BRIGHAM AND WOMEN'S HOSPITAL

CENTER FOR

Faculty Development & Diversity

MENTORING TOOLKIT

Nameeta Dookeran, MD, Department of Medicine
Lisa Eichel, Center for Faculty Development & Diversity
Francine Grodstein, ScD, Department of Medicine
Audrey Haas, MBA, Center for Faculty Development & Diversity
Carol Nadelson, MD, Department of Psychiatry; Office for Women's Careers
Ellen Seely, MD, Department of Medicine
Lawrence Tsen, MD, Department of Anesthesiology, Perioperative & Pain Medicine
Jonathan Borus, MD, Department of Psychiatry

A collection of pearls, cases, readings, resources, and tools to help both mentors and mentees navigate the challenges of mentoring relationships in the academic medical setting

Website:
http://www.brighamandwomens.org/Medical_Professionals/career/CFDD/MentoringToolkit/default.aspx

INTRODUCTION

In 2008, the Center for Faculty Development and Diversity of the Brigham and Women's Hospital began developing a Faculty Mentoring Leadership Program (FMLP) to provide a peer-learning and skill development experience for individuals who were already serving as mentors. Faculty with at least five years of experience in mentoring other faculty members were invited to participate in the program, which aimed to improve mentoring skills and develop a "community of mentors" across the hospital's many departments.

Each year the FMLP has used a nine-session curriculum, provided in monthly interactive meetings, to focus on topics related to different parts of the mentoring experience and a variety of mentoring issues and skills. Based on participants' own experiences as mentors and mentees, over the past three years the Program has developed a series of composite cases to illustrate different mentoring topics and issues, outlined a series of "pearls" about each topic, and assembled a selective bibliography of readings on mentoring. The course directors of the Faculty Mentoring Leadership Program have co-authored a paper on the program entitled, "The development, implementation, and assessment of an innovative mentoring leadership program for faculty mentors," to be published in *Academic Medicine* in December 2012. A sample curriculum guide is provided as Appendix E.

To share our materials with others at Brigham and Women's Hospital and the broader academic medical community, here we present a "Mentoring Toolkit," based on the topics, cases, pearls, and readings developed for the FMLP. We hope that both mentors and mentees at all stages of their academic careers will find these tools useful in improving the quality—and increasing the number—of their mentoring experiences. Although primarily focused on faculty, much of what is presented might also be helpful to those engaged in mentoring students and trainees. Please attribute all materials used to the Brigham and Women's Hospital Center for Faculty Development & Diversity.

We look forward to receiving feedback about the Toolkit and suggestions to develop it further.

Note: In the materials that follow, for the sake of clarity and concision we have consistently used female pronouns when referring to mentors and male pronouns when referring to mentees.

Table of Contents

WHAT IS MENTORING?

OBJECTIVES

Discuss:

- What mentoring is and is not
- Different types of mentors and mentoring goals

CASE

Title: Who is a Mentor?

Key Phrases:

- Understanding the mentoring relationship
- Clarifying expectations
- Establishing boundaries and responsibilities
- Developing a process for evaluation and communication
- Formal and informal mentorship

David's Perspective:

David is having trouble with his mentor, Ralph. David got to know Ralph during his fellowship, when they had worked together on the consult service. David enjoyed stopping by Ralph's office and discussing his research ideas. He feels that Ralph gave him excellent feedback and ideas about his research. However, since David became a faculty member a year ago, he has felt that Ralph has become less accessible. When David tries to stop by Ralph's office, Ralph is often busy with someone else. Recently, Ralph nominated Tom, another junior faculty member in the division, for a junior faculty fellowship that provides $50,000 in salary support. David is upset that Ralph did not nominate him for this fellowship and wonders what he should do.

Ralph's Perspective:

Ralph is an Associate Professor at HMS and a researcher with two RO1s. He also attends on the consult service for 4 weeks each year and enjoys working with the clinical fellows in this context. He received a score outside the funding range on the renewal of one of the R01s, and he will need to resubmit it. Ralph is a mentor to Tom, a junior faculty member who works in his lab, and he is partially supporting Tom. He is thrilled and relieved that Tom just received a junior faculty fellowship that will provide Tom with enough salary support to fill the gap while Ralph resubmits his RO1. Ralph feels that he really needs to protect his own time now while he reworks his RO1. He wonders what he should do about David, a junior faculty member with whom he worked on the consult service a year ago. David keeps stopping by his office to talk. Ralph likes to talk with David and wants to be supportive but really doesn't have the time right now.

Case Questions:

1. Is Ralph David's mentor?
2. What might Ralph and David have done differently in establishing their relationship?
3. Whose responsibility is it to guide the formation of the relationship?
4. What might Ralph do differently to create a better environment for David?
5. What might David do from this point on?

PEARLS FOR MENTORS AND MENTEES

Components of Being an Effective Mentor

- Wanting the mentee to succeed and facilitating the mentee's success

- Promoting the mentee's career, independent of your own

- Providing a broad spectrum of advice – including career and technical

- Bolstering the mentee's capacity

- Encouraging risk and self-exploration

- Focusing the relationship on the mentee – in a way that is beneficial to the mentee and in his best interest

- Making contacts available, facilitating introductions within your professional network, and connecting to resources

- Facilitating the evolution of a positive relationship

    o Engaging in a personal context

    o Being friend*ly*, not necessarily being friends

Different types of mentors

- There are two basic types of mentors: technical mentors and developmental mentors. In academic medicine one person often serves in both roles, and in that case needs to be aware of the varying responsibilities:

    o A technical mentor is an expert in a particular area or skill that the mentee wants/needs to acquire. This type of mentor focuses primarily on helping the mentee succeed in that area or acquire that skill. People who are going to mentor others *technically* have to have the skill set necessary to help their mentees develop the desired skill.

    o A developmental mentor may not be an expert in a particular area or skill that the mentee wants/needs to acquire. Rather, this type of mentor focuses primarily on helping the mentee think through the issues of developing his professional identity and career.

- Conflicts in roles (supervisor – advisor – mentor) are inherent, but awareness of potential conflicts helps minimize them

- Is the mentoring relationship defined by expertise or by hierarchy?

   o A supervisor is *generally* a (technical) mentor, but a mentor need not be a supervisor.

- Boundaries are important between mentoring, being friends, and directing (supervising).

   o Can/should a mentor be a friend?

- A mentee should have multiple mentors within a network who can help with different issues.

   o Technical and developmental mentoring may require different mentors and multiple relationships.

   o Multiple mentors can lead to conflicting advice and the possibility of a mentee playing one mentor off against another. In such cases, it is helpful for the mentors to talk to each other.

Can a boss also be a supervisee's developmental mentor?

- The boss is ultimately responsible for the outcome of the mentee's work and directly responsible for the service and academic "productivity" of her unit/lab. Can the boss, who can require her supervisees to meet certain productivity standards, also be the developmental mentor for one of her supervisees and give first priority to her mentee's career or acquisition of a particular skill? Or is there inherent conflict in having the same person assuming both of these roles?

- A distinction must be made between the boss (who can require a person to do things) and a mentor (who facilitates a person's development and/or acquisition of a skill set).

   o If the same person is going to try to be both the boss and a mentor, it should be clear to both the mentor and mentee what "hat" this person is wearing at all times. This is difficult to do—but possible— as long as everyone is aware of the potential conflicts.

- Some people see mentoring as an intrusion into their autonomy and therefore fend it off. People who most need a mentor are often those who don't want to use one.

- A person cannot be forced or required to use a mentor if he is already productive in his job.

How do you know when someone is your mentor or mentee?

- Some people do not know that others consider them their mentors.

- Some mentors are unsure when a person is a mentee and what they have agreed to.

- For these reasons, some formal structure should be given to every mentoring relationship.

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

- Sambunjak D, Marusic A. Mentoring: what's in a name? *JAMA*. 2009; 302(23): 2591-2.
    - This brief commentary attempts to clarify some of the conceptual confusion regarding the definition of mentoring by describing its structural, interactional, and temporal characteristics. Mentoring's primary purpose is defined as the growth and development of mentees in multiple spheres, in the context of reciprocal (yet asymmetrical), dyadic relationships that may involve one mentor or several within a developmental network. The authors make a distinction between mentoring and other relationships such as "peer mentoring" and "e-mentoring." They also take the position that formal assessment should never be part of a mentoring relationship to avoid potential conflict with the mentor's role as supporter.
    - 10 references

- Detsky AS, Baerlocher MO. Academic mentoring--how to give it and how to get it. *JAMA*. 2007; 297(19): 2134-6.
    - This article focuses on ways to foster effective academic mentoring relationships in medicine, with mentees at different stages in training and/or career development. The authors give suggestions to promote healthy communications on both sides, facilitate regular evaluations of the mentoring relationship, facilitate follow-through, and deal with evolving roles, potential areas of conflict, and eventual separation.
    - 17 references

- Borus JF. How to be a good mentor. In LW Roberts (Ed), *Achievement and Fulfillment in Academic Medicine: A Comprehensive Guide*. New York: Springer Science, In Press 2012
    - This book chapter reviews the role and functions of the good mentor. It discusses the nine characteristics of a good mentor, who should and should not be a mentor, different types of mentors, issues in initiating and structuring the mentoring relationship, difficult mentoring relationships for the mentor, mentoring across difference, "do's and don'ts" for mentors, developing one's mentoring abilities, the life course of mentorship, and rewards for the mentor.
    - 9 references

STRUCTURING THE MENTORING RELATIONSHIP: EXPECTATIONS & BOUNDARIES

OBJECTIVES

Discuss:

- Ways to structure the mentoring relationship's expectations, boundaries, and frame
- What leads to good and bad mentor/mentee "fit"

CASE

Title: Good Intentions Gone Wrong

Key Phrases:

- Relying on one mentor is not enough
- Advising, supervising, and mentoring
- Developmental and technical mentoring
- Effective mentoring contracts and regular re-assessments

Chris' Perspective:

Chris was very excited about the junior faculty position he had taken, especially since the division chief, Helen, seemed very supportive of Chris' research interests, although they were very different from her own. In the first couple of months, Chris met with Helen regularly, and she always gave him concrete suggestions on strategies for finding good research projects and ways to maximize his research experience. However, soon after starting, Helen told Chris that she did not have the bandwidth to be his overall research adviser/mentor and that another faculty member, Jonathan, would serve in this role. Chris was disappointed that Helen would not able to be his mentor, but he trusted her judgment and hoped that Jonathan would be a good mentor.

