

BACKGROUND:

Since the 1990s mentoring programs have been implemented as a specific career-advancement tool in the training and further education of various groups in the medical profession. Over the last few decades, structured mentoring programs have been designed for mainly nurses, but not many for medical students and physicians. These programs are lacking in not just most medical institutions in Canada, but in most countries.

As stated in the literature (4), the personal student-faculty relationship is important in that it helps students to feel that they are benefiting from individual advice and encourages them to give more thought to their career choices. Other benefits are an increase in research productivity and improved medical school performance in general. Mentored students also rate their overall well-being as higher.

With regards to mentoring junior faculty, traditionally the enticement of a career in academic medicine was related to the promise of opportunities for scholarship, teaching and the establishment of “best practices” as well as the rewards associated with clinical medicine. Today, junior faculty wishing to succeed in academic medicine face daunting challenges in this era of cost containment in health care delivery. Faculty members express less enthusiasm for careers in academic medicine, even though medical schools and teaching hospitals continue to be solely responsible for training compassionate and competent physicians. In these challenging times, it is critical to provide support and guidance for faculty to facilitate career development and foster the retention of excellent physician-teachers and physician-investigators. One potentially effective means of addressing the needs of junior faculty in academic medicine is a collaborative mentoring program.

In surveys of faculty members in academic health sciences centers, 98% of participants identified lack of mentoring as an important factor hindering career progress in academic medicine. Of those participants, 42% identified it as first and 56% identified it as second most important. Finding a suitable mentor requires effort and persistence. Having a mentor is critical to achieving a successful career in academic medicine. Mentees need to be diligent in seeking out these relationships, and institutions need to encourage and value the work of mentors. Participants without formalized mentoring relationships look to peers and colleagues for assistance in navigating the academic system (2).

According to an emerging workforce study done by Louis Harris & Associates, 35% of employees who do not receive regular mentoring are likely to look for another job within 12 months. In contrast, just 16% of those with good mentors expect to leave their jobs (3).

According to the American Society for Training and Development, 75% of executives cited mentoring as a critical factor in their career growth (1).

As a starting point for planning and implementing a formal mentoring program for medical trainees and junior faculty at the College of Medicine University of Saskatchewan (COM), a PubMed literature search was conducted using the following keywords or their combinations: mentoring, mentoring program, medical student, mentor, mentee, protégé, mentorship. The goal of this research was to investigate the following issues:

1. What types of structured mentoring programs for medical students/residents/new faculty are reported in scientific medical literature between 2000 and 2010?
2. What types of structured mentoring
3. What are the objectives pursued by these programs?
4. What concrete statements, if any, can be identified regarding the effects of mentoring programs?
5. What additional information is given in scientific literature (2000 - 2010) on different aspects of mentoring for medical students/residents/junior faculty?

Although a total of 445 publications were identified, only 16 papers met the selection criteria for structured programs.

By examining the full version of these 16 papers, I propose to put together a program, which will serve as a model of mentee-mentor pairings based on a more senior and experienced student/resident/faculty mentor providing critical advice and encouragement to guide a medical student/junior faculty mentee.

PURPOSE OF THE PROGRAM

The purpose of the COM Mentoring Program is twofold. Its primary aim is to mentor undergraduate basic sciences and medical students, postgraduate students (medical residents, fellows, PDFs), graduate students (MSc, Ph.D., MPT), faculty, and staff through the challenges of choosing and/or establishing a career, understanding the clinical and academic environment, and finding life balance. A second purpose of almost equal importance is to provide established faculty and staff with opportunities to make a difference in the professional lives of their new colleagues in through sharing of their professional experiences and expertise. Hence, I intend that both mentors and their protégés will benefit from the communication and contribution that ensues in the mentoring process. Finally, I expect that the College as a whole will be a significant benefactor from this initiative. Ideally, the Mentoring Program will serve as another means for forwarding the College's mission of offering challenging learning opportunities, supporting research in the field of Medicine, and preparing the next generation of successful and happy physicians.

