

Virginia Commonwealth University

Faculty Mentoring Guide

VCU School of Medicine

Medical College of Virginia Campus

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Foreword

Dear Faculty Member:

The goal of Faculty Development in the School of Medicine on the Medical College of Virginia Campus of Virginia Commonwealth University is to assist faculty:

- in becoming accomplished, productive, and successful in their chosen endeavors of teaching, research, patient care, or administration; and,
- in sustaining their vitality, both now and in the future.

Mentoring relationships have proven to be an excellent way to enhance professional growth and the School of Medicine strongly supports mentoring activities. With this in mind, the Office of Faculty and Instructional Development is offering this mentoring guide. We hope that it is useful to all faculty. When you meet with your department chair throughout the year, we encourage you to use this guide as a resource to assess your mentoring needs as they relate to your professional development.

Sincerely,



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This booklet was compiled as a guide to encourage mentoring activities at the School of Medicine on the Medical College of Virginia Campus of Virginia Commonwealth University. It is not meant to be a formalized program, but rather a series of suggestions based on research concerning mentoring in health care, academia and business. Mentoring is a highly interactive process and requires strong commitment from both the mentor/guide and the mentee/protégé. Also necessary is serious commitment to mentoring from divisions, departments and the institution's administration. This handbook is one of many steps to foster such commitment at our university.

This guide is designed to help you in several ways. It will:

- help you determine if you are in a position to be a mentor;
- describe the rewards associated with the undertaking;
- offer direction on how to seek a mentor and why you should do so whether you are a clinician, basic scientist, researcher, teacher, administrator or combination thereof;
- provide a checklist of qualities to look for when seeking a mentor or a mentee;
- offer alternatives to traditional mentoring;
- offer suggestions for departments and divisions in devising mentoring programs;
- point out potential obstacles to mentoring;
- provide template forms to assess need and monitor mentoring relationships;
- offer additional resources for more detailed information on mentoring.

Mentoring Past, Present and Future

Since the days of the Trojan War, we have many accounts of mentoring in fact and fiction, science, medicine, business, education and law. Most of us can recall some famous mentor/mentee pairs: Socrates and Plato, Haydn and Beethoven, Sigmund Freud and Carl Jung, Anne Sullivan and Helen Keller, Ruth Benedict and Margaret Mead. In each of these cases, a “senior” person who had garnered respect and an amount of prestige and power within her/his field, took a “junior” person under the wing to teach, encourage and provide an extra push to ensure that junior individual’s success. Not inconsequentially, the success of the junior person ultimately reflected on the senior person, further adding to her/his prestige.

Different types of relationships are possible between a junior and a senior professional in an academic setting:

- Those assigned by the institution (the adviser, tutor, or preceptor) and
- Those chosen by the learner (the role model or the mentor).

Institutionally assigned roles customarily assume the relationship to be a strictly professional one: the senior person ensures that the junior person completes institutional requirements, is progressing appropriately in his or her field of study and has the knowledge necessary to achieve career success.³¹

Relationships chosen by the learner often involve a personal element in addition to professional guidance. A role model, for example, can provide a “vision” of a practicing professional who functions in a real world context.³¹ The real world is not simply what we see from 8 to 5; it also involves the integration of personal life with professional life. The role model is usually chosen because of acknowledged status within a field and perceived competence in dealing with the challenges in his or her profession. The role model is not, however, necessarily a senior person. He or she may be a peer, and the similar age and background one of the main factors involved in the relationship.

Mentors, however, are almost always senior persons within their fields. They are chosen specifically for their ability to use the power of their positions and experience to develop the careers of those less powerful and experienced. **A mentor has moved beyond preoccupation with self to foster the growth of a developing professional.**

The precise definition of “mentor” is difficult to pin down, but in his book *The Seasons of a Man’s Life*, David Levinson wrote that the mentoring relationship is one of the “most complex and developmentally important” in a person’s life. Levinson did not see the relationship in formal terms, such as “teacher/student” or “boss/subordinate,” but rather in terms of its character and its functions. Several functions are considered integral in the mentoring relationship: teaching, sponsoring, guidance, socialization into a profession, provision of counsel and moral support. Of all of these, Levinson believed that the most important function of a mentor was assisting in the realization of a dream.¹⁸

“[Mentoring] is one of the major processes through which scholars replace themselves and through which flexibility or openness to ideas and creativity or the manipulation of phenomena can be maintained.”

A. Hinshaw³⁶

The relationship is, at its most fundamental, a multifaceted collaboration between a junior professional and a senior professional with the primary goal being the nurturing of the junior professional's development.³⁰ In virtually every profession imaginable, a mentoring relationship is considered an excellent route toward ensuring not only a profession's vitality, but growth of the workers within that profession. Since the days of guilds, we have recognized the synergy of the "master/novice" combination. Many industrial professions still use the apprenticeship model. In 1979, the business world turned its attention to revitalizing the concept of mentoring when an article in the *Harvard Business Review* reported that mentored executives earn more money at a younger age, are better educated and more likely to follow initial career goals, and enjoy greater career satisfaction.²⁹

In health care, the concept of mentoring has traditionally been restricted to the teacher/medical student, graduate student or resident relationship. Emerging research on medical university faculty development is casting new light on mentoring as it relates to promotion, professional growth and tenure in academia. The results of the studies are sobering, especially in reference to women and minority faculty. Increases in numbers of women and minority physicians in no way guarantees them equal access to leadership positions.