When Chris started meeting with Jonathan, he could see why Helen thought they would get along. Jonathan was a good listener and very empathetic, often sharing his own experiences and challenges along the way. Early on, an opportunity arose for Chris to become involved in a research project in his area of interest, collaborating with someone outside of the department. The outside collaborator was happy to have Chris work on a project with him, but stated that he also should have a research mentor within his own department. Jonathan offered to take on this role although the research area was outside of his specific area of focus. Later, after Chris presented his project proposal at the division's research-in-progress meeting, one of the more seasoned faculty members approached him privately and expressed concerns that the project had too many areas of uncertainty and might not be a good use of Chris' time. Chris assured him that Jonathan thought it was worth pursuing.

As time progressed, Chris encountered several challenges in developing and executing his project methodology related to significant limitations in his dataset. When Chris sought advice, Jonathan suggested that Chris look for additional statistical support within the department. Chris was able to find a statistician willing to meet with him occasionally and give him general advice, but he still had challenges with his project methodology, statistical programming, and writing skills. Chris started to find that meeting with Jonathan was not helping him overcome these challenges, so he scheduled less frequent meetings and relied on Chris mainly for input on his manuscript drafts. It seemed to Chris that other new faculty had much more structure and support in terms of a network of collaborators, but Chris didn't know how to create this with his project well underway.
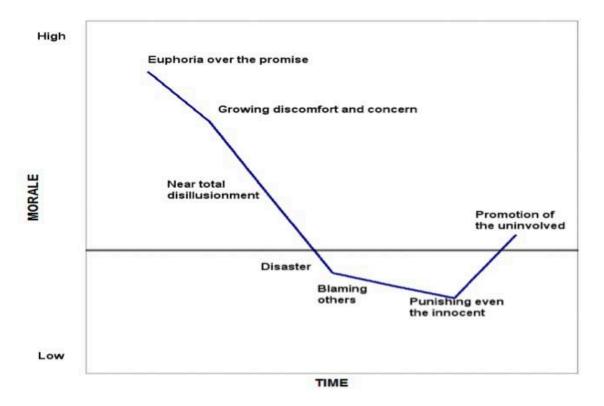
Halfway through the year, Chris and Jonathan were required by the division to fill out an assessment of Chris' research progress to date. Each of them described perceived project challenges but neither addressed directly the effectiveness of their mentoring relationship. After the assessment form was submitted, Chris regretted not asking Helen to stay on as a secondary mentor, both for his developmental and technical growth. Although it was a struggle, Chris eventually finished his research successfully with the help of other technical advisors. While he had learned a lot, overall he felt he had not made as much progress as he could have in his long-term career development. During a final meeting, Jonathan shared with Chris that he was not sure that their mentoring relationship had been the most effective one.

Jonathan's Perspective:

Jonathan was a mid-level faculty member up for promotion to associate professor. Helen approached him to be Chris' mentor, stating that she thought their personalities would mesh and that she was pleased with the success Jonathan had in recently mentoring another new faculty member in his own research area. In general, Jonathan's career was going well. There were several new funding opportunities within his research area, and he had a good network of mentors supporting him. In fact, Helen was one of his own mentors; he often still went to her for advice not just on his research, but on how to better structure his time to maximize his work productivity and overcome challenges in balancing work and family life. Jonathan loved talking to fellows and junior faculty about their work and their lives in general, sharing his own experiences with them and giving them advice as he was able.

However, Jonathan found it hard to help Chris overcome his project challenges and to give him general career advice, especially since Jonathan was not very familiar with Chris' research area. He found it much harder to mentor Chris than his prior mentee, who had been working in Jonathan's research area, had a stronger mentoring network within the program, and had not required much structured oversight. Jonathan also noticed that over time Chris was meeting with him less frequently, but he felt that Chris would contact him to set up a meeting if he needed more support. At the end of the fellowship, Jonathan wondered if he could have served Chris better as a mentor and raised this in their final meeting.

POTENTIAL IMPACT OF MIS-MANAGEMENT OF THE MENTOR/MENTEE RELATIONSHIP

This graph* demonstrates how morale in the mentoring relationship may degrade over time if there is mismanagement of the mentor/mentee relationship, for example, as a result of disconnect in the expectations of each party. In extreme cases, worsening morale may lead to disillusionment and other outside factors/parties possibly being blamed for the failure of a mentee's project or overall career development. While trying to overcome the challenges posed by such a situation and regain focus, other uninvolved individuals may take advantage of career development and promotion opportunities that a mentee (and/or mentor) may have been eligible for otherwise.

*Adapted from a presentation by Kenneth Cloke, Director of the Center for Dispute Resolution, Santa Monica, CA.

Case Questions:

1. Discuss how this case highlights the potential impact of mismanagement of the mentor/mentee relationship.
2. Whose responsibility is it to maximize the success of the mentor/mentee relationship?
3. What might Chris and Jonathan have done differently in establishing and regularly assessing the effectiveness of their relationship?
4. What might division chiefs such as Helen do differently to help oversee and increase chances of successful mentor/mentee relationships?

PEARLS FOR MENTORS AND MENTEES

Getting Started

Like any other relationship, the two parties in a mentorship need to introduce themselves to each other, including their professional and personal identities. The mentor should model this, leading off by telling something about her professional career: what she does now, and how she got to her current position, including school, training, career path, and faculty roles leading up to the present. The mentor should also tell a limited amount about how her career fits in with the rest of her life, e.g., marriage/partner, kids, and other interests. This helps the mentee know whom he is dealing with. Next, the mentor should ask the mentee to tell about his career to date, career aspirations, and briefly about the other parts of his life.

Structuring expectations

- As part of structuring the relationship, establish and communicate expectations up front and at regular intervals. Both the mentor and mentee have to be clear about what they expect from each other when entering into the relationship.

- Because potential mentees often shop around, they may come initially to a faculty member for one-time advice. However, if mentors and mentees are going to begin a long-term relationship, clear boundaries and expectations need to be agreed upon by both parties.

- Without clear structure, the mentoring relationship has little effect.

- The mentee must be able to trust his mentor. If the mentee felt abused and/or exploited in past mentoring relationships, it is even more important for the new mentoring relationship to have a clear structure and set of expectations.

- A mentee may find it helpful to do some research into the track records and reputations of several potential mentors to find one he can trust.

- A person can only technically mentor someone who wants to learn what the mentor has to offer. Thus, it is important to be clear about what the mentor has to offer, what the mentee expects, and what the mentee wants to learn/happen, to be sure that these expectations are aligned.

- Goal setting is an early task in mentoring, to be shared between the mentor and mentee.

Clarify the following to build the "frame" of the mentoring relationship:

▪ Roles– what the relationship is, and what it is not.

▪ The responsibilities of the mentor and mentee to each other.

▪ What each person expects to happen in the mentoring relationship: general advice, specific technical advice, sponsorship in academic institutions and organizations, guidance about career options, etc.

    o As a mentee, ask your mentor if she can provide what you believe you need to be successful.

    o As a mentor:

        ▪ Discuss/provide mentee with a template of what he needs to do to succeed and walk him through it, e.g., provide or suggest a template for, and help him with, his first grant application.

        ▪ "Let go," i.e., delegate specific tasks to the mentee, as appropriate, to foster his independence.

        ▪ Ask the mentee to plan out the issues that need to be discussed at each meeting, analyzing the pros and cons.

▪ The practical details of the relationship: frequency, time, agenda, and format of meetings (in person, email, or phone).

▪ What each person expects the other to prepare before each meeting.

▪ What each person wants to get out of the mentoring relationship.

To keep in mind:

▪ Pre-conceived notions and prior mentoring experiences may not always be applicable in subsequent mentoring situations.

▪ Funding may determine some aspects of the mentoring relationship, i.e., some grants require formal mentoring plans.

Setting boundaries of the mentorship relationship

- Discuss what mentoring is *not*, i.e., therapy, friendship, formal teaching, or formal clinical or research supervision.

- Sometimes a mentoring relationship may evolve and grow into a friendship. To minimize possible complications, a mentor may need to clarify when she is acting in the role of mentor vs. friend.

- Establish parameters and timelines for expectations (e.g., we will work together for 6 months and then re-evaluate; a draft of your grant is due in 2 months; you will need to get independent funding by 2013).

Supporting Self-Awareness, Confidence, and Independence

- Creating a supportive environment and clarifying limitations and expectations can bolster a mentee's confidence.

- Establishing goals can encourage a mentee's independence.

- Discuss authorship and publication expectations early on.

- In fostering a mentee's independence, one eventual goal should be that the mentee publish independently.

- A mentor should be frank in her assessment of the mentee's career path, while conveying that the ultimate decisions about the mentee's path are his own to make.

How and when to evaluate the relationship

- Expectations of mentor and mentee need to match, or difficulties are likely. Expectations evolve over time, so they need to be reassessed regularly.

- Set up the expectation that the mentor and mentee will discuss their relationship at defined intervals.

- Set a mutually defined period after which the mentoring relationship will be re-evaluated. Discuss power issues in this relationship and the need to feel safe enough to be direct with each other.

- Agree to be direct with each other during and between the periodic evaluations of the relationship, especially if either party feels something needs to change.

- Establish and assess milestones.

- Discuss a "no-fault escape clause" if either feels the mentoring relationship is not a good fit and/or another person would be a better fit for the mentee.

- A formal review can support transitions and changes.

Mentor/Mentee Fit

- "It is easier not to hire than to fire," so heed warning signs and spend time thinking through the pros and cons before agreeing to a mentoring relationship.

- Recognize when and how to "unfreeze" or end a relationship that is no longer productive, helpful for the mentee, or otherwise not meeting its goals.

- Once you realize that a mentoring relationship is not effective, think carefully about when and how to end the relationship.

- One size does not fit all; if a bad fit/mismatch is identified:

    o   Have a discussion of the expectations and support that <u>can</u> be provided.

    o   Consider options for a better fit for the mentee.

    o   Facilitate identification of an appropriate alternative mentor.

    o   Remember that co-mentoring and peer mentoring are also viable options.

- Personal relationships can complicate mentoring relationships.

- Understand the limits of what a mentor can, should, and is both willing and able to do, for a mentee.

