Cyber Seminar Transcript
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Series: HSR&D Awards

Session: Daniel Deykin Mentor Award

Presenter: Mark Kunik

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David: Well, it’s a real pleasure to introduce this inaugural cyber-seminar for the first of three awards we started this year. This award is for best mentor. We also have awards for best paper and best health service impact. And, those presentations will be coming shortly and I encourage you to look for them. When we set out to produce these, create this awards to really recognize things that are the core of what we, but aren’t always recognized fully for the people who put in such time, the idea came up to name some of these awards. And, it was amazing how quickly people settled on naming the best mentor award after Dan Deykin. We never could settle on a consensus to name any of the other two awards, but everyone seemed to be agreed on how great an idea it was to honor Dan through this award.

I didn’t have the privilege of working Dan. He actually began his career as a basic scientist and hematologist doing work in thrombosis, in which he had over 150 publications. He has a distinguished career at various Boston institutions, starting at Harvard, becoming a professor at Tufts, and then later in his career, a long history as a professor of medicine at BU and then a professor of public health and health services at the BU School of Public Health. But, we’re honoring Dr. Deykin for his seminal role as one of the early directors of health services research at VA, a position he held from 1988 to 1996. And, that was a period of incredible growth in what was then a sort of a fledging division, and it was during that time that he established the Career Development Award, which has become really one of the jewels of our health services research program. And, I think Dan recognized the important of developing people early in their career and recognized the importance of mentoring in the growth of early investigators. And, it’s that commitment, both to individual mentees, but also to research in general that we’re honoring by naming this award after him. And, it’s great that he’ll be able to introduce an outstanding recipient of the first award, Mark Kunik. So, Dan, take it away.

Dan: Thanks so much, David, and I’m very grateful for the honor of this named mentorship. I consider it sort of a capstone to what I consider a loving relationship with the VA that began, actually, in 1973 when I became Chief of Medicine at the Boston VA. When we first decided to initiate the HSR&D Career Development Program, I really wanted to distinguish it from the traditional NIH and VA medical care career development awards. And, then I really felt that the new awardees would benefit from and the VA would benefit from a close partnership with a dedicated mentor. So, we made the quality of the mentoring relationship a prime determinant for reception of the Career Development Award. And, I feel that it can’t be any better testament to the fulfillment of that decision than the present award to Mark Kunik.

Mark received his Career Development Award 15 years ago under the mentorship of Carol Ashton. His accomplishments since then have been truly outstanding. He’s now a tenured professor in the Department of Medicine at Baylor and Director of the South Central MIRECC, which this year has an annual budget of $25 million. From today’s perspective, he has, to paraphrase Dr. Laura Peterson’s nominating letter, been whoppingly productive with more than 200 publications, many career awards and in general, a distinguished career in academic health services and medicine. But, perhaps more crucial is that he’s mentored over 75 trainees, of whom more than a dozen have actually themselves received Career Development Awards, a huge return for HSR&D’s investment. Dr. Kunik represents all and more of the initial promise of the HSR&D Development Program, and it’s truly an honor for me to introduce the first Deykin Mentoring Award recipient. And, now, Mark, the program is yours.

Mark: Thank you, thank you so much, Dr. Deykin, and thank you to Dr. Atkins and HSR&D and thank you so much to Dr. Peterson, Laura Peterson, who nominated me for this award. I, too, am so thankful for my career in the VA and my Career Development Award.

So, I’ve had so many good mentors along the way. Alex, I need help.

Unidentified Female: You should be able to click anywhere on the screen with your mouse, and that will.

Mark: Oh, there we go. I’ve had so many good mentors along the way, and I thought best to start at the beginning, my Bar Mitzvah. Not the best looking in the family, not the best, but I have always had a loving family. I’m so grateful to have had my grandparents, who instilled me a great love for older adults and always had the utmost confidence in, and always had me striving to do my best. My mother and father—my father’s a dentist. He urged me to go into medicine and to this day, pushes me and everybody in our family to have high goals and to attain excellence. My mom’s a teacher, \_\_\_\_\_ [00:07:05] teacher and she has always been very appreciative and encouraging of my academic career. I’m really so lucky to have grown up in a nurturing, loving, privileged family with two brothers and four step-siblings, and a really kind of privileged background. Although, I pulled this picture out and I hadn’t seen it in 30 years, and like what’s going on over here. It’s my Bar Mitzvah and these pants just don’t seem to be fitting quite right.

