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REVIEW ARTICLE

How to Effectively Mentor Junior Faculty?

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ABSTRACT

In the current era of decreased funding for teaching and research, academic centers are increasingly focused on clinical productivity. The lack of structured mentoring programs along with increasing clinical demands has led to unrealistic academic expectations for physician faculty. Faculty mentoring is a dynamic reciprocal relationship for both the mentor and mentee to work closely in developing a professional and productive academic partnership.

Both mentor and mentee are equally important in achieving a rewarding mentoring partnership. There are fundamental guidelines for the mentor and the mentee to follow to ensure the desired outcomes. Traditional mentoring relationship is strictly voluntary without a defined commitment from either party. However, outcome-driven mentoring relationship is a structured process in which specific goals and objectives are well-defined, and in which the mentoring progresses and feedback are closely monitored. Much information about faculty mentoring is derived from the mentoring of basic scientists. In contrast, there is a paucity of well-designed studies on mentoring of physician faculty. The effectiveness of mentoring programs was traditionally measured by subjective feedback, unlike outcomes-driven mentoring which uses objective measures based on a priori defined outcomes.

Although individual faculty members must assume responsibility for their own academic development, their institution is obligated to provide an effective mentoring program to aid the faculty in accomplishing their assignments and advancing in their career development.

Keywords: Outcome-driven mentoring, Career development, Faculty mentoring, Mentor, Mentee, Faculty development.

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INTRODUCTION

Mentoring is essential for professional development in many fields, especially in academic medicine. In the current era of decreased funding for teaching and research, academic centers are increasingly focused on clinical productivity. The lack of structured mentoring programs along with increasing clinical demands has led to unrealistic academic expectations for physician faculty, particularly in terms of promotion and tenure. In general, women, Hispanic, underrepresented minority (URM), and junior clinician faculty members are known to lag behind the others in achieving scholarly activities that are essential for promotion and/or tenure. Many factors can negatively impact these groups of faculty to effectively attain academic milestones. We review the essential components of the traditional mentoring relationship and introduce the innovative concept of an outcome-driven, mission-directed and promotion-oriented mentoring partnership of the Paul L Foster School of Medicine (PLFSOM) in El Paso, Texas, USA.

Roles, Responsibilities and Essential Attributes of Mentor and Mentee

Mentoring has been defined as 'a dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé), aimed at promoting the development of both.'[1] The mentor is usually someone with more experience and advanced rank than the mentee, and her or his role is to guide and foment the development of the mentee.[2] For a mentoring relationship to be effective, the roles and responsibilities of the mentor and the mentee must be clearly delineated and understood by both parties (Tables 1 and 2).

Roles, Responsibilities and Essential Attributes of Mentee

The first and most important role and responsibility of mentees is to clarify their needs and their goals for the mentoring relationship. Identifying the domains in which mentees need guidance is of utmost importance. Individual mentees may have a particular need for guidance in their personal life such as attaining balance between work and home life, or guidance in academic development such as networking, teaching skills or research.[2]

Table 1: The etiquette of mentoring do's

Characteristics	*Mentor do's*	*Mentee do's*
Availability	Respect mentee's time	Be punctual
Trust and confidence	Lead by example and mutual respect. Maintain confidentiality of sensitive information	Earn trust and confidence. Maintain confidentiality of the professional partnership
Relationship	Maintain professional relationship	Know exactly the mentor-mentee boundaries
Expectations	Define clearly mentor's expectations	Describe concrete mentee's goals and objectives
Communication	Be accessible through different ways: meeting, phone, e-mail, Skype, etc.	Request, maintain and facilitate regular communication
Priority	Act in mentee's best interest	Fulfill the mentor's expectations
Honesty	Be explicit about your own needs, style and limits	Identify strength and weaknesses
Monitoring progress	Be persistent on measurable outcomes of mentorship	Demonstrate commitment on achieving timely goals and objectives
Sponsorship	Promote or identify opportunities for the mentee's advancement	Fulfill expectations and be pro-active in seeking opportunities
Separation	Mutual agreement based on mentee's best interest	Keep the door open even after separation

Once the mentee's needs and goals have been identified, she or he can find a suitable mentor. While some institutions have formal mentoring programs with assigned mentors, many mentees must find mentors on their own. Ideally, the mentor should have a good track record of mentoring junior faculty and not be overcommitted so as to be able to devote adequate time to the mentoring relationship.[2] If the mentee needs guidance in the area of research, the mentor should have an established track record in the mentee's desired research field.[3] In general, mentors should be knowledgeable, carry clout and credibility in their field, have integrity, honesty, be motivated and have a genuine interest in the mentee's development, and be approachable and accessible.[4,5]

Once a suitable mentor has been identified and the mentoring relationship has been agreed upon, the mentee must set their goals, develop a clear plan and present them to the mentor.[6] A clear plan with specific goals can guide the mentor in individualizing the support she or he will be providing the mentee. Also, setting the importance of making time for meetings and agreeing on confidentiality is paramount to establishing an effective mentoring relationship.[7] The structure of the relationship and the key responsibilities and expectations of both the mentor and mentee must then be agreed upon. Specifically, an agreement should be established on the frequency and duration of each mentoring meeting, with specific expectations (i.e. the mentee will write a manuscript draft by the next meeting and the mentor will review it and provide comments) as well