In 1996^{3,12} and again in 2001,⁴³ national studies of women in U.S. academic medicine performed by the Association of American Medical Colleges (AAMC) indicate:

- The proportion of full-time medical school women faculty increased from 25% in 1996 to 28% in 2001.
- In 1996, 21% of all associate professors were women and 10% of all full professors were women, and in 2001, the numbers are up a small percentage: 24% and 12% respectively.
- Also in 1996, on average, a medical school employed only 17 women full professors, including nontenured and basic sciences faculty, compared to 158 men full professors per school. By 2001, on average, there are still only 23 women full professors per medical school compared to 166 men at this rank. This translates to about one woman full professor per department.

These statistics are particularly interesting in light of the fact that women in 2001 comprise close to half of medical students (45.8%) and instructors (46%), and in 2000, 38% of residents.

A 1990 survey of male and female medical students, house staff and faculty conducted at the University of California, San Francisco indicated:

- 45% of women faculty said they had never had a mentor, compared with 8% of the male faculty — males noted positive mentoring relationships three times as often as female faculty.²⁷

A 1991 study of mentor relationships in academic medicine found:

- White faculty are more likely than minority faculty to have a mentoring relationship;
- Women with mentors have more publications in peer reviewed journals, spend more time in research, and report greater career satisfaction.¹⁹

Certainly such research indicates that women and minority faculty could benefit from the assistance of a senior professional who would protect the interests and guide the career path of these junior professionals so that they may achieve success in their own right. **We maintain that all junior faculty could benefit from the presence of a mentor; of course, the rewards are great for the mentor, too.**

Suggestions for Mentors: “Why be a Mentor?”

As with many professions today, medicine and academia are being asked to do more with less. Medical faculty are required to juggle clinical duties with teaching and research requirements. On an average day, physicians see patients, teach students and residents, supervise some aspect of an ongoing grant, manage and administrate. The basic scientist's average day involves gathering data on current research grants, planning for the next grant application, advising graduate students, teaching medical, pharmacy, nursing or dental students and preparing manuscripts. Take on the added responsibility of advancing someone else's career? Who has time?

“Mentors are guides. They lead us along the journey of our lives. We trust them because they have been there before. They embody our hopes, cast light on the way ahead, interpret arcane signs, warn us of lurking dangers and point out unexpected delights along the way.” L.A. Daloz⁹

An age-old argument against mentoring has been that it is unnecessary if only the best and brightest faculty are recruited in the first place.¹¹ The father of this argument, Franklin Mall, Chief of Anatomy at the Hopkins Medical School, promoted the method of teaching by not teaching, believing that individuals were responsible for their own learning.⁸ (One anecdotal story about Mall concerns his wife questioning him on how to bathe their first baby. He is said to have replied, “just throw her in the water and let her work out her own technique.”)

Obviously this approach is limited in its appeal and utility. The argument behind this handbook is that mentoring is a developmental stage in one’s professional life and since each developmental stage is crucial for growth, failure to serve as a mentor can lead to stagnation and internal conflict. By becoming a mentor, you have the opportunity to affect the future — you leave a part of yourself in everyone you mentor, your ideals, your ethics and your professionalism. Long after you’ve retired from the world of grants, publications, students and patients, your work will still be going on in those you’ve guided as a mentor.

What are some of the characteristics of a mentor? The answers are as varied as the definition of “mentor,” but writers on the subject do point out some common characteristics that set a gold standard.^{10, 14, 16, 17, 21, 22, 36, 41}

Characteristics of a Mentor

Characteristics of a mentor include:

- Encourage and demonstrate confidence in your mentee.
- Recognize your mentee as an individual with a private life and value her/him as a person.
- Ensure a positive and supportive professional environment for your mentee.
- Don’t deny your own ignorance.
- Be liberal with feedback.
- Encourage independent behavior, but be willing to invest ample time in your mentee.
- Provide accessibility and exposure for your mentee within your own professional circle both within and outside of the immediate university circle.
- Illustrate the methodology and importance of “networking” in basic science.
- Allow your mentee to assist you with projects, papers and research whenever possible and be generous with credit.

The School of Medicine, in July 1995, initiated faculty performance-based salary plans and evaluation guidelines, and these continue to the present day. Within those guidelines are the requirements for departmental and individual faculty members' goals with respect to "teaching, research and clinical service" and how those efforts may be evaluated on an individual basis. The process of mentoring junior faculty is an excellent way to demonstrate commitment to teaching, research and service. The mission of the departments and divisions — which includes the career success of its members — can be engendered in the junior faculty by the senior faculty through a mentoring relationship. **A successful mentor/mentee relationship can be a criterion for the faculty evaluation.**

Your relationship with your mentee can take on many different characteristics. Some may see the role requiring active prompting and occasionally even pushing to encourage success. Others may choose a more Socratic position, exposing the mentee to many options, even offering opinions, but allowing the mentee to follow his or her own path.¹⁴ Whichever role you choose as a mentor, one factor is important above all others: while the relationship is not a marriage, you and your mentee should respect one another and share mutual regard. This seems a common-sense conclusion, but when mentoring is new to you, the old saw about separating the personal from the professional might cloud the obvious. The mentor/mentee relationship, while occurring in a professional setting, is expected to go beyond simple professional boundaries. Try not to reinforce the idea of compartmentalizing the work life and home life. Your mentee is probably struggling with that conflict already. As a mentor you must recognize that your mentee has a life outside of work and success in that life will have an impact on professional success. Help your mentee learn to integrate his or her many roles. Bolster, don't berate, weak areas. Reinforce, don't ignore, strong areas.