MISSION

The College of Medicine Mentoring Program is dedicated to enhancing, supporting and growing the academic environment by establishing a Culture of Mentoring in order to create a center where everyone wants to come to work, to learn, to teach, to conduct research and to receive his or her health care, which will promote Saskatchewan as the best place to live and practice Medicine.

VISION

Our students, residents, graduate students, researchers, faculty members, and staff will have a welcoming, supportive relationship with (an) established mentor(s) throughout the initial years of their development at the College of Medicine, and in the province of Saskatchewan.

TARGET AUDIENCE

The COM Mentoring Program is intended to serve medical trainees, graduate students, and residents, community-based faculty, and members of the faculty in COM who holds paid appointments in a clinical or basic science department, working as physicians, researchers with doctoral degrees, and clinical or basic science educators. Phase 1 of the program will be directed to those who fall into the following categories:

- Undergraduate Students (developed collaboratively through the SMSS – MedMentors Program, Offices of the Associate Deans of Medical Education, Rural & Regina based programs, the Division of Continuing Professional Learning, and the Saskatchewan Medical Association (SMA)), desiring a Mentor:
 - To help with the selection of a specialty;
 - Once in a selected medical specialty;
 - To help in understanding the clinical and academic environment;
 - To help in establishing the foundation of a research initiative;
 - In a field of Aboriginal health;
 - For personal advice;
 - At the distributed sites (Regina and Prince Albert);
 - To build a connection with physicians practicing in rural communities;

- Post-Graduate Students (developed collaboratively through the Office of the Associate Dean of Postgraduate Education, the Division of Continuing Professional Learning, and the SMA), desiring:
 - A mentor to assist in meeting the goals and objectives of a specialty program within the framework of the CanMEDS competencies;
 - To use mentoring as a leader development tool;
 - To go into research in an academic setting;
 - A strong medical mentor for future fellowship;
 - A strong publishing mentor;
 - To go into academic practice;
 - To strengthen their teaching skills;
 - To go into private practice. (Mentor would be a COM graduate in the Saskatoon community, already in a private practice environment);
 - To go to rural practice;
 - To go to urban and regional practice;
 - To establish mentorship through e-mentoring, while doing rotations across the province.

- Graduate or fellow transitioning into faculty position:
 - Desiring to find a career, research, and/or project-specific mentor;
 - Desiring a mentor to discuss career paths (available options for the post docs);
 - Desiring a mentor to help with CV, Teaching Dossiers preparation;
 - Desiring a publishing mentor.

- Junior Faculty (PhD or MD), (developed collaboratively through the Office of the Associate Deans of Faculty Affairs and Research):
 - Assistant Professor with less than 5 years at the COM;
 - Assistant or Associate Professor, new to the COM, but less than 5 years' experience elsewhere or on tenure track, but without the granting of tenure.
 - Desiring a formal mentoring relationship;
 - Desiring a mentor relationship in general—desiring a mentor with skills in teaching, research, leadership, personal development and/or professional service;
 - Desiring a mentor for diversity, gender or special needs guidance.

- Community Faculty (developed collaboratively through the Office of the Associate Dean of Faculty Affairs, Associate Dean Saskatoon, Department of Family Medicine, and the SMA):
 - Desiring a Mentor;
 - Desiring to be a Mentor.

Following the successful installation of Phase 1 into all departments, and into the UGME and PGME domains, the COM Mentoring Program Phase 2 – the 5 year plan is intended to expand and will also serve:

- High school students (developed collaboratively through the Pre-Health Professions Club, under Dr. Gill White's leadership):
 - Desiring a mentor to help in becoming more familiar with careers in Medicine, the work environment, and work-life balance of a physician.
- International Medical Graduates (IMGs) coming to Saskatchewan through the SIPPA program;
- IMGs practicing in Saskatchewan;
- Junior or any level faculty member (MD or PhD).
- Newly Appointed Department Head, Director of Specialty Program:
 - Desiring a mentor relationship in general—desiring a mentor with skills in teaching, patient care, research or another area.
- Mid-or-senior level faculty desiring to advance into management-leadership roles (professional goals include position as Chair, Dean, etc.).
- Recently promoted to Department Head or Assistant/Associate Dean and desiring a mentor.
- Considering leaving academic medicine for private practice and desiring a community private practice mentor. (Mentor would be a COM graduate in the Saskatoon community, already in a private environment).
- Students/Residents/Faculty with diversity, gender or special needs issues desiring a mentor (developed collaboratively through the Office of Cultural Enhancement of the U of S).
- Department head desiring a mentor for promotional guidance of faculty members interested in academic/executive leadership in academic medicine.
- Department head desiring a mentor for guidance of under achieving faculty.

PROGRAM GOALS

The overall goal of the program is to first develop healthy, successful individuals, facilitating them on career paths which follow their personal goals, help meet their departments' missions, utilize their strongest assets, and strengthen the students, residents, and the members of the faculty by:

- Growing the undergraduates and postgraduates as individuals
- Growing the individual faculty member
- Growing the technical skills of faculty members
- Rounding out a wholesome professional, and
- Increasing overall job satisfaction among our faculty

Through the leadership of a strong mentoring program which focuses on the following critical concepts, we would be able to:

- Facilitate students' professional and personal development
- Manage a productive academic career in medicine or research, or both
- Understand the formal (and informal/implicit) values, rules and operating procedures in academic medicine
- Develop and sustaining a network of professional colleagues
- Nurture and cultivating junior faculty to become the next generation of academic leaders
- Support the retention of our faculty talent through support to continuously build and expand professional skills and opportunities to work independently or collaboratively in any field
- Support the recruitment and retention of our own medical trainees to sustained practice in Saskatchewan

- Support the retention of practicing physicians in Saskatchewan

The Mentoring Program, administered at the faculty and department level, is designed to develop medical trainees and junior faculty members with a strong foundation in principles and methods. The overall goal of the program is to establish, develop and facilitate positive, enduring, and mutually beneficial mentoring team relationships that allow mentees to plan, learn, collaborate and grow, and which renew and reward mentors through the experience of encouraging, motivating and inspiring others.

OBJECTIVES

The Mentoring Program objectives are to:

- Build community and to instill the skills and attitudes of leaders, including the commitment to mentoring in achieving excellence.
- Assist students in making the right decision in choosing a career in Medicine by providing career counseling and developing professionalism, by supporting students in their personal growth, increasing their interest in research and academic career, and fostering students' interest in a specialty for which a future shortage is projected.
- Collaborate with Program Directors in meeting the residents' goals and objectives of their specialty programs within the framework of the CanMEDS competencies.
- Provide mentoring for residents as leaders.
- Assist junior faculty members in their transition to College of Medicine and the community by receiving guidance based on their expressed agenda. Some relevant areas of general focus are: academic promotion, professional development, balancing career and personal goals, stress and distress, preparation for key events.
- Administer the program at the department level with assistance from the Office of Faculty Affairs.
- Structure the program so that each department is directed by a Department Director of Faculty Development (DDFD), appointed by the department head. The DDFD will be responsible for the mentoring program for the department.
- Provide Tool and Form templates for developing mentor-mentee relationships for the purpose of career development. Provide three types of mentoring in the program: one-on-one, team, and layered and group mentoring.
- Establish that mentors need not be in the same department or division as the mentee and can cross college, department, and division and community boundaries.
- Develop skills in goal-setting, communication and feedback.
- Develop the primary skills required to successfully perform any form of research/scholarship/patient care/teaching at both the career development and individual investigator levels.
- Increase the career satisfaction and retention of the junior faculty members.
- Provide a forum for sharing wisdom and experience among faculty members.
- Facilitate a team approach to successful development of junior faculty.
- Develop skills in mentees and other junior faculty to enable them to become future mentors.
- Create mechanisms for rewarding contributions of senior faculty members that lead to success in junior colleagues.
- A professional development program consistent with stated missions for the College of Medicine University of Saskatchewan and each department, division in the school.
- A voluntary program, not assigned.
- Highlight the power of Mentoring.