Table 2: Etiquette of mentoring don'ts

Characteristics	*Mentor don'ts*	*Mentee don'ts*
Availability	Mentor's schedule has priority	Be tardy
Trust and confidence	Gossip about mentee	Gossip about mentor
Relationship	Move quickly to personal relationship or take advantage of the mentee	Allow replacement of mentorship by personal relationship
Expectations	Have no defined expectations	Have no inventory of goals and objectives
Communication	Be inaccessible because of busy schedule; available for sporadic meetings	Be passive in requesting and maintaining regular communication
Priority	Be self-serving or in mentor's best interest	Take advantage of the mentor
Honesty	Not disclose to mentee your preferences, style and limits	Not disclose strength and weaknesses
Monitoring progress	Perform perfunctory progress monitoring	Not commit or pay attention to measurable outcomes
Sponsorship	Be passive on promoting or identifying opportunities for mentee's advancement	Be dependent on the mentor in identifying opportunities for career advancement
Separation	End the mentorship not in the mentee's best interest	End the partnership too early or too late

as on how progress will be measured (specific deliverables can in some instances be very helpful, such as abstract presentations, development of a lecture, etc.).[2]

The mentees must be the drivers of the mentoring relationship, constantly communicating in a straightforward manner their needs to their mentor. However, the mentees must also be accountable for completion of their expected tasks in a timely manner.[2] While the mentees must take ownership of the mentoring relationship, the mentors also have responsibilities that must be upheld for a mentoring relationship to be effective.

Roles, Responsibilities and Essential Attributes of Mentor

The mentors must be committed to mentoring and must provide opportunities and support in the field of interest of the mentees. The mentor should offer guidance and provide timely and comprehensive constructive feedback on the mentee's work.[5] The mentor must respect the mentee's contributions and give appropriate credit to the mentee. For example in the area of authorship, if the mentee contributed to a mentor's ongoing project, proper credit as a co-author must be given to the mentee for their work. However, a mentor should not expect to be listed as a co-author solely for reviewing and critiquing a manuscript representing the independent work of the mentee.[4]

Essential attributes of the mentor include a willingness to work with the mentees and acceptance of them where they currently are in their personal professional development. A good mentor knows that quality mentoring requires time, commitment, patience and structured regular meetings. A good mentor allows the mentee to develop her or his own strengths, interests and beliefs. The mentor acts as a career guide in delineating the 'big picture' but yet tailoring the advice to each mentee's needs. Good mentors must exhibit the necessary personal attributes to be successful in academic medicine, be respected by peers and have enthusiasm about their role and exhibit compassion and selflessness. Their role modeling should leave a mark on the mentee in regards to the attributes of quality mentoring.

Mentors must value ongoing professional development and provide guidance and timely constructive feedback to their mentees. Mentors must be effective listeners and not impose their own agenda on mentees. Acting as a 'guardian angel' or 'outfitter', mentors should also ideally be able to assist the mentee in striving for balance between work and home life.[8]

Assessing Feedback from Mentors and Mentees

Bidirectional constructive feedback is vitally important for a mentoring relationship to be effective. Giving and receiving positive feedback is much easier than negative feedback–even when meant to be helpful.[9,10] In addition, to be effective, feedback must be provided in a timely fashion along with an organized process to monitor progress.

Measuring Tools for Effective Mentoring

Individual mentoring programs have published both qualitative and quantitative studies to determine the effectiveness of the mentoring process and positive attributes of both mentors and mentees.[11,12] In general, however, there is a paucity of reliable tools reported in literature to assess the effectiveness of mentoring.[11] The effectiveness of a mentoring relationship has traditionally been measured frequently by the subjective level of mentees' career satisfaction and rarely by the objective outcomes such as the retention of mentees in academic medicine, the mentees' academic promotion, the number of peer-reviewed publications, submitted and awarded grant or the mentees' self-assessment of confidence in their abilities relative to their peers.[11,13-15] Two structured instruments to measure the effectiveness of the mentoring relationship were proposed by Berk et al in 2005.[5] The first measuring tool is a mentorship profile questionnaire to describe the characteristics of the relationship with the aim to delineate the outcome of the relationship. The questionnaire defines the role of the mentor, the frequency and duration of meetings, the duration of the relationship, as well as identifies the weaknesses and strengths of the mentoring relationship.[5] Furthermore, a section of the questionnaire focuses on identifying and describing tangible products born out of the mentoring relationship. The second tool is the Mentorship Effectiveness Scale. This tool uses a Likert scale for the mentee to assess the mentor. It includes 12 items covering areas such as mentor accessibility, integrity, expertise, use of resources and the degree to which the mentor effectively challenged the mentee.[5] These questionnaires, however, were developed in the absence of a mentoring program and warrant validation in a real life setting.[16]

Differences in Mentoring for Clinical Faculty and Basic Sciences Faculty

In academic medicine, the mentoring of basic scientists can differ from clinical faculty mentoring. Often, in basic science, the mentor and mentee are from the same discipline and in the initial apprentice model, in which the mentee learns from the mentor in her or his lab, evolves into a formal or informal mentoring relationship. There is a risk of conflicts of interest developing for the mentor in such a model. Although this scenario can also occur for clinical faculty, it tends to be rare outside of the physician scientist

mentor-mentee relationship. For the same reason, heads of departments or divisions in clinical or basic science institutions should ideally not be mentors for faculty in their own units.

