Encouragement

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Over the years, I have learned what a strong role encouragement can play in the mentor-mentee relationship. Encouragement by a powerful mentor is not the only factor in successful medical education, but it is often a missing ingredient.

In medical school, I had just completed an exhilarating 8-week medicine rotation. The resident and attending physician teamwork invigorated me. I'd enjoyed caring for patients, and I'd studied with enthusiasm. At the end, I took an oral exam with a stern, demanding, internationally-known researcher. I thought that I had answered his questions satisfactorily, but I learned that I was wrong.

"You do not know medicine in enough depth," he told me, then stood up to signify the end of our exchange. I had failed.

I was shocked—and profoundly discouraged. In the back of my mind, I recognized that the examiner was excessively demanding, but this realization did nothing to lessen my disappointment. I felt that my career in medicine was over and considered joining the navy.

The chief of medicine told me he was disappointed that I did not measure up, but there was hope. One of the attending physicians for our section had offered to meet with me to help me prepare to retake the exam in 6 weeks.

Dr Mohler was a tall, serious, kindly hematologist who acted as if this meeting was routine. "I'm glad to see you," was how he began our first session. He did not mention the failed exam. Our weekly sessions were as interesting and exciting as the inpatient experience that I had just completed. He questioned me about the cases that our team had encountered, indicated satisfaction with my responses and sometimes added in-depth comments. Gradually I regained my confidence.

As the years went by, I never forgot the role that encouragement played in shaping my own career trajectory. As a senior physician, after many years in practice doing office-based research, I helped residents with projects at a community family medicine residency. Residents' involvement in research is critical, but the barriers to completing a project are many. I addressed issues such as insufficient time, perceived value of resident research, and knowledge of research technique. Residents were sometimes reluctant to start a study and often gave up halfway when they were capable of completing it. Supporting their research was a critical part of my work and sometimes made the difference between a successful and failed project. Memories of Dr Mohler inspired me.

One resident was working on an innovative tobacco cessation study and wanted another resident, Jane, to help. Jane was mainly interested in preparing for practice, not research. She took good care of patients in a kindly and efficient manner. She was going to be a successful community practitioner and was an ideal candidate for a meaningful research experience. I encouraged her to join the project.

"I'm trying to become a good family doctor," was her response. "There's so much to learn, and you're suggesting that I work on a research project." Yet despite her initial reluctance, Jane agreed to help her friend.

The project was an uphill battle. The overburdened staff was sometimes uncooperative, the other residents did not see value in the study, and time was at its usual premium. The resident investigators were often disheartened; I offered suggestions but mostly I focused on continually instilling my belief in the value of the project. I appreciated the formidable barriers, but the residents were capable, the plan was sound, and I believed that they could do it. They made a steady effort and I was excited to review the completed study.

Later, Jane surprised me when she reported that she was presenting the project at a scholarly meeting for residents in all specialties. I

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was not familiar with this meeting, and I went along to support her as she presented.

When I arrived, Jane was already there, holding her poster. We looked at a few other posters together. Everyone was wearing a dark suit except for Jane and me. The 100 posters listed in the program did not include other family medicine presenters.

Jane looked dismayed and said, "These posters are really sophisticated. Mine isn't in the same league. I can't go through with this!"

It was true that many of the studies were extensive and the posters polished. In Jane, I recognized something of my younger self—the feeling of not measuring up. But I also believed that Jane could do it.

"You studied an innovative solution for a significant problem in the practice," I reminded her. "The numbers are small, but it is a valuable pilot study. You belong here."

Jane brightened and put up her poster.

Soon, the evaluators arrived and divided the presenters into groups of four. Jane presented first. Her judge was a stern, but fair-minded internist. At first, he dismissed Jane, smiling at the other presenters but not at her and asking her to repeat the name of her residency. His questions came quickly and abruptly. "Why did you do that?" "What does this mean?" There was no small talk. The other three trainees watched carefully. This guy was tough.

Jane remained calm, had good answers, and seemed proud of her work. The examiner's demeanor softened, and the other trainees joined in the discussion. When the evaluators selected Jane's presentation as the best in her group—in two consecutive rounds—I was not surprised.

Through the experience, Jane learned that she had the capacity to complete the project despite hardships and her insecurities. She may have also learned the value of having a cheerleader at her side. I had passed on some of the encouragement that Dr Mohler offered years ago. I hope Jane will one day as well.

Bolstering the human spirt is a vital part of our work. To encourage effectively, we need to know the student, understand the educational activity, and convey our conviction that success is attainable in an ongoing fashion. With even just a few words, encouragement can produce disproportionally positive results—and in my case, a life-changing result.

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