Walking the Walk: Curt Civin

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In this issue, we speak with **Curt I. Civin, MD**, the winner of the 2015 ASH Basic Science Mentor Award. Dr. Civin talks about the challenges and the rewards of mentoring.

Why become a mentor?

That's a good question. We all know mentoring is an unpaid hobby and usually receives only local recognition, at best, so why do we do it?

I became a mentor, in large part, because I revered the mentors in hematology who inspired me. They imparted their wisdom but also guided me down my own path and nurtured my ambitions. They took little direct gain for this; it was, instead, their passion to mentor. What better way, I thought, to make the world a better place than to give a helping hand to young people in my field?

As a mentor, the most valuable recognition and rewards come from your trainees and what they accomplish. Take Socrates, the paradigm of a mentor. For all of his unparalleled wisdom, he lived in poverty and met a famously grim end – sentenced to drink hemlock as punishment for corrupting the minds of the youth of Athens. Socrates himself never published; he is remembered, instead, for the writings by the fabulous students he inspired.

What qualities make a great mentor?

In my opinion, the best mentor is a role model in the area he or she is advising – walking the walk and talking the talk.

Again, look at Socrates: He never published in his career, but his wisdom lived on through his students. However, how many of us can count on becoming as good a mentor as Socrates and having trainees as brilliant as Plato? Precious few, I'd imagine. Becoming a mentor doesn't provide mentors with a winning formula to relinquish their other scholarly activities completely to molding young minds.

So, mentors should continue to publish, continue to provide outstanding patient care, and continue to develop their careers. Otherwise, the mentors won't keep their faculty positions and be there to mentor anyone!

In addition, without their own career accomplishments, mentors would not be good role models for incoming generations of physicians and scientists. Many trainees emulate their mentors, so mentors should set the right example. If mentors cease publishing or halt their own career development, they might be implicitly telling trainees to follow a foolish direction.

Perhaps if mentors become as good at mentoring as Socrates, they should devote the rest of their lives to mentoring. Until then, mentors should create their own value to their institutions and the world – and inspire their trainees to do so, as well.

How did you learn to be a mentor?

There were no classes in college or medical school that taught mentoring, and human nature and personalities come into play, which were never covered in my academic training.

The mentors I modeled myself after valued me and their other mentees as people first – encouraging them as future colleagues right from the start. They cared for their trainees much as they cared for their own families. And they stressed the value of their own families to their trainees; careers were not the only things in life that deserved their attention.

Many people throughout my life have acted as mentors – formal and informal – and I hope the learning process never stops. The learning moments can come from anywhere and from

unexpected places.

For example, many years ago, I received an unexpected lesson in mentoring from the president of my hospital. I had a promising young physician-scientist trainee (who is now a famous molecular hematologist-oncologist) in the pediatric hematology-oncology fellowship program. One day, this trainee was running late because he forgot his ID badge and was blocked from parking in the hospital parking lot. According to the hospital president's rules, without your ID badge, you had to fill out a pile of paperwork to enter the parking lot. So, my fellow – wanting to get to work to see his sick patients – expressed to the attendant, in very strong language, his frustrations with the paperwork process. When the attendant explained that these were simply the hospital president's rules, my trainee told him that he could tell the president to go to a very warm place.

Not much later, I was summoned to the president's office, where he asked me to explain why this trainee shouldn't be fired immediately. So, I'm in his office, nervously stressing the tremendous qualities of this trainee and how he spoke inappropriately only because he felt a responsibility to care for his patients, when the president cuts me off with a big smile. He completely agreed with me, so why did he call me in? He was mentoring me, showing me, by example, how to deal gently with this promising trainee's infraction. He taught me, again, that a mentor values his or her mentees as people and nurtures them as future colleagues and as family. That's the bottom line.

What has mentoring taught you?

The non-monetary awards of mentorship are great. We can learn so much from our mentees; they come with new skills, new perspectives, and new ways of thinking about clinical or research problems.

The obvious example is technology. For example, our trainees now are computer-natives, while I still remember having one computer on the entire university campus. Now, trainees are looking up the answers to research and clinical questions on the fly. As mentors, we have to ask ourselves how can we and they take advantage of that aptitude, and how can we adapt biomedical education to this new world?

My approach to mentoring correlates to my work studying stem cells and their capacity for

self-renewal. This capacity is partially dictated by their surrounding cells – their niche in the bone marrow. In a similar way, as a mentor, I am constantly growing and refreshing my knowledge base, getting support from the mentees and trainees I interact with.