So, we all remember, we all remember our first mentor, and I had a remarkable mentor. One of the things that people remember me for in high school was this is what most people saw of me in high school, would be with a camera around my neck and pressed against my face. Not a great look for high school. But, it was my passion and the passion largely came, was inspired by my mentor, a high school English teacher, creative writing teacher, Shakespeare teacher, but his love and passion was photography. And, so he led our high school photography team and he spent so many hours with me and with all of us, talking with us, giving us hard truths about our black and white photographs that we developed in the darkroom. He gave positive feedback, he pushed us to go beyond our comfort zones in a way that motivated all of us. He inspired and he spent so much time with us. Looking back, it’s just remarkable, because this was not his core of his work, but he spent so much time, and I know that going through, I just thought of it as his job. But, I know that looking back now, he just spent so much time and I know that it was because his passion. He loved it and we all felt that and we were all thankful for that, and I’m thankful for having that wonderful model as a first mentor.

As I was thinking back about Mr. Borgerding, Roman [PH] Borgerding, I pulled, as we do when we reach this age, we pull back on some of our memories. And, I remembered that at the time, in high school, I became a private pilot when I was 16 years old, and I got my pilot’s license when I was 17. I had few passengers. Not a big, not a big surprise. But, yeah, I had a few passengers. I had my mother, a few friends and Roman Borgerding. He with flying with me, because he wanted to take—well, he said he wanted to take aerial photos of the school. But, I know, looking back, it was really his confidence in me and it was so meaningful to me.

So many good mentors along the way. I had a wonderful start of my career as a clinician educator and was really struggling to find my way as researcher and was lucky that Carol Ashton and Neda Wray and Greer Sullivan found something in me and invested in me and was a mentor for me in Career Development Award. And, I’ve been at Baylor and the VA for almost 30 years now since I started medical school. And, there’s so many people that have inspired and that have been good mentors to me along the way. And, so I started off as a clinician. I started off as a clinician educator running a general psychiatry inpatient teaching service at the Houston VA Hospital with my dear friend and colleague Victor Mullinari [PH]. And, during that time, we had lots of people—it’s surprising looking back, because I was just there a year or two years out, but there was a surprising number of people to mentor at that time, medical students and psychology trainees, and residents all looking for some research experience. And, we had no money, zero, no grants. But, we had wonderful veterans who had terrible psychiatric illness who we tracked and who we looked at when they came in and when they left. And, so we were able to do some outcomes papers on our general psychiatry unit. We kept a database and we probably wrote close to 40 or 50 papers during those seven or eight years. And, almost all of them had a trainee on it and many of the trainees were first authors. And, it really shows that you don’t have to have money to have good experiences for mentees, particularly mentees at this level.

I went on after that and got my Career Development Award in 1998, and since then, I’ve been a much more, a health service researcher first and clinician educator second. And, then we’ve continued to have medical students and residents and psychology trainees and other trainees from other disciplines. But, I’ve had more and more of junior faculty and post-docs and so I’m going to talk a little bit about mentoring persons from different levels in their career development.

First, I want to talk a little bit about what I see qualities of a mentor, what does it take to be excellent as a mentor, and I don’t have all these qualities, I promise. But, these are some of my thoughts on it. I don’t \_\_\_\_\_ [00:15:21] to myself as a natty professor and I probably gathered that from now you see pictures of me from 13 and 16 and I promise you, I haven’t evolved much from a fashion standpoint. When Dr. Atkins told me that I had won this award and also told me that I was going to give a talk, I ran across a book review on this book, The Natty Professor by Tim Gunn, and I thought, wow, this might be interesting. It’s about mentoring and it might be interesting to try to tie this into my talk. I don’t know, how many of you know about “Project Runway?” Well, for those of you in cyber world, about 50% of the live audience, which surprises me, because generally, in my experience, the popular culture and sports IQ in these settings is not that high. So, maybe it’s just me. I’ve seen two episodes of “Project Runway” over the 14 years that “Project Runway” has been on the air. So, “Project Runway,” Tim Dunn was actually a chair of design before coming to “Project Runway,” which is reality design show, from what I gather.

