilities, mentor behavior that puts a mentee's academic career at risk crosses a threshold we term *mentorship malpractice*. Here, we outline active and passive prototypes of mentorship malpractice, using tongue-in-cheek names to portray behaviors and characteristics of the unwanted behavior. We then offer solutions for mentees to approach these important mentorship problems.

Active Mentorship Malpractice

Characterized by dysfunctional behavior, active mentorship malpractice is often blatant and easy to spot. Three classic phenotypes exist.

The Hijacker

Hijackers are bullies who take hostage a mentee's ideas, projects, or grants, labeling them as his or her own for self-gain. Mentors who engage in this form of malpractice often do so in the setting of career challenges such as shortages of funds, publications, or intellectual creativity. Notably, some mentees are unknowingly complicit in this behavior, comforted by feeling valued regardless of the underlying pretext. Like a Stockholm

syndrome variant, the mentee willingly gives up lead positions on manuscripts or grants, mistakenly expecting that the success of the mentor will ultimately cascade down to him or her. It is only when this fails to occur that mentees realize they have been cheated, but usually the damage from such a negative association is already done.

The Exploiter

The Exploiter torpedoes mentees' success by saddling them with low-yield activities. Typified by self-serving advice, Exploiters commandeer mentees by thrusting their scientific agenda or nonacademic responsibilities onto them, often justifying such behavior as “the price of mentorship” or “a valuable learning experience.” Exploiters may assign mentees to mentor other trainees, supervise project staff, or manage projects central to the mentor, but not the mentee's area of expertise. In this way, Exploiters value managers, not independent scientists, and have no interest in cultivating mentees.

The Possessor

The trademark of the Possessor is domination of the mentee. Possessors are insecure and view seeking assistance from others as a threat to their position. Such anxieties lead possessors to take a passive-aggressive approach to collaboration, disparaging potential co-mentors or demeaning the mentee for reaching out to others. Like a battered spouse, mentees in this relationship become isolated from social and collegial interactions, making it difficult to recognize or be rescued from the Possessor. Rather, mentees are often lured into feeling special by the attention of the Possessor, who does so only to fulfill his or her own needs.

Passive Mentorship Malpractice

Passive mentorship malpractice is insidious and shares inaction by the mentor across three distinct subtypes.

The Bottleneck

Bottlenecks are preoccupied with their own competing priorities and have neither the bandwidth nor the desire to attend to mentees. Their internal focus quickly diminishes mentee productivity, a phenomenon that is particularly problematic for early-career researchers. The rate-limiting behavior of Bottlenecks is accentuated when they insist on signing off on a work product, essentially handcuffing mentees to their timeline. While the quality of the feedback may offset this cost, mentees always pay the price in diminished academic output when working with Bottlenecks.

The Country Clubber

The mentor who wants to be everybody's friend and evades conflict—regardless of need—is the Country Clubber. These mentors avoid engaging in difficult but necessary conversations on behalf of the mentee such as negotiations regarding protected time, authorship po-

