

Mentors

“I’m like a horse that smells the barn,” was the response I got to the quizzical stare I directed at my new running partner. He had just done a reasonable Usain Bolt impression after struggling for most of our lunchtime run. I met my mentor over 20 years ago while doing a locum for one of his partners. He caught me heading out the door in my running shoes one lunchtime and signed me up for the next day. Little did I know that this would be the start of a long and beautiful relationship where generally we would run together at lunch at least once a week. An older and established family physician in my community, he was an invaluable resource as I started to build my practice. He had come to Langley to build a life and foster a practice full of families that he would care for from birth to grave. He delivered babies, worked in emergency, saw his patients in hospital, and provided innumerable hours of on-call service. He cared deeply for the community that he worked and lived in. I could always bounce a difficult case, patient, or family off him while the miles passed, and he would always answer with intelligence, patience, and kindness. I admit I almost punched him on a few occasions when the usual, “Well, what do you think?” response would float my way. He would listen carefully, add a few measured words or questions, and help me to arrive at what I already knew but needed to rephrase with his guidance. He had a gift for leading me to decisions based on compassion and goodness.

Now, don’t get me wrong, my mentor isn’t perfect. Some of his misguided political leanings led to many frustrating arguments despite the obvious truth about how wrong and stupid he was. He has never figured out how to get his shoelaces to stay tied

and his choice of running attire is unique (i.e., yellow shorts over top of purple tights with a green shirt, blue hat, and pink glasses strap). Lastly, who doesn’t wear a watch?

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Not only was he a mentor on medical matters but also in life. As our footfalls passed through the years he saw me through many of life’s troubles and tribulations. His wise words and support eased the pain of family illness, relationship issues, work conflicts, children concerns, and more. I

have safely trusted him with many intimate details, and despite getting to know my many flaws he hasn’t had me committed. He is also an avid birder and taught me a new appreciation for what nature has to offer, even during a lunchtime run. He kept on teaching me about birds despite my responses to most of his dissertations: “Do they taste good?” or “How many would I have to collect to make a reasonable-sized meal?”

I am sharing this with you because my mentor has retired. I haven’t identified him by name as he would be embarrassed to be singled out for any recognition. This is a man who waited a whole year to retire as he felt obligated to try to find his long-time patients a family physician to take them on (an impossible task). Our community will deeply miss his commitment, dedication, and unflagging caring. His retirement seemed to arrive so suddenly.

Most of us only really begin to appreciate the value of something as it comes to an end. I encourage each of you who are lucky enough to have such a mentor to relish the moments you spend together, as life moves so quickly.

I will miss him more than words can say. Happy retirement, buddy.

—DRR

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Going for gold: A case for physician coaches

A few months ago, we watched the incredible feats of athletes who, through intense training and hard work, made it to the Olympics and brought home gold. They couldn't have accomplished so much without the support of their teams and particularly their coaches.

Physicians work as hard as Olympic athletes, and while we might not aspire to a podium, we take pride in our best clinical abilities. Our judges are our patients and colleagues, and with their occasional feedback, we contentedly trudge on.

We keep up to date with our obligatory CME by attending conferences that are of interest to us, but perhaps unconsciously, we favor those conferences and courses that confirm that we are current in practice.

Occasionally we receive wake-up calls that make us stop and think: a colleague may stop us in the hall and ask, "Do you remember that patient...?" Nothing good ever follows those words. Equally disconcerting is the receipt of a buff-colored envelope from the College marked "private and confidential." Or worse, a notification of a malpractice action. Few of us would regard those instances as learning opportunities. Concerns about competence strike at the very core of what we are trying to be: good doctors. A common response to criticism is to employ defence tactics: we tend to think things like "it couldn't be me," "it was a one-off," or "things were really hectic that day."

So, if we aren't receiving constructive feedback, and if we let our CME drift in familiar waters, and if criticism is shunned, could we not then just rely on our own instincts? Unfortunately, self-evaluation is well known for its shortfalls: top performers tend to underrate themselves, bottom performers tend to overrate themselves.¹ Even if we had some privi-

leged insight into our deficiencies, it is questionable that we would be able to act on those deficiencies in a sustained matter.

Some time ago I decided that it was no longer appropriate to work as an emergency physician in one of BC's busiest emergency departments without the CCFP(EM) credentials that

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so many of my younger colleagues had obtained. After 20 years of never having challenged any test more substantial than the ACLS or ATLS examinations, I decided that it was time to prepare for the CCFP(EM) examination. Fortunately, a close friend and colleague whom I very much respect offered to coach me. For many late afternoons and evenings he questioned and grilled me. I soon discovered that although I had become quite comfortable and assured in my clinical abilities over the years, in many areas I had become unconsciously dyscompetent.^{2,3} In other words, I did not know how much I did not know. However, this editorial is not about the unpleasant summer I spent studying in my basement to pass the CCFP(EM) exam but rather to share my revelation that no matter how prepared I thought I was in clinical practice in my formative years, I had not been

able to sustain optimal clinical knowledge by my own direction. I was fortunate to have had a coach.

Next year the College will be instituting a multisource feedback assessment program starting with family physicians. Feedback data from patients, colleagues, and co-workers will help identify opportunities for improvement. It is likely, however, that few of us will make changes without the guidance of someone we respect: someone we are willing to listen to and take advice from. I have no doubt that being coached provides the ultimate professional development experience, and I encourage all of you to consider who your coach might be as you continue your own professional journey.

Give it some thought. I'm sure you'll smile at the reactions of patients and colleagues when they ask you, "Who is that person following you around?" and you reply, "That's my coach—I'm going for gold!"⁴

—WRV

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