By fulfilling the above-mentioned objectives, our main goal is to foster an environment where mentoring becomes a part of the culture at the College of Medicine.

The mentoring program shall:

- Assist students in making the right decision in choosing a career in Medicine.
- Foster students' interest in a specialty for which a future shortage is projected.
- Foster students' interest in rural practice.
- Provide support and guidance for Program Directors to facilitate career development.
- Promote Saskatchewan as the best place to live and practice Medicine.
- Promote team practice in rural Saskatchewan.
- Promote the growth of junior faculty as individuals, promote career growth for our junior faculty and reduce the number of promising junior faculty moving into other career paths.
- Remove obstacles and reduce (or eliminate) the confusion which can occur simply from being new to a career or environment. Unaddressed, these obstacles can increase frustration, waste time and delay progress toward a productive career.
- Help residents and junior faculty balance their professional and personal lives, knowing that happiness in one's personal life contributes to job satisfaction and productivity.
- Establish a formal series of training sessions for both mentors and mentees. These programs will assist senior faculty in becoming effective mentors and junior faculty in acquiring or refining their knowledge and skills, consistent with their chosen career path and academic track. Sessions will be organized in the areas of research/scholarship, education, and professional service.
- Establish a routine program of informal meetings for both mentees and mentors to meet separately for networking and conversation; for example, a monthly department breakfast for mentees.
- Incorporate into all faculty assessments a section on mentoring.
- Work with Department Heads/DDFDs to determine recognition mechanisms for mentors.
- Coordinate annual evaluations of the program within the Departments/College.

BENEFITS

Anticipated Benefits for Medical Trainee/Junior Faculty Member (Mentee) Through:

- A resident/faculty member who serves as a career/personal role model for an undergraduate student.
- A senior faculty member who serves as a career/personal role model for a junior faculty.
- An experienced listener who can respond to problems or concerns.
- An advisor who can offer useful guidance on professional goals and career direction.
- An increase in productivity in activities that might include (all of these activities will be referred to as research because they are investigatory in nature):
 - Search for new knowledge;
 - Application of existing knowledge to well-defined practical goals;
 - Artistic endeavors (creative writing for publication).
- An increase in tangible outcomes (for mentees in the area of research/scholarship) such as:
 - Number of grant awards, not just grant submissions;
 - Publications in appropriate high quality refereed journals, books or electronic media;
 - Higher performance reviews and faster promotions than non-mentored colleagues.
 - Increased numbers of professional poster exhibitions or presentations at conferences;
 - Overall increase in number of collaborative research for the institution.

- Improved teaching effectiveness with tangible outcomes as compared with non-mentored faculty (for mentees in the area of teaching) such as:
 - Improved student evaluations and increased numbers of Best Teacher and other teaching/education awards;
 - Higher scores of their students on standardized exams;
 - Substantial activities beyond normal professional responsibilities of the faculty member like holding offices in professional organizations;
 - Tangible evidence of professional development such as preparation of new teaching materials, innovative teaching methods, courses or sub-programs, conference papers and publications.
- Improved medical practice effectiveness with an increase in productivity and better time management in patient care and hospital services (for mentees in the area of patient care). Clinical care should be patient-centered and evidence-based.

The Senior Faculty Member (Mentor) Benefits Through:

- Generously sharing expertise and wisdom on personal and professional experiences.
- An overall increase in number of collaborative research projects for the institution.
- The satisfaction of recognizing new faculty potential and observing growth and achievement.
- Contact with new faculty and their issues.
- Increased career satisfaction, and prevention of stagnancy.
- Evidence of professional development through joint publications, faculty evaluations and awards.
- A feeling of renewal resulting from the power of sharing and collegiality.

