

A Multiyear Departmental Faculty Mentorship Program: Structure, Process and Outcomes

Daniel Lasser, MD, MPH

Robert Baldor, MD

Judy Savageau, MPH

Melissa McLaughlin, MS

Linda Weinreb, MD



Family Medicine and Community Health

Disclosures

- None

Educational Objectives

Participants will be able to:

- List four components of a successful formal faculty mentorship program
- Describe four possible outcomes of a faculty mentorship program
- Establish a formal mentorship program within your own program or academic department

Today's Session

- Introduction
- The UMass Mentorship Program
 - Structure and Process
- Outcomes
 - Evaluation, Lessons learned

INTRODUCTION

Mentorship

- Sambunjak and Marusic:

Most studies of mentorship do not offer a clear definition of mentorship

- Abedin, et. al. (National CTSA Mentor Working Group):

Mentorship: *“a dynamic, collaborative, reciprocal, and sustained relationship focused on an emerging individual’s acquisition of the values and attitudes, knowledge, skills, and behaviors necessary to develop into a successful professional”*

Mentorship

- Fleming, et.al.: the *Mentoring Competence Assessment* – identified 26 competencies grouped within 6 themes
 - Maintains effective communication
 - Aligns expectations
 - Addresses diversity
 - Assesses understanding
 - Fosters independence
 - Promotes professional development

Mentors enhance faculty success

- Junior faculty with a mentor have **greater self efficacy** (Feldman; Med Educ Online 2010)
- Systematic reviews demonstrate the association between having a mentor and **career satisfaction, completing a research project**, and the likelihood of **obtaining grants**
- Survey of NRSA research fellows found those with an “influential” mentor **more likely to have funding and to publish** one or more papers per year (Steiner; JGIM 2002)
- Effective mentoring enhances individuals and organizations (Thorndyke, Gusic, Milner; J Contin Educ Health Prof 2008)

Both faculty and department benefit

Faculty

- Increased clinical, educational, and research productivity
- Increased scholarly activity
- Career advancement
- Improved professional satisfaction (for both mentor and mentee)
- Shorter time to promotion
- Work/life balance support

Department

- Advanced culture/climate of the department
- Improved satisfaction and retention
- Successful on-boarding of new recruits
- Deliberative and effective succession planning

THE UMASS MENTORSHIP PROGRAM

UMass Family Medicine and Community Health

- Faculty in diverse programs at several clinical and academic sites
- Historically, no formal mentorship program
 - Several successful examples on an ad hoc basis
- Faculty identified mentorship as a high priority in climate surveys (2011, 2013) and at a faculty retreat
- Office of Faculty Affairs offers mentorship programs
 - Faculty felt they weren't focused enough on the needs of Family Medicine faculty (including access issues)
- 2013: Department launched its own 18-month pilot
 - 2015: Second cohort – 18 months
 - 2017: Third cohort – 18 months (still underway)

Key elements

- Infrastructure: Steering group, coordinator
- Recruitment and pairing
 - Application for mentees and mentors, follow-up phone interviews to clarify mentee needs
 - Mentees offered 2-3 mentors, asked to rank
 - Most were assigned their first choice
 - In some cases, pre-established pairs volunteered
 - Supervisors to serve as mentors when requested

Expectations

- Participate in periodic group meetings
 - Initial program orientation, periodic workshops
 - Development sessions for mentors
- Meet every 6-8 weeks for 18 months
- Provide brief meeting summaries
- Complete program evaluations
- Complete written mentoring agreement

Written mentoring agreement

- Elements:
 - Goals
 - Timeline
 - Activities to be conducted
 - Expectations
 - Communication methods and frequency
 - Actions to be taken if problems arise
- Agreements reviewed by leadership in the UMass Office of Faculty Affairs
 - Provided feedback, asked for goal clarification