A mentor's life is challenged by another argument — one that is rooted in an appreciation of individualism and self-motivation. Our culture in general, and medical academics in particular, prides itself on the "boot strap" notion. You make your own way, going through rough terrain alone (graduate school and medical school, traineeships and residencies, post-doctoral fellowships), just the way your profession's senior members did. Knowing that you succeeded by yourself is supposed to be its own reward. Even if that is the case, how long does the reward last? Throughout your entire career? Wouldn't greater rewards be possible if, after having succeeded and becoming comfortable in that success, you "gave back" to someone else? Those who support the concept of mentoring believe this is the case.

Suppose you believe that you're ready to be a mentor; how do you go about finding someone to be your mentee? There are several ways to do this, including being assigned to a junior faculty member by your department or division chair. This assignation method is the hallmark of a formalized mentoring program and is not precisely what we are encouraging here. While formally pairing a senior faculty member with a junior ensures that the junior has a mentor, it does not ensure that the relationship between the two will be fruitful for either. In the next section on mentees, we discuss characteristics to look for in a mentor. What about the reverse? How do you, as a senior faculty member ready to serve as a mentor, go about finding someone who could benefit from this special sort of guidance?

Finding a Mentee

Here are a few questions to ask yourself about finding a mentee:

- Of those in my department junior to me, who is pursuing work or has strengths similar to my own?

Or the converse ...

- Of those in my department junior to me, who appears to be struggling in an area that is my strength? (For example, someone may be quite adept in the clinical aspects of his or her faculty position, but falling behind in publishing or in preparing grant applications.)
- Among the junior faculty members, to whom do I gravitate before and after staff meetings or at social functions? (This is important in that it lets you know that you would more than likely get along personally with your mentee. Remember: this relationship encompasses more than professional development, it involves the whole person. Liking your mentee goes a long way toward a successful relationship.)

While no means inclusive of all the questions you might ask yourself about your mentee, these three simple queries will get you started.

You may also want to consider “plucking” your mentee out of a group — and not necessarily your own. At first glance, someone’s research may not exactly mesh with your own, but his or her style of scientific inquiry, or methodology, or teaching habits may lend themselves to a collaborative relationship with you. The mentor/mentee relationship is different. It is closer in substance to a friendship than the standard superior/subordinate relationships of the workplace. In basic science, a mentor might take on the role of sponsor, too.²¹ As a mentor, you need to ensure that your mentee maintains productivity, has protected research time, understands the requirements for promotion and receives exposure via local,

national and international organizations.^{23, 30, 36} You also need to be aware, however, that obstacles may be present in the mentee's life that interfere with such professional demands. Your job as a mentor is to help your mentee integrate the various components of his or her life, not ignore one to bolster another.

Another issue to consider is your own work style. Are you self-directed or do you prefer clear rules and guidelines? As Molly Stock indicates in her book, *A Practical Guide to Graduate Research*, conflicts can arise when mentor and mentee are opposite types.³⁴ Some individuals prefer a more creative approach to their work and may be less attentive to detail, while others believe that progress occurs through careful systematic accumulation of data. A mentor who is concerned with detail and approaches research methodically may be frustrated with a mentee who has a more creative, speculative approach. This incongruence is not necessarily detrimental to either mentor or mentee, however.³⁴ Both types can complement each other and the research or project may be better with the inclusion of both approaches.

Mentor's Checklist (to do on a regular basis)

- Set aside an hour for the first meeting with your mentee. Obtain his or her CV prior to this meeting so that you already know pertinent professional information. Use this hour to get to know other aspects of your mentee. Is he or she married? Any children? Any hobbies? Share similar information about yourself. You may want to conduct this first meeting away from the office, or go to your mentee's "space."
- Be sure that your mentee knows how to contact you: e-mail address, telephone numbers, fax number. You also should have this information from your mentee.
- Ask your mentee what he or she expects from you.
- Tell your mentee what you expect.
- Together, go over strengths and weaknesses. Ask what he or she sees as the most important aspect of career development.
- Familiarize yourself and then your mentee with the institution's promotion/tenure policies. The two of you can develop a "check list" that you can follow in regard to the mentee's progress.
- Either set up a regular time to meet (such as the first and third Thursday of each month), or set the next meeting at the conclusion of this meeting. Try to meet at least once a month with your mentee. Be flexible, but insistent about meeting.
- With your mentee write out one-year and three-year goals for your mentee's career. At the end of each year, re-examine those goals and determine if they've been met.
- Obtain the mentee's written position description from the division or department chair to ensure that the expectations of the mentor, mentee and chairperson are

“What debt do we owe those below us on the ladder? ... the most successful mentoring occurs when the mentor guides the mentored in such a way as to become competitive for the mentor’s position. Some might perceive this as a threatening course of action. A confident and competent mentor is able to ask, ‘Do you want my job? I’ll teach you how to get it.’ It takes courage to train someone to be better; for men to see women as successors; for women to see men as OK; for women not to keep other women down; and for everyone to accept different heirs as part of the norm.” Gayle Mowbray, Chair of the Johns Hopkins University Women’s Forum²⁴

- aligned. Make sure that you and your mentee have a chair-signed position description in your files.
- Be sure that your mentee is on committees and in organizations that will help him or her in career development. Invite him or her to social functions as your guest and introduce him or her to other senior members of the profession or specialty.
 - Ask for assistance with research or in writing a journal article and be generous with credit but teach that “authorship encompasses two fundamental principles: contribution and responsibility.”²¹ Not only should he or she make significant contributions to the work reported in the paper, but be able to take responsibility for the contents of the paper.
 - If your mentee is interested in (or struggling in) an area that is not your strength either, actively seek others who may assist in this regard. This is called “layering” mentors and takes the pressure off one individual to be “super mentor.”
 - At the end of a year in the relationship, try evaluating each other (Appendix A contains samples of questions to consider). Then offer your mentee’s evaluation of your relationship to your division/department chair.
 - Be aware that as the relationship evolves, and your mentee progresses along his or her career path, his or her needs may change in a direction that leads away from you. This can be an awkward time for both of you, but consider it your success. You’ve helped this person develop an insight that would not otherwise have been gained without a mentor. Help him or her locate others who may take over the mentoring duties. By that time, you’ll probably have several new junior faculty seeking your guidance. You may even meet junior professionals outside of your institution who request that you serve as a mentor to them.
 - Never see your mentee as a threat to you. As with others we teach, we want to see them reach beyond us. Your mentee’s success is ultimately your success.

