Mentorship Matters: Creating a Departmental Mentoring Program Rebecca R. Pauly, MD and Paul R. Skolnik, MD





Background

The literature highlights benefits of mentorship with emphasis on improved engagement, job satisfaction, academic promotion, leadership appointments, skill development, salary increases, and retention. There are notable benefits to the individual mentee, mentor, and institution.

We are a large department with nearly 225 faculty involved in all aspects of academic life (clinical care, teaching, scholarship, and service). No formal or consistent mentoring program currently exists within or across sections or in the department.

METHODS

After a discussion of the content, scope, and believed value of our new mentoring program, Mentorship Matters, section chiefs were asked to submit names of possible mentees and experienced mentors to participate. For this pilot project 23 mentees and 8 mentors have been selected. All were informed of the design of the program, its perceived benefit in career development, expansion of skill set, development of networking, and required time commitment prior to their agreement to participate. We have participation from 11/12 sections and 23/25 nominated mentees.

Mentoring teams were created to match mentees and mentors based on interest in research, diversity of specialty, and personality or general "fit." Teams contain 3 mentees and 1 mentor.

RESULTS

We will begin faculty development sessions to offer training tips to mentors and explain expectations and anticipated benefits to mentees in November/December 2021.

The official kickoff of the program will be January 2022. We anticipate most sessions will be held virtually.

We will meet monthly from 5-7 pm on the third Wednesday of every month.

(Odd months):

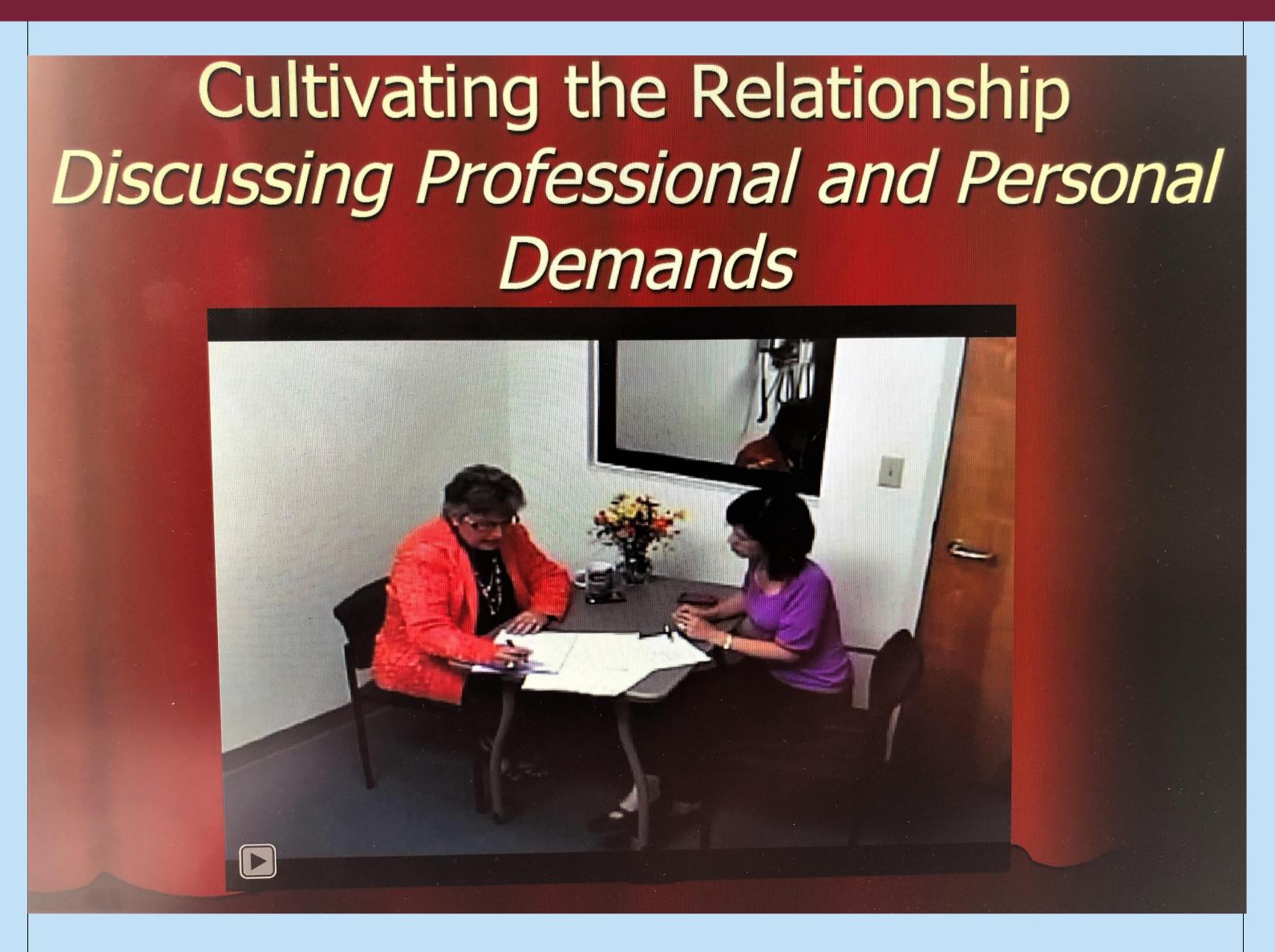
We will begin the 2-hour session with 60 minutes of curriculum presentation to include topics such as navigating the career ladder/jungle gym, academic promotion, professional and personal life integration, negotiation, time management, and difficult conversations. This will be followed by 30 minutes of the entire group discussing the curricular topic and then 30 minutes for individual teams to catch up and plan for upcoming sessions.

(Even months):

We will begin the 2-hour session with three separate 30-minute sessions of individual mentee and mentor time to focus on the mentee's individual career map (ICM). For the last 30 minutes the full team will gather to have peer input and discussion.

We will conduct surveys of both mentees and mentors at the beginning of our program to assess knowledge about mentorship and available mentoring resources. At the end of one year of the program we will repeat these surveys to understand program effects. We will also collect narratives to allow for more description of impact.

RESULTS



Becoming a Skilled Mentor: Tools, Tips, and Training Vignettes. AAMC's MedEdPortal www.mededportal.org
Pauly,RR et al, 2014

Additional resources within this publication are: Sample Mentoring Worksheet to be completed by the mentee to state short-term and long-term goals and areas desiring discussion with the mentor and team such as problem solving, data analysis, grant writing, professional and personal integration, time management, etc.

Sample Mentoring Agreement which requires commitment to the process and signatures by both the mentee and the mentor.

CONCLUSIONS

This pilot will touch 15% of departmental faculty. Novel aspects are creation of mentoring teams, teams representing diversity of specialty, and formal program and curriculum structure. Survey data and narrative comments will aid in determining effectiveness of program structure and content and suggest future steps. We are grateful to Dr. Whicker and Ms. Rudd for collaborating in resource development.