

Mentoring in Academic Medicine: The Current State of Practice and Evidence-based Alternatives

By Shannon Fox, PhD and April Corrice

Given the clear benefits of mentoring for both the individual faculty member and the institution, medical schools should consider how to provide this critically important guidance more systematically to more of their faculty members. This issue of **Faculty Forward: Ideas in Practice** is intended to share some practical, evidence-based options to enhance or complement traditional mentoring; we will describe recommended practices for establishing high-impact formalized mentoring and development programs, share tips for building productive relationships between mentors and mentees, and offer suggestions for how the traditional approach to mentoring can be supplemented to allow the rewards of mentoring and development opportunities to be reaped institution-wide.

The War for Talent: Why Your Institution Should Care about Mentoring and Faculty Development

When McKinsey & Co. conducted its yearlong study of workforce trends across key business sectors, it reached one fundamental conclusion: in the next 20 years, employers will be engaged in an increasingly costly and difficult struggle to attract and retain high performing employees (Fishman, 2007). This struggle, due in part to the aging of the current workforce as well as to their willingness to switch jobs, will become a zero-sum game as employers battle for the best and brightest talent.

Academic medicine is no exception to these trends. Longitudinal analyses of medical school faculty age (see the AAMC's *Analysis in Brief*, October 2009) indicate that faculty as a whole are aging, despite new recruits into the profession. Further analyses highlight extremely high institutional turnover rates—37-40% among medical school faculty (see the AAMC's *Analysis in Brief*, June 2008). These difficulties may worsen in the next 15-20 years, and medical schools that recognize the value of maintaining a best-in-class faculty roster—and, in turn,

excellent organizational performance—should start preparing now to ensure the high performance workplace that will most appeal to strong performers.

Substantial research evidence points to the direct impact of talent management practices such as mentoring programs on employee satisfaction, productivity, retention, institutional commitment, and several organizational performance indicators like firm-level productivity and financial performance. See Guthrie, 2001; Huselid, 1995; Shaw, Delery, Jenkins, & Gupta, 1998; and Tsui, Pearce, Porter, & Tripoli, 1997 for an overview of research evidence. Based on these findings, it is evident that organizations willing to invest in and develop their employees can expect to see clear benefits to their bottom line; those that fail to invest in their employees risk losing them to competitor organizations. Academic medical institutions that act now to invest in faculty mentoring and development efforts as a means to win the war for talent will be better positioned to improve faculty satisfaction, retention, and institutional performance in the long run.

Faculty Forward Survey Results (2009)

Faculty Forward Survey items:	Do you receive formal mentoring?	Importance of having a formal mentor at your institution	Satisfaction with the quality of mentoring you receive
<i>Respondents by group</i>	<i>Number (%): yes</i>	<i>Number (%): important/very important</i>	<i>Number (%): satisfied/very satisfied</i>
OVERALL	2403 (26.0)	5653 (61.0)	1743 (72.9)
Basic science	429 (23.9)*	953 (53.1)*	319 (74.7)
Clinical	1974 (26.5)*	4693 (63.0)*	1424 (72.5)
Senior	823 (16.2)*	2592 (51.0)*	635 (77.3)*
Junior	1452 (38.8)*	2750 (73.5)*	1011 (70.0)*
Men	1492 (24.2)*	3482 (56.5)*	1100 (74.0)*
Women	911 (29.4)*	2171 (70.0)*	643 (71.0)*
Majority	2175 (25.5)*	5120 (60.0)*	1566 (72.3)
Minority	228 (31.4)*	533 (73.0)*	177 (78.0)

*=statistically significant difference

- Across all medical schools, about one-quarter of faculty receive formal mentoring. However, almost two-thirds of faculty view mentoring as an important process for themselves. These results might suggest that more faculty would like to participate in mentoring programs at their institutions.
- Clinical and junior faculty are more likely than basic science and senior to receive mentoring, respectively. These groups are also more likely to view mentoring as important. Groups that view mentoring as more important are more likely to participate in mentoring programs.
- Overall, faculty are quite satisfied with the quality of mentoring they receive. However, senior faculty are more likely than junior faculty to be satisfied or very satisfied with their mentoring. Junior faculty view mentoring as more important but are less likely to be satisfied with it.