Suggestions for Mentees:

“Do I Need a Mentor?”

Obviously, our answer to this question is a resounding “YES!” Literature on the subject of mentoring and junior faculty development in academic medicine concurs.^{1, 2, 4, 12, 22, 24, 26, 30, 36, 40} The demands of academic medicine are many and often so diverse as to seem counter to one another. You may be required to carry a patient load, serve as a teacher to medical students or residents, conduct your own research, advise graduate students, supervise others helping you with the research, ensure adequate funding for that research, publish, participate in division/department and institutional activities — and those are just the obvious duties. On top of this, you’re expected to interact with your colleagues and senior faculty in such a way that knowledge of political intricacies is imperative. Traditionally, junior faculty are thrown into this and expected to make their own way. Few question the situation since they experienced the same in undergraduate medical school and graduate science programs.

In their text *Mentor in a Manual: Climbing the Academic Ladder to Tenure*, authors Schoenfeld and Magnan say that the transition from medical school and residency to an academic career is difficult. Newly appointed professors have a general idea about their roles, but there is no “West Point for professors.”³¹ In your academic career, you’ll learn from role models and your own mistakes. Additional research on predicting career success in academic medicine indicates specific areas critical for new faculty.²³

Three essential areas in which new faculty need to be socialized:

- Adopting academic values;
- Managing an academic career;
- Establishing and maintaining a productive network of colleagues.

In fact, the research suggests that these three areas are so important that they actually predict who will be a high achiever and who will not. Daunting, isn’t it?

With a mentor, you would not be navigating this maze alone. You would have a guide who had walked the path before you and could help you avoid snares and blind alleys. In the previous section addressed to mentors, we mentioned the differences between pre-selected mentors chosen by divisions or departments, and self-selected mentors, chosen by the person seeking a mentor. We believe the most effective mentoring experience occurs where the seeker and the sought mutually agree to

the relationship. The genesis of such a relationship is up to you as the mentee. Hopefully, before you even accepted an appointment, you familiarized yourself with the department's senior faculty, their publications, their practice and research areas and so on. If you haven't, do so now. After coming on board as a junior faculty member, you should have the opportunity to observe the senior staff during division or department meetings and functions. Your next step is to match the professional expertise you admire with the personal qualities that would make for a collegial relationship between you and the senior faculty member. Do not be afraid to take the initiative and give the relationships and observations time to mature.

As we mentioned to mentors, the importance of a personal "fit" should be considered. Differences in values can seriously undermine a mentoring relationship. A person's professional success will seem less luminous if it is perceived to have been obtained in ways contrary to your own values. For example, if you want to protect limited family time, the senior faculty member you choose as a mentor should probably not be the person known to work a 90-hour week and sleep in the department lounge — even if that person's career success is your goal. Congruence in values does not mean, however, simply selecting a mentor who is just like you. You can learn a great deal from differences. Senior male faculty can make excellent mentors for junior female faculty and vice versa. Senior minority faculty can set wonderful examples for junior minority faculty, but can also expand horizons for and be excellent mentors to non-minority junior faculty.

Just as the previous section listed characteristics of a good mentor, this section will mention some of the characteristics of a good mentee. Remember that this relationship is a dynamic one; neither party is permitted to coast, and in the beginning, the mentee will be doing most of the work in that he or she is actively seeking the mentor.

Characteristics of a Mentee

Characteristics of a mentee include:^{10, 11, 14}

- Eagerness to learn and a respect and desire to learn from the person selected as the mentor;
- Seriousness in the relationship;
- Taking the initiative in the relationship, especially in the beginning — be politely insistent about your desire for a mentor;
- Flexibility and an understanding of this senior professional's demanding schedule (you'll be there one day);
- Promptness for all appointments;

- Feedback, even if nothing is requested;
- Interest: your mentor will ask questions about your personal and professional life in an effort to get to know you as a whole person — do the same with your mentor. He or she also has a life outside of the institution and knowing something about it can help you communicate better;
- Respect: your mentor is there to help you in your career by pointing out the stepping stones, not being one; never forget the time and effort this person is taking to offer you a smoother path on the way to success.

A mentor is a unique individual to you: neither friend, nor colleague, but something of a combination of these and more. Because the relationship differs from those you have with others in your department, you may feel more relaxed and less constrained by professional protocol. This is acceptable to a point, but make certain that you respect the relationship. Unless otherwise told, consider that the information your mentor shares with you is between the two of you.

From the first steps of choosing your mentor to the final days of independence and your own career success, your mentoring experience will probably move through the stages of most senior/junior or master/protégé relationships: tentativeness, eagerness to please, identification with the mentor, dependence, a “second nature” comfort in communication with the mentor, and finally, independence.¹³ It is during the first four stages of tentativeness, eagerness to please, mentor identification and dependence that both mentor and mentee need to be cautious. Since the two of you are not equals, the potential for exploitation on either side is present.¹⁶ Also, both parties need to guard against over-dependence on the mentor. While this may be flattering for the mentor and comfortable for the mentee, it does nothing to promote growth for either. Overidentification with your mentor may lead you to adopt less than desirable traits, or at least traits that do not mesh with your own lifestyle (such as sitting on so many committees that you have no time to spend on personal interests).