- Recognize the reciprocal nature of the mentoring relationship – although most of the focus is on the mentee, the relationship cannot be detrimental to the mentor.

Mentoring Agreements

While mentoring relationships may be formal or informal and will likely evolve over time, a practical and thoughtful Mentoring Agreement can help both mentor and mentee discuss the important elements of their relationship and create a more mutually beneficial mentoring experience.

See **BWH Mentoring Agreement Template** on page 85 for reference.

Sample Mentoring Agreements:

AAMC Compact between Postdoctoral Appointees and Their Mentors:
https://www.aamc.org/initiatives/postdoccompact/

AAMC Compact between Resident Physicians and Their Teachers:
https://www.aamc.org/download/49820/data/residentcompactpdf.pdf

 AAMC Compact between Biomedical Graduate Students and Their Research Advisors:
https://members.aamc.org/eweb/upload/Compact%20Between%20Biomedical%20Graduate.pdf

Center for Coaching and Mentoring Contract:
http://www.coachingandmentoring.com/Mentor/contract.htm

Harvard Catalyst Scholars in Clinical Science Program Mentoring Responsibilities Agreement:
http://catalyst.harvard.edu/services/scholars/mentoring.html

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

- Collins E. 360 degree mentoring. *Harvard Management Update*. 2008; Reprint No. U0803B.
  - o This brief article suggests developing a network of mentors and seeking mentorship from peers and subordinates, as well as from those higher on the organizational chart, who might have specific areas of expertise that can help you succeed. The author suggests that mentoring relationships can be reciprocal; and that mentee-mentor pairs should define specific goals and expectations for their relationship and periodically discuss whether these are being met.

- Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: A qualitative study. *Academic Medicine*. 2009; 84:135-139.
  - o A report of a semi-structured interview study of 21 Canadian junior faculty physician scientists, all government-funded to spend 75% time on clinical or population science research, and a sample of 7 of their research mentors. The paper describes the experience of mentorship, the differences between being assigned a mentor versus self-identifying a mentor, the many roles of a mentor, characteristics of good mentoring, barriers to mentorship, and possible mentorship strategies. It concludes by suggesting the development of a mentorship training initiative for mentors and mentees.
  - o 17 references

- Choosing a Mentor – PowerPoint by Carol Nadelson, MD. http://www.brighamandwomens.org/medical_professionals/career/cfdd/Mentoring%20Resources/ChoosingAMentor_Nadelson.pdf
  - o A 2009 slide deck of Dr. Nadelson's talk about the different roles of mentors and the need for multiple mentors, the necessity of a mentee's self-definition in choosing appropriate mentors, the mentor's and the mentee's responsibilities in the mentoring relationship, and what to do if this relationship doesn't appear to be working.
  - o 4 partial references

THE LIFE COURSE OF MENTORSHIP: STAGES, EVOLUTION, AND TRANSITIONS

OBJECTIVES

Discuss:

- The rewards and costs of being a mentor
- How to handle transitions and changes in the mentoring relationship
- The role of mentoring networks in career development

CASES

Title: The Transition to Senior Author

Key Phrases:

- Transitions in authorship sequence
- Acknowledging, without crediting, senior mentorship
- Unspoken expectations

Bill couldn't decide what to do. He felt sure that he should be senior author on the papers that lay on the desk in front of him, but his mentor, Tom, was listed as senior author instead. Tom was a senior Associate Professor, known internationally for his research, with over 30 years of NIH funding. Because Tom had been a successful mentor for many researchers who now had successful independent careers, Bill had joined Tom's lab during fellowship. Bill, now an Assistant Professor, had done well—everything he did seemed to work. He published three important papers during his fellowship with Tom as senior author. During his last year of fellowship, Bill received a NIH mentored grant (K08) for which Tom was his mentor. After completing fellowship, Bill joined the division faculty; in the following years he really enjoyed working with graduate students and fellows in the lab and was highly sought after as a mentor himself. Bill had been second author on a paper that a recent fellow had written, and was a co-author on several others that fellows and students had worked on. Since Tom had too many fellows and students working with him, he had recommended that one fellow and one post-doctoral student work primarily with Bill instead. Unfortunately, over the past two years, two of Tom's main grants had not been successfully renewed and he was very concerned, as he had always been well-funded in the past.

Bill had developed a computerized simulation system to predict protein structures. He was learning how to use this system in the laboratory and was very excited about promising results. He recognized that the publications resulting from these results would go a long way in helping him get an independent research grant (RO1) that he was planning to submit in the next year. Bill decided to write up the results in two manuscripts with the fellow as first author on one and the post-doctoral student the first author on the other. He worked closely with the fellow and post-doc on the manuscripts. The manuscript drafts also had been circulated to Tom, who had made good suggestions. As they were coming close to the final versions, Bill mentioned that the fellow and post-doc should add the author names to the manuscript. When he received each manuscript back, he was shocked to see that Tom was listed as the senior author. When he asked the fellow and post-doc why they had listed Tom as senior author, they told him that they thought Tom expected to be senior author, as he usually had been, and that they did not want to antagonize Tom. They told Bill that they had met with Tom, who had told them, "You are the first authors, so you know best the contributions of all authors, and therefore should list whomever you feel has helped most on the project and paper as senior author."

Bill made an appointment to meet with Tom.

Case Questions:

1. What might Bill have done differently?
2. What might Tom have done differently?
3. What might the fellow and post-doc have done differently?
4. What can be done now?

Title: Transition to a New Mentor

Key Phrases:

- Transitioning a Mentoring Relationship
- Long-distance Mentoring
- Technical vs. Developmental Networking

Emily just completed a clinical fellowship. Her mentor was Judith, with whom she worked on a very productive clinical research project during her fellowship. She had accepted a junior faculty position with the expectation that she would continue working with Judith, had worked out the details with her division chief, and was very satisfied with the outcome of the negotiations.

Shortly after Emily joined the faculty, Judith was recruited to Hopkins as a division chief and full Professor. Emily was very concerned when her division chief said he thought that William would be a good mentor for her and asked her to meet with William. When she met with William it became clear that although they both worked in the same field, William was running clinical trials and Emily was interested in how to influence compliance in patients who were non-adherent with their physicians' recommendations. Emily missed Judith and was concerned that the match with William wouldn't work.

Case Questions:

1. What options does Emily have in this situation?
2. What might William do, as her new mentor, to smooth the transition?
3. What might Judith do, as Emily's old mentor, to smooth the transition?

PEARLS FOR MENTORS AND MENTEES

Recognition

- Recognition of transitions is key as mentoring relationships develop; expectations and career circumstances evolve and transitions occur over time.

- Mentoring need not necessarily end when either a mentor or mentee leaves the institution.

- It is important to recognize a mentee's need and readiness for independence.

Explicit Expectations Facilitate Transitions

- Clarify and discuss expectations at each stage, including the length of the relationship and any expected transitions.

- It is important that any issue be discussable, including when to make a transition or terminate the relationship.

Consultation

- Seek outside consultation if roles and expectations are unclear or issues are unresolved.

- Consultation can be especially helpful for a mentee if his mentor is his superior/supervisor.

- Consultation should be sought from someone who has the respect and trust of both the mentor and mentee.

Accountability

- Plan in advance for transitions, e.g., when a mentor or mentee leaves the institution or assumes a new role or project.

- Leaders (chairs, chiefs, directors) should be involved in communication during mentoring transitions, e.g., alerting colleagues, identifying new mentors/mentees, and making introductions.

- Consider a mentor transition as being similar to a transition in a physician-patient relationship in which the physician bears some responsibility for helping her patient find a new provider when the relationship ends.

Distance Mentoring

▪ Electronic media have expanded the potential for developing long-distance mentoring relationships.

▪ One caveat is that electronic communication also creates hurdles in many areas of mentoring, including mentoring assumptions, authorship, and accountability.

Authorship

▪ Authorship issues are pervasive in mentoring.

▪ It is important to understand veiled (e.g., funding of lab) roles in authorship decisions.

▪ Senior faculty who are "true" mentors are altruistic about authorship, and at some point give up authorship positions on their mentees' publications.

▪ Authorship conflicts are often symptomatic of, and can be exacerbated by, mentoring transitions.

▪ It is necessary to become familiar with the authorship guidelines for your institution.

Issues unique to the nature of mentoring in science/healthcare

▪ Multi-disciplinary and collaborative projects with cross-disciplinary mentors require additional communication of expectations and roles, especially as mentoring relationships and authorship positions change.

▪ Given the unpredictable path of scientific discovery, it is difficult to identify future mentors far in advance.

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

- Holmes DR, Hodgson PK, Simari RD, Nishimura RA. Mentoring: Making the transition from mentee to mentor. *Circulation*. 2010; 121: 336-340.
    - o A more general discussion of mentoring than its subtitle suggests, this article describes elements of mentoring, steps in the development of mentors, successful mentoring, mentoring styles, becoming a mentor, matching mentors and mentees, and the transition from mentee to colleague, the latter being the only part focused (briefly) on the transition from mentee to mentor.
    - o 29 references

- HMS authorship guidelines. Faculty policies on the Integrity of science, Office for Professional Standards and Integrity, Harvard Medical School. December 17, 1999.
    - o These Harvard Medical School guidelines define who should and should not be listed as an author on a publication, the responsibilities for substantial contribution required of every author, the appropriate order of author listing, responsibilities in handling authorship disputes, and ways to implement this policy.

MENTORING ACROSS DIFFERENCES: RACE, CULTURE, GENDER, GENERATION

OBJECTIVES

Discuss:

- Ways to approach and implement cross-difference mentoring relationships
- Both general and specific issues in cross-race, -culture, -gender, and -generational mentorship

CASE*:* GENDER DIFFERENCES

Title: Assumptions in Mentoring Faculty with Family Responsibilities

Key Phrases:

- Unconscious Bias
- Commitment Abilities
- Challenges of Parenting in the Workplace
- Perspective Differences

Sandra's Perspective:

Jeff, a division chief viewed as a mentor by Sandra, an assistant professor, was seeking a new director for one of the division's subspecialty clinics. He did not open a search but instead asked Justin, another junior faculty member, if he would take the position. Upon hearing about this, Sandra was disturbed by the lack of transparency and process, feeling that she was more qualified for the position than Justin, but she was reluctant to discuss this directly with Jeff. Instead, she thought about looking for a job elsewhere, since she did not feel that Jeff was committed her career. She envied the relationship that Jeff had with Justin.