OUTCOMES

Participants

- In three 18-month cohorts, a total of 40 faculty participated as mentees, and 31 faculty as mentors
 - Three pairs dropped out
 - 33 female mentees; 7 male mentees
 - Gender of mentee/mentor pairs:
 - Female/female: 22
 - Male/male: 7
 - Female/male: 11
 - Male/female: 0
 - One female faculty member served as both a mentor and a mentee
 - Five pairs included a mentor who was also the mentee's supervisor
- 2013 cohort: 21 pairs
- 2015 cohort: 17 pairs (5 continuing from cohort I)
- 2017 cohort: 12 pairs (2 continuing from cohort I; 2 from cohort 2)

Mentee/mentor meetings

- Frequency
 - 50% met 1-2 times/month
 - 30% met once every 2-3 months
- 50-60% noted challenges in finding meeting times
- Primary means of communication
 - 60% reported face-to-face meetings
 - 30% used email

Mentee goals

- Scholarship
 - Publish a paper: 5
 - Present: 3
 - Submit a grant: 3
- Program development
 - Develop a fellowship: 2
 - Develop a curriculum: 1
 - Develop a community project: 1

Mentee goals

- Academic/professional development
 - Work toward promotion: 4
 - Explore and prepare for teaching opportunities: 3
- Skill building: 7
- Refine role: 11

While improved work/life balance was often a secondary goal, it was often central to the primary goal

Results of post-participation surveys

		Mentees (n=30)	
		2015	2016
The program improved my confidence			
<i>Somewhat/strongly agree</i>		71%	80%
The program helped me learn new knowledge, skills, behaviors			
<i>Somewhat/strongly agree</i>		72%	85%
The program led to increased networking opportunities			
<i>Somewhat/strongly agree</i>		78%	100%
The program led to opportunities for dissemination at regional or national conference			
<i>Somewhat/strongly agree</i>		39%	54%
Program led to opportunities for dissemination in a peer reviewed journal			
<i>Somewhat/strongly agree</i>		17%	39%

