

2009 Frances Maitland Memorial Lecture

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From Ms Ziemnik's Presentation at the 2009 Alliance Annual Conference

Thank you to the Alliance for selecting me for this year's Frances Maitland Memorial Lecture and to Merck & Co., Inc. for their sponsorship of this lecture to honor Frances Maitland and continue her legacy as one of CME's best known mentors. This lecture recognizes the importance of the role of mentoring in the CME profession, which has been proven to be successful as evidenced by the many CME professionals who have been mentored by someone like Frances Maitland. I am deeply honored to be the 10th recipient of this Alliance award.

As we mark the 10th anniversary of the Frances Maitland Memorial Lecture, I encourage you to read the manuscripts of former Maitland lecturers, as they provide tremendous guidance and advice on mentoring that you will find extremely valuable whether you are a mentor or a mentee. These are available on the Alliance website. It is an illustrious list of individuals that I am truly humbled to join. I have attempted to weave the wisdom of these individuals into this lecture. I decided to take yet a different approach to my lecture—spending less time on defining mentoring and discussing it in the more formal context. Instead, I am focusing on the relevance of mentoring for CME professionals at every level, and discussing mentoring as more of an informal activity. As Bob Raszkowski noted in 2003, this is the “established tradition of CME. It requires no contract, no long-term commitment. It is the tradition of freely sharing insights and ideas.” In her graceful manner of expression, Patricia Spencer described mentoring in 2007 as “making intentional choices about how we live and then living into those choices through all our experiences with everyone we encounter.” No wonder she was one of the most influential mentors in my life.

During my preparation for this lecture, I was reminded of Frances' extensive CME portfolio as a 20+ year CME veteran, and the many connections we ended up sharing after we first met in 1988. I began to wonder how my decisions were in some way influenced by the path Frances chose. Frances began her CME career at the American Academy of Orthopedic Surgeons. In the early 1970s, she became the Assistant Executive Secretary for the Council of Medical Specialty Societies (CMSS), which at the time housed the Accreditation Council for Continuing Medical Education (ACCME). There she took the lead in developing a new system of accreditation of CME providers. Frances held the position of Executive Secretary of the ACCME and in 1991 assumed the position of Executive Director of the Alliance. She continued her work at the ACCME until 1993. Frances was also a member of the National Task Force on CME Provider/Industry Collaboration.

I can pinpoint the place and time when my most instrumental mentors touched my life. Many of you are sitting in this audience. Sadly, some are no longer with us. I vividly recall being at this very conference, in this very city, in 1989 when my boss at the time and later lifelong mentor, Patricia Spencer, introduced me to many of her CME colleagues. Many of us were from Illinois and quickly realized that we came 2,000 miles to share our ideas and challenges when we all lived within 50 miles of each other! It was Frances Maitland who suggested that we do something to ensure we continue this spirit of idea exchange back at home. It is in the time that ideas and experiences are exchanged that the tradition of the mentoring process is continuously renewed.

Later in 1989, Frances invited a group of us to lunch, and there the roots for the Illinois Alliance for CME began. Frances and I got to know each other better through this exchange, and it wasn't long until she invited me to chair the Alliance Institute subcommittee. I was in my 20s and had only been in CME for three years, but she recognized my eagerness to learn and to be actively involved in the wider CME community, and she gave me that opportunity—a lesson for mentors and mentees alike. I tell you, the more experienced CME professionals, that it is your obligation to recognize the experience, skills and potential in newcomers to the field, and find a way to get them involved in our field now. Newcomer does not equal inexperienced. As Marcella Hollinger remarked in 2002, “The essence of mentoring is not only to pass along knowledge or skills to others, to not only help others problem-solve, but to influence these others to be knowledgeable enough and confident enough and caring enough to be mentors too.”

Mentors are found inside and outside the work setting. I have been one of the lucky few who can say with confidence that since entering the CME field over 20 years ago, I worked for supervisors who were instrumental in my progression from neophyte to mentor and leader. I am compelled to recognize those individuals given this unique lecture opportunity. They are Betty Warner, Jim Breeling, Patricia Spencer, Bob Perelman, Errol Alden,

and John Ball. These incredibly talented individuals did far more than mentor me in CME. Barbara Schneidman noted a similar observation about Frances Maitland in 2006. "Her methods of role modeling and mentoring were unique in that they did not involve only work-related issues. Her professional behavior was wide reaching and had a profound impact on how I handled myself in similar situations with my own interpersonal and professional skills." This is the same gift I received from my workplace mentors. I hope that all of you are that fortunate, but if you're not, participating in mentoring relationships in the wider CME community may give you what you're not receiving in your own workplace. I can say that about few professions.

