We have recently lost some important friends in the Atlanta cardiology community, and this has caused me to reflect on their collective legacies. I am compelled to share some general thoughts about the importance of the mentor in cardiology. A mentor is a wise and trusted counselor or teacher. The origin of the word is from Greek mythology. Mentor was Odysseus’s counselor and became the trusted guardian and teacher of his son, Telemachus.

I have been lucky to have had several important mentors in my life who, by their examples, have clearly shown me how a career in cardiology can easily lead to success and happiness. I have spent a lot of time with mentors committed to teaching, often at odd hours when they might have been at home (and sometimes at odd hours in their homes). This dedication to the calling of medicine cannot be taught from a book but can only be passed to the younger generations by example.

My most influential mentor is my father, a neurologist. Although he has not taught me much about cardiology per se, he has had a monumental and irreproducible impact on the way I practice cardiology. I learned about biology, science, and medicine from my father early in my childhood. Our family dinners commonly involved discussions about his work, often with great details about interesting people, their families, their lives, and their pathologies. We would talk about reflexes, genetics, neurotransmitters, and strokes, and there were many end-of-life discussions. All of these conversations contained the same genuine enthusiasm that my father still has for his profession. Obviously, this passion was demonstrated to me and ultimately caused me to reject the career I had considered as a musician. I have also had several strong cardiology mentors in my training who have had a profound influence not only on my career, but also on my life. These relationships have evolved from teacher to mentor, to colleague, to friend. I have been fortunate to have learned from people who have earned my respect, admiration, and gratitude.

A mentor is much more than a teacher, a term that sounds pedestrian in this context. A teacher can instruct, convey knowledge, or even guide students through processes of problem solving. A mentor is able to add wisdom, judgment, life experience, and context to the topic of education. Mentors have deeper long-term relationships with their mentees that may extend across many facets of their lives. A student may have many teachers, but just a few precious mentors. A mentor may also help guide a pupil, intentionally or not, through personal extracurricular challenges. This person in his or her position of authority and respect can serve as an unwitting sounding board and can give advice by proxy. When faced with difficult decisions, I often consider what decision my mentors would make in the same situation. I usually feel confident in predicting their responses. Sometimes the answers to these exercises are delivered as if directly from my mentors themselves with their voices, gestures, and even the occasional explicative. In the catheterization lab every day I hear the voice of a great mentor of mine (J. Larry Klein) in my right ear, and I often anticipate the hard slap to my right arm. “Clock it,” “pull back,” “no bubbles,” or “STOPSTOPSTOP!” he would say. Although we have not directly worked together in years, to this day he continues to save many lives by causing me—from within my own brain—not to do certain things in the lab.

I wonder if it is possible for great cardiologists to be created without great mentors. I suspect that any cardiologist would be able to identify one or more teachers who had a large influence on him or her. After all, we are linked with these people at a time when we are inferior, subservient, impressionable, and in need of help. Teachers are automatically granted—as...
they should be—dominance, authority, and usually respect and gratitude. At this time in our careers we are rapidly infused with knowledge, which quickly evolves our pliable cognitive processes. Without consciously acknowledging so, our brains are subtly changing the way we process information and reach decisions.

It would make sense that strong mentoring at a younger age would have more impact. I suspect that one is more likely to form a mentor bond as one becomes more specialized, such as an apprentice would. As you become committed to cardiology, it is less risky for a teacher to invest energies that could be wasted on a student who did not pursue the art. Additionally, a great mentor is able to provide to a mentee at a younger age a foundation of thought from which novel concepts can be launched. The earlier this foundation is built, the better a student can achieve a higher plane of thought. In the current and traditional training model, students of cardiology are already at a late developmental age when they are less neurologically pliable. We have lost some of the opportunity in cardiology to harness the incredible power of the young stimulated brain. These concepts would support the practice of differentiating to subspecialties at an earlier age, as is done in other countries, and would allow more time to solidify strong mentor relationships. Great cardiologists are less likely to be created without great mentors.

Some training programs admirably encourage mentoring by linking trainees with counselors or advisors. My experience and impression, however, is that powerful relationships evolve and cannot be easily designed. The bond has to be supported by the teacher who has a genuine desire to do so. It can be difficult to be a mentor, and being a mentor is not genetically or evolutionarily rational. There are economic pressures, time pressures, and limited resources. Potential mentors can be torn between nurturing a trainee and investing those energies in their own careers and their own families. Mentoring requires great commitment, sacrifice, and faith in the benefit of this investment. Why would a teacher become a mentor? The mentor has to gain from the relationship too.

In the short term, a mentor can gain camaraderie, companionship, and a sense of pride in helping shape a pupil’s career. The mentor can get a trainee to help with his/her work, such as research tasks or teaching lower level students. This symbiosis works well if the balance is met and student and teacher each give and gain proportionately. Additionally, a mentor can learn from a student and get advice and perspective that the mentor might not have. I also think some people are addicted to teaching and have a powerful desire to be with students. This probably is a result of the culture of their training, and may fulfill a need to be needed.

In the long term, mentors can gain tremendous emotional fulfillment in having nurtured people who are destined to have strong careers, contribute to the scientific body of information, and provide good patient care. A mentee may also choose to continue to work in the mentor’s area of interest. A teacher’s cultural impact is stronger if his or her influence is disseminated by a force of emissaries. Mentors may also have great pride in reflecting on their sphere of influence.

In a hands-on field such as interventional cardiology, which requires both expert technical skill and superior clinical judgment, it seems that it is particularly important that students have great mentors. How can the field of cardiology work to encourage mentoring of our trainees to ensure long-term excellence in the practice of cardiology? Professors of cardiology should be encouraged to be mentors (not just teachers) to their pupils. Academic training programs should find ways to reward this behavior. The College should continue to recognize and honor giants and mortals alike who work to educate beyond the minimum. We should all take the time and effort to acknowledge and thank our mentors for the efforts they have expended on our behalf, so that each of us will be more likely to behave similarly.

Thank you Mark Silverman.

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