

MENTEE BEST PRACTICES

Innovative “Mentorship” Opportunities

Wei Wei Lee, MD; Monica Vela, MD; and Abby Spencer, MD, MS, FACP

Dr. Lee is assistant dean of students and assistant professor at the Pritzker School of Medicine, Section of General Internal Medicine, University of Chicago; Dr. Vela is associate dean for multicultural affairs at the Pritzker School of Medicine, Section of General Internal Medicine, University of Chicago; and Dr. Spencer is director of the Internal Medicine Residency Program and vice chair of Education-Medicine Institute at the Cleveland Clinic.

Scenario: Dr. Neda Guidance is a junior faculty member at an academic medical institution. She has been on faculty for two years and works full time as a clinical educator with 80% of her FTE supported by clinical work. She is working on a quality improvement (QI) project to improve immunization rates and has been struggling to obtain institutional review board approval. Dr. Guidance wants to write a grant proposal to support her research but is unsure of which funding sources to target. Dr. Guidance was recently offered the opportunity to direct the residency QI curriculum, but she is not sure if this opportunity aligns with her career goals at this time. She is trying to focus on her research and is worried that she will not have time to take on a new commitment.

Dr. Guidance has a senior mentor, Dr. Over Extended, who is an associate professor with expertise in QI and an associate program director. Dr. Extended is mentoring three other junior faculty members and is busy with resident education and research, traveling frequently to disseminate his work. They have met twice over the past four months and have difficulty finding time for regular mentorship meetings due to Dr. Extended's busy schedule. Dr. Guidance does not know who to turn to discuss questions regarding her research and the new QI curricular opportunity.

Dr. Guidance finds herself in a situation that may sound familiar to many junior faculty members. Traditional mentorship relationships are typically dyadic, with a senior faculty member fostering the personal and

professional development of junior faculty members. Having a mentor is critical for a successful academic career, and mentored faculty are more productive and report higher rates of career satisfaction and promotion.¹

Unfortunately, traditional mentoring relationships in academic medicine are limited by the availability of senior mentors due to increased clinical, research, and administrative tasks; lack of consistency across mentors; and few suitable mentors for women and minorities. Given the importance of mentorship, innovative approaches to mentorship should be explored to maximize opportunities available for junior faculty.

Peer Mentoring

Peer mentoring is an alternative approach where individuals of similar age, experience, and rank mentor one another. Peer mentoring has been found to enhance professional support, a sense of well-being, and career development for junior faculty.¹

Informal peer mentoring often occurs organically as faculty identify and collaborate with peers who share common interests; however, the outcomes of these informal relationships have not been studied. Formal peer mentorship programs are clearly structured with established goals, curricula, guidance from a senior advisor, and protected time to meet.^{1,2} These programs have been found to improve satisfaction with academic medicine; formulation of career development plans; skill development (i.e. negotiation, conflict management, scholarly writing, and oral presentations); and manuscript submission.²

Peer mentorship has several advantages, including shared experiences, mutual problem solving,

camaraderie, and a lower level of investment of time from senior mentors. Limitations include potential competition among peers, limited cumulative experiences, absence of sponsorship, and fewer networking opportunities.

One challenge to developing formal peer mentoring programs may be securing departmental support and financial resources. In low resource settings, junior faculty may consider forming grant or manuscript writing groups with oversight from one senior faculty member to enhance accountability and opportunities for feedback. Dr. Guidance can consider asking her department chair to support a formal peer mentoring group consisting of Dr. Extended's mentees and ask Dr. Extended to be the senior advisor for the group.

Speed Mentoring

Speed mentoring may be another innovative mentoring option for junior faculty. One pilot program put together a one-time event pairing mentees and mentors for 10-minute periods to allow junior faculty to meet multiple potential mentors. While this event allowed for networking and assisted in resource identification, few long-term mentoring relationships resulted from the event.³ Other speed mentoring programs sponsored at the institutional level—including one at the Cleveland Clinic—have achieved early success in establishing more longitudinal mentoring relationships. Setting expectations for follow-up meetings with potential matches may enhance the success of these programs. Dr. Extended can consider partnering with her faculty development office to sponsor a speed-mentoring program.

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toring event or plan an event for a regional or national academic medical conference. This event can help participants identify potential mentors and receive advice from multiple senior faculty members on research and career development questions.

Coaching

Junior faculty may also benefit from coaches who focus on enhancing job performance as a means to career development.⁴ Coaches listen, observe, reflect, and offer thought-provoking questions to improve performance. Coaches can help individuals see options and opportunities that may not have been readily apparent. Coaching can improve skills, confidence, and efficiency to enhance successful academic careers. Currently, coaching in academic medicine is primarily limited to high-level leadership; however, allowing junior faculty access to these resources may improve job performance, promote scholarly and educational activity, and improve clinical outcomes.

Sponsorship

Lastly, sponsorship is also vital for a successful academic career. While mentors can exist at any level of an organization, sponsors are highly placed in positions of power and can advocate for the advancement of junior faculty members with leadership potential.⁴ In academic medicine, many junior faculty identify mentors but often lack sponsors. Sponsors are pivotal in nominating junior faculty for leadership positions, roles on key committees, or positions on editorial boards. In addition to identifying innovative mentoring opportunities, Dr. Guidance should consider identifying potential sponsors who recognize her talent and are willing to nominate her for opportunities that align with her professional goals.

Mentorship can be challenging in our current academic medical climate. Junior faculty need to be proactive in exploring nontraditional mentorship opportunities both within and outside of their home institu-

tions. Peer mentoring, speed mentoring, coaching, and sponsorship may provide junior faculty with opportunities to enhance career advancement, networking, and collaboration.

References

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