Results of post-participation surveys

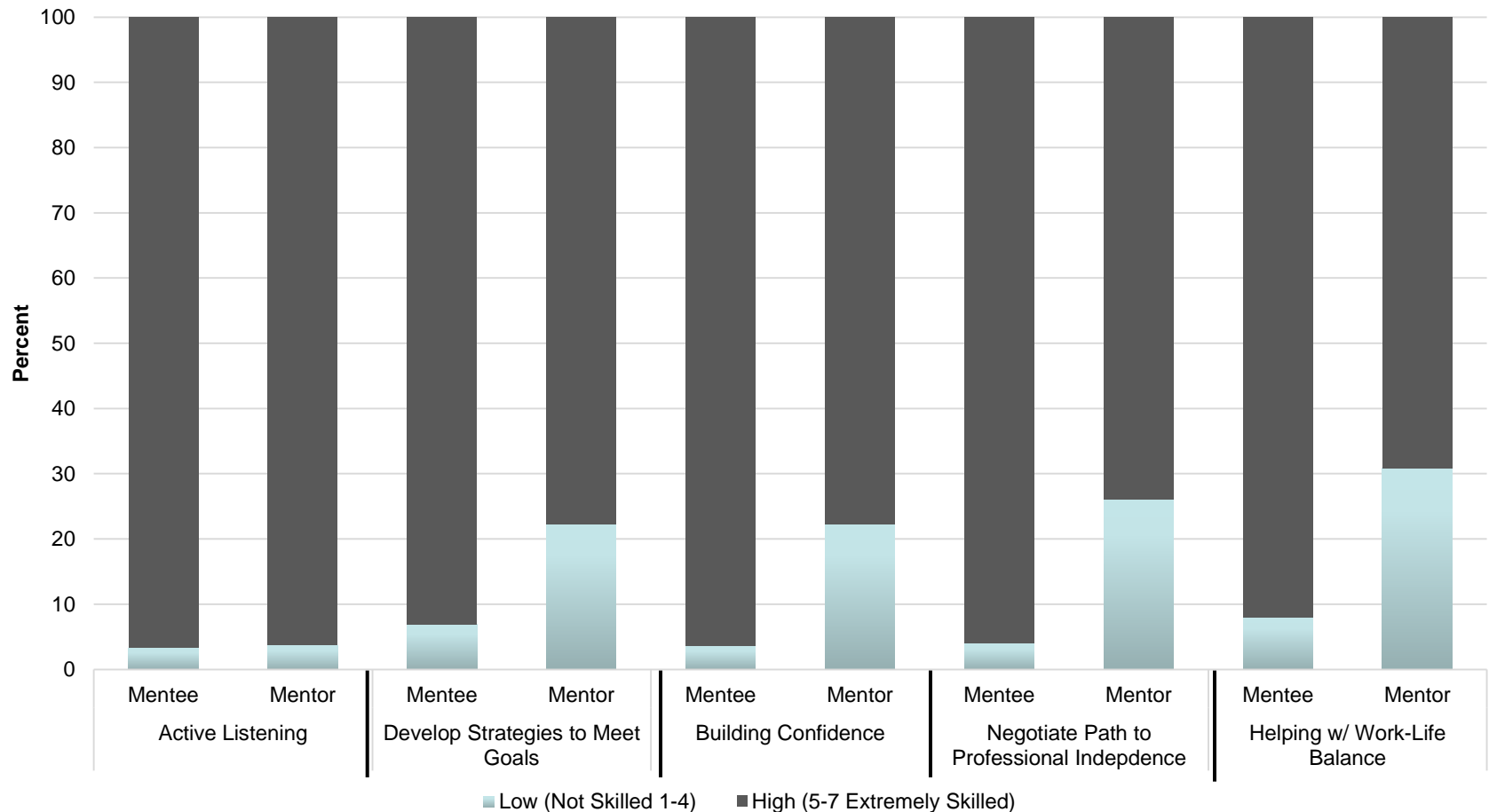
	Mentees (n=30)		Mentors (n=27)	
	2015	2016	2015	2016
Met primary goal				
<i>Partially or fully implemented</i>	78%	85%	63%	55%
Satisfaction with the program				
<i>Somewhat/completely satisfied</i>	89%	82%	86%	83%
Would recommend mentoring program to other faculty				
<i>Somewhat/strongly agree</i>	95%	92%	90%	100%

Assessing mentor competencies

Fleming, et.al.* - the *Mentoring Competence Assessment* – 6 themes/26 items

- Maintains effective communication
 - Active listening
 - Provide constructive feedback
 - A trusting relationship
 - Accommodates communication styles
 - Strategies to improve communication
 - Coordinate with other mentors
- Aligns expectations
 - Sets clear expectations
 - Aligns expectations
 - Considers mentor/mentee differences
 - Develops strategies to meet goals
 - Sets research goals
- Addresses diversity
 - Accounts for biases and prejudices
 - Accounts for different backgrounds
- Assesses understanding
 - Assesses mentee knowledge
 - Estimates mentee ability
 - Enhances mentee skills
- Fosters independence
 - Motivates mentees
 - Builds confidence
 - Stimulates creativity
 - Acknowledges professional contributions
 - Negotiates path to independence
- Promotes professional development
 - Helps effective networking
 - Sets career goals
 - Helps establish work/life balance
 - Understands impact as a role model
 - Helps mentee acquire resources.