The College of Medicine Benefits Through:

- An institution-wide mentoring and learning culture.
- Increased recruitment of our own medical students to the specialty programs.
- Support to recruit new faculty.
- Early determination of the appropriateness of new faculty fit, knowledge, skills and chosen career path.
- Increased faculty interaction and networking.
- Increased interest in Distributed Medical Education among the Undergraduate students.
- The development of a greater awareness within the faculty of positive growth opportunities.
- Junior faculty members that are more likely to understand the criteria for promotion in the College of Medicine because they have mentors who are there to answer questions and guide them in matching career trajectory and academic track.
- Increased number of individuals transferring from *clinical scholar track to tenure-track* at the time best suited to their success on tenure-track.
- Increased morale and job satisfaction.
- Increased promotion rates.
- Increased confidence of faculty.
- Improved skills and abilities of faculty.
- The development of future leaders for the institution.
- Support of succession planning efforts.
- A sense of connection between new faculty and the institution.
- Successful retention of productive faculty and reduction of turnover.
- The building of future faculty leaders and mentors.
- The building and transmittal of the College of Medicine culture and institutional knowledge.
- Empowering the faculty as individuals and colleagues.

The Province of Saskatchewan Benefits Through:

- Increased awareness of job opportunities in the province.
- Increased number of the College of Medicine medical trainees establishing practice in Saskatchewan.
- Successful retention of practicing physicians.
- Successful retention of IMGs.
- Providing excellent and efficient standards of care to the entire population, increasing the value of tax payers' money spent on the education of our medical trainees.

OUTCOMES

Measurable outcomes specifically targeted in the program and based on each individual's need for mentoring will include:

I. Job Satisfaction

- New faculty will:
 - gain a clearer sense of the rigors and rewards of a career in academic medicine;
 - acquire a better awareness of expectations for career advancement;
 - develop rapport with other faculty member;
 - experience a shorter transition period from new investigation to mid-career and established research programs;
 - experience effectiveness in early intervention if a need is identified;
 - experience increased overall satisfaction with their career and personal life;
 - experience a healthy balance between their professional and personal life;
- Department and Institution will experience:
 - increased cost-benefit analysis from increased retention of faculty members and reduced recruitment and orientation costs;
 - decreased numbers of clinical faculty transferring from tenure-track to clinical scholar and clinical track;
 - increased number and more rapid promotions from assistant to associate professor will be realized, as measured historically at the beginning of the inception of the department mentoring program.

II. Research/Scholarship:

- *Individual:* Manuscripts, publications, professional presentations within COM, nationally or internationally, and grants (written, funded or submitted) will be achieved sooner in the career of the junior faculty member who is mentored;
- *Institution:* Increased number of publications, professional presentations regionally, nationally or internationally, and grants (written, funded or submitted) for the institution;
- *Institution:* Increased number of clinical investigators who apply for and receive funding for patient-oriented clinical research at both the career development and individual investigator levels.

III. Medical Education & Teaching:

- *Individual*: Higher career satisfaction and higher scores on medical student, graduate student, resident, postdoctoral fellow and peer evaluations.
- *Individual*: Enhanced medical education scholarship.
- *Institution*: Higher evaluations for faculty members' performance in teaching in various venues around the medical center.

IV. Patient Care:

- Outstanding satisfaction ratings by patients, families and referral sources.

V. Professional Service:

- Service on departmental, hospital, COM and professional organization committees and within local communities (on and off campus).
- High level of professionalism exhibited in responsibilities related to administrative or clinical operations and budgets.
- High scores on mentees' evaluations of mentors.

VI. Recruitment and Retention

- Increased number of medical students involved in Externship and JURSI rotations in rural Saskatchewan.
- Increased number of residents choosing rural Saskatchewan for practicing Medicine.
- Increased number of physicians working in rural Saskatchewan.

