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HOSTED BY DR. DAVID GRATZER

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Mentorship with Dr. Suzanne Koven

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[Musical intro]

David Gratzner: Sometimes the shortest questions are the most challenging to answer. Dr. Suzanne Koven, an internist, asked recently in the *New England Journal of Medicine*: “What is a mentor?” Four words. One big question.

Welcome to *Quick Takes*. My name is Dr. David Gratzner. I’m a psychiatrist here at CAMH, and today we’re focusing on mentorship. What is a mentor? What should you look for in a mentor? What makes for good mentorship? Joining me to answer these questions and others is Dr. Koven. She is a Harvard-affiliated physician of more than three decades. She also serves as the Winchester Family Endowed Chair in Primary Care Medicine at Mass General, where she is also the inaugural Writer-in-Residence. Welcome, doctor.

Suzanne Koven: Thanks for having me, David.

David Gratzner: Dr. Koven, you’ve had a somewhat unusual career for a doctor. How has mentorship helped and shaped your career?

Suzanne Koven: Well, it’s helped and shaped my career immensely. I’m glad you asked that question because mentorship is especially valuable for people who are aspiring to somewhat unconventional careers. That was certainly the case with me. I started out with a fairly standard career path. I did a residency; I went into primary care practice. I was teaching at medical school. And then, in my 40s probably, I started to pursue what I thought was an avocational or extracurricular interest in literature and writing. I started taking courses at Harvard’s adult education program. And it just so happened that I had a single conversation with my internal medicine division chief that really changed the course of my life.

What happened was, this was, you know, your standard annual career check-up, and I was at a particularly challenging point in my life then. I had several family members who had been ill, including my mother. And, um, I also told my division chief about going over to Harvard Square after clinic to take literature courses. There I was, in my 40s, writing essays, and he said, “Huh, you know, we’ve got funding to start a monthly literature discussion group with a little pizza dinner here for primary care staff. It seems to me that you could do this.” And that one comment changed my life.

Fast forward nearly 20 years—at this point, it’s the entirety of my professional life. I stopped seeing patients almost two years ago after 32 years, and now I run reading groups, writing groups, and mentor health care workers interested in writing. And, of course, I do my own writing.

David Gratzer: The title of your *New England Journal of Medicine* paper, which I've mentioned, is simple and yet complicated to answer. "What is a mentor?" How do you answer that?

Suzanne Koven: Yeah, it's such a simple question, but very complicated. You know, the way this question came up was in the monthly literature discussion group that I've been running now at Mass General for—I think we're going into our 17th year—we were reading a charming novel by Sigrid Nunez called *The Friend*. It's a very quirky novel in which a middle-aged woman who's a writer has a mentor, an older man, and he dies and leaves her a bequest in his will. What he bequeaths her is a Great Dane—a really enormous dog. The complication is that she lives in a small Manhattan apartment that does not allow dogs.

And this, for us, raised all kinds of questions about whether mentorship can sometimes be a burden. Whether sometimes a mentor is perhaps thinking more about what he or she wants than what the mentee needs, and so forth. But then we really got to this sort of existential question, which was, "Hey, you know, we talk about mentorship all the time in medicine. We assign mentors, we give out mentorship awards, we talk about how members of marginalized communities are less likely to have mentors and therefore perhaps less likely to achieve academic advancement by various measures, including promotion, positions of leadership, and publications." And we came up with a number of possibilities, and they all seemed sort of right, but none of them seemed quite right.

So we talked about, is a mentor a wise friend, an advisor, a patron, a facilitator? Is it a role model, a coach, a teacher? I think mentorship involves all of these, but none of them quite hit the mark. And so we went to the source—the first mention of the word 'mentor,' which is in Homer's *Odyssey*. The character Mentor, who appears very briefly, is actually the goddess Athena disguised as an old man. And he goes to Telemachus, Odysseus's son, at a time when Telemachus is feeling very overwhelmed. The young man has been left in charge of his father's household while Odysseus is on his way home from the Trojan Wars. The household is in complete disarray; there are all kinds of people staying there, making a mess, and making advances at his mother, Penelope, Odysseus's wife. He feels that he has failed to manage the situation.

