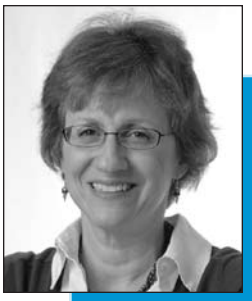
Time to Mentor a Medical Student



My greatest joy as a student came from the generosity and warmth I received from my own mentor, Jay Hirsch, M.D.

Geraldine Fox, M.D., M.H.P.E.

In this Mentorship Matters column, a dedicated and expert mentor calls on all of us to include mentorship as part of our practice—for the benefit of trainees, patients, our field, and ourselves.
Daniel Lafleur, M.D.
Jerry M. Wiener Resident Member of AACAP Council

In my role as the director of Medical Student Education at the University Illinois at Chicago, I meet with 30 medical students at the end of each six-week psychiatry clerkship third-year rotation to get feedback about their experiences. A few weeks ago, one of the students was talking about a "fantastic" experience with **William Puga, M.D.**, an attending at CPC Streamwood, one of our outlying sites (a private hospital for children and adolescents). The student reported that Dr. Puga was not only a great teacher and that there were tons of patients, but that he took the students to lunch, and also took them along in his car when he did a forensic consultation at a correctional facility. I suggested that she should send him a quick thank-you note, and also that someday she should pass the experience on and take a medical student to lunch. The whole class took a moment to reflect on this.

Mentoring the next generation is not only about providing research mentorship or academic advising. It is about including students in what we do and taking the time to talk with them about our work, our clinical experiences, and what we love about seeing patients. You do not have to be a full-time professor in order to do this. My greatest satisfaction as a teacher has come from the enduring relationships I have built with some of my students. My greatest joy as a student came from the generosity and warmth I received from my own mentor, Jay Hirsch, M.D.

When I was a first-year medical student, I heard Dr. Hirsch lecture about child and adolescent psychiatry and I asked him to be my advisor. I spent that summer with him, doing school consultations in special education classrooms all over the county, seeing all kinds of kids. I saw how he interacted with the staff—we would stop and get doughnuts on the way—teaching me to always take care of the caregivers. I saw his private office and learned which toys he kept handy. I saw him run groups with parents. He took me to his home and introduced me to his wonderful family. We would talk for hours on the drive between schools. He took me to lunch at tiny restaurants on remote lakes and to breakfast at diners. I felt taken care of, understood, safe. I could ask him anything and even share my doubts about becoming a psychiatrist. He was the ultimate role model—he let me into his life and showed me through his own actions how to act.

I was not the only student who was adopted by Dr. Hirsch. He had enough love and kindness and wisdom for hundreds of us over the years. Dr. Hirsch died in 1997, and to this day when we are in a difficult situation, those of us who were taught by him, ask ourselves (or each other), "What would Jay do?" and then we know the right way to handle it. The reason we can do this is because he allowed us to truly see, understand, and internalize how he thought and operated.

I look now at my life, seeing patients in the "family psychiatrist through the life cycle" model that Dr. Hirsch utilized, teaching medical students in the same classroom in which Dr. Hirsch taught me so many years ago, using anecdotes to teach about what is important in life the way he did. However, when I think back to my medical student days, I provide nowhere near the same level of mentoring. How he found the time to give so many students an in-depth experience and so much of himself, while running a private practice, spending part if his time at the University, and still returning all his patients' phone calls the same day is beyond me. Whenever any of us would drop by his office, the door was open; he would stop what he was doing, smile, and say, "Come on in, have a seat." He was generous with his time, his nurturing. He opened his life to us.