Measurable departmental outputs specifically targeted in this program, developed by and based on each department's need for mentoring will include:

- Mentoring Networking Lunch – training series on different topics in collaboration with the Office of Continuing Professional Learning (held bimonthly).
- Mentorship training (over and above the training series offered in the monthly Mentoring Networking Lunch) for newly-formed mentor-mentee pairs. This training will consist of departmental mentoring protocol and workshops varying in topics from year to year while repeating basic topics annually for incoming members of the faculty.
- High rates of attendance by both mentees and mentors, together or separately, at routine programs or meetings established and encouraged for networking and conversation; for example, the department-sponsored Networking Breakfast for Mentees and/or Mentors, the Annual New Faculty Orientation Breakfast, or the bimonthly Mentoring Networking Lunch.
- Establishing a *Thank You Mentor Day* to honor mentors.
- Establishing Special Awards: *Mentors of the Year*.

THE PROCESS

Tasks of the Mentoring Office and Faculty Affairs

The Mentoring Office and Faculty Affairs (MOFA) will oversee the implementation of a college-wide mentoring program, establishing a culture which supports the critical role mentoring plays in supporting the recruitment, development and retention of faculty members in the College of Medicine.

MOFA will be responsible for:

- In collaboration with the MOFA Advisory Committee (which will be established at the beginning of Phase 1 implementation) and applicable department/division heads, chairs or program directors, initiating and assisting with the implementation of a college-wide mentoring program.
- Creating, distributing and regularly updating a reference document and website (along with optional tools and forms) which describes the college's mentoring initiative, its resources and procedures, and the recommended roles and responsibilities of all participants.
- Creating and maintaining on-line accessibility to a mentoring guide and templates for tools and forms which can be adapted and expanded/modified by the respective departments to reflect their specialty and needs.
- Coordinating college-wide mentoring activities such as the Mentor-Mentee Networking Lunch and the Annual New Faculty Orientation Breakfast.
- Providing financial support for mentor and mentee training, national/international guest speakers and related mentoring activities organized by MOFA for college-wide participation.
- Providing current research and publications on mentoring to assist with the departmental committees and their program development plans.
- In collaboration with the MOFA Advisory Committee and the department representatives, evaluating reviewing and tracking the mentoring program progress.

Mentoring plays a critical role in supporting the recruitment, development and retention of faculty, as well as recruitment and retention of medical trainees to the province of Saskatchewan. If mentoring is to be successful, leadership, departments and the organization **must** play a significant role as well, primarily one of support.

Tasks of Leadership

- The department head has overall responsibility for the success of the faculty mentoring process. In addition to taking an active interest in the progress of each faculty member in all activities, the department head must ensure that a departmental faculty mentoring program is implemented and, central to that, is the assignment of a faculty mentor for each junior faculty member. As pointed out in the University of Pennsylvania School of Medicine's faculty mentoring program guidelines, "The department chair should identify the mentor or mentors in the initial letter of appointment." (9).
- Department heads, the DDFD, and Associate Deans should encourage and support faculty participation in the program. Encouraging and supporting the attendance of new faculty and their designated mentors at meetings and other seminars and events that promote professional development is essential in building a successful program.
- As soon as the new faculty appointment is made, the department head should inform the DDFD, who should then contact the new faculty member in advance of his or her arrival at the university. This process is for the purpose of assigning a mentor.
- All new faculty members should be assigned 1 or more mentors, identified by name as early as possible in their careers. The name of the DDFD should be listed in the offer letter. The letter should also include an explanation of the presence of a mentoring program and the role of the DDFD. New faculty members need to be told this does not prevent them from continuing already established mentoring relationships if they wish to do so.

Tasks of the Department

The departments should assume responsibility for:

- Developing a mentoring process consistent with their needs and expectations based upon and expanded from the College of Medicine Mentoring Program proposal and materials provided by MOFA.
- To begin the process, department heads should appoint a Department Director of Faculty Development (DDFD) and when appropriate, a Department Faculty Development Committee (DFDC). This recommendation is based upon the success of the University of California-Davis School of Medicine Mentoring Program.
- Smaller departments may work together under the efforts of a joint DDFD if they choose to do so.

Tasks of the Department Faculty Development Committee (DFDC)

Committee members should include department heads, chairs, master educators, master researchers and both senior and junior faculty. The committee should be staffed and supported by the department head's office or the head's designee.