Handling Conflicts in Mentoring and Effective Closing of Partnership

Although rare, conflicts of interest can occur between the mentor and mentee and need attention from both parties to be resolved effectively. If either party has a problem with mentoring, she or he should communicate professionally with the other party to find common ground. If both parties cannot resolve the conflict, they can seek help of the mentoring program director. After all, both the mentor and the mentee need to understand that they have volunteered to participate in the partnership and have committed to make it a successful endeavor. Either party can request the termination of the mentoring partnership at any time. The mentoring relationship may be terminated if there is:

1. Successful completion of a predefined mentoring partnership.
2. Not a good match or a major unresolved conflict.
3. Issues with mentee (motivation, accountability, professionalism).
4. Issues with mentor (availability, feedback, commitment, professionalism).

Outcome-Driven, Mission-Directed and Promotion-Oriented Mentoring Program of the Paul L Foster School of Medicine

There are many factors that negatively impact clinical faculty to effectively attain academic achievements. However, expectations for promotion of the clinical faculty are just as rigorous as those of researchers where the academic productivity can be measured with numeric guidelines.[17] Furthermore, for junior clinical faculty members who need role models and guidance, clinician mentors are difficult to find. The Office of Faculty Affairs and Development (OFAD) at the Paul L Foster School of Medicine (PLFSOM) has recognizing these barriers in the development of faculty, and in order to address the disparities has designed and conducted a mission-directed, promotion-oriented and outcome-driven faculty mentoring program. Its effectiveness and success is measured by the scholarly productivity of each participant during the 12-month mentorship period and the peer-review of the mentee's performance in the institutional annual pre tenure-promotion evaluation.

Our mentoring program is designed not only to assist junior faculty, particularly physician faculty, women faculty and under-represented minorities (URM) in enhancing their scholarly productivity, but also to promote their career advancement. The goals and objectives of the program are carefully designed following the PLFSOM guidelines for tenure and promotion, to enable the mentees to achieve success with the guidance and support of their mentors. These goals and objectives include but are not limited to:

1. Be the first author of a presentation at a national or international professional conference or seminar.
2. Publish at least one scientific publication in a peer-reviewed journal.
3. Complete a new scholarly activity directed at teaching or training students and/or residents at PLFSOM. This activity must qualify under the meritorious criteria for recognition according to the PLFSOM guidelines for tenure and promotion.
4. Collaborate with other faculty at PLFSOM or another institution on scholarly activity-related projects.

Mentors and mentees are expected to meet at least on a monthly basis. They are required to submit monthly and quarterly reports detailing the progress of the various projects they have undertaken. Faculty mentors and mentees are also expected to attend scheduled faculty mentoring sessions. These sessions are geared to educate the mentors and mentees on topics ranging from the basics of mentoring to reviewing guidelines for promotion to assure that the mentees understand the process. Six months after initiating the program, the mentee is expected to begin mentoring a student or resident.

To address the unavailability of clinical mentors for a growing number of clinical mentees at PLFSOM, nonclinical faculty, if qualified, may serve as mentors to clinical faculty. Having a nonclinical faculty who is apt at research and productive in terms of scholarly activities can help introduce the clinical faculty mentee to academic productivity and development through a different prospective.

The PLFSOM mentoring program promotes career development. Measuring the number of presentations, publications and other scholarly activities are a measure of success of our PLFSOM mentoring program. After two sets of mentoring classes involving 29 mentees, the success of the outcome-driven mentoring program is evident. Having been shown the way, junior faculty who have successfully completed the program have exceeded all expectations of the program, and more than 90% of mentees achieved the satisfactory rating of 'on-track' during the peer-review pre-tenure and promotion. The mentees were able to achieve several scholarly activities, not only during the mentoring period but also after the completion of the mentoring program (Table 3).

Table 3: Scholarly activities accomplished by the mentees at PLFSOM during 12 months of mentoring

Faculty mentoring group	*Mentee*	*Presentations*	*Publications*	*Educational projects*	*Research projects*	*Average accomplishment/faculty*
Group I	18	18	20	10	11	3.2
Group II	11	17	18	14	20	6.4

CONCLUSION

Although individual faculty members must assume responsibility for their own academic development, their institution is obligated to provide an effective mentoring program to aid the faculty in accomplishing their assignments and advancing in their career development. Women, Hispanic, under-represented minority (URM), and junior clinician faculty members at PLFSOM were successful in achieving all goals and objectives in a mission-directed, promotion-oriented, and outcome-driven faculty mentoring program.

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