

# Michigan Surgery Sessions Mentorship Podcast

Featuring: Gurjit Sandhu, PhD; Jessica Santos-Parker, PhD, MS; Seth Waits, MD

## Narrator:

Welcome to Michigan Surgery Sessions, where we discuss the latest in clinical care, education, and surgery culture with faculty, residents, and medical students.

## Gurjit Sandhu:

This is Michigan Surgery Sessions at the Michigan Medicine Department of Surgery in Ann Arbor, where we talk about taking call and culture and everything in between. I'm your host Gurjit Sandhu. The Association of American Medical Colleges, or the AAMC, has described how medical education is changing in order to better reflect patient care delivery, shifts in demographics, advances in science, available technologies, supporting more seamless transitions into medical school and residency. And let us not forget, the effects of a pandemic, just to name a few. The structure of medical school education has also evolved, illustrated by earlier clinical experiences, interprofessional learning opportunities, case-based learning, and competency based assessments. One area of focus here at Michigan Medicine has been on individualized learning plans, which include exploring career development and mentorship. Here to help us better understand the mentoring relationship and dynamics between faculty and medical students is Dr. Seth Waits. Dr. Waits is an assistant professor in the section of transplant surgery at Michigan Medicine. He has a primary focus on liver transplantation and liver cancer with a research focus on obesity and end organ failure. Seth, welcome to Surgery Sessions.

## Seth Waits:

Thanks for having me today, Gurjit.

## Gurjit Sandhu:

Also with us is Jessica Santos-Parker. She's a fourth year medical student at the University of Michigan who aspires to be an academic surgeon. She's a PhD in integrative physiology from the University of Colorado Boulder with a demonstrated commitment to under-representation in medicine, workforce diversity, and increasing access to transplantation. Jessica, welcome to the program.

## Jessica Santos-Parker:

Thank you for having me as well.

## Gurjit Sandhu:

Seth, I've heard you say that one of your favorite parts about your job is mentoring fellows, residents, and students. What does mentorship mean to you?

## Seth Waits:

Mentorship for me is providing a sound rock for learners to come to when they have questions about their course and questions about their future and whatever they are interested in pursuing. It's about the mentee finding a place where they feel comfortable and excited and interested in moving forward, whatever their passion is in life.

## Gurjit Sandhu:

Jessica, as a director of Michigan's Medical Students Surgery Interest Group, you've helped create multiple research mentoring programs. What does mentorship mean to you as a medical student?

## Jessica Santos-Parker:

It's an investment in me and my success. I think when I think someone signs up to be a mentor, they're kind of signing up to be on your team. And really more than that, demonstrating that they believe in you, which I think is really powerful. Especially students early on in their medical school training. So trying to get them exposure in that first year to surgery and to surgery mentors, I think is really key. And that's something that we've really put a lot of effort and work into helping build that.

## Gurjit Sandhu:

So, Seth, speaking more specifically, what does effective mentorship look like?

## Seth Waits:

The mentors that were the most successful with me are the ones that could adapt and mold themselves to whatever was going to make me most successful. So I remember, if I think back to an anecdote with sports, I never was the athlete who was going to do well with a coach who had a soft temperament with me. I needed someone to really push me along and encourage me to give my all every single time I went on the field. And the ones who had a more soft temperament, which is probably more of my temperament, I never really achieved that level of athletic success that I wanted. And I think that same can be said of academic success as well. There's a lot of mentees who don't need a lot of pushing. And Jessica is a great example of that. You give her an idea, she runs with it, she thinks of every angle, she comes back to you and you're always totally impressed with that.

## Seth Waits:

But some mentees need more pushing. They need a little more instructions. They need kind of an angle on things. Playing off of your mentee as a mentor, it's so important to understand what they need and realize that you're going to make mistakes. You're going to not push hard enough or you're going to push too hard on some things that they're not as interested in. But it's really important to realize what is exciting for them, what is not exciting for them, and don't push them based on your agenda, but push them on the agenda that they're interested in.

## Gurjit Sandhu:

And a key component is really flexing to meet the needs of your mentee. So, Jessica, how can a medical student be an effective mentee?

## Jessica Santos-Parker:

I view being effective as taking ownership of the mentoring relationship. So thinking from your perspective, what do you want to get out of it? Being in the driver's seat of whether it's clinical experience, research, mentorship in the professional setting. Knowing what you want to pursue, being prepared, being passionate, and working hard. And having communication, I think that's one thing, open communication really helps to build a great relationship. Everyone has kind of different levels of experience in what they've done in terms of what they might need for mentoring. And I've really liked ... Dr. Waits has been incredible and the rest of the transplant group in that they're not trying to shape you necessarily into them. They help you pursue your own passion.