The committee should assume, with the support and approval of the department head, responsibility for:

- Establishing the specific goals and objectives for that department or organization's mentoring program.
- Establishing realistic expectations and timelines for the implementation of the department program.
- Determining how mentoring activities should be weighted appropriately in the annual evaluation process and considered in promotion and tenure considerations.
- Making recommendations for protected time for regular college-wide or departmental mentor-mentee meetings and activities.
- Overseeing mentor training and development.
- Holding mentors and mentees accountable for their roles.
- Regularly evaluating and improving the program over time.

Tasks of the Department Director of Faculty development (DDFD)

The title "Department Faculty Development Director" (DDFD) is borrowed from our colleagues at the University of California-Davis School of Medicine, who created it to define the individual who oversees the program in each department (8). The department head will designate 1 faculty member to oversee the department's mentoring program, thus reducing the extra burden of time and the "power differential" if handled by the chair. The DDFD should be a senior member of the faculty and an experienced mentor. The individual will meet with the department chair on a regular basis to review the progress of the mentoring program and to identify any significant issues that need to be changed.

The DDFD should assume responsibilities for:

- All tasks listed in the section above if a committee is not appointed.
- Explaining the role of the DFDC, the DDFD, and the mentoring process at the new faculty orientation, providing updates at department faculty meetings.
- Providing support and encouragement of senior faculty to act as career, project and team mentors to medical students/residents/junior faculty.
- Providing insight, guidance and support to mentees.
- Meeting with each mentee to jointly select a career mentor.

- Meeting as needed with each mentee to evaluate the career mentor-mentee relationships; work with career mentors and mentees if difficulties arise; and reassign career mentors when necessary.
- Establishing a website with a list of mentors including the areas of specialty in which he or she would be willing to mentor junior faculty members outside his or her own department as a project or team mentor.
- Working as the department representative with the College of Medicine MOFA.

Challenges in Planned Mentoring

Successful mentoring programs are examples of strategies that are well implemented. Planning and implementation can result in unexpected obstacles which will impede the success of a program. It is not the intent of this section to focus on the negative, but negative consequences to mentoring may result from unrealistic expectations (10).

Planning for these obstacles and how to handle them will prevent a program from experiencing strain or even sabotage.

The mentoring literature presents some negative consequences of mentoring (10, 5). Any one of three elements, *toxic mentors*, *toxic mentees* and *toxic environments* can adversely affect the balance in a mentoring relationship (10, 6). A mentoring relationship should be considered dysfunctional when:

- a) it frustrates the primary needs of either the mentee or the mentor;
- b) the mentee or any of the mentors perceive the long-term benefits of the relationship to be outweighed by the long term costs; and
- c) anyone in the relationship engages in specific concrete behaviors to sabotage the work projects, or the career success of the other.

Linda Phillips-Jones, suggests in her book *Mentoring Coordinator's Guide: How to Plan and Conduct a Successful Mentoring Initiative*, of the most difficult challenges commonly encountered by those trying to establish a program (5). Her list includes both programmatic and relationship challenges. We provided Dr. Phillip-Jones' list below, because we believe potential problems are manageable, especially if planners and participants are aware that these possibilities exist and address them early.

1. Skepticism about planned or formal mentoring among the current faculty.
2. Lack of time for faculty to participate at any level.
3. Difficulties in getting good, dedicated DDFD's.
4. Forcing skeptics to participate.
5. Lack of backing from leadership.
6. Fear of participation on the part of the new and junior faculty.
7. Assumption that "one doesn't need a mentor."
8. Insufficient numbers of qualified, interested and available mentors among the senior faculty.
9. Resentment from those not selected to participate as a mentor.
10. Irritated direct managers/chairs/division chiefs of mentees.
11. Inadequately prepared participants and teams.
12. Mentoring partnerships that begin at different time other than fall of each year.
13. Lack of follow through on details of running a successful team.
14. Lack of funding to support the initiative with programs that provide key speakers or staff to support handling the logistics of the program.
15. This position will be a challenge for departments that are primarily clinical, like Psychiatry. People with 8 hour clinical days will have problems meeting with others who have 8 hour clinical days, unless there is time to clinical buyout. If they use their basic scientists in this position, they will not be in a position to serve the faculty, most of whom are clinical.