Three years ago, Justin, an assistant professor, received a prestigious young investigator award at a national meeting in DC. Jeff took Justin out for a celebratory dinner after the award. Justin commented that Jeff was much more relaxed at dinner than he was at work and really opened up. Justin told Sandra that Jeff shared his own career history and gave Justin many pointers for career advancement. On looking back, Justin recognized that the time he spent with his chief over dinner had been as important to his career progress as the award. Sandra won the same award a month ago. She thought Jeff would be so proud that now two of his junior faculty had won this award and looked forward to having dinner with him, but the invitation was never made. Sandra began to feel that she would never receive the same career support as Justin.

Jeff's Perspective:

Jeff, the division chief, needed to appoint a new director of a subspecialty clinic. He wanted to use this position to help advance the career of one of his junior faculty members, so he did not open a search. He considered two junior faculty members, Sandra and Justin, both of whom he thought would be excellent in this position, as each had strengths to bring to this position. However, Jeff knew that Sandra had two young children at home and often had to leave work by 5:30 PM to pick up her children from daycare. Since the clinic director position might involve issues that would keep the director at work until 6 PM or later, he decided that it would not be fair to Sandra to offer her this position. In addition, he remembered a conversation he had had with Justin during a dinner they had shared in DC several years ago, when it became clear to him that Justin was really committed to the division. He offered the position to Justin.

Case Questions:

1. How do Sandra and Jeff's perspectives differ?
2. How can Sandra explore why she was not chosen and her standing in the division?
3. In what ways can Jeff improve his skills as a mentor?
4. What is your opinion of Jeff's thought process? Would you understand the situation in the same way?

CASES*:* GENERATIONAL DIFFERENCES

Title: Generational Sensitivity in Leadership Transitions

Key Phrases:

- Generational Sensitivity
- Leadership Transitions
- Succession Planning
- Work/Family Boundaries
- Evaluating Work Ethic

Mark's perspective:

Mark is a 40-year-old general surgeon who has served as the Assistant Residency Program Director for the past three years. He is an active clinician who is well liked and thought of by both residents and faculty. Melissa is the department's Residency Program Director. Having just turned 63, she's been in the department since her residency and has served as Program Director for over 20 years. She is a knowledgeable resource on ACGME residency requirements. Over the past several years, Melissa has shifted significant program responsibilities to other individuals to decrease her workload and prepare for a leadership transition. Melissa's strengths are in administrative leadership; clinically, with the guidance of the department's operating room director, she has narrowed her care to healthy, day-surgery patients undergoing minor procedures. She stopped her overnight call obligations when she turned 55.

Although Mark has been recruited to be Residency Program Director in other departments, the potential for the Director position within his own department has kept him here. Due to the recent significant losses in the stock market, Melissa has informed Mark that her earlier intent to retire at 65 has now been altered; she does not intend to retire for another 7 years, and plans to stay in the Director's position until then.

Melissa's perspective:

Melissa was one of 20 women in her medical school class and was the only woman in her vascular surgery residency program. She is now well recognized as an outstanding vascular surgeon and remembers how hard it was to achieve this status. She decided early on in her career to remain single and not have a family, as she felt that she would not gain stature in her field if she were not be available to come in for emergency cases at any hour of the day or night. Finally at age 55, she had stopped her overnight call so that she could develop a life outside of work. She enjoyed serving as residency director and especially enjoyed working with the increasing number of women in the field. She anticipated that she would maintain this position until her retirement. Melissa was always available to talk to residents whenever an issue arose, would often stay into the evening speaking with the residents, and was always available to talk with residents by phone from home at night and on weekends.

Mark has served as Assistant Residency Program Director, and Melissa has been happy to mentor and work with him. Mark had two young children and made it clear to the residents that his time away from work was his family time. Recently, Melissa has had the feeling that Mark was eyeing her job. She had an agreement with her chief that she would keep her position until retirement but was feeling uneasy about Mark. She felt that Mark could not do as good a job as she was doing with the residents since he did not share her work ethic.

Case Questions:

1. If you were Mark's developmental mentor, how might you approach this situation? If you were Melissa's mentor, how might you approach this situation?
2. What are the opportunities for Mark if Melissa stays on? What are other opportunities for Melissa if Mark is promoted into the Program Director position?
3. Is it possible for Mark to prove his work commitment to Melissa?

Title: Leadership and Environmental Changes

Key Phrases:

- Intergenerational Mentoring
- Establishing Work/Family Boundaries
- Evaluating Work Ethic

With the retirement of a long-standing division chief of a small division in your department, Robert, a clinically accomplished clinician who graduated from his residency 6 years ago and was recently promoted to Assistant Professor, was appointed to the division chief position. Robert has developed a new web-based program that uses an algorithm to compose the overnight on-call schedule and ensure that call responsibilities are evenly distributed among all faculty members. In addition, Robert wants to make sure his division is viewed as "family friendly," so the program ensures that each week, each faculty member has one day when they finish by 5 PM.

Mike and Sally are both Associate Professors who have been in the department for 20 years; they were also considered for the Chief's position. They resent having to follow the direction of someone more junior to them in experience and academic standing. In addition, since they took the majority of overnight and weekend call when they were junior faculty, they feel that they should have a lower share of call now and that Robert's computer algorithm does not take seniority into account.

Each of the above individuals has independently booked a meeting with you, a colleague involved in faculty development.

Case Questions:

1. What actions can be taken to accommodate the senior faculty?
2. What changes, if any, would you implement if you were in Robert's position?

CASES*:* CROSS-RACIAL AND CULTURAL DIFFERENCES

Title: Isolation in the Lab

Key Phrases:

- Multicultural Communications
- Unconscious Bias

Bill, an African American physician recently hired after completion of his residency at an outside institution, was interested in joining a research lab. Wong-Li, an Associate Professor in the department, was assigned to be his mentor. Bill was from rural Georgia, spoke with a noticeable Southern drawl, and liked to fully formulate his thoughts before giving a response. He felt that Wong-Li was impatient with him. Wong-Li emigrated from Shanghai China after completing his MD-PhD, and although he had completed a clinical residency, his primary academic role was as a successful lab-based researcher with a 15-year continuous history of NIH and external agency funding.

Bill received favorable reviews of his clinical work, and patients frequently commented on the amount of time that he spent with them. In the lab, his first project appeared to be going okay, albeit slowly. Wong-Li observed that in the weekly lab meetings, Bill attended, but always sat in the back of the room, and most commonly refrained from contributing.

In Bill's third month in the lab, one particular meeting generated much excitement and established an entirely new focus area for the lab. Bill was not invited to take the lead on two projects in the new focus area, but was sometimes asked to help prepare reagents for the experiments. Six months elapsed, the new lab focus was successful, and two manuscripts were being prepared for the *Proceedings of the National Academy of Sciences*. Bill was not included as a co-author in either of the manuscripts.

Bill was concerned because he believed that it was his idea that generated the discussion and the new focus area in the lab and that he had materially participated in the research by preparing some of the reagents for the experiments.

Bill went to see the ombudsperson, who said that issues of intellectual property were the most common complaints received in her office. The ombudsperson suggested that Bill initiate a discussion with Wong-Li, particularly regarding any future papers. Because he does not want to be perceived as a complainer, Bill is uncomfortable initiating the discussion. He is experiencing anxiety, anger, and feelings of vulnerability. Bill asks for a meeting with you, the Vice Chair for Faculty Development of his department.

Case Questions:

1. What might Wong-Li do to engage Bill in the lab?
2. What might Bill do in his approach to Wong-Li?
3. What might the Vice Chair do to facilitate the interaction and long-term mentoring productivity?

Title: Common Interests, Uncommon Experiences

Key Phrases:

- Making difference discussable
- Implicit and explicit assumptions about identity

Consuela was eager to meet Andrew, the division chief who had agreed to become her mentor in her first faculty position at BWH. Consuela was born in Mexico, where she completed her undergraduate degree; she moved to the United States for her medical training at UC San Diego and her residency at Stanford. Her parents moved to California when Consuela began her medical training and became active in the growing Hispanic community development efforts. Consuela had prepared for a professional life in California, close to her family and friends, until her husband was recruited to the prestigious Broad Institute, an opportunity he could not pass up. Consuela applied for every available faculty position in the Boston medical community and was thrilled to receive an offer from the Brigham. Moreover, Consuela was pleased that Andrew was identified as her assigned mentor in the offer letter she received. Early in her career she attended a conference and heard one of Andrew's presentations, and Consuela was confident that they shared research interests. However, Consuela was concerned about the pace and culture in the Harvard teaching hospitals and was eager to have a mentor who could help guide her budding research career, as well as enable her transition at BWH.

Andrew had recently been promoted to Associate Professor of Surgery and understands the department's policy to provide all new junior faculty with a senior faculty mentor. Andrew has been fortunate in the many mentors he has had throughout his career and always enjoys mentoring young faculty. He is scheduled to meet Consuela, a new recruit to the department, and quickly skimmed her CV to become acquainted with her academic interests. While he noted that they have some research in common, her personal background and life experiences are vastly different.

Andrew wonders how this will work out – he's never mentored anyone so different from himself.

Case Questions:

1. Should Andrew raise his assumptions about their differences with Consuela, and is this legal?
2. Are perceived differences relevant in a mentoring relationship?
3. How can racial difference become part of a mentoring conversation?

PEARLS FOR MENTORS AND MENTEES

Identity Assumptions

- Explore implicit and explicit assumptions about ethnicity, race, gender, age, sexual orientation and other areas of identity that influence mentoring relationships.

- It is important that both mentor and mentee acknowledge and discuss their identity assumptions about each other.

- Consider identity similarities and identity differences, as well as the conjecture made by both mentor and mentee about these identity issues.

- Individuals from different groups initially might not be comfortable in exploring differences.

Environment for Discussion

- A mentor's role is to facilitate the capacity to talk openly and invite discussion about differences.

- Mentors and mentees can understand differences through appreciative inquiry – the process of posing questions that generate positive awareness rather than challenges of their differences.

- Some ways to bring differences to the forefront and make them discussable:

  o Open a dialogue using a statement such as, "*Research shows that racial and other differences affect both the mentee and the mentor. Do you think there are examples of this in our relationship?*"

  o Move from the impact of differences on the mentor-mentee relationship to the impact on the organizational dynamic.

  o Both mentor and mentee should recognize their role – differences are not only a mentee issue.

