GUEST EDITORIAL

Metabolic Mentorship

ABSTRACT
In this editorial, we propose metabolic mentorship as an umbrella term, which includes all activities that are undertaken in order to achieve and maintain metabolic health. Metabolic mentorship includes not only conventional medical prescription, but also education, counseling and support for effective self-management. Metabolic mentorship facilitates value-added therapy (VAT), i.e., the nonpharmacological and pharmacological interventions that help ensure optimal therapeutic outcomes. From a pedagogic perspective, metabolic mentorship implies the learning that health care professionals can gain by interacting and sharing experiences with each other. We suggest that endocrinologists take the responsibility of spearheading metabolic mentorship within, and beyond, the health care sciences.

Keywords: Diabetes, insulin, metabolic health, public health

MENTORSHIP

Mentorship is the guidance provided by a mentor, especially an experienced person.1 The word ‘mentor’ is used to describe an advisor who is experienced and trusted.2 While mentorship is a noun, the term mentor can be used as a noun as well as verb.

The concepts of reverse mentoring, mutual mentoring and group mentoring are well known in education as well as business management. In reverse or mutual mentoring, colleagues or individuals “pair up”, regardless of status or seniority, to learn from each other. Group mentoring suggests that a single expert takes charge of a group of mentees to help them in their cares. A similar framework operates in health and medicine, especially in the field of chronic and noncommunicable disease.

METABOLIC MENTORSHIP: A FRAMEWORK TO ACHIEVE OPTIMAL METABOLIC CARE
We propose metabolic mentorship as a framework for guidance to ensure optimal metabolic care and health.

Metabolic mentorship is an umbrella term, which includes all activities that are undertaken in order to achieve and maintain metabolic health. It includes not only conventional medical prescription, but also education, counseling and support for effective self-management. Metabolic mentorship facilitates value-added therapy (VAT), i.e., the nonpharmacological and pharmacological interventions that help ensure optimal therapeutic outcomes.3

SCOPE AND SPECTRUM

Metabolic mentorship can be mutual. The treating physician learns from, and benefits from, the knowledge and experience of colleagues from other specialties and disciplines, including diabetes educators, nurses, physiotherapists and psychologists. A significant amount of mutual metabolic mentorship occurs between the person living with metabolic disease, e.g., diabetes, and the health care professional. An effective two-way
conversation, engaging caregivers and family members as well, allows for healthy exchange of ideas and information.4

We, for example, have learnt best practices related to nutrition, exercise, self-care and medication administration from our patients.

The use of the word mentorship reinforces the importance of education, experience and erudition in metabolic medicine. Reverse mentorship and mutual mentorship also reminds us of the importance of person-centered care, offered in the spirit of team work.

**SOUTH ASIAN FOCUS**

The South Asian Federation of Endocrine Societies (SAFES) has chosen metabolic mentorship as a focus area for the year 2023-24. This includes enhancing awareness about the targets set by the World Health Organization (WHO) for 2030,5 spearheading advocacy regarding the need to accomplish these goals, and stimulating action on the ground, in order to do so. From a glucocentric perspective, metabolic mentorship includes the rubric of glycemic guardianship,6 i.e., the activities carried out by the health care team and health care system, to ensure optimal care of the person or group of people, living with diabetes. Glycemic guardianship can be operational at a macro-(country/regional), meso-(health care system) or micro-(individual) levels. Metabolic mentorship, too, is required at all these levels (Table 1).

Metabolic mentorship includes the important concept of glucometric guardianship as well.7

**RIGHT AND RESPONSIBILITY**

Metabolic mentorship is every stakeholder’s right, and every stakeholder’s responsibility. As endocrinologists, however, we take up the responsibility of leading the call for metabolic health. Our work includes both public health and clinical, both preventative and curative, and both nonpharmacological and pharmacological aspects of metabolic health care. Through this communication, we invite all interested individuals, and organizations, to join us. Our aim is to achieve the goals laid down by the WHO5 and to better them.

**REFERENCES**


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**Table 1. Metabolic Mentorship: Scope and Spectrum**

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<tr>
<th>Level</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>Mega level</strong></td>
<td>Metabolic health advocacy to policymakers, health planners and public</td>
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| **Meso level** | Continuing medical education  
                  | Continuing nursing education  
                  | Paramedical education       |
| **Micro level** | Therapeutic patient education  
                      | Counseling and support      |

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Indian Journal of Clinical Practice, Vol. 34, No. 7, December 2023