So, I started reading through this book and looking for tips on mentoring, and I regret to say that it was mostly stories about different episodes of “Project Runway,” a very difficult read for me. But, bottom line—and, the 50% that don’t watch “Project Runway”, I’m saving you some reading—bottom line, I really like his, some of his mentoring philosophy. And, this is his kind of the bottom line of the book. So, he has T.E.A.C.H., \_\_\_\_\_ [00:18:00] the truth telling, so important to be able to be honest and to give hard truths when you need to give them. And, the next two items list are particularly fortunate for a psychiatrist, is, one of them is empathy, and \_\_\_\_\_ [00:18:26] usually an influence of empathy and in mentoring. It’s such a difficult…

[[00:18:35] audio interrupted to [00:19:48]]

…having that confidence in your mentee goes a long way and helps to inspire, along with them seeing you doing what you really love to do, and having them see that this time with them is their time, or your work with the mentee is for them, I think is important. And, hoping for the best, which I also think of as letting go, and I see that as some mentees are going to meet all of their goals and your shared goals that you set, and that’s fantastic. And, it brings a time where you need to let go, which is also, can be difficult, but is fantastic when that happens. But, then there’s other times, too, where your mentees don’t reach their goals, or the goals that you’ve set together. And, again, that’s terribly difficult for both of you, and it’s important, I think, as a mentor, you have to be able to let go of that as well and to be able to move on from that. Because, that comes with the experience and the honor of mentoring.

So, a few other ones, I’m going to skip the ones on the left side of the screen, because Tim Gunn covered those pretty well. And, I mention, it’s really, it’s all about the mentee. Yes, it’s great if you have a mentee and is best if you have a mentee that shares some, that you share some passions in research areas. But, then, yes, it’s nice if what your mentee does helps to advance your career, but that’s not—maybe that’s what it’s about a little more early in your career, but that’s not what it’s about, really. It really is about the mentee. If you take on a mentee, it will need to be about helping the mentee reach their goal, and that takes a lot of commitment and a lot of time, and I mentioned, passion. We believe in celebrating successes that, sometimes there’s quite a long time between successes in this business. And, it’s important to take a step back and reflect and celebrate those times. And, a little bit of transparency is helpful, too. I remember sometimes where my mentees were surprised when I told then I \_\_\_\_\_ [00:23:25] times where I submitted grants several grants and they didn’t get funded, ever. Or, I’ve submitted papers to journals that got rejected by more than two or three journals. And, that’s, I think that goes a long way with mentees.

So, mentoring excellence doesn’t only require the right qualities, it typically requires the right environment. Because, it does take so much time to do it, it’s critical if you’re going to do a lot of mentoring, you love mentoring, you need to be a in a place that recognizes the time and effort needed for mentoring. And, I’m so thankful for the VA and particularly \_\_\_\_\_ [00:24:30] Centers of Excellence and the MIRECC, where mentoring and career development are key parts of the mission. In the clinical setting, although I said I did a lot of mentoring early in my career in the clinical setting, it \_\_\_\_\_ [00:24:53] difficult to, unfortunately, to spend a lot time doing mentoring, because of the need to do a lot of clinical, the clinical demands. I put awards down. It’s not critical to have awards. I’m thankful for this award, I assure you, and it’s nice to have them. But, \_\_\_\_\_ [00:25:24], but if you’re looking for places or you’re at a place that recognizes mentors or that recognizes teaching \_\_\_\_\_ [00:25:39], you’re in a good place.

And, then I think one of the secrets, I think, to excellence in mentoring is having a pipeline of excellent mentees. And, to have a pipeline of excellent mentees in psychology, in medicine, social work and nursing is incredibly invaluable, and not everybody has a great pipeline. I have been fortunate and I think it’s important, that that is a factor when you look at how well you can do as a mentor. One of the factors is how much opportunity you get and what kinds of opportunities. And, I’ve been lucky to get lots of great mentees.

But, again, sometimes you get a choice, sometimes you don’t, depending on where you are in your career and the settings that you’re at. But, when you do have a choice, I think of the most critical skills to me are writing skills. That’s one that’s difficult to teach in that kind of the research and the research setting. Looking at their record and their experience in research training \_\_\_\_\_ [00:27:33], and are they proven successful. I’ve had some excellent mentees where I’ve \_\_\_\_\_ [00:27:41] and certainly I’ve helped them, but it was pretty much a no-brainer, that you knew that they were going to do well, and that’s great to have a, to be able to have a few mentees that are in that camp. And, looking at motivation, a lot of people that some to us for mentoring are intrinsically motivated. But, there’s—I have had lots of persons that have come to me for mentoring because they had to do their thesis or they had to do, they were required to do a paper or that if they got a paper published, they would get a step increase at the VA. When there is a choice, those are ones that I try not to say yes to. It’s never easy to say no, but it’s important to say no so that you and your mentees have the best chance of succeeding.

