



ACEM Mentor Connect

Dr Mark J. Sagarin

Dr Mark J. Sagarin is a FACEM and consultant at Taranaki Base Hospital in Aotearoa New Zealand. He has practised emergency medicine for 25 years.

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Dr Sagarin shares his thoughts about mentoring, the positive impact it can have on mental health, and how each of us can continue to renew through learning.

I graduated from Harvard Medical School in the US in 1996. Harvard was late to the game of training emergency medicine specialists and so I was part of the inaugural class of trainees.

I trained and practised in Boston, Massachusetts, and then Albuquerque, New Mexico, before moving to Aotearoa New Zealand in 2014. I have recently become involved with ACEM as a Regional Wellbeing Champion. I think wellbeing and mentoring are linked and we can all benefit from guidance throughout our careers. I was lucky enough to have a mentor who guided me as a medical student and later became my first supervisor, but not everyone finds such a person early on in their career.

Teaching has always been part of what I do. While in university, I was a Big Brother, which, was a wonderful experience, and before I became a doctor, I worked for two years as an exam tutor and high school teacher.

There were times in medical school where I felt quite lost. At one point, in a state of deep sleep deprivation, I even considered quitting. I didn't really know who to turn to but did get some help from early mentors.

In the mid-1990s, emergency medicine was not fully accepted as a valid medical specialty, so I was lucky to have a few mentors who took pride and advocated for this field. Mentoring is essential to new doctors trying to find their own way. It enhances our own practice and confirms what we do.

So much of what we do, the style of our clinical practices and the ethics we follow, are found outside of any textbook. Each one of us eventually finds a practice style that suits us,

which is usually an amalgam of our own personal values and ethics, and those of the people who guided us.

A mentor can reflect their own successes and failures as a physician. They can guide a younger colleague in the same way a parent or grandparent can guide a child. However, the mentees are adult physicians and often the person being mentored has a different approach. This can sometimes challenge the mentor, yet this interaction is one of the ways that our specialty – via thousands of such relationships – progresses and evolves.

There are many subtle aspects of our interactions with colleagues, nurses and patients that can only really be learned through repetition and experience, but I encourage younger colleagues to reflect on what goes well or poorly.

I had a junior doctor write something in the medical record that implied he had no confidence in my ability. This was the type of statement that should never be in a medical record. I had a discussion with him about this and the negative implications. I guided and asked the trainee to try to remember the details of this case in three to five years' time, and to reflect to see if he thought he would do the same thing again. I didn't feel I could allow my hard feelings about this incident to negatively affect my relationship with him, so I asked one of my colleagues to take him on, as an advisee.

These experiences teach us that we can continue to renew through learning and take pride in our work. Having support from a more experienced colleague, who sees you as the future of the specialty, is extremely meaningful.

I heard about the Mentor Connect program through ACEM communications and emails. I have only had the one contact with an Australian physician, which went very well. It could be a very meaningful and an important contribution to our specialty to have hundreds of quality mentors out there. We will all be doing ourselves a favour because the mentor usually gets as much out of the relationship as the mentee.