Mentoring requires continuous learning; it's both a necessity and a privilege.

As training and clinical practice evolve, we have to evolve to keep up. For example, adapting to new performance standards in medicine and education: When I was a trainee, we certainly weren't evaluated by patient surveys, and our teachers weren't evaluated by student surveys. So, we have to participate in lifelong learning – an occasionally overlooked benefit of serving as a mentor.

What lessons would you pass on to fellow mentors?

Through my career as a mentor, I have come to the conclusion that there are three general types of trainees, all of whom have different needs. Figuring this out has saved me time and effort, and I have no doubt that my trainees appreciate it as well!

First are those who don't want – or need – mentoring. These are some of the superstars of medicine that come along every few years who would rather you just leave them to their own devices. The best thing to do is to step out of their way; the direct, hands-on mentoring approach would only stifle their drive and would waste your time. If you foresee a barrier in their way, try to remove it with as little fanfare as possible, but in general, let them find their own path. You also better see what you can learn from them because they're going to be your bosses someday!

The second group, at the other end of the spectrum, is made up of those who you can't help much. This would include someone who wants to become a hematologist, but who lacks the drive and fierce dedication that this field requires. This would also include a trainee with whom you simply didn't get along with very well. So, what can the mentor do? Try to spot the problem early on and steer the trainee to a different mentor, with whom they have better chemistry, or perhaps to a different field – but do it quickly.

The third, and largest, group of mentees are those who are capable but need a little push. For these trainees, the guidance that a mentor provides will make a tremendous difference

in their careers. It is via this group of trainees that mentors should earn their recognition and rewards.

How has your approach to mentoring changed throughout your career?

Without a doubt, guiding trainees in how to write a successful grant proposal has become a larger part of my mentoring responsibilities lately. I used to operate under the logic that perfection was the enemy of good-enough; the goal should be to get an idea or project to a certain stage and then push ahead. Right now, however, it seems only perfect proposals get funded.

Academic scientists have to work particularly hard right now; the scientific capabilities that we have make wondrous discoveries possible, but there is so little support for research at present. If you want your research to be funded, you have to write an A-plus proposal, putting in almost as much work before you start your project as after it's funded and underway. You have to polish proposals, presentations, and publications like a diamond before they are ready even to start. It's illogical that we have to do it to this depth, but I am hopeful that these times will change.

One thing that will not change, though, is the value of storytelling – particularly in the research setting. What goes into writing a proposal? First, it's the facts and the research work, but you have to take those facts and weave them into an interesting, exciting, thoughtful story. Tell a story that people will understand, and be transparent in what you are "selling" and teaching. And don't forget that the story must be true!

What are some unexpected challenges of mentoring?

I never imagined that I would have to get good at consoling and encouraging trainees to deal with failures. I always thought my focus would be on teaching people how to succeed, not how to pick oneself up from failure. Our segment of academic medicine is populated with very smart and very driven individuals. They are A-students, brilliant young minds, and, when they get to me at 25 or 30 years old, many of them have hardly ever failed at anything they've attempted. When a Rhodes Scholar writes his first grant proposal, and it gets rejected, it's a shock to his system.

I've had trainees who felt responsible for a patient's death, and experienced a monumental crash and self-doubt. They had never encountered a death of their own patient until they were in pediatric hematology-oncology. Other people their age had already learned to pick themselves up from many failures, but they were learning it now for the first time – when the stakes were very high.

It can be very difficult, but in that situation, my job is to share my own past failures and how I got back up from them. At that point, they don't want a general lesson, they want a specific plan.

Another challenge (but also a reward) is watching my trainees leave the nest, so to speak. I am fortunate to work with – and learn from – many brilliant young people, and I cherish that, but I also experience feelings of great loss when it comes time for them to continue on their own path. When they come back to visit (or to work, in some fortunate cases), I often hear that they appreciate that I cared for them. They will share stories about moments when I had a great impact on them – and sometimes it's not even a moment that stands out in my mind, yet it made a difference to them.

Each year ASH selects two outstanding mentors to be honored. The two awards reflect the constituency represented by the recommended nominee and can include superb mentors from any of the different branches of hematology, including adult or pediatric hematologists; academic or community practitioners; basic, clinical, or translational researchers; hematopathologists; transfusion medicine specialists; and individuals working in industry or government.

Nominations for the ASH Mentor Awards are accepted throughout the year. Any nomination submitted prior to the award deadline April 4, 2016.