So, a little bit about the structure. I’m a 30-minute mentoring person. I don’t know about you, and I don’t know what the \_\_\_\_\_ [00:29:21] time for mentoring, but pretty much, almost all of my mentoring meetings are 30 minutes. And, I know that’s probably on the short side. I think anyone has less than 30 minutes mentoring meetings, but I feel like that 30 minutes, you’ve got to really be focused to get things done in 30 minutes. And, I’m not sure what I would say over an hour. 30 minutes is just right, and again, for those who know me know that I like walking meetings and that having a couple of mentor meetings a week that are walking meetings is good for everybody and shows a good health habit from their mentor and good for me as well. Of course, 30-minute meetings, those are usually in-person meetings. There’s lots of work in between those minutes as well. No matter what level somebody’s at in their training, having specific, timely goals are important, and I’ll go over some of the ones I see for different levels.

And, again, depending on somebody’s level, being able to offer resources is wonderful. So, whenever I can, I do, and whenever you can, you should. So, some simple things are \_\_\_\_\_ [00:31:08] writing their first articles or they’re writing in a new area or a new type of journal, giving them examples of articles, or if it’s one of their first grants, finding, helping them find successful funded grants to use as examples is very helpful. If they need some RA support and you have some RA support, being able to offer a little bit of RA support, for post-docs in particular, can make a little bit of RA help go a long way, and it’s always appreciated. I’m lucky to have a wonderful medical writer who works with me, Nora Hudson, and this is a great resource for mentees, particularly mentees that are having some difficulty writing, but her work, her edits help all, and help me as well. Because, if I need to spend 75% of my time doing, correcting language, that leaves a lot less time for science and that leaves time to do other mentoring or other things that I need to take care of. So, having a medical writer is extremely useful. And, having a—if you don’t have a medical writer, having somebody on your team that has good writing skills that you might be able to use for that, I think is great. Statistical support, I think that \_\_\_\_\_ [00:33:02] saying, and then I think a big role is always to help with networking and connecting to other folks that will help them in their career.

So, I can say a few words about tailoring for different mentees. So, first for \_\_\_\_\_ [00:33:27] that have core term research experiences, so these are often persons that maybe have one month. There are residents, medical students often have one month or two months, 50% time or 80% time to work with us. And, the psychology interns may have eight hours a week for six months. So, what kinds of things can you do during that type of experience. Usually, their goals are to get a product or to develop some \_\_\_\_\_ [00:34:12] medical students, it’s just to get a taste of research. And, I find the best \_\_\_\_\_ [00:34:22] for this level is to try to write a paper, or a product that can be done in a month or two. That gives them some experience with literature reviews, it gives them some experience and they learn more about doing critical appraisals, they learn something about writing skill and they get a product at the end. And, this is a high bar for them to get something done in a month or two months, but it keeps them going. And, lots of students that I worked with are highly motivated to get it done if you give them a high bar.

As I was reflecting back at this, I was remembering some times that I had with my buddy, Victor, in the ‘90s, when I was overly ambitious in this. And, we would have, we would really challenge our trainees and challenge ourselves, really—and, that’s why this came to an end—to try to get out a manuscript within four weeks. And, so the ones that required having either an existing database where you already have your IRB approvals or you do a systematic literature review, and you set impossible goals, or nearly, seemingly impossible goals and then you go to it. And, I was surprised how many medical students could get this done. But, again, this required a lot of hours from me and Victor and others to get through these timelines. Here’s another one, but I just found these in my files. These are the kind of typical outlines that we would give students at the beginning. Now, occasionally, if I get a student who’s right, we’ll do eight-week, but even that is looking more and more difficult each year.