And Mentor says to Telemachus, "No, actually, you are much more capable of handling this than you realize." We read that aloud, and I found myself thinking, "I wonder if what a mentor is, is someone who has more imagination about you than you have about yourself at any given time." I said it aloud to the group. We were sitting there under the fluorescent lights, eating our cafeteria pizza, and everybody kind of nodded. Yes, that feels closest to what it is. And when I think back to my experience with my division chief, that is exactly what happened with him. That is exactly what he offered me.

David Gratzer: And you've written about this, and if I can just quote from the *New England Journal of Medicine* paper—by the way, you're a terrific writer. "Most have been older than me, but more and more recently, several have been younger. What they all have in common is genuine empathy and firm ego boundaries, qualities not dissimilar to those that make someone a good friend, teacher, parent, or clinician."

Suzanne Koven: Yes, well, I was not exactly plagiarizing, but borrowing that observation from a comment a colleague of mine once made to me about what makes a good psychotherapist. She said you need three things: You need to be incisive and perceptive, you need to be truly empathic, and you need to know where you end and the patient—or in this case, the mentee—begins.

And that gets to what I was saying before, which is that all of us have egos, insecurities, and we all like to feel that we're being smart and doing good. But when you're mentoring, it really, really needs to be about the mentee. To that point, I'll borrow something a university professor friend of mine once told me: mentor-mentee relationships tend to work better when the mentee initiates it. If a mentor sees a younger colleague and thinks, "I have a lot to offer this person; they remind me of myself as a younger physician," it starts to be more about the mentor.

Suzanne Koven: Yes, I was, um, well, not exactly plagiarizing, but I was borrowing that observation from a comment a colleague of mine once made to me about what makes a good psychotherapist. And she said, you need three things. You need to be incisive and perceptive. You need to be truly empathic. In other words, it sounds so simple to say, and yet it's absolutely essential. You need to really care about the well-being of the other person, of the person that you are treating, the person that you're mentoring. And then the third thing is you need to know where you end, and the patient—or in this case, the mentee—begins.

And that gets to what I was saying before, which is that, you know, all of us have egos and insecurities. All of us like to feel that we're being smart, and we're doing good, and we're shining. But when you're mentoring, it really, really needs to be about the mentee. And to that point, I will borrow something another friend of mine told me, a university professor, which is that mentor-mentee relationships tend to work better when the mentee is the one who initiates it. So if a mentor sees, say, a trainee, a younger colleague, and says, "Oh, I really think I have a lot to offer this person. We have so much in common. This person reminds me so much of myself as a younger physician," that starts to get to be a little too much about the mentor. Now, this isn't to say that programs where mentors and mentees are paired together and there's an assignment can't be very successful. But I thought that what my friend, the university professor, said was very interesting and has a grain of truth to it, for sure.

David Gratzer: So let's pivot. Some of our listeners are younger, earlier in career, and maybe hesitant about mentorship or worried about finding a good mentor. What might you advise them?

Suzanne Koven: Well, the first thing I would want to do is not be disingenuous or dismissive of their concerns. In order for a mentor to be effective, they have to know the mentee fairly well. To be known fairly well is to be vulnerable, and you can certainly understand that someone who is junior in the hierarchy may not feel comfortable being entirely forthcoming with a mentor or a potential mentor about challenges that they have faced, perhaps even about illnesses or disabilities that they've dealt with. And so, we don't want to be dismissive of that concern and say, "Well, mentorship is the greatest, and why don't you jump right in?"

I think the other thing I would say is that—and I believe I touch on this in the piece—very often you will be told, "Oh, this person is the perfect mentor for you. They have exactly the kind of career that you say you want. Your interests are perfectly aligned." And then you go and meet with this person, and you leave feeling utterly deflated and discouraged, and you think, "Oh, I must have blown that. You know, this was supposed to be great, and it wasn't great, and it must be my fault." And what I would say is that I am less convinced that a perfect alignment of interests or career paths, or potential career paths, between mentor and mentee are important. I think what's more important is what we were talking about before—a real desire to understand where the mentee is at and to supply that extra bit of imagination and confidence to get them to the next step.

So if you meet with a mentor, even if they're supposed to be the best mentor and the perfect mentor for you, and you leave feeling deflated, you leave feeling that your possibilities are narrower than they were when you walked in, that's not the right mentor for you. And I don't care how great the match is or was supposed to be.