Alternatives to Traditional Mentoring

A mentoring relationship can be critical for your success in academic medicine. This does not mean, however, that you will only have one mentor in your career — or even just one at a time. Rarely does one senior person meet all the needs a young professional might have. This is especially true in academic medicine and basic science considering the increasing clinical demands and ever-changing research environment. Twenty-five or 30 years ago, a mentor with sound research skills may have sufficed for a junior faculty member since research has

traditionally been an area for which young clinical professionals received the least training. Today, this would not be the case. In this managed care, health care reform environment, a junior faculty member would need a mentor with research, clinical, teaching and business skills — a tall order for one person.

Even senior faculty have strengths and weaknesses. As a mentee, you may find one individual known for research skills, another individual honored for teaching abilities and yet a third senior professional whose clinical and business acumen you

“The homogeneity of senior faculty contrasts sharply with the heterogeneity of students and young faculty, many of whom present orientations unfamiliar to their potential mentors.”^{43,46}

admire. Ask all three to mentor you in their respective areas. This would also provide an excellent opportunity for the clinical faculty and the basic science faculty to strengthen collaborative relationships as in the case of translational research. A basic scientist may require a patient population for final research on a project. Simultaneous multiple mentors can be especially helpful to the basic scientist in terms of specialized technology: the geneticist may find him or herself needing complex biochemistry knowledge, or skill with a specialized instrument. **Layer your mentors.**

Another option for a young professional would be “rolling” mentors. This often happens as a person progresses through his or her career, especially if he or she moves on to other institutions or more specialized research or clinical interests. You may start out in your career with one mentor and “roll” over to several others as your career becomes more defined. Ideally, each of your mentors will connect you with others who may serve in the same capacity.

Continuing education is an excellent way to enhance your career development. For example, course work in management, business, statistics, epidemiology or mini-sabbaticals learning new research techniques can add to your current knowledge base, direct future career goals and introduce you to people outside of your institution with whom you can network. You might even meet someone whom you’d ask to mentor you, even though he or she is not a part of your institution.

Evaluating the Relationship

Suppose you've found your mentor and have been involved in the relationship for several months. How do you know if you're being adequately mentored?

Evaluation:^{4, 30}

- Is your mentor academically successful? (publications, grants, committees, active research, patient referrals)
- Are you interested in your mentor's research areas and techniques?
- Is your mentor easy to approach and talk with?
- Does your mentor advise and encourage you with respect to your independent goals?
- Do the two of you meet regularly?
- Do you receive regular feedback and constructive criticism?
- Does your mentor facilitate your participation in professional activities outside of the institution (regional, state, national organizations)?
- Are you invited to informal gatherings of people from work?
- Is your mentor your advocate within the department or division?
- Does your mentor encourage you to submit grant applications, help you develop research ideas and push you to write manuscripts?
- Does your mentor connect you to other senior professionals who could "fill in the gaps" in areas where he or she might be less skilled?
- Has your mentor observed you in a teaching situation and provided feedback on these critical skills?

While these questions may not be all-inclusive, they should give you a starting point to allow you to evaluate the mentoring relationship. As we suggested in the section addressed to mentors, a yearly reconnoitering is very important to ensure that you and your mentor are congruent in your goals for the relationship. Completing an evaluation and sitting down together to go over it will guide the direction your relationship takes in the future.

Getting Started – A Primer for Departments, Divisions, Mentors and Mentees

Now that we've gone over some of the basics involved in being a mentor and seeking one, this section will discuss the importance of department/division "buy-in." Even the most dedicated mentors and eager mentees will find themselves struggling without the explicit support of their departments and divisions. With the publication of this handbook, a recent school-wide survey assessing career development, promotion and tenure planning seminars, and other educational activities

addressing mentoring, the School of Medicine has demonstrated its strong support of mentoring. Now the individual departments need to do the same. There are several ways to go about the process.

The Self-Directed Approach: this method involves the initiative of either the mentor or the mentee. As a mentor, you would observe junior faculty members, noting their areas of interest that match your own and offering your services as a mentor. For a mentee, the reverse occurs: you research the senior faculty, get to know them and select someone whom you admire and see as a role model and guide.

The Departmental/Division Approach: this method involves the support and active participation of department and division chairs as well as all faculty within those units. A formal mentoring program would have assigned mentor/mentee pairs.²³ Often the division chair takes the responsibility to mentor or to assign mentors within the division. We believe that allowing choice will ultimately make for a better relationship. Assigned pairs might address the professional needs of the mentee, but remember, the relationship goes beyond the professional.

Bottom line? The two need to like each other for the relationship to be successful. This is where free choice makes the difference.

Regardless of the approach to mentoring relationships, departments and divisions may want to consider having a senior “outside” person (meaning a person who is neither mentor, nor mentee) to serve as a “third eye” of sorts. This individual should be in a senior position and able to objectively view the proposed mentor/mentee pairings. He or she may see potential difficulties within relationships that neither mentor nor mentee envisions. Also, this “third eye” may see matches between junior and senior faculty where no one else has.

Support of mentoring relationships from department/division chairs is crucial. Mentoring a junior faculty member is a time-consuming process and needs to be recognized as an official part of a senior faculty member’s duties. He or she must receive the necessary support from the department, division and institution or the mentoring relationship may crumble under the weight of other departmental demands. This involves allowing the time required to function as a mentor. As a senior professional, an individual has obviously proven that he or she can research, publish and obtain funding. Department and division chairs can be most helpful at this point in the mentoring process by ensuring that senior staff are encouraged to become mentors and allowed the time to pursue the relationship.