So, what else do students at this level need help with? Well, of course, they need help with—well, first, they need help with an idea. It should start with that. Most medical students, residents, others at this level, they’ll come with ideas, and they do come with ideas that are usually four-year grant ideas that they think they could do in a short period of time. And, so having a list of ideas or having the database and the variables and thinking about possible questions that might be answered from your database that would be interesting, useful, is I think is needed for students at this level. And, then you have to help them pick out journals, so giving them a list of journals. And, then maybe this come up over time and then these articles don’t usually wind up in *JAMA*. I’ve never done anything that I haven’t been proud of and I couldn’t defend, but in reality, over time, I’ve come to believe that for these articles with these students, that the experience and the training that go along with this is equally important to the science, from where I’m sitting. And, \_\_\_\_\_ [00:38:48] so I still think about that a lot, but if you want to make these experiences available for students, I think you have to have that talk with your, you have to have that talk with yourself. You don’t want to submit these articles to journals where you’re 95% certain they’re not going to get accepted, and continuing to do that, because these students are gone. Their two months are, after their two months, they’re gone, and you’re left with the rejections and the revisions, and they’re taking call on internal medicine. So, it’s important to kind of balance that.

We talked about the medical writer. Finally, recognizing the student, I’m surprised that more people don’t do this. For example, the medical students here at Baylor, they have research symposiums, not just for medical \_\_\_\_\_ [00:40:08] they have research symposiums for the students. They have research symposiums in geriatrics and they give awards. They’re not big awards, but they’re meaningful to the students, and it really helps to build them up and to get them more excited about academic careers and research careers. And, they see that you also have confidence in them and believe in them and are investing in them by looking for these opportunities.

So, with post-docs the stakes go up and the challenges increase. These are usually two-year opportunities, and the goals are to continue to learn about the patients of research, to develop their own area of research and an area that’s independent from the mentors’ research. Learning grantsmanship, starting to increase the amount of papers that they have and to think about preparing for a development award, where your first job is going to be. That’s a lot in two years, and I think it’s complicated and maybe even more challenging by that at the end of year one, they need to be thinking about what’s going to happen after the career development, I mean after the post-doc. And, so and that makes planning complicated, I think, and definitely challenging. I think at this level, I think it’s a good level to incorporate a mentoring team. I think it’s good for you, for being as a mentor, I love the team mentoring experience, and I think, again, the mentees kind of different views and different expertise. And, I like, whenever possible, to include somebody who’s not from your immediate institution, because that gets somebody just a little bit separated and maybe can give a little bit different advice, particularly about jobs. I think that’s, as far as mentoring teams, having a quarterly mentoring team meeting, I think it’s important to bring people together so that the mentees aren’t getting different, too many different views and that the mentors understand where each is coming from. The challenge of MD fellows, because, one is I’m very saddened that it’s so difficult, it’s becoming increasingly difficult to recruit MD fellows to research. And, it is a different challenge. A lot of MD fellows don’t have the foundation, most of them don’t have the research foundation as PhD fellows. And, so the timing is different because the tabling is different from them. And, I think the timeline needs to be extended a little.

So, moving on to junior faculty, here really the goal is to establish a research foundation and then to establish a research agenda to obtain their first grant, whether that be a CDA or merit or an RO-1. I still think there needs to be weekly meetings. People know that I, if I’m in town, we’re meeting, and I continue to do weekly meetings \_\_\_\_\_ [00:44:29] somebody’s promoted to senior. So, that’s a long period of time, that’s, whatever, six to nine years. And, people may think that that’s following, most of my mentees think it’s too long, but I think it’s important to have that consistency. And, that you change the things that you speak about, maybe start speaking, speak more about higher impact work and what’s going to happen after the career development award. And, again, setting some high goals, and one of the goals that I always set is my rule of five, which makes people anxious. Which is that you should be moving in the direction of having five papers published in the past year, five papers in press, five under review and five in preparation so that you work your way to, hopefully, publishing somewhere around five papers a year \_\_\_\_\_ [00:45:50]. I know many of you over the line, I can feel the anxiety. But, I think the main point of it is to set some high bars and set some bars that are appropriate for your institution and for the person that you’re mentoring and where they’re, where they want to go.

A little bit on some experiments in mentoring, I told you about the 30 minutes, I’m stuck on that. Group mentoring, I’ve done some group mentoring over the years and my conclusion is that the mentees like it less than I do. Nice that people say it’s nice to share, but I think at the end of the day, people want, people definitely want time, and so I don’t know. I don’t think that experiment, I don’t think was, has been that successful. But, I’m sure there’s a place for it and I’m sure I’ll revisit it at times. But, I don’t know, not satisfying, I don’t think, from either \_\_\_\_\_ [00:47:13] standpoint.