## Gurjit Sandhu:

Seth, I've heard about TREE or this group about transplants in surgery. Can you tell me a little bit about this research collaborative and what it means in terms of mentorship?

## Seth Waits:

TREE is an acronym. It stands for transplant, research, education, and engagement. And I think those three last words really drive home what it is about. So we started about a year ago now with, I don't know, we probably had about 10 people to start, and it was a mix of medical students, and residents, and our fellows, and a couple of faculty. And we moved through the year, working on research projects that focused on improving the quality of care for transplant patients, or understanding the transplant experience more, or understanding education around transplant and fostering a sense of engagement and enthusiasm in the transplant experience. But then COVID happened, which has changed all of our lives in many, many ways. But one of the really magic things that happened with COVID was that since we were not forced to sit in the same room together around a table where there's people in front and people in back, et cetera, when we moved to this model of virtual meetings, it put everyone with the same size square on the picture.

## Seth Waits:

Nobody had a bigger voice or a bigger square than anybody else. It was all the same level of commitment and engagement within the meeting. It offered everyone a voice to be a part of the meeting. And that just sort of exploded. And Jessica is a huge part of that group. She was there every week during COVID pushing her research forward. So I'm interested to see what it meant to her, but I thought that pivot to virtual seemed like a negative at the beginning, but then turned into the biggest positive I could have ever asked for.

## Jessica Santos-Parker:

TREE has been extremely empowering because they've done all the things I feel effective mentors do. They meet you where you're at. They help you grow your passions. And I think it's been really great, especially for the medical students. We have all years from undergrads actually, first years to fourth years. And really all of them have been able to take on great leadership roles that I don't think is kind of the norm at other places.

## Seth Waits:

TREE offered an opportunity for Jessica to be the mentor. It would be a younger medical student, or even someone on par with her who she got to be a mentor for and was an effective mentor for.

## Jessica Santos-Parker:

I love to see students kind of grow, not just in their research skills or in their knowledge, but when you see them grow, I feel, in their confidence is what it's all about. You can take skills like your ... This is how you put together a research presentation. This is how you effectively communicate all the hard work you did. And then just from those actual concrete skills, you see how confident they are and then how passionate they are. And then how they then also want to pursue, potentially, that project or that career path.

## Gurjit Sandhu:

And, Seth, you mentioned earlier that sometimes mentoring can be a learning process. So are there examples that you can share with us where you've had to pivot your mentoring in order to be more effective?

## Seth Waits:

I think as mentors, missteps are always really hard to discuss because it exposes your fallibilities as a mentor. And certainly all of us have our weak spots. But one weak spot that I had was as I began to work into the journey of mentorship, moving from a resident to a fellow, to a faculty, and now working with residents and fellows myself, was that you sometimes develop relationships or friendships with your mentees that then can change the way you interact with them. And I've had a couple of mentees who are working on sort of similar projects, but from different angles. And working towards making sure those people share their research opportunities and don't become siloed, which excludes one person and doesn't exclude the other person, is really difficult.

## Seth Waits:

It offered me an opportunity without using specifics to go to my mentees and say, "Look, I handled this poorly and in the future I'm going to handle it better. And here's the things that we're going to do to make this better right now. So in the future, we don't have this happen again." I'm kind of a person who likes to live in a space where everybody's happy and doing well. And sometimes that's not always the case. And as a mentor, you have to acknowledge when you've made a misstep.

## Gurjit Sandhu:

But, Jessica, thinking specifically about ways that you've engaged medical students, some of the junior folks, what are some short-term or immediate ways that you've been able to mentor them?

## Jessica Santos-Parker:

It really centers around being available. A lot of it has been through our surgery interest group, kind of looking for ways to engage them. And learning technical skills can be stressful for especially first years before they go into their clerkships. We've done sessions with students where live, you can give them feedback on their skills. And then also teaching, just in general, how to do research. In terms of them

getting opportunities to engage with residents and faculty for our surgery interest group, we have a lot of sessions where they can just meet the faculty, right now it's been virtual, and hear about their own personal lives, but also then the specialty and get insight.

### Gurjit Sandhu:

You have sort of a longitudinal relationship with students. Can you talk to some strategies you use for mentoring over the long-term?