- The mentor/mentee relationship will deepen, and you will continue to learn from your conversation about differences.

Experience, Educate, and Experiment

- Both the mentor and a mentee may be aware of differences between them, but they should not assume that their experiences are the same.

- Mentors should seek to work with the broadest possible variety of mentees to be better educated about differences and to better understand mentees' experiences.

- Mentors should provide concrete suggestions for mentees and support experimentation with new behaviors.

- Experiments in changing behavior should be a joint project of the mentor and mentee. Mentors should stimulate and support mentees' experimentation within organizations.

    o Help manage the context of experiments (taking into account other persons who may be involved and the possible consequences).

- Engaging differences, rather than avoiding them, enhances the learning of both parties and improves their mentoring relationship.

Developmental mentoring functions are both internal (psychosocial) and external (career)

- Internal developmental functions:

    o Psychosocial support, positive role modeling, counseling, acceptance and confirmation, friendship

- External developmental functions:

    o Career support, advocacy, coaching, facilitating exposure and visibility, protection, providing challenging assignments

Pros/Cons of same-identity mentoring relationships:

- Such mentoring relationships may provide more *psychosocial* support but frequently less depth and challenge.

- Outward similarities between mentor and mentee may mask important differences that should be discussed.

Developmental Networks

- The challenge of mentoring across identities can be addressed by developing a network of mentors with diverse demographics, identities, organizational positions, and functional roles.

- However, mentors should not abdicate responsibility and shift the discussion of differences solely to others, e.g., to other mentors whose identities appear similar to those of the mentee.

Generational Differences

▪ Perception that another generation "had/has it easier/harder" depends on the view of the individual. Experiences may be equally difficult, but in different ways.

▪ Recognition style, reward systems, type of effort, scheduling approaches, and style vary by age group and are generally discernible.

GENERATIONAL DIFFERENCES IN WORK ETHICS:

Traditionalist (1922-43): Value respect
Boomers (1943-60): Value recognition
Gen X (1960-80): Value independence
Gen Y (1980-2000): Value flexible hours

GENERATIONAL DIFFERENCES IN ORIENTATION:

Traditionalist: Appreciation orientation
Boomers: Innovative orientation
Gen X: Change orientation
Gen Y: Group/team orientation

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

<u>Cross-gender Mentoring</u>

- Gersick CJG, Kram KE. High-achieving women at midlife. *Journal of Management Inquiry*. 2002; 11:104-127.
    - o A qualitative study based on in-depth personal interviews in 1996-97 focused on understanding the developmental path and life structures of 10 mid-life (35-55) women executives at a large NYC financial firm. Using Daniel Levinson's model of development, the paper describes the women's developmental efforts to find a life role in their 20s, manage career-family trade-offs in their 30s and 40s, and come into their own in their careers and personal life in their 50s and beyond. This paper is not about the mentoring process per se, but can be helpful to faculty mentors working with professional women as they find ways to integrate the different aspects of their lives at different stages in their careers.
    - o 37 references

- Ibarra H, Carter NM, Silva C. Why men still get more promotions than women. *Harvard Business Review*. September 2010; Reprint R1009F:1-6.
    - o A report of the findings of a survey of 4000 high-potential employees in multi-national firms and interviews of 40 such employees from a single firm to explore the mentoring received by male and female employees. The study found that more women than men reported having mentors, but that over a two-year period more men were promoted to higher-level positions. The article distinguishes mentoring from sponsorship, with the former focusing on feedback and advice to the employee and the latter on strong advocacy within the firm for the employee, and reports that men were more likely than women to have such sponsors. It recommends corporate sponsorship programs for women if firms are to realize the potential of, and retain, high-functioning women employees.
    - o 4 references

Intergenerational Mentoring

- Howell LP, Servis G, Bohnam A. Multigenerational challenges in academic medicine: UCDavis' responses. *Academic Medicine*. 2005; 80: 527-532.
    - o A very helpful article translating the different generational expectations and values mentioned by McNulty (see below) to the issues of the multigenerational work setting of the academic medical center.
    - o 18 references

- McNulty EJ. Can you manage different generations? Harvard Business School Working Knowledge for Business Leaders, Reprinted from: It's time to rethink what you think you know about managing people. *Harvard Management Update* February 2006; 11.
    - o A brief piece on the different feelings about work and needs from the workplace of workers under 35, between 35 and 54, and 55 and older. The author suggests that managers be aware of each cohort's different values and expectations in order to engage and retain talented workers. Take-home points include the need to think about skills and expectations, tailor one's management approach to workers in different cohorts, and facilitate mentoring to provide continued opportunities for middle-aged and older workers while promoting the transfer of important knowledge to younger workers.
    - o 1 reference: the larger article from which this is taken

- Meister JC, Willyerd K. Mentoring millennials. *Harvard Business Review*. May 2010; Reprint R1005D; 1-4.
    - o This brief 2010 Harvard Business Review article characterizes millennials, the generation born 1977-97, as wanting jobs that fulfill them personally; are an integral part of their lives; allow them to collaborate, make new friends, and learn new skills; and connect them to a larger social purpose. Millennials are academic overachievers who are committed to community service, and if they are engaged will work hard to overachieve at the job. The authors discuss the challenge of mentoring the large number of millennials now in the workplace (and an increasingly large part of the academic medicine workforce), who want frequent direct feedback to measure their success, and three types of innovative solutions are described: 1) reverse mentoring (in which senior managers and millennials are matched, each having responsibility for teaching the other), 2) group mentoring (by more experienced leaders or peer-to-peer learning groups), and 3) anonymous mentoring (via computer from a distant mentor outside the company).
    - o No references, 1 related reading

Cross-Race/Ethnicity/Culture Mentoring

- Blake-Beard S, Murrell A, Thomas D. Unfinished business: The impact of race on understanding mentoring relationships. Harvard Business School Working paper, 2006.
    - An interesting review of research on the interactions of race with various types of mentoring that outlines areas in need of further research. The paper reports that minorities have greater difficulty gaining access to any type of mentoring and that available mentors are usually white males, which can introduce interracial dynamics into the mentoring relationship. The article suggests that people of color develop two complementary mentoring networks, the first with whites (who provide access to resources and opportunities) and the second to people of color (who provide psychosocial and emotional support).
    - 117 references, 1 figure

- Ely RJ, Meyerson DE, Davidson MN. Rethinking political correctness. *Harvard Business Review*. 2006;84: 78-87
    - This helpful article suggests that although political correctness has helped create more inclusive workplaces, it has also fostered tiptoeing around issues, breeding misunderstanding, conflict, and mistrust, and eroding productivity. This has created barriers to the direct, honest communication and feedback necessary for constructive collaboration. The article provides five "Principles for Constructively Engaging Differences," which include resisting the urge to cast blame or feel defensive, asking questions to better understand others' behavior, openly sharing your own perspective, questioning your own desire to be proven right about a perceived threat, seeking input from advisers who challenge your viewpoint, and asking yourself what changes you can make to improve workplace relationships.
    - No references, 2 related readings

- Thomas DA. The truth about mentoring minorities: Race matters. *Harvard Business Review*. 2001; 79: 98-107.
    - Based on a study in three major corporations of minority and white executives and middle managers, Thomas distinguishes the career trajectories of minority executives from those of their white counterparts. Although high-potential minority executives receive slower initial promotions than whites, those who eventually achieve executive positions have strengthened their skill base, developed a wide and diverse network of mentors, and gained confidence, competence, and credibility in the organization. The author discusses challenges in cross-racial mentoring and suggests that they can be surmounted by development of a trusting mentor-mentee relationships in which 1) the mentor and mentee can openly discuss racial issues, sensitivities, and realities; 2) the mentor can identify with the mentee and teach, advocate, and provide opportunities for the mentee; and 3) the mentor can help the mentee identify and link to other helpful mentors in the organization.
    - No references; 1 related article is summarized.

EFFECTIVE FEEDBACK AND
DIFFICULT CONVERSATIONS

OBJECTIVES

Discuss:

- Understand effective ways to give and receive feedback
- Learn how to successfully address difficult conversations in the mentoring relationship

CASES

Title: The Mentee without Insight

Key Phrases:

- Mutual communication skills
- Giving feedback in the absence of direct observation
- Feedback when the mentee is competent yet lacks personal insight

Case Scenarios

a) You've been working with your mentee for the past few months, and things seem to be going well. One day, two of your colleagues come to you in the cafeteria with concerns about your mentee, saying that he is difficult to work with. However, your mentee seems quite competent in the work he is doing with you, so at your next meeting with your mentee you...?

b) You try to gather more data, and in a lab/clinic meeting you directly observe your mentee putting his foot in his mouth and badly disrupting the flow of the meeting. At your next meeting with your mentee you...?

c) You give feedback to your mentee about the behavior you directly observed, and try to give it a positive spin ("*Our work is going well together -- but I noticed that people in the lab/clinic meeting couldn't get what you were saying -- your idea was interesting, but maybe there was another way to approach the issue*"). Your mentee says:

   1) *"I don't know what you're talking about."* So you say.....?

   2) "*I wasn't feeling good that day, so maybe people didn't understand my point.*" So you say....?

   3) "*They never listen to me -- they are always stuck on their own ideas and don't give me any credit – they're just jealous.*" So you say.....?

   4) "*I think that Dr. X has it out for me -- and I thought you said I was doing a good job on our project.*" So you say.....?

d) You begin to believe that your mentee doesn't clearly hear or distorts your feedback, and even may have personality issues that would make it difficult for him to change his behavior. You therefore.......?

Title: The Overconfident but Unproductive Mentee

Key Phrases:

- Feedback when the mentee feels entitled to what hasn't been earned
- Feedback when the mentee underestimates the feedback given

Case Scenarios

a) Your mentee wants you to get her appointed to a committee in your national specialty society. You don't know her well enough to do this yet, but she seems to imply that this is your duty. Your feedback to her is...?

b) Though she is a very nice person, the more you get to know your mentee the more you become concerned that she just can't, or won't, do the work necessary to get the job done at a high professional level. You can't trust what she produces to be of high enough quality, so you end up writing a lot of the papers she is joining you on. Your feedback to her is...?

c) When your mentee reacts as though you've scolded her in response to the above and then apologizes to you and says she'll do better next time, you say...?

d) After several tries you get the feeling that your mentee doesn't seem to really hear what you've said, and the quality/productivity of her work doesn't get better. She is about to go to another lab/clinic, so you are tempted to give her a "social pass" because she is such a nice person and everyone else before you has let her get by. You don't know if this is a good idea, so you...?