Just a couple quickly to finish up, I’ll just briefly talk about—and, hopefully, to move others to kind of thing about other models for mentoring and to tell you about some kind of mentoring work that I’ve done over the years. One was done earlier in my career, and that was this 5% solution. So, coming from a background as a clinician educator, it really does \_\_\_\_\_ [00:47:51] me that it’s a lot more difficult to do scholarly work for a lot of our clinicians. And, so I try to help our administration and our clinicians come up with a plan when I was on psychiatry, to come up with a plan that would kind of meet the administrators’ kind of demands for accountability and kind of \_\_\_\_\_ [00:48:20] for what goes on during the academic hours and these clinicians to do some scholarly work. So, I came up with this 5% solution, and the response was if the—I told the head of the \_\_\_\_\_ [00:48:42] at the time, if they would agree to free up a couple of hours a week or four hours a week for academic time, I would do the accounting and I would do the evaluating. And, I came up with a crazy template for what would be expected, what would be agreed upon for the year for them to get two or four hours out of their time, out of their clinical time to do more academic work. And, then I would do an accounting at the end of the year and send a letter to both the clinician educator and to the clinical leadership. And, this worked well for, I’d say five or six years. But, we had about five years and then there was a change of leadership, and it didn’t work as well with that. And, it’s not fair to say a change in leadership. I mean, it’s a change in times also. But, again, I bring this up as kind of an experiment that was partially successful, but also in hopes that all of us can continue to struggle with how to find ways to do teaching, scholarly, the work, and mentoring within the current environment.

This Training Residents in Psychiatry Scholarship program is a program that I started to try to get more physicians to enter into research careers, particularly psychiatry residents that we have through the MIRECC, we have physician research fellowship. It’s difficult to get physicians to apply for these and so through some of the IOM reports, one of the big barriers was that physicians don’t have any models or any exposure to kind of research clinicians during their training. So, I designed a program for PGY-2, second-year psychiatry residents from all around the South Central United States medical schools and South Central U.S. that were affiliated with the VA, for them to pick out promising PGY-2 residents that have some academic potential. And, then what we did with those residents is we brought them together, had a meeting in the South Central U.S. and I and others did kind of a four-hour academic career workshop with them. And, then we matched them up with mental health researchers, mentors at their sites, and those mentors, the kind of primary aim was to help them with them kind of academic career counseling, but then also help to get them started on some projects, and then also provided them with an honorarium. And in this program, it’s in its 12 year, and I think this program has helped to get more residents to enter into academic careers. Unfortunately, we haven’t had that much success in getting them into research careers, but I think programs like this can be helpful to at least increase the pipeline from medical school and residencies.

So, mentoring and teaching are great gifts, and I am so appreciative of getting this award and so appreciative of the VA for making mentoring and for \_\_\_\_\_ [00:52:57] to many programs like the Career Development Award. And, it’s really recognized the importance of developing the next generation and recognized the importance of mentoring. With that, thank you for your attention and again, thank you so much for this recognition.

Unidentified Female: Thank you very much, Dr. Kunik, and of course, Dr. Deykins and Atkins for providing introductions, and for all three of you being here. We do have some time for some Q&A. For our attendees that joined us after the top of the hour, if you’d like to submit a question or a comment, just use the question section of your GotoWebinar dashboard. Just hit the plus sign next to the word questions, type it in, and we’ll get to it in the order that it is received. Several congratulations have already come in, but we’ll get to the questions. “I know that you have been especially successful at supervising students from a variety of different disciplines. Any thoughts on cross-disciplinary research mentoring?”

Mark: I think number one is to understand better what their goals are, because it’s not always obvious, somebody from another discipline, what their goals are for the experience. And, so I think trying to understand what their goals are and then coming up with an agreed-upon goal, I think is always a good place to start. But, again, listening to what their needs are in whatever discipline they’re in.

Unidentified Female: Thank for that reply. I do want to give your audience a chance to ask questions as well. Is there anyone in there with their hand up?

Mark: No, they’re saving it for later.

Unidentified Female: Sounds good. All right. Well, the next one came in, starts with a comment, and moves on into a question. “Perhaps one possible way to have more clinicians who are truly interested in academic and research careers would be to select medical students and post-docs who’ve already done some research. I admit to bias as I did three undergraduate research projects, but I find that post-doc training is way too late to get them truly interested as well as possession of the scientific mindset. Do you have a comment on this?”

