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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.



We have all had mentors of one type or another since we were kids. Parents, coaches, teachers, etc. in our early years. Later came seasoned clinicians and surgeons during medical school, residency, and fellowship training. Some were negative mentors, but most were positive.

Fair enough. But what about after our training was “complete”? How many of us feel that we were taken under the wing of a more senior urologist, who then helped us navigate the stresses of beginning clinical practice, the landmines of hospital administration, and/or the gauntlet of university academics and politics? Does anyone recall receiving a magic prescription for how to balance all of these demands with a healthy personal life (whatever that is...)?

We do not have a formal career mentorship program within the CUA. Maybe we should. Frankly, I wouldn't know where to begin in order to establish one. We do have an informal one, however. I have been a beneficiary of it. Just by being involved with the CUA for so many years, I was fortunate to work with numerous individuals from whom I learned so much. They did not exactly tell me what to do (or more often, what not to do), but I learned from them by observation. I think this made me a better urologist and person, and by proxy, helped my patients and family.

One of the many privileges of being CUA President is that the position gives me a voice. One aspect of that voice is the invitation to submit these *CUAJ* editorials on topics of my choosing. I would like to acknowledge a few maxims that I have gleaned from mentors of mine over the last 25 years or so. I suspect these individuals never even knew they were career lodestars for me.

Chapeau, from East to West!

Peter Anderson:

Complaining is necessary, but not enough. Do something about the problem. Get the data, get involved, and make a change. That means slogging it out in boring meetings to get your message across. It is important to have a balance of clinical and non-clinical interests in your work life. *(Not surprisingly, as I was putting the final touches on the penultimate draft of this editorial, I discovered that Peter had previously written a much better piece on mentorship five years ago! Check it out in the spring 2014 CUA newsletter at cua.org.)*

Mike Leonard:

Excellence or extinction. Refuse to submit to arbitrary measures. At the end of a long, hard day, celebrate your successes and drown your failures. Oh, and have fun while doing it. After all, in 100 years, nobody will care.

The Queen's trio (Alvaro Morales, Jim Wilson, Curtis Nickel):

It is not always in your best interest to be pugnacious. Occasionally yes, but keep your powder dry for when it really counts. Don't take yourself too seriously. It's just urology.

Ron Kodama:

Remember, first and foremost, that your credibility stems from your clinical excellence. You gain your reputation in the operating room and from how you manage patients. The rest is window-dressing. The position of Residency Program Director is exceedingly difficult. It is impossible to please all stakeholders. Don't take it personally.

Joe Chin:

You can talk softly and still have agency. In a culture that celebrates extroversion, it is OK to not be. People respect action and outcomes more than words.

Denis Hosking:

This is not a dress rehearsal for your next life. Work hard and play harder.

Larry Goldenberg:

Listen to all points of view before getting angry with one in particular. You don't have to be an expert at everything. Surround yourself with good people. You are smarter than you think. If you don't ask, you don't get.

The above observations are not direct quotes, just a distillation of my perceptions, a few pearls of wisdom, if you will, for which I am grateful. I would encourage readers to come up with their own list and then reach out to your mentors with thanks. It is something we rarely do.

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