Academic Mentoring Discussion
Overview

• Define academic mentoring and its role in faculty career development
• Discuss some of the challenges to successful mentoring and strategies to overcome these challenges
• Discuss characteristics of an academic mentoring program for the Vanderbilt Department of Anesthesiology

References:
- Benson, Sachdeva, Richman, Effective Faculty Preceptoring and Mentoring During Reorganization of an Academic Medical Center, Medical Teacher, 2002.
- Palepu, A; Friedman, R H; Barnett, R C; Carr, P L; Ash, A S; Szalacha, L; Moskowitz, M A; Junior faculty members' mentoring relationships and their professional development in U.S. medical schools, Academic Medicine, 73(3):318-23, March 1998.
- The manager's pocket guide to effective mentoring, N. Cohen; HRD Press, Amherst, MA, 1999.
Academic Mentoring Questions

• What is mentoring?
• What are the benefits of participating in a mentoring relationship to the mentee? The mentor?
• What are the challenges to success and how do we overcome them?
• What type of faculty mentoring program do we desire in the department?
• What are the measures of a successful mentoring program?
Definition of Mentoring

- Mentor: Trusted counselor or guide.
- Mentoring: one-to-one, non-judgmental relationship in which an individual voluntarily gives time to support and encourage another for a significant and sustained period of time.
Value of Mentoring

• Although significant perception of the value of mentoring exists, objective evaluation of impact of mentoring on academic productivity is limited.

• Proposed benefits:
  – Improves communication regarding organization values and expectations
  – Improves identification and removal of barriers to success for the mentee
  – Results in increased academic productivity
  – Increases retention of faculty at all ranks
  – Way of ‘giving back’ (mentor)

Survey of Mentoring in Academic Medicine

- Survey of 3,000+ faculty at 24 randomly selected U.S. medical schools
- 60% responded, 72% ‘junior’ faculty
- Results:
  - 54% of junior faculty were in “mentoring relationship”
  - Mentored faculty rated academic skills higher than those without
  - No gender or race difference in prevalence or quality of mentoring

Faculty Mentoring Program Impact

• Two phased program:
  - 1 year preceptorship for new faculty and mentoring for junior faculty to associate professor promotion

• Voluntary Mentoring Program:
  - Mentee selected mentor
  - Enter into mentor-mentee agreement, goal planning form/outline, annual evaluation

• Results:
  - 13% of junior faculty participated
  - Some facilitation of mentor selection desired
  - Majority met monthly
  - Rated positive by 75% of mentees and 89% of mentors
  - Increased academic productivity by mentees AND mentors
  - Mentee turnover less than half that of junior faculty that did not participate

—Benson, Sachdeva, Richman, Effective Faculty Preceptoring and Mentoring During Reorganization of an Academic Medical Center, *Medical Teacher*, 2002.
The ideal mentor

• An expert willing to commit to the academic development of a junior faculty member
• Champion, cheerleader, compatriot, guide, challenger, role model
• Good listener, empathetic, respectful
• Provides candid advice in goal setting and performance feedback
• Shares insight to personal career development challenges and successes
• Develops relationships for mentee with individuals who can advance mentee’s career
Dimensions of a Successful Mentor

• Relationship
  – Ability to develop a trusting relationship with the mentee

• Informative
  – Ability to elicit accurate and complete information

• Facilitative
  – Ability to improve analytic thinking and decision-making

--The manager's pocket guide to effective mentoring, N.Cohen; HRD Press, Amherst, MA, 1999.
Dimensions of a Successful Mentor

• Confrontive
  – Ability to provide constructive feedback to ensure positive change and growth

• Mentor model
  – Ability to use experience and support to motivate accomplishment of goals

• Employee vision
  – Ability to stimulate strategic thinking about long-range goals and aspirations
The Ideal Mentee

- Wants to advance in an academic environment
- Is introspective and goal oriented
- Asks for and is open to advice
- Is available for mentoring
- Junior to mentor
- Has commonality with mentor
- Same gender as mentor(?)
Steps in a Mentee Initiated Program

- **Self-appraisal**
  - Objectives, desires, status, strengths, limitations

- **Identification of Learning Needs**
  - Skills that need development to succeed, types of projects, publications required for advancement

- **Mentor identification**
  - Area of work, expertise/importance, interaction style

- **Mentor engagement**
  - Communicate your goals and objectives
  - Show intersection of interests

- **Frequent meeting and review of progress with identification of actionable issues**

-Susan Farrell, Wendy Coates: Mentoring for Clinician-Educators: How to Find Your Mentor
Challenges in Mentoring

- Too few senior faculty
- Time commitment
- Lack of common experience, generational gaps
- Personality clashes
- Lack of trust (candor)
- Gender issues
Alternate paradigms in mentoring

- **Personal Mentoring Program**
  - 2 year program
  - Mentor selected for mentee based upon stated preferences/goals
  - Met at least one hour monthly
  - Mentor skill development program
  - Result: significantly varied success

- **Collaborative Monitoring Program**
  - Facilitated group peer mentoring experience and skill development sessions
  - 3 day initial session, monthly day long sessions (80 hours/8mo)
  - Academic development plan, skills development, scholarly writing program
  - High satisfaction ratings, productivity data pending

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Gender Differences in Mentoring

Women make up:

- 10% of medical school applicants
- 48% of medical school applicants
- 50% of first year medical students
- 46% of medical graduates
- 30% of medical faculty
- 41% of postgrad. physicians
- 14% of full professors
- 10% of medical school applicants

Men make up:

Department of Anesthesiology has 40% female faculty
100% of full professors are male

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Adapted from AAMC 2005
Gender Issues

- Fewer female mentors
  - Peer pressure forces conformity to male values/behaviors
  - Minority psychology: persecution and isolation
  - Successful women penalized by both men and women
  - Solution: enhance ‘gender sensitivity’ until critical mass of women is achieved at higher ranks
Gender Differences in Mentoring II

- Developmental origins create challenges for female mentees AND female mentors
  - Male: aggression and order giving
    • Rank is important
    • Outcome is the focus
    • Group goal oriented
  - Female: empathy and acknowledgment
    • Equality is important
    • Verbal skills development important
    • Individual goal oriented
  - Competitive sports participation an ‘equalizer’
Gender Differences in Mentoring III

- Male mentors
  - Tend to tell the mentee what is expected and what to do
  - Use ranking (e.g., one-way first name use)
  - Control agenda

- Female mentors
  - Tend to ask or advise mentees about goals
  - Engage in ‘leveling’ behaviors

- Conclusion: Ideal strategy for ‘mixed mentoring’ is probably a blend of above.
What should our program look like?

- Voluntary, incentivized, required?
- Personal mentoring, collaborative program or both?
- Match selected by mentor, mentee, 3rd party?
- Gender/race alignment or not?
- Multiple mentors or not?
- Meetings monthly, quarterly, semi-annual?
- What kind of tracking and reporting?
- What kind of mentor skill development program should we have?