Declaration of Interdependence:  
The Need for Mosaic Mentoring in Palliative Care

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“That was like THE most bizarre consult. Ever!” Pam*, one of the palliative care fellows, stormed into the team room for attending rounds looking hot and bothered.

We waited quietly. We knew that there was more to come.

“They had to wait till like 3 PM on a Friday afternoon before the long weekend to consult us on a patient who has been parked in the ICU for weeks!,” she continued angrily. “So, I walk into the ICU and he’s all like . . . Where were you? I paged you twice.”

“Who? The patient?” Asked one of the other fellows looking a little puzzled.

“No. The ICU fellow,” replied Pam shortly. “So I get there and he is like tubed, PEGed, PICCed and wired, and . . .”

“Who? The ICU fellow?,” I interrupted grinning (sorry, I couldn’t resist).

“No. The patient” snapped Pam, giving me a withering look. Still irate, she continued her tirade liberally peppered with phrases like “arrogant ICU fellows,” “dysfunctional families,” “unreasonable surgeons,” and “a crazy system.” Soon enough all of us got into the action.

All of us, except our senior attending (one of my mentors) who was watching quietly and waiting for us to finish. We all became aware, almost simultaneously, that he was patiently waiting for us and we quickly settled down.

Over the next hour I listened in envious awe as he systematically converted a frustrating consult experience into an intriguing learning opportunity for all of us.

“Am I glad that I got to see this case,” finished Pam, smiling now, all her annoyance forgotten.

I looked at my mentor expectantly wondering when I was going to get my rightful share of the palliative care pixie dust he had so effectively sprinkled on our fellows . . . . . . .

ACADEMIC MEDICINE is an exacting mistress with high and often unreasonable expectations from faculty. For career advancement in academia, faculty has to be expert clinicians, educators, teachers, and administrators working in an increasingly regulated and fiscally incentivised environment. Furthermore, faculty has to belong and show allegiance to a variety of entities like the employing organization, affiliated university, and various professional societies. Each entity has its own complex organizational culture. The successful academician has to delve into these various cultures and subcultures and align themselves closely with a network of intra-institutional and inter-institutional collaborators and mentors. Thus the ability to identify, engage, and sustain an ongoing relationship with a group of mentors and collaborators from a variety of settings has become a core survival skill in modern academic medicine.1

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WHY MENTORING

A palliative care mentor can help their mentee in at least three key ways: (1) as a sponsor the mentor introduces the mentee to a broad network of people within and without their organization thereby facilitating various ways to open up career options; (2) as a facilitator the mentor can assist the mentee in a myriad of ways to augment their learning, provide honest feedback and foster their professional portfolio thereby helping them short track to success; (3) as a role model the mentee can closely observe and emulate the successful behaviors of the mentor, e.g., the mentor’s work ethic, ability to relate to others, self-care techniques, etc.

THE NEED FOR MOSIAC MENTORING

The original mentor was the faithful friend of Odysseus in Homer’s The Odyssey. When Odysseus sailed away to fight the Trojan War he entrusted his young son, Telemachus, into the care of Mentor. Mentor, who was thought to be Athena (the Greek goddess of wisdom) in disguise, raised Telemachus and served as a father figure, a teacher, a role model, a counselor, a trusted adviser. This Old World view of mentoring as a one way flow of knowledge and resources from older (wiser) person to younger protégé has since evolved. The modern mentoring process is a competency based relationship which involves a two way information and resource sharing system using the concepts of reflexivity and team work. Unlike the one-on-one mentoring that seemed to have worked well in ancient Greece, palliative care junior faculty have complex needs that are well beyond the scope of any one individual mentor. As Dr. Arnold states in his pioneer essay, the modern clinician needs a mentoring mosaic. An effective mentoring mosaic is an intra-institutional and inter-institutional matrix of senior colleagues, teachers, peers, as well as junior colleagues and students who provide ongoing multifaceted input and counseling and also facilitate access to a variety of resources in a mutually beneficial way. This type of a multilayered, multifaceted mentoring mosaic is especially critical for the creation, growth, and sustenance of the next generation of leaders.

Biomedicine is currently undergoing another Renaissance through the advent of palliative care. Our early leaders and pioneers were remarkably cohesive in their efforts as they strategized to bring about the Palliative Care Renaissance. The game plan for the first two decades of palliative care in the United States has been more of an “outsider game,” i.e., as a field, we had to differentiate ourselves from mainstream biomedicine and agitate for change and legitimacy. The game is now changing and so should our game plan. With the new subspecialty status, we are now a part of the mainstream system in a new and evolving way and we will be traveling through uncharted territory for the next decades to come. The need for creating and fostering a cadre of next generation leaders who learn to work together has never been more critical. Similarly, our need for ongoing guidance and mentoring from our pioneering leaders is just as critical. We all need to make a commitment toward working together to create and participate in a national mentoring mosaic. This network will hopefully enable the next generation’s leaders to function as a cohesive unit and work together for the greater good of the field of palliative care. In the words of Hermann Melville, “We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results.”

REFERENCES


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