Role of departments and divisions:

- Facilitate and encourage such relationships.
- Hold mentors and mentees accountable for their roles.
- Reward mentors.
- Make financial investments in mentees by setting aside funds for their career development (e.g., national conferences and meetings, continuing education and career development programs).

For departments and divisions interested in launching mentoring relationships, a needs assessment might be helpful. A suggested needs assessment form may be found in Appendix A. Mentors, mentees, divisions and departments may wish to use these forms as guides or develop their own ways to assess needs and progress.

One excellent example of departmental efforts to foster mentoring may be found in the Department of Internal Medicine on the MCV Campus. This department is the largest in the medical school, consisting of some 175 faculty members. In May of 2001, Department Chair, Dr. Richard Wenzel, developed and distributed a mentoring survey to all assistant professors “in the interest of assessing the quality and accessibility of mentoring in the department.” This ten-question survey asks first if the respondent has a mentor, and then continues with questions concerning the mentoring relationship (e.g., quantity of meeting time, grant and scholarly work review, assistance with career development). The full survey may be found in Appendix B. On the basis of this survey, a mentoring program is now in place within the Department of Internal Medicine. A cornerstone of the mentoring program requires that each division chair within the department arrange a mentor for every junior faculty member in the division. This pilot project has been shared with all School of Medicine department chairs as a possible sample for their own mentoring programs. Another way of actively encouraging mentoring within the department occurs by including a question about mentoring in the department promotion and tenure evaluations. In addition to providing a biosketch and academic preparation statement, the department’s faculty members are expected to list specific mentoring activities undertaken during the review year.

“... the department is the seat of change, with the department head the key.”^{43,47}

National Trends in Mentoring

Since this guide was first published in August 1997, more academic medical institutions are stepping up efforts to enhance faculty development opportunities. Many of these efforts are particularly targeted toward those professionals marginalized from the traditional tenure-track environment: predominately junior (and often female) faculty with heavy clinical loads, heavy to moderate teaching responsibilities, and little time for scholarly activities.^{45,49,53}

As academic health care centers face serious budget constraints, faculty recruitment and retention initiatives must look beyond a basic financial compensation package. Professional development opportunities and new programs aimed at promoting innovative faculty pathways — not only tenure-track researchers/physicians — become key in building a stable base of researchers, clinicians, and educators. There are as many different strategies being developed to address these challenges as there are academic medical centers. They range from the “macro” (re-thinking the concept of tenure and what constitutes “scholarship”) to the “micro” (stopping the tenure “clock” for faculty with family responsibilities). One strategy gaining universal appeal is the development of mentoring programs. They take up little room in the budget and they have an intrinsic appeal to both junior and senior academic medicine professionals who are steeped in the tradition of passing on knowledge and experience to their students, their patients and each other.

A recent report describing the initiation and maintenance of leadership programs for women in seven U.S. medical schools shows mentoring programs feature prominently in strategies to improve faculty life.⁴⁹ The schools’ mentoring programs differed from one another with some encouraging network mentoring (such as on-campus and external development workshops) and others choosing the traditional “one-on-one” approach. The needs and contexts of each institution were a factor in mentorship program design. The biggest obstacle reported was inadequate time to be a mentor or mentee after program initiation. Strategies to counter this issue include developing mentoring awards, revising promotion and tenure to require and reward mentoring, and including mentoring activities on curricula vitae.

There is still a long way to go in providing academic medical faculty with adequate mentoring resources; but as more surveys and reports surface, institutions take notice. As a resource to schools developing programs, AAMC is compiling brief descriptions of medical school faculty mentoring programs. Descriptions have already been obtained from the following schools: Stanford University, University

of Arkansas, University of Wisconsin, Boston University, University of Texas-Houston, the Mayo Clinic, UCLA, University of Calgary, MCP Hahnemann and East Carolina University. Additional information about mentoring programs at these institutions can be obtained by visiting their Web sites.

Trends in Research Mentoring

Certain particularities about the scientific research environment should be considered when developing mentoring programs for researchers. The National Science Foundation has created a new grant program to encourage institutional policy change to remove barriers to women scientists (e.g., reconfiguring the tenure track).^{43, 48} The National Institutes of Health provides an online guide for training and mentoring that offers an excellent example of specific guidance for researchers: <http://www1.od.nih.gov/oir/sourcebook/ethic-conduct/mentor-guide.htm>.

In the area of training for predoctoral and postdoctoral researchers, the deputy director for intramural research at the National Institutes of Health realized that researchers' experiences at the Institute would be enhanced by a more explicit set of expectations. The NIH fellows themselves had been seeking improved mentoring, and the development of *A Guide to Training and Mentoring in the Intramural Research Program at NIH* came, in part, from their efforts. The NIH guide is divided into six sections within which specific recommendations are made. The summary may be found in Appendix C.

"An academic experience in science ... is a challenging and exciting intellectual pursuit. It can also be fraught with intense pressures and frustrations: how to balance a heavy courseload with family responsibilities; what research avenue to pursue; what career path to follow. Young scientists ... need strong, creative mentors to provide them with wise guidance as well as with friendship. The future of science ... so important to the health and prosperity of the world, depends on the skillful mentoring of each new generation by the one that precedes it."

Statement on Mentoring from Bruce Alberts, President of the National Academy of Sciences⁵⁰

The VCU School of Graduate Studies now offers its own mentoring guide geared toward basic researchers and students pursuing graduate degrees. The mentoring handbook is divided into sections concerning the general features of a mentor-trainee relationship, core values of mentoring, and a bullet list of responsibilities for both mentor and trainee. Researcher trainees have somewhat different needs from clinical medicine mentees and the Office of Graduate Studies *Mentoring Handbook* offers some specific suggestions addressing those differences. The handbook may be found online at <http://www.vcu.edu/gradweb/pfmentor.htm>.

