EDITORIAL

Mentoring Millennial Rheumatologists

By Philip A. Baer, MDCM, FRCPC, FACR

"Millennials don't want to be managed, they like to be led, coached and mentored. This generation is on fire and ready to go. Are you ready to change the world?"

– Farshad Asl, author of The "No Excuses" Mindset

Millennials and how to nurture them are topics which are becoming popular in medical news and literature. Recent articles have appeared in *The Journal of the American Medical Association (JAMA)*[1] and *The Canadian Medical Association Journal (CMAJ)*.[2] They dwell on how millennials have different learning and communication styles, are not really addicted to avocado toast (which I noticed was part of the catering menu at the 2018 CRA Annual Scientific Meeting [ASM] in Vancouver), and are often misunderstood by older generations. The example of a millennial surgical resident being mistaken for playing a video game on his phone while preparing to scrub in, while he was actually reviewing a video of the planned surgical procedure, illustrates the issue.

As a baby boomer blessed with twin millennial sons and their partners, I have some personal experience with the situation. Phones are ever-present, though rarely used for phone calls. Texting, instant messaging and social media keep us connected. Exchanging links to common touchpoints of interest, such as Toronto sports teams, legal absurdities, auto insurance scams, ticket scalping, doctors in trouble and controversies regarding sex education in Ontario is de rigueur. I only need to embrace podcasts more, and swap my Blackberry for an iPhone, to really get attuned with my burgeoning millennial family.

At the office, I can use what I learn at home to personalize patient interactions as well. The easiest people to connect with now are millennials and their parents, as we are experiencing the same concerns. Ten years ago, I had more shared experiences with graduating high school students (rarely seen in an adult rheumatology office) and their parents. Twenty-five years ago, it was parents of young children. In an age of high patient throughput, limited time and appropriate ongoing resistance to depersonalized assembly-line medicine, common interests and experiences are key to establishing rapport with patients who are stressed and battling the chronic illnesses which we deal with.

I have always enjoyed teaching. As opportunities on the continuing medical education (CME) circuit dwindle for traditional dinner talks, opportunities to mentor new in-practice rheumatologists have exploded. Learning in these situations is truly bidirectional. I had a wonderful morning office recently with a local rheumatologist now two years into private practice. He certainly didn't need me to teach him the pathophysiology of rheumatoid arthritis (RA). As we used the same electronic medical records (EMR) system, the most practical things I could teach him were tips and tricks I had learned or created to make documentation faster and more comprehensive, as well as key forms and templates I had created to handle repetitive nuisance tasks (Rejected Referral letter, Rejected Prescription Refill letter, Request for More Information on a Referral letter, *etc.*) Useful phrases to start and end clinical encounters with and to handle diagnostic and therapeutic uncertainty were also part of my curriculum. In the other direction, I learned about the difficulties of modern hospital practice, a few Windows shortcuts and how to get a new computer keyboard to connect properly. Time well-spent on both ends.

In a group setting, I had another opportunity recently to spend an evening with a group of six millennial rheumatologists in practice for one to five years. The initial thought was to discuss difficult cases, and we may yet do that in future. For the inaugural session, I prepared about 25 slides covering practice tips, handling difficult patients and difficult office situations, and staying out of trouble with the provincial regulatory colleges. I also had slides on the "marathon vs. sprint" approach to a long medical career, and case studies on more unusual topics. These included my three personal encounters with the provincial regulator, lessons learned from being a medical expert for the Canadian Medical Protective Association (CMPA), and the cautionary tales of the three Ontario rheumatologists who have lost their licenses during my time in practice, and the one who went to jail. However, we had such a spirited roundtable discussion that, after 90 minutes, we had only reached slide #5! I always say when I speak that I am not wedded to getting through every slide in my deck, but for once it came true in a really organic and worthwhile session for all of us.

Continued on page 5

(Continued from page 3)

I have a lot of empathy for millennial rheumatologists. As a baby boomer, I benefited from medical school tuition of $800/year, no student debt on graduation (thanks to my parents on that score), a much better ratio of applicants to positions in the Canadian Resident Matching Service (CaRMS), multiple practice opportunities on completing fellowship, and a friendlier fee schedule which actually increased over time, at least initially. Houses were cheaper to buy, once I got over the sticker shock of moving from Montreal to Toronto. Later in practice, I benefited from a now-defunct government subsidy program to acquire and maintain an EMR as well.

If you are in the same position, I encourage you to get involved in mentoring our younger rheumatology colleagues. The CRA has many opportunities, including summer studentships and mentoring opportunities at the ASM, the latter of which I have participated in numerous times and highly recommend. In Ontario, Dr. Thanu Ruban is leading the Emerging Rheumatologists of Ontario (ERO) initiative of the Ontario Rheumatology Association (ORA) to connect mentors and mentees for learning, possible locum and permanent practice opportunities, and the creation of a practice handbook specific to rheumatology. Similar endeavours may be underway through other regional rheumatology associations across Canada. Leading Canadian rheumatologists, such as Dr. Mary Bell and Dr. Gillian Hawker, are pioneers and award winners for their mentorship work in academic medicine. Future Leaders in Rheumatology Training (FLIRT) led by Dr. Janet Pope is another initiative in this direction.

Just as I was writing this article, the American College of Rheumatology (ACR) announced yet another program aimed at millennials: "Creating Adult Rheumatology Mentorship in Academia (CARMA) is a mentoring program to support career development and enhance decision-making and satisfaction for rheumatology trainees and junior faculty as they transition to independence after fellowship. Established ACR members will serve as mentors by providing remote career development guidance for early rheumatology investigators." You can email *carma@rheumatology.org* for more information.

I can assure you that being a mentor is a valuable and appreciated way to give back to the broader rheumatology community, and that you will learn at least as much as your mentees.

References:
1. Waljee JF, Chopra V, Saint S, et al. Mentoring millennials. JAMA 2018; 319(15):1547-48.
2. Mercer C.. How millennials are disrupting medicine. CMAJ 2018; 190(22): E696-E697.

Philip A. Baer, MDCM, FRCPC, FACR
Editor-in-chief, CRAJ
Scarborough, Ontario

WELCOME TO THE RHEUM

Welcome to the following new members:

Megan Barber, Caglary, AB

Mark Warwas, Vancouver, BC

Stephen Wong, Los Angeles, CA

AWARDS, APPOINTMENTS, AND ACCOLADES

The *CRAJ* would like to recognize the contributions of its readers to the medical field and their local communities. To have any such awards, appointments, or accolades announced in an upcoming issue, please send recipient names, pertinent details, and a brief account of these honours to *jyotip@sta.ca*. Picture submissions are greatly encouraged.