Mark: Yes, I strongly believe in that, and trying to provide, just like the TRIPS program, trying to provide some opportunities. I mean, like there are some, there are a lot of medical schools now that will offer combined degrees, that offer more opportunities to research and not just the MD PhD, but some alternatives to MD PhD. And, there are residencies that have research tracks as well, so that during the four years sometimes or five years or sometimes that they’re able to build in a substantial research experience and training into the residency time. I think all those \_\_\_\_\_ [00:56:41] are good.

Unidentified Female: Thank you for that reply. The next question, “Can you share your thoughts about long-distance mentorship at the post-doc level?”

Mark: I’ve done some of that. I think it’s doable. Again, it’s establishing what—usually, when that happens, it’s some kind of more narrow area. You’re not the primary mentor, you are the general psychiatry expert, or some more narrow area. So, I think it’s doable. Again, it’s setting what the roles are and what the expected times of meeting are, and then also getting together with the local mentors on a regular basis, I think is often helpful. My biggest problem, really, with long-distance mentoring is usually the mentees actually don’t have the confidence that I’m as invested when I’m long-distance. So, I don’t feel, sometimes I don’t feel like I’m being utilized enough.

Unidentified Female: Thank you for that reply. Next question, let’s see, “What is the process of finding a mentor? It’s been nearly two years since my post-doc and I haven’t found one. What are the common expectations for both mentor and mentee?”

Mark: It’s been longer than two years since I found one. I think, I would say the best place find them really is the Center of Excellence, to find, or some kind of research center of excellence, whether it’s HSR&D, or \_\_\_\_\_ [00:58:53] or \_\_\_\_\_ [00:58:55], some type of research center of excellence is the best place, I think to find a mentor. As far as expectations, I think it just depends on where somebody is and what they’re looking for. Again, I think that should be one of the initial discussions.

Unidentified Female: “Can you explain more about what the expectations of a mentor are…” I’m sorry, this is worded a little interesting. “What are the expectations of a mentor from a mentee?”

Mark: I think, number one, to kind of be there for them, and to help them meet their goals, and to help clarify what the expectations are on both sides, on the side of the mentor and the side of the mentee. And, I would hope that the mentors have a number of the qualities that I mentioned.

Unidentified Female: Thank you. One person did comment that they find local mentor taking, local mentors taking the burden in situations where there are distant mentors. That’s an excellent point. The next question, and forgive me if these numbers don’t make sense to me, “Minus two, 5/5/5 productivity goal, do you mean first author papers or does this include \_\_\_\_\_ [00:58:55]?”

Mark: That sounds like a winner. Send me an email. I like it. One of my mentees also wants to know that in the room. I think at least a couple of each of those five, maybe half of each of those should be a first or \_\_\_\_\_ [01:01:24] career senior author papers.

Unidentified Female: Excellent. Well, you do have, do you have a slide—I believe, can you move to the last slide that has your contact information? There we go. So, for the person that submitted the 5/5/5 question, there is his contact information and feel free to get him offline. I do want to check, do you have any questions in the audience?

Mark: No, we’re good.

Unidentified Female: Not at this time. Okay. Well, we have reached the end of our questions that were in the queue and we have reached the top of the hour. So, we’ve got one more question that just came in. “I have a mentor with very limited time, but he is an exemplary researcher. How do I get some time with him? I don’t want to be a nuisance, but I want the mentoring.”

Mark: I guess I would push it to see whether it’s possible or not, and if it’s not possible, then seeing if you can fill out the team with others who would be able to give you the skills and time that you need.

Unidentified Female: So, you’re not suggesting they camp out in front of the office?

Mark: No.

Unidentified Female: Okay. All right. Well, as I said, that was the last question, so I want to thank you very, very much for presenting not just to your live audience, but also to the attendees that joined us. And, congratulations again on getting such a accolade. And, a lot of people are writing in saying, “Great job, great work, terrific presentation, thank you, congratulations,” and I’m sure you’ll hear much, you’ll get much more of that at the national meeting when you get the live award. So, I want to thank you again, and do you have any concluding comments you’d like to give real quick, Mark?

Mark: No, thank you. Thanks, everybody, for attending and thanks for all the congratulations.

Unidentified Female: Excellent. Thank you. And, again, thanks to Dr. Atkins and Dr. Deykin for joining us today. So, this does conclude today’s HSR&D cyber-seminar, and…

[End of audio]