Faculty Forward: The Alliance for Advancing the Academic Medicine Workplace

Faculty Forward is a collaboration between the AAMC and U.S. medical schools to apply evidence-based approaches to improve faculty satisfaction, retention, and organizational performance. By helping schools build their capacity for creating dynamic, high performance institutional cultures, Faculty Forward helps to support participating schools' efforts to make their academic medical centers great places to work.

Central to the Faculty Forward process is a comprehensive faculty survey that provides medical school leaders with information to identify issues driving faculty satisfaction at their school. The program also offers ongoing support through implementation tools, process guidelines, educational resources, and opportunities to participate in facilitated discussions with experts in organizational improvement.

For more information contact Faculty Forward staff: Euphia Smith (esmith@aamc.org) and Shannon Fox (sofx@aamc.org) or see www.aamc.org/facultyforward.

The State of Practice in Faculty Mentoring

Mentoring is a time-honored method of faculty development and growth in academic medicine. Reasonable evidence exists to support the positive effects of traditional mentoring—usually a one-on-one, mutually beneficial working relationship that develops organically between faculty members—on the development and job performance of faculty mentees (discussed further in *Why Mentoring Matters*, this issue). However, with increasing clinical, research, and administrative demands on senior faculty (Sambunjak et al., 2006), medical schools are unlikely to have the resources necessary to facilitate traditional mentoring relationships for most junior and mid-career faculty. Our aggregate Faculty Forward survey results show that although nearly two-thirds of academic faculty believe that having a formal mentor is important or very important, only one quarter of faculty are actually being formally mentored. (See *How to Be a Good Mentor* for more quick facts on mentoring in Faculty Forward institutions). In their 2006 JAMA review of research on mentoring in academic medicine, Sambunjak, et al. report similar findings, noting that in some fields fewer than 20% of faculty receive mentoring.

Some medical schools have implemented formal faculty mentoring and development programs as alternatives to more traditional mentoring, with generally positive results. Carefully structured programs at the University of California San Diego (UCSD) School of Medicine and at the Brody School of Medicine at East Carolina University, for example, have demonstrated significant positive impact on individual faculty and their institutions. Programs like these usually consist of structured, curriculum-based development workshops, career goal-setting exercises, and individual- or group-based feedback

and discussion opportunities, either with trained senior faculty or peers.

Development opportunities like these are designed to address the same critically important faculty needs underlying traditional informal mentoring relationships: to get advice on career development and how to handle bureaucratic issues, to enhance research or clinical skills and opportunities, develop a professional network, and improve faculty members' sense of "fit" and community within a medical school (Pololi et al, 2002; Wingard et al., 2004). Substantial research evidence exists to support the impact of institutional cultural values and "fit" on faculty job

satisfaction and job commitment, health, and intentions to remain at the institution (examples: Grigsby, 2009; Ragins, 2000; O'Reilly, et al. 1991; Sheridan, 1992; Vandenberghe, 1999). In practice, providing faculty with well-designed, formal development opportunities may serve to more systematically improve performance and create a sense of institutional "fit" for a larger group of faculty members, as well as improve institution-wide faculty satisfaction and retention.

How to Be a Good Mentor: Tips for Mentoring Faculty in Academic Medicine

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| Do provide mentorship only in your areas of expertise. Suggest other mentors as resources outside your expertise or when the attempted mentoring relationship is not working | → | <i>Share your CV and discuss your current clinical or research interests</i> |
| Do indicate openness to being a mentor. Be accessible to the mentee. | → | <i>Establish regular meeting times; make attendance at those meetings a priority</i> |
| Do maintain clear, distinct boundaries with the mentee. Set clear expectations. | → | <i>At your first meeting, discuss your goals and your mentee's goals for the relationship; agree on how you will collaborate to accomplish these goals</i> |
| Do treat the mentee professionally and in an ethical fashion. Be thoughtful and sensitive about the mentee's feelings and time. | → | <i>Ask your mentee what their interests are, what challenges they are facing, and discuss how to address them</i> |
| Do model professional behavior. | → | <i>Discuss with your mentee any relevant ethical considerations associated with your clinical work or research; be available to answer your mentee's questions about appropriate professional behavior</i> |
| Don't take on more mentees than is realistically manageable. | | Don't gossip about the mentee. |
| Don't treat mentees as free labor. | | Don't micromanage the mentee. Provide advice and counsel, but do not direct the mentee to take specific actions. |
| Don't make personal requests of the mentee. | | |

Adapted from *Guidelines for Mentors and Mentees*, © American Psychological Association, 2006

Why Mentoring Matters: Impact on Faculty Satisfaction, Performance and Retention

Mentoring in academic medicine is a critically important development process with positive implications for individual faculty members, institutions, and the field as a whole. Below, we review some of the empirical evidence on mentoring in academic medicine and other professions, which points to a positive relationship between mentoring and key outcomes like faculty job satisfaction, personal growth, professional productivity, and faculty retention within institutions.