### Seth Waits:

The first opportunity to meet medical students for us as faculty is often when they come onto our medical student clerkship as M2s. Through that relationship in clinic and in the operating room, you generally get a sense for a student's temperament and their attitude towards surgery. Often if I come across a student who is particularly interested. They're clearly working hard to learn what we're trying to teach them when they're on their transplant fellowship. Offer them an opportunity, and I know my partners do this as well, to meet with me at a time outside of the clinical realm. I like to get to know them, like where are they from, what do like to do, what do they do when they're not working on being a medical student, and foster a relationship which is more than just inside the walls of the hospital. And then, offer them an opportunity to come to TREE and see one of our meetings and see if they'd be interested in getting involved in a project.

### Seth Waits:

So for me, it's a stepwise pattern. It's seeing that engagement first. And then the students who really sort of put themselves out there to want to meet with us, we do outside of the operating room or outside of the clinical arena. And then continue to move that relationship forward with being involved in TREE. But I think it's not necessarily all one time, one place. It takes time to develop a mentoring relationship. But the first opportunity is often in the clinical arena when we meet the students as M2s.

### Gurjit Sandhu:

There's something valuable in just getting to know the individual. I want to connect that to your expertise and experience with under-representation in medicine. And thinking about black, indigenous, Hispanic, Latinos, as three of the communities that are underrepresented in medicine, how can mentorship serve these students who identify as being part of those communities?

### Jessica Santos-Parker:

One thing that we've recognized is that we need leadership to be intentional about mentoring students that don't have the same background as them. And I think for these students, it really provides you almost a sense of belonging. Being underrepresented in medicine can feel very isolating at times. You're not seeing a lot of representation maybe in the residents or the faculty, and sometimes in your peers. If you combine someone's underrepresented medicine and their first-generation college, which I am. And even when I came from having a PhD into medicine, people kind of maybe assumed like, "Oh, you will know what you're doing and how to navigate medical school and medical training. But there's the term of hidden curriculum in terms of how to succeed and what to do. And now as a fourth year, I reflect back on a lot of things that I wish I knew. I also think it's an avenue for the mentor to learn from the mentee, especially when they're from diverse backgrounds.

## Gurjit Sandhu:

Jessica, can you say more about the hidden curriculum?

## Jessica Santos-Parker:

When you come in, you kind of just follow what the administration tells you, which, of course, is checking the boxes that you need to do to move forward, but you don't really know about all this other stuff to be successful. Applying for certain positions or knowing certain things, I think, is something that kind of puts you at a disadvantage when you don't even know that you're at a disadvantage.

## Gurjit Sandhu:

As a first-generation college student myself, one of the things I didn't know was that I even needed a mentor, right? And I think that is part of the hidden curriculum, is seeking out somebody to help guide you or sponsors or mentors, research opportunities, leadership opportunities. Those are sort of things that we're not exposed to early on.

## Jessica Santos-Parker:

One thing that we really target is the first year medical students coming in to get them connected to faculty, to residents early on. And they can then also help them kind of navigate the path.

## Gurjit Sandhu:

Seth, how do you think about that in terms of finding that golden nugget within your mentees and really appreciating the background they come from?

## Seth Waits:

When you meet a student who comes from a different background or comes from a place that you're not familiar with, try to parlay that into not only a sense of getting to know them as a person, but also using that as a means to think about what might be impactful in their community or in their future research endeavors. For instance, if someone comes from a rural background, thinking about how rural medicine may be impacted by transplant, or how transplant patients who are in a rural setting may be disadvantaged from transplant, things like that. That golden nugget is not always what you think it's going to be. And you have to keep your eyes open because every day you may hear something, see something that will offer an opportunity for you to engage with your mentee in a different way.

## Seth Waits:

And I think looking for those opportunities and not forcing it into this relationship, that is what you wanted to be. Jessica has taught me so much about the first-generation medical students, first-generation college graduates over the past three months that I will be forever thankful for the opportunity to learn from her. From our residents who come from backgrounds that are different from me, I have learned so incredibly much about the struggle and the continuous racism that we face in our society that I have never experienced and will never experience. But understanding it in a way that makes me able to better handle conversations with my patients and with my family.

## Jessica Santos-Parker:

The faculty and the residents here have been really great in recognizing ... They didn't necessarily know what other people are going through, but they're there to want to listen, to learn, and do the work.