Assessing mentor competencies



Post-program assessment of mentors

As rated by the mentees:

3 Highest rated competencies:

- Establishing a relationship built on trust
- Acknowledging professional contributions
- Active listening

3 Lowest rated competencies:

- Accurately estimating ability to conduct research/scholarship
- Helping to acquire resources (e.g., grants)
- Understanding his/her impact as a role model for mentee

Post-program assessment of mentors

As rated by the mentors (self assessment):

3 Highest rated competencies:

- Establishing a relationship built on trust
- Acknowledging professional contributions
- Working effectively with mentor whose personal background is different than mentee's

3 Lowest rated competencies:

- Helping network effectively
- Accurately estimating level of scientific knowledge
- Coordinating effectively with other mentors with whom mentee works

Selected comments

- *Challenges addressed included changes in management, a change in personal goals*
- *I published a book chapter and . . . identified steps to confirm my initial analysis in my dissertation*
- *Having structured mentoring during a major role transition was very helpful*
- *It has been a helpful but daunting process and I learned a lot and have been more intentional in participating in preparation and self reflection about my academic direction*

Selected comments

- *It was helpful when (my mentor) gave me goals and timelines*
- *(my mentor) was amazing with me . . . (she) connected me with people who were interested in the same topic. By virtue of the introduction, I have been invited to sit on a grant with the GSN*
- *I was able to work on facilitating meetings as well as my public speaking numerous times*
- *I think it will be reasonable for me to apply for promotion around my 7th year*

Lessons learned

- We settled on a broad definition of mentorship
- Infrastructure is valuable
 - Contracts, clearly written goal statements, deadlines, reminders
 - Orientation session, development workshops
- A program based within a Family Medicine department is helpful
- Despite time pressures, the program was very popular
- We question whether supervisors should serve as mentors
- *Mentors need support for addressing burnout: While improved work/life balance was often a secondary goal, it was often central to the primary goal*

Bibliography

- Abedin Z, Biskup E, Silet K, Garbutt JM, Kroenke K, Feldman MD, McGee R, Fleming M, Pincus HA. **Deriving competencies for mentors of clinical and translational scholars.** Clin Transl Sci 5: 273–80 (2012).
- Bland CJ, Taylor AL, Shollen SL, Weber-Main AM, Mulcahy PA. **Faculty success through mentoring: A guide for mentors, mentees, and leaders.** Rowman & Littlefield (2010).
- Detsky AS, Baerlocher MO. **Academic mentoring—how to give it and how to get it.** JAMA 297: 2134–6 (2007).
- Feldman MD, Arian PA, Marshall SJ, Lovett M, O’Sullivan P. **Does mentoring matter: results from a survey of faculty mentees at a large health sciences university.** Medical Education Online. 2010;15:10.3402/meo.v15i0.5063. doi:10.3402/meo.v15i0.5063
- Fleming M, House S, Hanson VS, Yu L, Garbutt J, McGee R, Kroenke K, Abedin Z, Rubio DM. **The Mentoring Competency Assessment: validation of a new instrument to evaluate skills of research mentors.** Acad Med 88: 1002–8 (2013).
- Sambunjak D, Marusić A. **Mentoring: what's in a name?** JAMA 302: 2591–2 (2009).
- Steiner JF, Lanphear BP, Curtis P, Vu KO. **Indicators of early research productivity among primary care fellows.** J Gen Intern Med. 17: 845-51 (2002).
- Thorndyke LE, Gusic ME, Milner RJ. **Functional mentoring: a practical approach with multilevel outcomes.** J Contin Educ Health Prof. 28: 157-64 (2008).
- Thorndyke LE, Gusic ME, Milner RJ. **Functional mentoring: a practical approach with multilevel outcomes.** J Contin Educ Health Prof 28: 157-64 (2008).
- Zerzan J, Hess H, Schur E, Phillips RS, Rigotti N. **Making the most of mentors: a guide for mentees.** Acad Med 84: 140–44 (2009).

Contact us

Dan Lasser, MD

daniel.lasser@umassmed.edu

Bob Baldor, MD

robert.baldor@umassmed.edu

Judy Savageau, MPH

judith.savageau@umassmed.edu

Department of Family Medicine and Community Health

University of Massachusetts Medical School

55 Lake Ave, North

Worcester, Massachusetts 01655

<https://www.umassmed.edu/fmch/>

Main department number: (774) 443-2246