Improved job satisfaction. In a comprehensive review of published studies on the effects of mentoring in academic medicine, researchers found that mentees' perceived importance of mentoring is associated with their career satisfaction (Sambunjak, Straus, & Marusic, 2006). In a survey of over 1,000 faculty at 24 medical schools, Palepu et al. (1998) found that mentoring was significantly related to satisfaction among faculty members. These results are similar to findings from the 2009 Faculty Forward survey, which indicate that faculty who view mentoring as important or very important are more likely than others to be satisfied or very satisfied with their medical school as a place to work. Further, faculty who are satisfied or very satisfied with the mentoring they receive are more likely to be satisfied or very satisfied with their medical school, and are more likely to agree or strongly agree that they would again choose an academic career if they were to do things over.

Enhanced sense of "fit". Qualitative assessments of mentoring programs at two institutions (Pololi et al., 2002; Straus, Chatur, & Taylor, 2009) demonstrated that participation in mentoring enhanced faculty job satisfaction and sense of "fit" within their institutions. In addition, the 2009 Faculty Forward results that show

faculty who receive mentoring are more likely than those who do not receive mentoring to be satisfied or very satisfied with their sense of "fit" within their department.

Greater faculty productivity. Several research studies have demonstrated that mentoring enhances mentee self-confidence and increases research productivity (see Sambunjak, Straus, & Marusic, 2006 for a review). Similarly, a lack of access to mentors can decrease faculty productivity (Woods et al., 1997). Many institutions implement a component of mentoring which requires mentors and mentees to work together to develop research or write manuscripts, which directly increases faculty productivity.

"Faculty who are satisfied with the mentoring they receive are more likely to be satisfied with their medical school"

Higher retention rates. Researchers have found a consistent link between faculty participation in mentoring and increased retention. Ries et al. (2009), in an evaluation of a mentoring program at UCSD, found that the retention rate for faculty participating in the mentoring program was significantly greater over a ten-year period than for those who did not participate. Another study demonstrated that mentees who participated in the first year of a mentoring program established at Creighton University School of Medicine had a 58% five-year retention rate—higher than the average 20% prior to the implementation of the program (Kosoko-Lasaki, Sonnino, & Voytko, 2006). These results are consistent with the 2009 Faculty Forward survey findings, which indicate that faculty members who are satisfied or very satisfied with the mentoring they receive also report they are less likely to plan to leave their organizations in the next 1-2 years than other faculty members.

Demographic differences. Demographic differences exist on perceptions of and experiences with mentoring programs. For example, some studies show that women faculty are more likely than men faculty to perceive a lack of mentoring as an impediment to their career growth (Sambunjak, Straus, & Marusic, 2006). The 2009 Faculty Forward results reveal similar patterns, such that female and racial minority faculty members are more likely than male and racial majority faculty members, respectively, to view mentoring as important or very important. These results might help explain why many medical schools offer mentoring programs specific to underrepresented groups in medicine, and why women and racial minority faculty are more likely to receive formal mentoring (per Faculty Forward 2009 results).

Opportunities for future research. Several issues with regard to the impact of mentoring remain largely unexamined in the literature. First, published studies have not yet distinguished the differential impacts of various types of mentoring. For instance, informal mentoring and formal mentoring programs may have different effects on key outcome measures, such as faculty job satisfaction and retention. Second, future research must assess faculty members' perceived quality of mentoring, as participation does not ensure value or engagement in the process. Research suggests that satisfaction with mentoring likely has a greater impact on outcome measures than does participation in itself (Ragins, Cotton, & Miller, 2000). Lastly, future research should examine the role of selection bias in the impact of mentoring, as faculty members who join mentoring programs may be characteristically different (e.g., more ambitious) from faculty who do not join, and may have higher job satisfaction, productivity, and retention as a result of these characteristics.