These days, the pressures on all of us are intense. Whether we are in academics or in private practice, it is tough to juggle competing demands to see patients, do research, complete administrative tasks, and maintain our home lives. When something has to go, it is often the time with students. After all, what is the reward for teaching? It takes time, it slows us down, we do not get reimbursed for it, our bosses are measuring productivity in research and clinical areas; students are an extra burden, students are often ungrateful, and, with medical students in particular, the

turn-over is so frequent that it is hard to build a real relationship. Some faculty members only engage in mentoring a medical student when they believe they will get a research publication out of it. But where did Jay Hirsch find the time? And how do we measure the rewards for both teacher and student (as well as the patients, indirectly) in all the relationships he built?

We talk a lot about the shortage of child and adolescent psychiatrists. How do we expect to interest students in the field if they never see what we do? During medical student clerkships, it is my goal to provide a child and adolescent psychiatry experience for any student who is interested, even if it is only for an afternoon. I arrange to pull them from their primary adult psychiatry rotation and send them to one of several community sites to work with wonderful child and adolescent psychiatrists who have volunteered to mentor students and let them observe. I also maintain a list of child and adolescent psychiatrists in the community who have offered to let students shadow them or talk with them about their practice. The medical student summer fellowships sponsored by AACAP's *Campaign for America's Kids* are a terrific opportunity for medical students to explore the field, but there are only a few stipends available nationwide. If we can begin to build partnerships at the local level between our medical schools and our community practitioners, we can link hundreds of interested students and general psychiatry residents with role models. If you are a community practitioner and are interested in providing a shadowing opportunity for a student, please consider contacting your local medical school. Also, this might be a good topic for the next meeting of your regional child and adolescent psychiatry organization. To a great extent, it is the personal interactions that each of us provide today that will determine the number of students choosing our field in the future. ■

Dr. Fox is professor of Clinical Psychiatry at University of Illinois at Chicago/ Institute for Juvenile Research, where she is the director of Psychiatry Undergraduate Medical Education, the director of Graduate Medical Education Programming, and the special assistant to the Senior Associate Dean of Educational Affairs. Dr. Fox is a member of the AACAP Work Group on Training and Education, and is the AACAP liaison to the Association of Directors of Medical Student Education in Psychiatry (ADMSEP).

To participate in AACAP Mentorship Program for Residents and Trainees during AACAP's Annual Meeting, as either a mentor or mentee, contact Ashley Partner at apartner@aacap.org. Mentees should mark the box to attend this event on their Annual Meeting registration form.

Clinical Pearls

With an eye to the pragmatic, we are continuing to solicit ideas, vignettes, or turns of a phrase that have been particularly helpful to you in your practice. Please set the scene, offer the advice and your understanding of its helpfulness. As follows:

Helping patients and parents wrestle with feeling overwhelmed and hopeless can be particularly challenging and presents in a variety of ways. One dimension of this is when patients and parents come in feeling that their situation is just intolerable and that it must be immediately and completely fixed. Helping them adjust their expectations from a complete fix to a more realistic improvement allows the therapist and patient to collaborate around the possible. This sometimes gets framed as changing the "awful to the tolerable." *I know you hate school, but maybe we can find ways to make it a bit better. Or… You feel totally stressed out and there is a lot going on, we can't fix it all, but we can make ____ just a bit better.*

For some patients helping to define the crucial first steps towards possible change can be initiated by the "mini-miracle" question. *So if you woke up tomorrow and there was a mini-miracle that made things just a tiny bit better, what would change and how would you know?*

Another approach to helping patients is to acknowledge the trouble and ask the patient/parent to: *Imagine that they are the author and that they have just finished a really hard chapter where the hero was in a tough spot (like… what they have told you is happening to them). What could they write in the next chapter that would help get the hero back on course?*

Finally for patients or parents who are adamant that the problem is insurmountable and unchanging the therapist can both acknowledge the feelings and open the door to change by simply adding "Up to now" or "To this point" after they finish describing their dilemma. *I know that you feel, up to now, like you will never have any friends, but we are working to change that.* — **Stuart Goldman, M.D.**

If you have a Clinical Pearl to share with the membership, please forward it to Stuart Goldman, M.D. [Stuart.Goldman@childrens.harvard.edu]