

En ce qui concerne le syndrome de vomissements cycliques secondaire au cannabis, il s'agit d'une pathologie rare caractérisée par les mêmes critères diagnostiques évoqués précédemment se retrouvant chez des patients dont la consommation de cannabis précède clairement le début des symptômes.

Allen et coll<sup>2</sup> ont publié une série de cas de neuf patients en 2004 qui décrit ce phénomène. Dans cette étude, tous les patients retenus pour leur SVC accompagné de consommation de cannabis chronique ont été encouragés à cesser leur consommation pour des raisons légales. Pour sept des neuf patients, les symptômes se sont amendés. Trois des sept patients ont repris leur consommation par la suite ayant pour conséquence un retour des symptômes de SVC. Deux de ces trois patients ont cessé la consommation à nouveau et ont noté une disparition des symptômes. L'auteur note que ces patients avaient une habitude d'hygiène particulière, soit la prise de bains chauds pour soulager leurs symptômes. De plus, la température était directement proportionnelle au soulagement observé. Ce phénomène a aussi été décrit dans un rapport de cas de Wallace et coll<sup>3</sup> en 2007. Le traitement recommandé par Allen consiste en l'arrêt de la consommation de cannabis. Il a d'ailleurs observé que la prise d'anti-émétiques était peu efficace chez ces patients.

### Conclusion

Le syndrome de vomissements cycliques est une pathologie importante à reconnaître, car elle nécessite une prise en charge rapide afin d'en minimiser les conséquences. Les patients présentant ce syndrome clinique auront souvent une investigation extensive qui se révélera normale la plupart du temps. Lorsqu'un patient soulève la consommation de cannabis ainsi que la prise de bains chauds pour soulager ses symptômes, il est important d'évoquer le diagnostic de SVC secondaire à cette drogue, car le traitement le plus efficace chez ces patients est l'arrêt de la consommation.

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### Références

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## MedEd

### Multiple Mentoring: A New Paradigm?

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It all goes back to Hippocrates: the senior physician nurtures a young, promising student, guiding him, moulding him, and grooming him to be the senior's successor. Until very recently, mentoring in many fields, including medicine, followed this model. The mentor would take on a very paternalistic role for the "protégé": identifying a bright student, taking the student under the mentor's wing, directing the student to the mentor's own field of study, and moving from supervising the student to collaborating with him or her. Eventually, the student would take over the practice or field of study and become himself a mentor to a new and promising student. This apprenticeship-

like relationship would be predominantly focused on the professional aspect of the student's life and might last an entire career; like the king in *Alice and Wonderland* said, "Begin at the beginning and go on till you come to the end: then stop."<sup>1</sup> However, with the changing scope and practice opportunities in medicine, that model no longer seems adequate, and many people have moved to the idea of multiple mentoring, even if they haven't attached that label to it.

The realities of modern practice are what drive the need for a change in how we view, and find, suitable mentors. As a result of social, economic, or academic pressures, physicians are increasingly mobile.

Also, physicians are taking on a variety of roles in teaching, research, or administration, in addition to clinical practice, and these roles may change with time. The requirement to “produce” early on after gaining a position is of an intensity few of our predecessors had to face so early in their careers. On the positive side, there is a relatively new emphasis on a work-life balance and on psychological and emotional well-being, which many of our predecessors did not consider as they structured their own careers.

For these and many other reasons, having multiple “mentors of the moment”<sup>2</sup> – people who can guide you in specific areas, at specific times – becomes a useful idea. The relationship then becomes almost project or competency based as opposed to the linear one described above.<sup>2</sup> Physicians with a new staff appointment may be frustrated by the lack of guidance and mentoring available to them, compared with their residency days. They often waste precious time and energy figuring out what they need to know to succeed: this is illustrated by the following quotation from de Janasz: “Not one of them has offered to help. This system would be considered madness in industry. They wouldn’t ... recruit a doctoral-level specialist and then watch him or her fail.”<sup>2</sup>

Having a mentor, or several, has definitely been shown to ease the transition for new staff, providing the support and guidance they need to do the job at hand, and increasing both their job satisfaction and productivity. It’s a win-win situation for physicians and the institutions they work for.

So how do you go about finding these mentors? First, you need to identify your own goals and priorities – if you don’t know what you want, even the best mentor in the world can’t help you. In the words of Lewis Carroll, “If you don’t know where you are going, any road will take you there.”<sup>1</sup>

Then you must recognize the enormous value of talking to the people who have “been there, done that.” Look around at people who, in different spheres, seem to be “doing it right,” remembering that the right way may be different for different people based on factors like personality, stage in career, and available resources. Rather than asking yourself, “How do they *do* that?” go and ask them directly: “How do *you* do that?” Whether or not you find a mentor, take the time to speak to

your department chair or division chief. These individuals will have valuable insights and can direct you to people outside of your department or institution, or even your country, depending on the needs you have expressed. Keep in mind that local mentors will have the advantage of knowing the lay of the land, whereas more distant mentors can sometimes provide a broader perspective. It depends what you need and want. The bottom line, though, is that most people who are approached to provide mentorship are sincere in their desire to help, are willing to share their experience and their pearls, and are happy to spare you some of the trouble they went through.

On the flip side, how does one become a mentor? First, recognize that any help you provide is valued and appreciated. This may simply be to identify the person to go to for specific advice. Identify your “new” colleagues, introduce yourself and let them know in what areas you could be of assistance if needed. These new colleagues could be junior faculty just hired, new in the institution, or even new to a particular career path. Be open and honest, not only in the guidance you can provide but also in the magnitude of your commitment to this goal. Recognize that expertise is not always age defined: even junior faculty have knowledge and skills that would be valuable in a mentorship role. And finally, remember that you were once the new physician too.

The concept of multiple mentoring has grown out of our practice realities. The person we look to when getting started in research may not be the same person we look to when taking on the role of principal investigator in a multicentre trial. Our clinical skills mentor may well be different from the individual who counsels when we feel down. These multiple mentors of the moment provide us with rich and focused guidance at the individual level. The whole process of give and take at all levels encourages a spirit of respect and collegiality within the organization, and this benefits everyone.

## References

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