PEARLS FOR MENTORS AND MENTEES

Giving and Receiving Feedback

- From the start, make feedback an integral part of the mentoring relationship.

- Feedback should be "two-way," with both mentor and mentee assessing their relationship at defined times.

- Be clear that you **ARE** giving feedback.

    o Use specific, non-judgmental, descriptive language.

    o Avoid using the passive voice.

- Include data that are concrete, observed directly, consistent, and thematic; if possible, provide more than one person's input (de-identified) and more than one observation.

- Ask clear questions to understand the mentee's experience, assessment of the situation, and point of view.

- Provide feedback regularly and frequently.

    o Feedback, both positive and negative, should be a regularly scheduled component of the mentoring relationship (i.e., the rule, not the exception).

    o Ongoing feedback helps to establish and solidify the relationship.

    o Situational feedback (positive and negative) should be provided as soon after the relevant interaction as possible.

- Maintain a strong level of trust with the mentee in the face of negative feedback.

- Mentors should use the feedback opportunity to ally with the mentee about ways to improve the situation:

    o "*I need your help to better understand this situation.*"

    o "*What can you do to change the behavior, perception ….?*"

- Ensure common understanding by summarizing, and/or asking the mentee to summarize, the key points of the discussion.

- Follow through on the feedback; offer "options" for career paths and guidance that might be suitable.

Communications and Difficult Conversations about a Problematic Mentoring Relationship

- Transparency on both sides is important.

- If a mentee is unsuccessful, a mentor should redirect him towards something else he <u>can</u> succeed at.

- A mentee should be involved in problem solving, particularly if he has contributed to the problem.

- Discuss recommendations for improving the relationship and re-assess progress at defined times.

- A mentor need not feel like a failure if her mentee is not successful.

- Early intervention is important in order to redirect the relationship if it starts to go sour.

- A person outside the relationship may be needed to help when conflicts occur; a division chief or department chair may be helpful, but mentors and/or mentees may not feel comfortable using them as resources. Therefore, it is important to have more impartial resources available, such as those offered by the HMS Ombuds Office, the Center for Professionalism and Peer Support, the Employee Assistance Program, and the BWH Center for Faculty Development & Diversity.

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

- Bonetta L. Writing a letter of recommendation. Addendum to *Making the Right Moves: A Practical Guide to Scientific Management for Postdocs and New Faculty*. Second edition. Burroughs Wellcome Fund-Howard Hughes Medical Institute; 2006: 1-17.
    - A helpful collection of "tips" for mentors about the dos and don'ts of writing letters of recommendation for postdocs and junior faculty. Two sample letters demonstrate the importance of specific wording in determining what you want the letter to convey to the reader.
    - 11 references

- Ende J. Feedback in clinical medical education. *JAMA*. 1983; 250: 777-781.
    - A classic paper on the necessity of giving feedback to trainees in clinical medicine, the barriers to doing so, and guidelines. The guidelines suggest that feedback 1) be part of the relationship between the teacher and trainee; 2) be well timed and expected; 3) be based on first-hand data; 4) be regulated in quantity and limited to remediable behaviors; 5) be phrased in descriptive, non-evaluative terms; 6) deal with specific performance, not generalizations; 7) include subjective data labeled as such; and 8) deal with decisions and actions, rather than assumed intentions or interpretations.
    - 19 references

- Gigante J, Dell M, Sharkey A. Getting beyond "good job": How to give effective feedback. *Pediatrics*. 2011; 127: 205-207.
    - This paper provides a five-step framework for giving formal feedback to learners in the pediatric setting: 1) outlining the expectations for the learner at the start of the learning experience, 2) preparing the learner to receive feedback, 3) encouraging self-assessment by asking the learner how she thinks she is performing, 4) telling the learner how you think she is doing based on specific observed actions and changeable behaviors, and 5) developing a plan for improvement.
    - 17 references

- Thomas JD, Arnold RM. Giving feedback. *Journal of Palliative Medicine.* 2011;14: 233-239
    - This recent paper by two palliative care physicians reviews educators' and learners' attitudes towards feedback, builds on Ende's guidelines to provide a helpful algorithm for giving feedback, and describes parallels between giving difficult feedback and breaking bad news. The latter emphasizes the importance of titrating the amount of information provided so that it can be integrated, attending to the resultant affect, and making a follow-up plan for next steps.
    - 36 references

- Feedback: A crucial component of professional interactions – PowerPoint by Jo Shapiro, MD. http://www.brighamandwomens.org/Medical_Professionals/career/CFDD/Images/DeliveringEffectiveFeedback_033111.pdf
  - A slide deck of Dr. Shapiro's talk about the necessity of providing and receiving direct feedback about professional behavior in the medical setting.

MENTORING AND YOUR CAREER

OBJECTIVES

Discuss:

- What developmental networks are and why they are important
- How to create and cultivate developmental networks
- Strategies for mentors to build career paths in academic medicine
- Ways to get recognition for mentoring on your CV

Developmental networks are small groups of mentors, mentees, and other individuals who provide regular advice and support to you. If you are strategic in building and regularly re-assessing your developmental networks, you can enhance and accelerate your growth as a leader. Instead of doing a case study in this chapter, you will go through an exercise designed as a springboard for discussion on the values and limitations of developmental networks, and how to build careers that incorporate mentoring.

EXERCISE

Title: Creating Developmental Networks

Key Phrases:

- The power of developmental networks
- "Knowing thyself" and knowing your context
- Enlisting developers, regularly re-assessing

This exercise is based on the Developmental Network Model put forth by Professors Kathy Kram, PhD (Boston University's School of Management) and Monica Higgins, PhD, MBA (Harvard University's Graduate School of Education). Below you will go through the process of creating your own developmental network chart and map using templates and samples as guides. Consider using this or a similar tool in your program with your mentee.

A) Identify individuals in your developmental network, i.e., those who fall into one or more of the following three types of relationships. (Those who fall into more than one type should be listed more than once.)

- <u>People who help you get the job done</u> (through provision of important information, introductions, scientific or technical advice, professional expertise, or other resources).

- <u>People who advance your career</u> (through career guidance and direction, arranged exposure to critical people, political advice, helping you get important opportunities or assignments, advice on promotion criteria or funding opportunities, and/or advocating for you).

- <u>People who give you personal support</u>, i.e., those to whom you go for your emotional well-being and psycho-social support, and with whom you can be yourself.

B) Complete the developmental network chart on page 51.

C) Use your completed chart to create your developmental network map on page 52 .
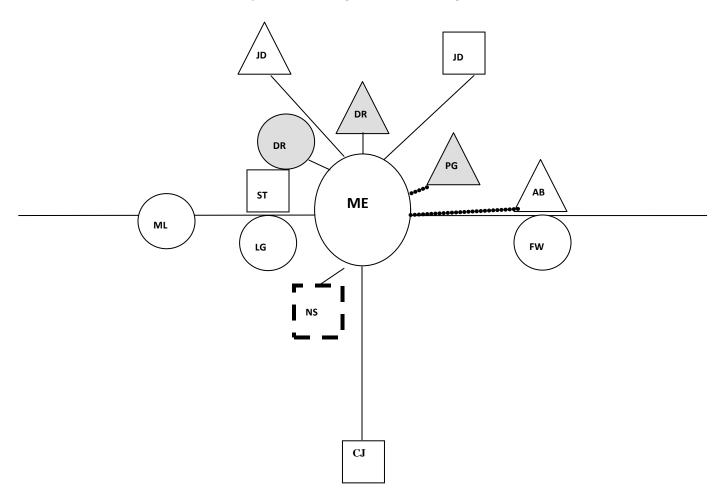
SAMPLE DEVELOPMENTAL NETWORK CHART

You: Clinical Researcher with Clinical Practice at HMS hospital, HMS Assistant Professor

Close Relationships	*Moderate Relationships*	*Distant Relationships*

Getting the Job Done ☐

Close Relationships	Moderate Relationships	Distant Relationships
(NS) Nancy Smith, lab assistant (mentee)	(JD) John Doe, PI of grant ★	(CJ) Carl Jones, administrative assistant
(ST) Susan Taylor, clinical researcher		

Advancing Your Career △

Close Relationships	Moderate Relationships	Distant Relationships
(DR) Diane Roberts, department head (mentor) ★	(JD) John, Doe, PI of grant ★	
(PG) Peter Gordon, department head at previous institution (mentor) ★	(AB) Anne Brown, research collaborator at other institution	

Getting Personal Support ◯

Close Relationships	Moderate Relationships	Distant Relationships
(LG) Lee Green, spouse	(ML) Matt Lennon, colleague	
(DR) Diane Roberts, department head (mentor) ★	(FW) Frances West, friend	

In creating your developmental network chart:

- Place individuals in one of the three columns based on how close the relationship is. Closer relationships have a high degree of trust, liking and mutual commitment. Distant relationships are those with individuals you do not know very well.

- Note in parentheses those you consider mentors or mentees.

- Indicate by a star (★) those you view as very well connected in your department, hospital or professional circle (either via a formal leadership position or someone who knows many other influential people).

SAMPLE DEVELOPMENTAL NETWORK MAP

Suggested guidelines for creating your developmental network map:

Individuals Involved in:
Getting the Job Done	→ Use squares
Advancing One's Career	→ Use triangles
Getting Personal Support	→ Use circles
Involved in > 1 area	→ Put in two places

(E.g. Getting Personal Support and Getting the Job Done)

Individuals who are:
Peers	→ Place on a horizontal line with you
Seniors	→ Place above that line
Juniors	→ Place below that line
Closer to you	→ Connect using shorter lines
Outside your hospital or department	→ Connect using dotted lines

Mentors	→ Color in the square, triangle, or circle
Mentees	→ Use dashes around the square, triangle, or circle

(Alternatively, put "Mentor" or "Mentee" under the individual's name)

MY DEVELOPMENTAL NETWORK CHART

You:

Close Relationships	*Moderate Relationships*	*Distant Relationships*

Getting the Job Done ☐

Advancing Your Career △

Getting Personal Support ◯

In creating your developmental network chart:

- Place individuals in one of three columns based on how close the relationship is. Closer relationships have a high degree of trust, liking and mutual commitment. Distant relationships are those with individuals you do not know very well.