Key Components of an Effective Faculty Mentoring Program

If your institution is interested in establishing or refining a structured faculty mentoring program, the following evidence-based guidelines will help you to design or enhance the program components that are most likely to result in positive outcomes for mentees, mentors, and your medical school (Keyser, Lakoski, Lara-Cinisomo, Schultz, Williams, Zellers, & Pincus, 2008; Detsky & Baerlocher, 2007; Straus, Chatur, & Taylor, 2009; Chao, 2009; Zerzan, Hess, Schur, Phillips, & Rigotti, 2009; Rose, Ruskstalis, & Schuckit, 2005; Connor, Bynoe, Clarke, Pokora, & Redfern, 2000; APA, 2006).

1. Set up the program for success.

If your institution is interested in establishing or improving its mentoring programs, a useful first step is to set up a mentoring or faculty development task force. The task force can articulate the goals for the program, and specify how the program can contribute to institutional and individual faculty performance. This group can also explore current best practices in mentoring and conduct benchmarking studies to assess how other institutions' programs are designed. A senior leadership sponsor and clear alignment with institutional priorities is very helpful to encourage others to support the program. Introducing a mentoring program as part of a larger organizational change effort focused on faculty development can also be effective.

2. Establish ground rules for participation.

Being a mentor or a mentee should be voluntary. Mentors and mentees participating in the program should commit to dedicating a pre-determined amount of time to the program and to each other. The mentoring relationship may grow beyond this pre-set commitment; if not, participants are clear in their expectations about the requirements for their involvement from the beginning

of the relationship. The program should provide an explicit set of behavioral expectations or "rules of engagement" for mentees and mentors to set the stage for productive and positive mentoring relationships. Sample rules of engagement can be found at www.aamc.org/postdoccompact or in the American Psychological Association's 2006 Presidential Task Force Guide for Mentors and Mentees (<http://www.apa.org/education/grad/mentor-task-force.aspx>).

Interested in reviewing the mentoring programs offered at other academic medicine institutions? The AAMC has identified programs across the U.S. that provide faculty mentoring and professional development. A summary of these programs can be found here:

<http://www.aamc.org/members/old/mentoringprograms09.pdf>

3. Train and incent mentors.

Considering the expanding responsibilities and pressures in academic medical centers, senior faculty may need clear incentives to dedicate time to this frequently un-acknowledged contribution. Research on mentoring in academic medicine (Keyser et al., 2008; Straus et al., 2009) suggests that providing incentives for mentor participation, such as including these activities in performance and promotion reviews, will improve commitment to the quality of mentoring, which can in turn influence the job satisfaction and turnover intentions of junior faculty. In addition, all mentors should receive some training or structured guidelines on how to build and maintain an effective mentoring process at the onset of the program.

4. Conduct a careful matching process.

To every extent possible, mentors and mentees should be matched on skills, interests, and mentoring goals. Both parties should have a say in determining matches. Programs may require each participant to develop a summary of their goals for participation, career interests,

strengths and development needs, which can facilitate a more informed matching process.

5. Hold a mentor-mentee orientation session.

Once mentoring pairs are established, the program should hold a structured orientation session to facilitate introductions and early discussions between mentors and mentees. Asking pairs to jointly develop goals for their mentoring relationship during this orientation can help them establish shared expectations for a mutually beneficial relationship.

6. Clarify the program's process steps and outcomes.

Formal mentoring programs may include periodic check-in meetings with a program director or sponsor to assess participant satisfaction and gauge progress toward goals. While many programs establish a clear endpoint for the formal mentoring relationship, this is not required and may stifle a growing and productive relationship for both mentors and mentees. Mentoring programs may incorporate an evaluation of whether program goals and objectives were met.

Incorporate the mentoring program into existing human capital systems.

Engaging in mentoring activities should be included as a positive contribution during the performance review process and the promotion and tenure systems, for both mentors and mentees. If institutions have an existing program that confers faculty awards for service, performance, or other contributions, consider the inclusion of mentoring activities among the criteria for determining the award. Leveraging existing human capital systems to reinforce the value of mentoring to the institution will help to reiterate senior leadership support to department chairs and other faculty and will help ensure the success and sustainability of the program.