Table. Diagnosing and Treating Mentorship Malpractice

	Phenotype	Underlying Pathology	Diagnostic Symptoms and Signs	Complicit Mentee Acts	Potential Countermeasures
Active Mentorship Malpractice	The Hijacker	Self-preserving behavior related to string of failures.	Academic and intellectual insecurity, financial challenges, limited creativity, fear of being overtaken by others.	Sacrifice first-author positions; name mentor as principal investigator on projects.	Quick and complete exit. There is no way to protect yourself in this relationship.
	The Exploiter	Self-serving philosophy with tendency to self-worship; promotes personal interests over mentees.	Assignment of tasks such as supervising staff, managing projects unrelated to mentee. Believes mentee should be privileged to work with them.	Willing to accept nonacademic chores that support mentor rather than self.	Trial of firm boundary setting and use of additional mentors to evaluate requests. If or when mistrust ensues, exit the relationship.
	The Possessor	Anxious personality with powerful feelings of inadequacy, fears loss of mentee to others.	Specific instructions to not engage with other mentors or collaborators; constant supervision of mentee activities.	Foster isolation by following mentor demands; misinterpret undivided attention.	Insist on a mentorship committee; confront mentor with concerns regarding siloed approach.
Passive Mentorship Malpractice	The Bottleneck	Internal preoccupation coupled with limited bandwidth or interest to support mentee growth.	Often busy with own tasks or projects; limited time to meet face-to-face; inadequate response to requests for help; delays in feedback.	Allow the mentor to set timelines; facilitate behavior by silence or lack of insistence on clarity/detail.	Set firm deadlines and be clear about what happens on those deadlines; follow through with action and articulate frustration with mentor inability to prioritize.
	The Country Clubber	Conflict-avoidant personality, needs to be liked by colleagues; values social order more than mentee growth.	Avoids advocating for mentee resources such as staff, protected time; discourages mentee from similar debates.	Fail to ask mentor to advocate for mentee.	Develop a mentorship team so other mentors may engage in conflict on your behalf. Approach conflict/debate with focus on impact if not addressed.
	The World Traveler	Academic success fueling personal ambitions, travel requirements, desire for fame/appreciation.	Internationally renowned, highly sought-after for speaking engagements. Limited face-to-face time due to physical unavailability.	Accept lack of mentor availability; fail to connect with mentor via alternative methods of communication.	Establish a regular cadence of communication. Reserve time well in advance for in-person meetings. Use alternative methods for communication.

sitions, or research support. They minimize the importance of conflict and encourage mentees to do the same. Country Clubbers view mentorship as a ticket to popularity, with the number of mentees serving to promote social capital rather than responsibility. Mentees in this relationship are not only unsupported, but also find it difficult to assert themselves given the “nice guy” routine.

The World Traveler

These mentors are highly successful and sought after for meetings, speaking engagements, and leadership positions. Consequently, they have little time for their trainees on a day-to-day basis. Ironically, the more successful a mentor becomes, the more at risk of developing this form of malpractice. The world traveler can take a laissez-faire approach, leaving the mentee effectively mentorless from lack of face-to-face time and direction.

Preventing Mentorship Malpractice

It is important to understand that mentorship malpractice does not occur in a vacuum; rather, such dysfunctional relationships require both parties to participate either willingly or unknowingly. Therefore, a key step in preventing mentor malpractice is recognition of the malady and deployment of key strategies (Table).

Don't Be Complicit

Whether it is sacrificing papers to the Hijacker or accepting chores with no academic yield for the Exploiter, mentees are tacitly complicit when mentors malpractice. Mentees must therefore insist on change when mentors malpractice.

Set Boundaries and Communicate Needs

Effective communication helps prevent mentorship malpractice.⁴ This is particularly important when dealing with passive phenotypes; with active phenotypes, mentees must set firm boundaries and confront mentors when violations occur.

Establish a Mentorship Team

All forms of mentorship malpractice become more dangerous when the mentee is dependent on one mentor. Having several mentors allows mentees to not only learn from each advisor, but also more easily recognize dysfunction. For example, Hijackers stand out like a sore thumb in comparison to Country Clubbers, whereas the World Traveler's lack of availability can be partly overcome by the involvement of others.

Know When to Walk Away

Some malpractice is so egregious and refractory to countermeasures that it should be viewed as a deal breaker. This is most true of the Hijacker but should be considered for others when countermeasures fail. If a mentor is sabotaging the mentee's career, consciously or otherwise, mentees must be prepared and willing to end the relationship.

Conclusions

In times of tight research funding, the need for effective mentors has never been as acute. Mentorship malpractice is a serious barrier to achieving this goal. Mentees must identify these problems within themselves and their mentors in order to remedy such issues. Failure to do so can result in catastrophic loss. Academic medicine can no longer afford such behavior.

1. Healy CC, Welchert AJ. Mentoring relations: a definition to advance research and practice. *Educ Res*. 1990;19(9):17-21.

2. Sackett DL. On the determinants of academic success as a clinician-scientist. *Clin Invest Med*. 2001;24(2):94-100.

3. Humphrey HJ. *Mentoring in Academic Medicine*. Philadelphia, PA: ACP Press; 2010.

4. Saha S, Christakis DA, Saint S, Whooley MA, Simon SR. A survival guide for generalist physicians in academic fellowships part 1: getting started. *J Gen Intern Med*. 1999;14(12):745-749.