- Note in parentheses those you consider mentors or mentees.

- Indicate by a star (★) those you view as very well connected in your department, hospital or professional circle (either via a formal leadership position or someone who knows many other influential people).

MY DEVELOPMENTAL NETWORK MAP

Suggested guidelines for creating your developmental network map:

Individuals Involved in:
Getting the Job Done	→ Use squares
Advancing One's Career	→ Use triangles
Getting Personal Support	→ Use circles
Involved in > 1 area	→ Put in two places

(E.g. Getting Personal Support and Getting the Job Done)

Individuals who are:
Peers	→ Place on a horizontal line with you
Seniors	→ Place above that line
Juniors	→ Place below that line
Closer to you	→ Connect using shorter lines
Outside your hospital or department	→ Connect using dotted lines

Mentors	→ Color in the square, triangle or circle
Mentees	→ Use dashes around the square, triangle or circle

(Alternatively, put "Mentor" or "Mentee" under the relevant individual's name)

PEARLS FOR MENTORS AND MENTEES

CREATING DEVELOPMENTAL NETWORKS

The Developmental Mentoring Network is a framework for career development and mentoring that has evolved from traditional conceptualizations of hierarchical, dyadic, intra-organizational mentoring relationships to a contemporary perspective of multilevel, multiple, networked relationships that are intra- *and* extra-organizational. Developmental Networks draw from all levels of organizational hierarchy, offer diverse viewpoints and experiences, and facilitate two-way learning.

As mentoring networks vary in structure, content, and quality of relationships, it can be helpful for mentors to understand the potential value and limitations of their own network and to discuss their mentees' set of connections, in the context of:

- **Diversity:** How similar or different are the mentor and mentee (gender, race, age, function, geography, organizational)?

    o Values**:** balance of perspectives and breadth of skills represented

    o Limitations**:** differing goals, mixed/different messages, and complexities of communication

- **Interconnectivity/ Strength of Connection**: How closed is the network, i.e. do most of the peoples know each other? What is the spread of people in terms of closeness and distance?

    o Values**:** Understanding of culture, external/objective viewpoints

    o Limitations**:** Redundancy

- **Connections to Power and Influence**: How many connections would you characterize as influential in the department, hospital, or field?

    o Values**:** Ease of access and opportunity for mobility, sponsorship, exposure

    o Limitations**:** Unanticipated changes in power, diminished ability to say "no", managing exit strategy and risk, assumptions about who is "in" the network

CAREER PATHWAYS FOR MENTORS IN ACADEMIC MEDICINE

Organizationally funded mentoring and faculty development positions are relatively rare. The best way to secure funded time is to create a broader role (such as those listed below), serve in this role well, then seek specific funding to enlarge the mentoring and faculty development portions of the role.

- Medical Student, Resident Training, and Fellowship program director roles

- Faculty Development roles, e.g., Vice-Chair for Faculty Development

Some funding opportunities are available for mentors through the National Institutes of Health. Given the recognized shortage of patient-oriented researchers, the NIH has made K24 awards available to support mid-career investigators in mentoring junior investigators in patient-oriented research. Funding levels may vary, so check with your institution.

- **Midcareer Investigator Award in Patient-Oriented Research (K24):**
  http://grants.nih.gov/grants/guide/pa-files/PA-11-195.html

RECOGNITION FOR MENTORING IN THE HMS CV

- **Diversity and Flexibility:** Broad options are available for getting "credit" for mentoring activities. One can be flexible about where on the CV activities are listed (see list below), but the important point is to describe what you are doing.

- **Documenting Technical Mentoring:** The CV includes sections for listing formal mentees and their accomplishments. Importantly, to be able to list a mentee in the CV, the mentor must provide ongoing mentoring with demonstrated impact on a mentee's career and a documented mentor role. It would be appropriate to list a mentee if the latter would be able to respond to a committee inquiry about the mentor's interactions with, and impact on, the mentee, or if the mentor would be comfortable writing a letter of recommendation for the mentee.

- **Identified Section Content:**

  o **Education:** Mentoring courses (such as FMLP!) of a year's duration

  o **Major Administrative Leadership Positions:** List all mentoring and teaching leadership roles, e.g., residency co-director

  o **Committee Service:** Activities related to mentoring

  o **Professional Societies:** Presentations about mentoring, meetings with trainees

  o **Honors and Awards:** Mentoring and teaching awards, and *nominations* for same; selection from a pool of applicants for specific courses devoted to mentoring

- o **Funded Projects:** Past or current projects related to mentoring

- o **Unfunded Projects:** Document guidelines or projects with trainees and/or mentoring

- o **Teaching:** Describe all levels of oversight, clinical and research, formal and informal, with specifics of what you and your mentee focused on. Detail your role with trainees, including junior faculty mentees, and their outcomes

- o **Presentations:** Scholarship, publications, presentations (doesn't have to be written and/or published) about mentoring

- o **Narrative:** Perfect place to explicitly include mentoring if it is a significant part of your career

Harvard Medical School/Harvard School of Dental Medicine Format for the Curriculum Vitae with Mentoring Citations is provided in Appendix F.

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

* Please see Appendix B for a list of mentoring awards.

- Chandler DE, Kram KE. Enlisting others in your development as a leader. In: *Self-Management and Leadership Development.* Northampton, MA: Edward Elgar Publishing, Inc; 2010: 336-361.
    - This is an excellent article highlighting the role of relationships both in enhancing a person's ability to lead and in accelerating a person's leadership learning. The article starts off with a case study of two individuals in a corporation who both have leadership potential but end up having very different leadership outcomes. It then describes a three-phase process of "self-managed leadership" in detail, with frequent use of examples drawn from the two individuals introduced in the case study. The three-phase process focuses on i) self-awareness of values, personal motivators, strengths/weaknesses, and assessment of "fit" within an organization; ii) "savvy" for nurturing relationships; and iii) creation of strategic developmental networks.
    - 51 references

- Kram KE, Higgins MC. A new approach to mentoring. *The Wall Street Journal.* September 22, 2008. http://online.wsj.com/article/SB122160063875344843.html
    - This article highlights the need to move away from a single, one-on-one mentoring relationship towards the building of developmental networks to keep up with rapidly changing technology and to navigate the challenges of globalization, a multicultural work force, and team-based decision making. The article also argues that better outcomes are achieved using developmental networks at the organizational as well as at the individual level. Different types of organizations are cited as fostering this approach, and concrete strategies are offered to help individuals build such networks.
    - No references, 5 related readings

MENTORING PROGRAMS

While some divisions, labs, and/or training programs have successfully developed "matched" mentoring programs, whereby mentees are assigned to mentors with common professional interests (research or clinical), Brigham and Women's Hospital does not have a mechanism in place to formally match mentees and mentors. Our experience is that the most effective mentoring relationships develop organically and are typically initiated by the mentee seeking technical or developmental mentoring.

Department leaders (chairs, chiefs, faculty development advisors, and clinic and laboratory directors) and members of the Center for Faculty Development & Diversity and its affiliated offices can be resources for mentees in identifying potential mentors and initiating the desired mentoring relationship.

A listing of the BWH Faculty Development Advisors Network, which includes representatives of each department, is available in Appendix D.

READINGS AND ARTICLES

* Please see Appendix A for more readings on a variety of mentoring topics.

- Files JA, Blair JE, Mayer AP, Ko MG. Facilitated peer mentorship: A pilot program for academic advancement of female medical faculty. *Journal of Women's Health*. 2008; 17: 1009-1015.
    - o This paper reports the experience of a pilot program at the Mayo Clinic Scottsdale in which four instructors, all Women's Health internists, participated in a year-long, senior faculty–facilitated, peer mentoring program primarily focused on learning how to produce a scholarly manuscript. Generalization of the reported positive results is limited by the small size and pilot nature of the program.
    - o 31 references

- Feldman MD, Huang L, Guglielmo BJ, et al. Training the next generation of research mentors: The University of California, San Francisco, Clinical & Translational Science Institute mentor development program. *CTS*. 2009; 2: 216-221.
    - o This paper describes the first two cohorts of a program for mid-level to senior-level clinical and translational research faculty to improve their skills as lead mentors for the postdocs and junior faculty on their research team. Utilizing the resources of the campus-wide UCSF Mentor Development Program, a curriculum was developed with sessions devoted to defining mentorship, rewards and challenges of mentoring, communicating effectively with mentees, balancing work and life, understanding diversity among mentees, understanding academic advancement policies, understanding economic and fiscal realities for successful academic careers, leadership skills and opportunities in building a successful research team, understanding intramural and extramural grants, and navigating the IRB and the UCSF grant application process. The 26 participants who completed the program in its first two years reported feeling that it had helped them to become better research mentors, increased their confidence in their mentoring skills, and increased their understanding of important mentoring issues at UCSF.
    - o 14 references

- Pololi LH, Knight SM, Dennis K, Frankel RM. Helping medical school faculty realize their dreams: An innovative collaborative mentoring program. *Academic Medicine*. 2002; 77: 377-384.
    - o This paper describes a facilitated collaborative (meaning peer) mentoring program for assistant professors at the Brody School of Medicine at East Carolina University. Two cohorts, each with nine participants from across the medical school's departments, took part in an 80-hour, eight-month-long program focused on the development of skills in key areas of academic medicine career development, a structured values-based approach to career planning, and instruction on scholarly writing. Participants positively evaluated the program for helping them identify their core values, develop a career plan based on those values, develop close collaborative relations with others, develop skills in understanding and dealing with gender and power areas, negotiation and conflict management, improve their scholarly writing and presentations, and reinforce their desire to stay in academic medicine. The peer learning was facilitated by a senior medical school official and various content experts over the course of the program.
    - o 20 references

APPENDICES

Appendix A

Readings and Articles on Mentoring: Full Annotated Bibliography

General Mentoring

- Borus JF. How to be a good mentor. In LW Roberts (Ed), *Achievement and Fulfillment in Academic Medicine: A Comprehensive Guide*. New York: Springer Science, in press 2012
    - This book chapter reviews the role and functions of the good mentor. It discusses the nine characteristics of a good mentor, who should and should not be a mentor, different types of mentors, issues in initiating and structuring the mentoring relationship, difficult mentoring relationships for the mentor, mentoring across difference, "do's and don'ts" for mentors, developing one's mentoring abilities, the life course of mentorship, and rewards for the mentor.
    - 9 references