## Gurjit Sandhu:

So, Jessica, how does one find a good mentor or find a good fit?

## Jessica Santos-Parker:

I think one part is recognizing and taking the ownership of, again, what you want to get out of a relationship. And that being on the same page with your mentor, I think, is really key. And that one mentor doesn't have to check all the boxes. I think actually having multiple mentors for different things is really powerful and helps you kind of succeed. And then Dr. Waits was talking about that personal getting to know the mentee is something that's really powerful because you can't really help someone succeed if you don't know what they're passionate about. And that goes with getting to know them. And then recognizing that your mentoring relationship is something that's not static, it's changing. So just open communication the entire time that you're working together. When medical students come in, a lot of them don't know what specialty they want to go into, and that can change over the year. And I always think a best fit mentor is a mentor that just wants to see you succeed in whatever you go into.

## Gurjit Sandhu:

How do you guide students in finding a good mentoring fit?

## Seth Waits:

You just got to get out there and meet people. And you're going to connect with someone, somewhere in some topic. And what you really have to do as a student, or no matter what you are along the curriculum, is be open and be friendly and start a conversation where you ask the potential mentor or potential mentee to talk about what they find interesting. And then you have to think about how that could fit into your own potential skillset. Ask questions, be interested. As a mentor, same way, ask questions, be interested, thinking about how that might apply to your strengths and how you might be able to help the person. And inherently, you're going to have some relationships that aren't going to work for whatever reason, just because you think of things differently, or just because you have a different interest in a certain field.

## Seth Waits:

Some of the interactions that I remember from medical school were, for instance, a neurologist would say, "Well, let me tell you about how neurology is going to affect your surgical patients." That meant so much to me, to come to my place and talk to me about it. For a minute you're like, "Wow, I could be a neurologist if I could just open doors for people just like this person did for me." Those are really incredibly powerful things. So, I think just be friendly with everybody you come across and ask them questions about what they do and what makes them excited to be whatever field of physician they are and what kind of research they do. And inherently, you're going to develop relationships. And you're going to find that person who works really well with you, or melds really well with you. You really have to feel comfortable in meeting your mentee where they are.

## Seth Waits:

What I'll say is that Jessica is hilarious. And when I knew that we were starting to kind of have a good mentee-mentor relationship was when she started kind of poking me about certain things and we got a good laugh several times. So I think an important component of the mentee-mentor relationship is that you can be yourself.

## Jessica Santos-Parker:

I agree with that because I think, not that I'm funny, but I think that I reflected a lot about this. I've always had the outlook. And what I was taught is that you need to always put your best foot forward and everything you do you might be judged on a little bit. And that you can't give anyone a reason to critique you. You just always have to show that you're solid and it's something that's a hard thing, I think, to deal with. I have a very professional demeanor, and that's what I'm used to, but I'm very sarcastic. I really like surgery because I think the surgeons are always like, "Oh yeah, we can poke fun." But once you poke fun at them, it's a different story in that it's a good relationship.

## Jessica Santos-Parker:

I think the operating room's a unique area where you can get to know faculty really well. And that's something I really like with Dr. Waits. He was, like I said, a great mentor when I was on transplant with him. You're still, no matter what, a nervous medical student in there, but he let me do my first assist with him. I don't know if he remembers, but we were doing a kidney transplant and that's something that was really valuable, in that he was just really personable, but also taking the time to really teach. And that's something that really sticks with you.

## Gurjit Sandhu:

Sounds to me mentorship is about knowing the whole person. Thank you for helping us better understand the role of mentorship between faculty and medical students and the benefits and opportunities it fosters. And perhaps the most important thing I learned is that mentorship is about intentionality and humility. That's Dr. Waits, transplant surgeon with Michigan Medicine. Seth, thank you for being with us.

## Seth Waits:

Thanks for having me today.

## Gurjit Sandhu:

And Jessica Santos-Parker, fourth year medical student at the University of Michigan. Jessica, thank you for being with us.

## Jessica Santos-Parker:

Thank you so much for having me.

## Gurjit Sandhu:

You've been listening to Michigan Surgery Sessions and I'm Gurjit Sandhu. Thanks for tuning in.



## Narrator:

Thanks for listening to the Michigan Surgery Sessions Podcast. To learn more about the Department of Surgery at Michigan Medicine, our people and our programs, and to find more podcasts, visit our website at [medicine.umich.edu/dept/surgery](https://medicine.umich.edu/dept/surgery).