In the VCU course “Scientific Integrity,” which is open to all graduate and postgraduate trainees at VCU, Francis Macrina, Ph.D., Professor and Director, Philips Institute of Oral and Craniofacial Molecular Biology, teaches about the aspects of mentoring in research. In the 2000 edition of his textbook *Scientific Integrity*, Chapter 3 is devoted entirely to the topic.²¹

Trends in Mentoring at the VCU School of Medicine

In the five years since we published *The School of Medicine Faculty Mentoring Guide*, it has acted as a catalyst to foster mentoring initiatives on campus and spark interest at other institutions. This guide is used throughout the VCU School of Medicine, and requested at over 50 academic health centers within the United States and Canada. The Association of American Medical Colleges (AAMC) incorporated the guide as part of training in their Council of Deans Leadership Initiative. In 1998, the Society of Teachers of Family Medicine (STFM) peer-reviewed and approved the mentoring guide for distribution among its membership. At least two federal grants won by VCU were influenced by the inclusion of the *School of Medicine Faculty Mentoring Guide* as a resource, most notably the five-year National Institutes of Health award for junior clinical and research faculty development in the area of “Building Interdisciplinary Research Careers in Women’s Health” (BIRCWH). In the review panel’s comments, there was particular praise for the “comprehensive faculty mentoring guide.”

In February 1998, the Committee on the Status of Women and Minorities published a 15-page report on the results of a School of Medicine faculty survey assessing career development needs.⁴⁴ Mentoring placed high among the needs cited. Recommendations were made to the dean and included:

- Broaden the scope of career development activities for all faculty.
- Write a new faculty career development plan for all new faculty hired and include identification of a mentor.

- Assess and update the aforementioned plan with every faculty member's annual review.
- Evaluate division and department chairs on their skills for, and outcomes of mentoring and career development of faculty.

In response to these recommendations, several changes occurred concerning mentoring.

1. Chair Evaluation Includes Mentoring. The dean implemented an annual evaluation of chairs by the faculty members. One evaluation criterion for all clinical department chairs is labeled: "mentoring and career development — the department chair understands and strives to meet the needs of departmental faculty and staff."

2. Distinguished Mentor Award. To better recognize mentoring in the school, in 1999 a "Distinguished Mentor Award" was included among the top four Annual Teaching Awards given each year to meritorious faculty. The School of Medicine bestows this award to a faculty member who makes significant contributions to the career development of others, including mentorship to fellow faculty members, junior faculty, residents, fellows, medical and graduate students, post-doctoral students and others. A cash award is given to an individual recipient and an additional \$1,000 is given to the recipient's scholarly and educational development. Through these steps, the School of Medicine leadership encourages mentoring and fosters the development of mentoring initiatives within other offices, departments and divisions. The awards and their descriptions may be found online: http://www.medschool.vcu.edu/intranet/facdev/ann_teach_awards.htm.

3. Mentorship Manual for Medical Students. Another promising mentoring trend on the School of Medicine campus has been the Fall 2001 publishing of a *Mentorship Manual for Medical Students*.⁵¹ This manual, written by a rising third year medical student, was born out of a series of focus groups and an online mentorship survey offered to medical students at Virginia Commonwealth University. Its purpose is to offer guidance on finding a mentor. It was encouraged by the VCU Women in Medicine and Science faculty organization and supported by the Office of Admissions and the Office of Faculty and Instructional Development. A complete version of this manual may be found online in a PDF document: <http://www.medschool.vcu.edu/intranet/download/Mentorship.pdf>.

The VCU School of Medicine's commitment to mentoring makes it one of increasing numbers of academic health institutions turning toward improved faculty development through partnering the established faculty with junior faculty. Nationally, mentoring programs are gaining favor and increasing numbers of journal articles, surveys and initiatives speaking to this trend are available for anyone interested in learning more.

In Conclusion ...

The Office of Faculty and Instructional Development at the School of Medicine encourages all departments and divisions to support and actively promote mentoring. We maintain a collection of articles and texts on the subject of mentoring and have listed many pertinent pieces in the following bibliography. Many of the School of Medicine faculty have experienced positive mentoring relationships, and are willing to assist individuals, departments and divisions in any way.

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Appendix A: Assessment Forms

Suggested Assessment Form for Mentees*

(Complete after first year of mentoring relationship.)

Circle the response that best suits your feeling toward the question.

The key is as follows:

1 – Strongly agree 2 – Agree 3 – Neutral 4 – Disagree 5 – Strongly Disagree

- I believe that mentoring is a good idea.

1 2 3 4 5

- I have benefitted from the mentoring relationship.

1 2 3 4 5

- My mentor is readily available.

1 2 3 4 5

- We meet on a regular basis.

1 2 3 4 5

- We are congruent on our goals for my professional development.

1 2 3 4 5

- My mentor and I have similar values.

1 2 3 4 5

- My mentor respects me as a person.

1 2 3 4 5

- My mentor understands that I have a life outside of the institution and helps me to integrate my responsibilities.

1 2 3 4 5

- My mentor is generous with credit.

1 2 3 4 5

- My mentor has involved me in professional activities outside of this institution.

1 2 3 4 5

- My mentor has involved me in committees within this institution.

1 2 3 4 5

The best things about the mentoring relationship are:

I would suggest the following improvements/modifications:

Suggested Assessment Form for Mentors*

(Complete after first year of mentoring relationship.)

Circle the response that best suits your feeling toward the question.

