

The Frances Maitland Memorial Lecture 2001

Presented by Kevin Bunnell, EdD

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Opening

Two Reasons

To preserve the memory of and understanding about this woman who influenced so many.

To expand your understanding of and interest in mentoring as a way of learning.

It will be two years next month since Frances Maitland died. And so, most of you, being new to CME, never knew her.

So, I want to tell you some of the other reasons why we gather each year to honor her. Perhaps the most obvious are — that for many years she essentially ran the Accreditation Council for CME with the help of a part-time physician and a part time secretary-and, that she served as Executive Director of the Alliance for CME.

But there was much more than this to Frances Maitland. Besides being a very able administrator, she was a consummate teacher—a mentor to literally hundreds of continuing medical education folk—both neophytes and the vastly experienced. Some of those who knew her well liked to call her the “Mother Corrector of Us All”.

And beyond that she was a mother to two daughters and two sons, and to a couple of step children; she was an unostentatious intellectual with wide ranging interests in art, music, and literature; she was an accomplished skier and a happy hiker. She had gourmet tastes in food; knew the location of all the best restaurants in any city she visited. And when it came to choosing the proper wine to go with a meal, all deferred to her infallible taste.

She was a very private person who lived alone for much of her adult life; yet she was one of the most social people I ever knew. I have seen her, during a conference, take a half hour to walk across a hotel lobby greeting people and answering questions for CME folk who all wanted a moment of her time. Although she didn't have a long string of degrees after her name, she was one of the most intellectually competent and socially centered people I ever met. She was equally at ease with the most prestigious physician or research Ph.D. and with an uneasy neophyte who had just been asked to take on major CME responsibilities.

She combined the qualities of being very bright with a love of people and an unselfish desire to help those who came under her tutelage to do and be their very best.

These, are some of the reasons why we honor Frances Maitland each year with this lecture for people who are new to the profession of CME. She was a model for us all.

More About the Background of this Unusual Woman.

Frances Mary Maitland, of Scottish extraction, was born a Canadian, and grew up the daughter of a small town doctor in Collingwood, Ontario at the foot of Georgian Bay. At the time of her birth, her parents were on a medical mission in India. Almost immediately she showed signs of failure to thrive, and so her parents packed up and headed for home.

She grew up in the thirties, the somewhat spoiled daughter of the only doctor in town and a mother who tended to speak in aphorisms. Their home was an immense gray Victorian structure which also housed her father's “surgery” and was graced with a continuing line of Great Danes. I have an idea that Frances was a bit of a hellion in the little town of Collingwood. Brighter than most of her peers,

she was fearless, loved to ride her horse wildly, and tyrannize her younger brother. She was reasonably good in school, but was probably bored and not achieving up to her potential. And so, her parents decided to send her to Toronto to complete her secondary school education. There she attended an exclusive girls school that would match every stereotype you could imagine for a fancy, very English finishing school. In addition to her studies, she undertook more than one illicit expedition over the school's back wall late at night to bring back ice-cream for her roommates.

After high school she moved on to Ann Arbor to begin study on a bachelor's degree in nursing at the University of Michigan. Somewhere along the way she met another Michigan student who convinced her that life on the West Coast as the wife of a Jet Propulsion Laboratory engineer would be more exciting than being a nurse.

Within just a few years, back in Michigan, she had given birth to four closely spaced children and was living in a huge log cabin on the far northeastern shores of Lake Michigan where her husband, now a realtor, was developing exclusive recreational properties. Child rearing tasks were heavy and onerous. Collegial relationships were absent and intellectual stimuli were few.

And so, in mid-life, Frances found herself in Chicago, sans husband, obtaining U.S. citizenship, and working as a secretary and assistant at the American Academy of Orthopedic Surgeons. Here began the professional life of Frances Mary Maitland as we knew her. Here, her intellectual talents bloomed, here her professional self confidence emerged, and here she began to use the warm, supportive, interpersonal skills that won the hearts of so many of us for so many years.

Later, when the Council of Medical Specialty Societies assumed responsibility for administering the affairs of the CME accreditation system, she moved to their offices in Lake Bluff, Illinois, where, as I said, she essentially ran the affairs of the Accreditation Council for Continuing Medical Education (ACCME) with part-time secretary Kay Fabian, and with Richard Wilbur, MD as medical backup.

When the AMA took over responsibility for administrative support of ACCME, Frances declined to move to downtown Chicago. At that point the Alliance for CME was seeking an executive director to replace founding member and Executive Vice President, William C. Felch., MD. After a National search, Frances was offered and accepted the position, where she remained until her retirement in September, 1996.

What I Learned about Mentoring from Watching Frances Maitland in Action (And what you can learn).