What defines a mentor? A mentor is someone who:

- Helps someone grow and develop
- Nurtures, cultivates, educates, trains, encourages, supports or serves others
- Fosters friendly relations and inspires with confidence
- Gives hope or courage.

As David Lichtenauer commented in 2004, "Mentors are important because they take you to the next level with their experience and wisdom."

And what defines a mentee? Most obviously, it is someone who is being mentored or guided by a mentor. The mentor works with the mentee to strengthen competencies needed to enhance job performance, career progress and often times, personal as well as professional growth.

As chair of the Alliance Professional Development Committee, I would be remiss in not mentioning the Competencies for CME Professionals, developed by the Alliance. The competencies most related to mentoring are in Competency Area 8: Self-Assessment and Life-long Learning. I encourage both mentors and mentees to review the Competency Areas in depth. (They can be found on the Alliance website.) The list may appear to be never ending, so I would like to briefly discuss the practicalities that might help ensure a successful mentoring experience given the realities of our ever increasingly regulated CME environment and resource-challenged work environments. Feeling overwhelmed is an understatement. I can't think of a more important time for mentors to step up to the plate and mentees to seek mentors.

Many of you may be familiar with the anonymous quote often circulated via the Internet, *Are your friends here for a reason, a season, or a lifetime?* Since I believe in natural mentoring through friendship, I suggest that this quote applies to mentors who come into your lives for a reason, a season or a lifetime. The mentor and mentee must both figure out which type of relationship it is and then they will know what to do for each other to ensure a successful mentoring partnership. When someone is in your life for a *reason*, it is usually to meet a need you have expressed. Maybe you just need to ask a colleague a specific question about the ACCME Updated Criteria. People may come into your life for a *season* because your turn has come to share, grow or learn. In the first Frances Maitland Memorial Lecture in 2000, Sue Ann Capizzi quoted Marsha Sinetar's book, *The Mentor's Spirit*, in which she suggests that sometimes you will find a mentor for a skill or a project. It might be that you would like to work with a colleague in a different CME environment on a CME outcomes project. *Lifetime* relationships teach you lifetime lessons. I suggest that this may be the more formal mentoring relationship which some of you might actually start at this Alliance Conference!

Regardless if your mentoring relationship is for a reason, season or a lifetime, it is important to set expectations for communication, so both mentor and mentee can participate in the relationship—while still getting their daily work done without feeling added pressures—and realize the gifts of the mentoring process. Discuss your preference for communication. Is it in person, on the phone, through email or texting? Discuss time constraints and, if you don't have time when approached by the other, be clear and identify a time that works for you both. I regret the instances that I did not take the time to adequately help a newcomer either at an Alliance Conference or in another venue.

So I charge mentors and mentees to *pay it forward*. You may recall the 2000 movie where Haley Joel Osment comes up with a plan to do good deeds for three people who then, by way of payment, each must do good turns for three other people. These nine people also must pay it forward and so on, ad infinitum. Here are the three rules to pay it forward:

1. Something that really helps people
2. Something they can't do by themselves
3. I do it for them; they do it for three other people.

When someone does you a big favor, don't pay it back, pay it forward. You never know how your actions can change the world or, at least, our CME world.

Sue Ann Capizzi remarked in 2000, "Frances Maitland was a guiding light through the most innovative and sometimes perilous times in recent CME history. It was Frances who took up the charge and effectively convinced the FDA to allow the voluntary accreditation system to regulate the separation between education and promotion." That type of guiding light is needed now more than ever, thus mentoring in the CME profession is an absolute imperative.

In closing, I say to the experienced leaders of CME professionals, don't forget to take the time to help the less experienced and don't forget that individuals new to the CME field bring a wealth of experiences that will enrich our CME world.

To those who may not consider themselves leaders but have been around the block in CME, help each other and help those who are new to the field. Participate in *horizontal mentoring*, as referenced by George Oetting in his 2005 lecture. Horizontal mentoring with your colleagues at the same operating level is a powerful force in our personal interactions with colleagues, as we teach and learn from each other.

To those who are new to the field, don't hesitate to reach out for guidance from those more experienced, and remember that you have much to teach them based on the many different experiences and skills outside CME that you bring to the table. As Bob Orsetti remarked in his lecture last year, "Realize that you have chosen a wonderful profession, that, despite regulatory boundaries, offers profound opportunity to make a difference in the lives of many individuals."

My hope and wish for each of you is that your lives are as enriched as mine has been by the 20-plus years of CME friends, mentors and mentees. Take seriously the opportunities to engage with one another that mentoring affords, and remember to pay it forward.