To help stay on top of challenges, the Mentoring Office and Faculty Affairs (MOFA) welcomes questions and is available to help in any way.

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EVALUATIONS

Mentors or mentees may reassess their relationship at any time during the process after initial pairings and decide to continue or discontinue. Sample evaluation forms will be provided by MOFA. If either indicates they wish to discontinue their relationship, then mentees who so desire will be matched with a new mentor.

Formal self-evaluations should take place:

- After a 90-day trial as a team.
- After the first 6 months, using a Semi-Annual Evaluation Form.
- At the end of the first (and subsequent years), using an Annual Mentoring Evaluation Form for:
 - the mentee by the career or team mentors.
 - the mentors by the mentee.
- At the end of the mentoring relationship.

Expectations

Below is an example of a timeline for the Mentoring Program, from the establishment of the Advisory Committee to the Evaluation of the Program and Improvement Recommendations.

- Establish the Mentoring Program Advisory Committee.....by November, 2011 (the Dean)
- Present to the Department Headsby November, 2011 (Gabriella)
- Develop and conduct a Needs Assessment for the medical students.....by December, 2011 (Gabriella)
- Develop and conduct a Needs assessment for the residents.....by February, 2012 (Gabriella)
- Develop the MOFA Mentoring Program Guide Book:
 - for UGME & PGME
 - for Faculty.....by February, 2012 (Gabriella)
- Develop the Mentoring Program Templates.....by February, 2012 (Gabriella)
- Distribute the Guide Book and Templates to the Department Heads.....by March, 2012 (Gabriella)
- Establish the Mentoring Program website (all documents, forms, templates will be downloadable for customizing to meet the specific needs of UGME, PGME, and each department).....by March, 2012 (Gabriella)
- Establish and implement the e-mentoring.....by May, 2012 (Gabriella)
- Department Heads appoint a Department Director of Faculty Development (DDFD) (Smaller departments may work together under one DDFD).....by March, 2012 (Dep. Heads)

Establish a Departmental Faculty Development Committee (DFDC) (Provided the department size merits a committee).....March, 2012 (Dept. Heads)

Establish Specific Aims for Department Mentoring Needs.....no later than April 1, 2012 (DDFD)

Develop a Departmental Mentoring Program adapted from the MOFA Mentoring Program Guidebook and TemplatesApril – May, 2012 (DDFD)

Program Implementation.....July 1, 2012 (MOFA)

Recruitment of Initial Career Mentors.....July 1, 2012 (DDFD)

On-going Recruitment of Career Mentorsas new faculty members are hired

Assessment of Mentee NeedsJuly, 2012 (DDFD)

Selection Review of Mentors.....July, 2012 (DDFD, DFDC)

Matching Career Mentors & Mentees.....July, 2012 (DDFC)

Develop & Implement OrientationJuly, 2012 (Gabriella)

Initial Training.....July & August (Gabriella)

Development a series of diverse activities for the UGME within the entire academic year.....September, 2012 (Gabriella)

MOFA New Faculty Orientation BreakfastAnnual date early September, 2012 (Gabriella)

Thank Your Mentor DayAnnual date January, 2013 (Gabriella)

Special Awards: *Mentors of the Year*

- *Peer Mentor*
- *Faculty Mentor*
- *Practicing Physician Mentor*.....Annual date September 2013 (Gabriella)

Initial Evaluation of and by Program Participants (repeated annually).....July 1, 2013 (Gabriella)

Evaluation of Program and Improvement Recommendations.....Annually, starting July 2013 (Advisory Committee)

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2. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui, T. Having the right chemistry: a qualitative study of mentoring in academic medicine. *Acad Med*. 2003; 78:328-334.
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