Frances was Great In Crowds:

I said I remembered seeing her working her way across a crowded hotel lobby answering questions for CME folks. What did I learn about her from watching these mentoring moments?

First: These folks wanted to hear what she had to say because she knew her stuff. She had explored and absorbed the farthest and darkest reaches of CME knowledge. If you asked her for advice you were positive she knew what she was talking about. That's what it takes to be a mentor.

Beyond her rock solid knowledge base, Frances had what I call intellectual nimbleness. She could read a person's needs immediately, taking into account experience and working situation, and nimbly, in a few words, target the answer perfectly.

During these encounters I also saw— all around her like an aura— love for the people who needed her help. The Greeks called it agape or brotherly love. It looked to me like she genuinely wanted those people to succeed in their professional work. That supportive attitude showed through even when she was doing an accreditation site survey.

Frances and Another Kind of Mentoring

I would guess that 90 percent of Frances' mentoring time was spent on the telephone. Mentoring on the phone is like responding to questions in a crowd in that it requires nimble diagnostic skills and the ability to shoot answers straight at the center of the need target.

But some of Frances' phone consultations extended to lengthy conversations probing the far reaches of CME and accreditation knowledge. When she was with ACCME, she received endless calls from applicants inquiring about the subtle, and sometimes not so subtle, requirements for accreditation. She was always characteristically patient, supportive, and reliably informative.

As a result, hundreds of people all over this country felt that the accreditation process had been demystified for them; she made them feel they could master the process even though they were not vastly experienced, and they loved her for that.

Frances understood that mentoring could involve risks, and, that extended, in depth mentoring could involve serious risks. She had an infallible sense of balance between the desire to help solve a person's professional problem and the temptation to reach beyond the realm of certified knowledge into conjecture. As an official of an accreditation body, if she went too far, she risked being called into account by the Council. In retrospect, I think she showed great good sense in extrapolating from the firmly known into the less well known, but logical-for the sake of moving a CME program along in the process of accreditation. As a result of Frances' solid mentoring judgment, the Accreditation Council was spared the burden of dealing with the many minor equivocal issues that arose. Programmed Mentoring

Another kind of mentoring might be called Programmed Mentoring, or simply, teaching. A typical venue for such teaching would be a workshop sponsored by a state association of CME professionals. The subject might be "The Essentials of Accreditation with a Special Emphasis on the Standards of Commercial Support". Having done several such workshops with Frances, I know how she worked. Exposition was brief and questions and answers were extensive. She understood very well that teaching must be "learner centered". She knew that the workshop participants had come loaded with questions, and she saw to it that the agenda moved quickly to their specific concerns. One-on-one programmed mentoring (what we usually think of as mentoring)

Still another kind of mentoring could be called "One-on One Programmed Mentoring". In this relationship, a well experienced CME professional and a less experienced person agree to work together for the longer term professional development of the learner.

Here are some thoughts about entering into such a one-on-one relationship.

(Mine, rather than explicitly Frances')

—Be very thoughtful about choosing a mentor. Look for someone whose opinions are respected by peers, someone who can put your interests and concerns ahead of her own agenda—who can ask probing, thought provoking questions, someone who understands the importance of economy in the use of your time, and who therefore, can present complex matters tersely and clearly.

—Long-term one-on-one mentoring must entail thoughtful planning by mentor and learner. This involves a careful study of the learner's present professional situation as well as goals for the future; it involves developing a work plan: setting objectives and planning activities that will achieve those objectives. This work plan should be detailed enough to serve as a guide for assessing progress, and as a tool for evaluation.

—A successful mentoring relationship does not require that both parties be in the same educational community. Most of the work of mentoring can be done by phone or e-mail, with only occasional face to face meetings. Use these technologies so you can work with the person who is best for you.

—Finally, —and this may sound strange at first hearing—be circumspect about announcing your mentoring relationships to your colleagues. Some may consider you are already well qualified for your position and may not understand why you need help. Sufficient recognition will come to you when you put to work the new knowledge you have gained from the give and take of mentoring.

Back Again to Frances

There is one more thing about her I want to leave with you.

Her rich professional life in CME demonstrated that you don't need to have a long string of degrees after your name to be a good mentor and be at ease with the movers and shakers in Continuing Medical Education. She proved that—and she did it with elegance and grace.

When some of you, in your turn, advance to the point where you are ready to be a mentor, what you need—is to be smart—and to know your CME stuff; you need to be an attentive and accurate listener; you need to know how to assess the state of a learner's knowledge and experience; and you need to be able to shoot the answer to a problem straight at the target in clear terms with a minimum of peripheral stuff. And, like Frances Maitland, you need to know how to do it all—with love.