David Gratzer: There was a paper that ran in *JAMA Internal Medicine*, widely quoted, that talks about mentorship. Chopra is the first author, and what they talked about was mentorship can be big or small. They actually specifically talked about different types of mentorship. So you have the traditional mentor, but they also suggested one can have a lighter relationship or a different type of relationship. They talk, for instance, about the connector, somebody who might introduce you to other people but doesn't necessarily weigh in in a big way on your career or your aspirations. Do you find that a useful way of looking at this topic?

Suzanne Koven: So I wouldn't get too hung up on the labels. And yes, I absolutely agree that there may be one kind of mentor who's more of a connector, another kind of mentor who's sort of more of a sponsor, and then, you know, yet another kind of mentor—the one that I feel I've benefited most from—is somebody who really gets to know you and, as I said, I keep going back to the same thing because I can't think of a better way to say it, who supplies that extra dose of imagination and confidence and is sort of one step ahead of you.

I'll tell you an analogy that occurred to me recently as a writer. This is exactly what a great editor does. My publisher is W.W. Norton. I was very fortunate to be assigned a wonderful, experienced editor there, Jill Bialosky. What I love about her is that, like any really great editor, she almost seems to know what I'm trying to say better than I do. And yet, she's not intrusive in any way. She doesn't impose her ideas on me. But when she says in the margin, "You know, why don't you try such and such? Why don't you elaborate on such and such? This feels really important," I can tell that she's sort of just a step ahead of me in a way that is—it's not limiting. It actually inspires me to be more expansive. So, Jill, if you're listening to this, you're a great editor and you're also a great mentor.

David Gratzer: You brought up your writing, and of course, you're prolific. You've had articles and papers run in a variety of places. We mentioned the *New England Journal of Medicine*, but of course, you've been published elsewhere, including *The New Yorker*, *Psychology Today*, *The Boston Globe*. What are you working on now?

Suzanne Koven: Well, I'm working on my next book. This is a little bit different for me. My first book, *Letter to a Young Female Physician*, is a collection of essays that could be, and some of them were published as free-standing essays. Though they were linked, they were more or less in chronological order, tracing my career from being a kid growing up in Brooklyn with an orthopedic surgeon dad all the way to being on the brink of retirement.

This book is really a straight memoir. It's called *The Mirror Box*, and it is about how, literally the week I was set to see my last patient after 32 years in primary care practice, I had a bad injury and I became a patient myself. And I learned a lot by being a patient. And I won't say more than that, but I will only say that this isn't the usual kind of turning-of-the-tables memoir, where, you know, I learn as a patient that, oh, you know, I should have been so much more compassionate, and, you know, gee, the healthcare system is so awful. The fact of the matter is that I received very compassionate care, and I was treated quite well by the healthcare system. Of course, I'm in a great position of privilege regarding health insurance and access and much more. And yet, it was very, very difficult being a patient in all kinds of ways. That gave me insight. And I thought I was a reasonably sensitive doctor, but I gained insight at the end of my career that really was new to me.

David Gratzer: We look forward to the publication of your book. It sounds intriguing and important.

Doctor, it is a *Quick Takes* tradition to end with a rapid-fire minute—a handful of quick questions with quick answers. Do you feel up to that?

Suzanne Koven: I'm ready!

David Gratzer: All right, let's put a minute on the clock and off we go.

Doctor, what's one thing you'd like all physicians to think about with regard to mentorship?

Suzanne Koven: I'd like all physicians to think about the fact that women, people of color, and members of the LGBTQ community remain marginalized and still experience bias, even in the most enlightened medical settings. And we need to do everything we can to lift them up for the benefit of all of us.

David Gratzer: What do you worry about with regard to mentorship?

Suzanne Koven: I am concerned sometimes that older mentors, such as myself, will be holding mentees to a standard from a previous era that had its problems, had its upsides, but also had its problems. I don't want us to become calcified in this, you know, when "things were better" mentality.

David Gratzer: Doctor Koven, we've touched on Homer, we've touched on your writing, and we've covered a lot with regard to mentorship. I'm deeply grateful for your time. I look forward, by the way, to reading your next book.

Suzanne Koven: Thanks so much, David. This was really fun.

[Outro:] *Quick Takes* is a production of the Center for Addiction and Mental Health. You can find links to the relevant content mentioned in the show and accessible transcripts of all the episodes we produce online at CAMH.ca/professional/podcasts.

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