The key is as follows:

1 – Strongly agree 2 – Agree 3 – Neutral 4 – Disagree 5 – Strongly Disagree

- I think mentoring is a good idea.

1 2 3 4 5

- I believe that my mentee has benefited from the relationship.

1 2 3 4 5

- I have personally benefited from the relationship.

1 2 3 4 5

- My mentee and I have similar values.

1 2 3 4 5

- My mentee respects me as a person.

1 2 3 4 5

- The relationship requires too much of my time.

1 2 3 4 5

- I have the support of my department/division chair for my mentoring activities.

1 2 3 4 5

- I have referred my mentee to other faculty for help in a specific area.

1 2 3 4 5

- My mentee doesn't really need a mentor.

1 2 3 4 5

The best thing about mentoring is:

I would suggest the following changes/modifications:

Could I Benefit From a Mentor, or be a Mentor?*

(Suggested needs assessment for departments/divisions)

On a scale of 1 to 3, circle your level of expertise for the faculty position duties listed. The key is as follows:

1 – I feel competent in this area and am willing to be a mentor.

2 – I feel somewhat competent in this area, but not willing to be a mentor.

3 – I need mentoring in this area.

Duties:

- developing a promotion/tenure package

1 2 3

- developing a teaching portfolio

1 2 3

- budget writing

1 2 3

- curriculum development

1 2 3

- curriculum evaluation

1 2 3

- resident teaching

1 2 3

- resident evaluation

1 2 3

- graduate student teaching

1 2 3

- graduate student evaluation

1 2 3

- peer evaluation

1 2 3

- time management
1 2 3
- integration of clinical & research duties
1 2 3
- grant writing
1 2 3
- grant review
1 2 3
- research design
1 2 3
- research funding
1 2 3
- presentations
1 2 3
- manuscript preparation
1 2 3
- communication skills
1 2 3
- computer skills
1 2 3

Tabulate number of:

1s ____, 2s ____, 3s ____

Name: _____

Rank: _____

How long in present rank? _____

* All Assessment Forms in this appendix are adapted from University of Arkansas for the Medical Sciences *The Mentor's Mentor: The Mentoring Handbook, a Guide to Mentoring.*¹⁰

Appendix B: Department of Internal Medicine Mentoring Survey

School of Medicine
Virginia Commonwealth University
Medical College of Virginia Campus

TO: All Assistant Professors in
Department of Internal Medicine

FROM: Richard P. Wenzel, M.D., M.Sc.
William Branch Porter Professor and Chair
Department of Internal Medicine

RE: Mentoring

SUBJECT: In the interest of assessing the quality and accessibility of mentoring in the department, I ask your help in completing a brief questionnaire. Thank you very much.

Mentoring

1. Do you have an assigned mentor?

yes no

2. How often do you meet with your mentor?

< 1x/wk 1-3 x/wk > 4x/wk

3. How often do you have lunch or dinner with your mentor?

< 1x/mo 1-3 x/mo > 4x/mo

4. How often has your mentor reviewed a grant or a manuscript of yours?

< 1x/yr 1-3 x/yr > 4x/yr

5. How often has your mentor helped you get on a national committee or a prominent journal editorial board?

< 1x/yr 1-3 x/yr > 4x/yr

6. How often has your mentor helped you get an opportunity to present a paper or review at a national meeting?

< 1x/yr 1-3 x/yr > 4x/yr

7. Has your mentor advised you regarding Promotion & Tenure in the last year?

yes no

8. Has your mentor advised you regarding networking in the last year?

yes no

9. Has your mentor advised you regarding your teaching skills in the last year?

yes no

10. Rate the quality of your mentor. (0 low to 100 high)

_____ (score)

Signature (optional)

Appendix C: National Institutes of Health (NIH) Mentoring Guide Subsection

The NIH guide is divided into six sections within which specific recommendations are made.

1. The **Supervisors, Mentors, and Trainees** section defines
 - a mentor as “a person who has achieved career success and counsels and guides another for the purpose of helping him or her achieve like success”;
 - a research supervisor, who should “always be a mentor … with the responsibility to discuss with and advise a trainee on aspects of his or her work and professional development”; and,
 - a postdoctoral trainee, who “should learn to train and guide others, for example, by working with more junior individuals … or training students.”
2. The section entitled **Training in Scientific Investigation** addresses the importance of identifying a “first-rate” research project.
3. **Training in Communication** emphasizes the importance of oral and written communication both within the scientific community and the institutional campus.
4. **Training in Personal Interactions** discusses the need to learn negotiation, persuasion and diplomatic skills.
5. **Career Planning** encourages fellows at NIH to consider career pathways almost as soon as arriving at the Institute and discusses how senior researchers can assist.
6. The **Training in Scientific Responsibility** section commands all supervisors, mentors and training institutions to ensure that all trainees learn the “legal and ethical aspects of conducting research” and develop a “sense of responsibility for the use of public resources available to them.”

The entire NIH Guide may be found on the Web at
<http://www1.od.nih.gov/oir/sourcebook/ethic-conduct/mentor-guide.htm>.

Appendix D: To Get a Copy of This Guide

We thank you for reading this handbook and hope you have found it a helpful starting point. If you have any questions or comments, or would like to order additional copies of the School of Medicine Faculty Mentoring Guide, please contact:

Office of Faculty and Instructional Development

School of Medicine

Virginia Commonwealth University, Medical College of Virginia Campus

P.O. Box 980565

Richmond, VA 23298

Telephone: 804-828-6591

e-mail: carol.hampton@vcu.edu

In the subject box, please type "Mentoring Guide"

This mentoring guide also is found on the Web at

<http://www.medschool.vcu.edu/intranet/index.html>.

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