- Chandler DE, Kram KE. Enlisting others in your development as a leader. In: *Self-Management and Leadership Development.* Northampton, MA: Edward Elgar Publishing, Inc; 2010: 336-361.
    - This is an excellent article highlighting the role relationships play both in enhancing a person's ability to lead and in accelerating a person's leadership learning. The article starts with a case study of two individuals in a corporation who both have leadership potential but end up having very different leadership outcomes. It then describes a three-phase process of "self-managed leadership" in detail, with frequent use of examples drawn from the two individuals introduced in the case study. The three-phase process focuses on i) self-awareness of values, personal motivators, strengths/weaknesses, and assessment of "fit" within an organization; ii) "savvy" for nurturing relationships; and iii) creation of strategic developmental networks.
    - 51 references

- Detsky AS, Baerlocher MO. Academic mentoring—how to give it and how to get it. *JAMA*. 2007; 297(19): 2134-6.
    - This article focuses on ways to foster effective academic mentoring relationships in medicine, with mentees at different stages in training and/or career development. The authors give suggestions to promote healthy communications on both sides, facilitate regular evaluations of the mentoring relationship, facilitate follow-through, and deal with evolving roles, potential areas of conflict, and eventual separation.
    - 17 references

- Kram KE, Higgins MC. A new approach to mentoring. *The Wall Street Journal.* September 22, 2008. http://online.wsj.com/article/SB122160063875344843.html
  - This article highlights the need to move away from a single, one-on-one mentoring relationship towards the building of developmental networks to keep up with rapidly changing technology and to navigate the challenges of globalization, a multicultural work force, and team-based decision making. The article also argues that better outcomes are achieved using developmental networks at the organizational as well as at the individual level. Different types of organizations are cited as fostering this approach, and concrete strategies are offered to help individuals build such networks.
  - No references, 5 related readings

- Lee A, Dennis C, Campbell P. Nature's guide for mentors. *Nature*. 2007; 447(7146): 791-7.
  - This article reflects on what compromises a good mentor, with examples of just a few of the hundreds of quotes included in the nominations supporting the mentors for the *Nature* awards for creative mentoring in science. The attributes highlighted were based on the opinion of more than 350 scientists writing as nominated mentor or their nominated mentees. In addition to the very insightful quotes, there is a table on the last page that one can fill out to self-assess how good a mentor you are.
  - No references

- Ragins BR, Kram KE. The landscape of mentoring in the 21st century. In: *The Handbook of Mentoring at Work: Theory, Research and Practice*. Los Angeles, CA: Sage Publications; 2007: 659-687.
  - This book chapter gives a broad overview of the current state of the literature regarding mentoring and priorities for future research. The chapter describes paradigm shifts in mentoring, such as a greater focus on the importance of developmental networks, an increasing recognition of the dyadic and reciprocal nature of mentoring, and a greater understanding of the factors that affect mentoring quality. The authors note a consistent call throughout the book for consideration of a wider range of mentoring research outcomes. There is also a discussion of the role of context, such as the role of organizations, diversity climate and norms, leadership, technology, and societal culture.
  - 95 references

- Sambunjak D, Marusic A. Mentoring: what's in a name? *JAMA*. 2009; 302(23): 2591-2.
  - This brief commentary attempts to clarify some of the conceptual confusion regarding the definition of mentoring by describing the structural, interactional, and temporal characteristics of mentoring. Mentoring's primary purpose is defined as the growth and development of mentees in multiple spheres, in the context of reciprocal (yet asymmetrical) dyadic relationships, which may involve one mentor or several within a developmental network. The authors make a distinction between mentoring and other relationships such as "peer mentoring" and "e-mentoring." They also take the position that formal assessment should never be part of a mentoring relationship due to potential conflict with the mentor's role as supporter.
  - 10 references

- Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. *Academic Medicine*. 2009; 84(1): 140-144.
    - This is a practical guide to mentees (at any stage from student through junior faculty) with the goal of maximizing the effectiveness of mentoring experiences and making mentors' jobs easier. The guide applies the corporate concept of "managing up" to academic medical settings and gives advice to mentees through various phases of mentorship, from initiation through cultivation to separation, addressing potential challenges along the way.
    - 23 references

Project-Related Mentoring

- Paglis LL, Green SG, Bauer TN. Does adviser mentoring add value? A longitudinal study of mentoring and doctoral student outcomes. *Research in Higher Education*. 2006; 47(4): 451-476.
    - o The goal of this study was to examine the effect of doctoral advisor mentoring on the research, productivity, career commitment, and self-efficacy of entering Ph.D. students in the "hard" sciences. Of the 357 students who received initial surveys, the study focuses on the 130 who completed all surveys over the next 5 ½ years. Findings were adjusted for indicators of ability and attitudes at program entry. The study's modest findings could not definitively determine whether adviser mentoring adds value, but are still considered more encouraging than previous findings.
    - o 61 references

- Thorndyke LE, Gusic ME, Milner RJ. Functional mentoring: a practical approach with multilevel outcomes. *Journal of Continuing Education in the Health Professions*. 2008; 28(3): 157-64.
    - o The focus on of this study was the effects of functional mentoring, defined as the mentor-mentee pairing for guidance on a defined project. The functional mentoring program studied was part of a 9-month Penn State College of Medicine Junior Faculty Development Program (JFDP) and paralleled a year-long curriculum in career development. Over 4 years of the mentoring program, there were 97 JFDP faculty graduates, and 68 faculty mentors, who were tracked for up to 5 years after program completion. While the long-term effects could not be assessed within the study timeframe, the authors conclude that the mentoring program provided a positive mentoring experience across the institution.
    - o 27 references

- Wiest JS. Mentoring for the Postdoctoral Fellow. Excerpted from *The POSTDOCket*. 2004 Summer. http://www.nationalpostdoc.org/faculty-administrators/208-mentoring-for-the-postdoc-fellow
    - o In this one-page excerpt, a seasoned Ph.D. researcher gives advice to facilitate good mentoring experiences in the current postdoctoral training atmosphere. The excerpt describes the high level of mentor commitment required and the need for the mentor to see more potential in the trainee than the trainee sees in him or herself. There is also the caveat that those doing the most interesting science are often not the best mentors. Finally, specifics are given on in-depth conversations that should happen in advance to test the interaction and mentoring relationship.
    - o No references

Mentoring Involving Peer Relationships

- Bussey-Jones J, Bernstein L, Higgins S, et al. Repaving the road to academic success: the IMeRGE approach to peer mentoring. *Academic Medicine*. 2006; 81(7): 674-9.
    - o This article describes the formation and organization of an innovative peer-mentoring group, the Internal Medicine Research Group at Emory (IMeRGE). This group was partially born out of the mentoring needs of women and minority faculty and had a primary goal of fostering collaboration among junior faculty while simultaneously acquiring experience through advanced faculty development. IMeRGE included five women and two men from diverse cultural backgrounds who had been on faculty for up to five years. These faculty members garnered the support of the division chief, and through a faculty instruction and development grant awarded to the division, they were able to compensate selected senior faculty advisors. The authors conclude that Levinson's functions of mentoring were fully realized within this peer-mentoring model.
    - o 20 references

- Kram KE, Isabella LA. Mentoring alternatives: the role of peer relationships in career development. *Academy of Management Journal*. 1985; 28(1): 110-132.
    - o The goal of this study was to understand the nature of peer relationships among managers and other professionals in one organizational setting. The study was conducted in a large northeastern manufacturing company, through biographical interviews of 15 focal individuals and the 25 individuals with whom they stated they had supportive relationships. The study identified different types of peer relationships, highlighted enhancing functions of these relationships, and described how these varied at different career stages.
    - o 27 references

- Parker P, Hall DT, Kram KE. Peer coaching: a relational process for accelerated career learning. *Academy of Management Learning & Education*. 2008; 7(4): 487-503.
    - o In this article, peer coaching (distinguished from peer mentoring) is described as a tool that can accelerate career learning, based on the assumption that interaction with others is a critical resource for learning and thus career growth. To better understand what facilitates good peer-coaching experiences, a survey was conducted of 209 full-time MBA students 6 months after completion of courses in which peer coaching was used. The study's main outcome of interest was identification of factors that would predict adoption of this new style of learning. Based on the modest results of the study, the authors offer a theoretic model of peer coaching, along with suggestions for future research.
    - o 83 references

Mentoring Guides at the Institutional Level

- Community of mentors: Mentoring guidebooks. Office of Faculty Development, Children's Hospital Boston. 2012.
  http://www.childrenshospital.org/cfapps/research/data_admin/Site2209/mainpageS2209P1.html
  - o There are two guidebooks: "OFD Guidelines for Junior Faculty" (14 pages) and "OFD Guidelines for Mentors" (15 pages). These guidebooks are excellent resources that complement the Boston Children's Hospital faculty mentoring program. The "Community of Mentors" is set up as a three-tier system of support that focuses on logistical information, skills building, and professional relationships. This Community goes beyond the traditional dyadic model of mentoring, with a strong emphasis on the value of building Developmental Networks. Each guidebook describes different types of mentoring relationships, has bulleted sections to help define mentorship expectations, and has a mentor/mentee checklist which includes ways to prepare to maximize the yield of the mentoring relationship, ways to structure initial and follow-up meetings, and suggestions for topics that should be discussed at different meetings.
  - o 7 references, 10 related readings in each guidebook

- Giving and getting career advice: A guide for junior and senior research faculty - ADVANCE Program and the Office of the Vice President for Research, University of Michigan. p 1-17, 2007 Nov.
  http://www.advance.rackham.umich.edu/career%20advising.pdf
  - o This is another excellent resource guide that can be helpful not only for junior and senior research faculty, but also for faculty who are not primarily research focused. The term "career advising" is used rather than mentoring to describe the kind of interactions that junior faculty need to have with more senior colleagues. There are very practical sections on "Common Issues for Junior and Senior Faculty," tips for individuals at different positions (senior faculty, department chairs and unit directors, junior faculty), and questions one should be asked and/or be prepared to answer.
  - o 29 references

- Olmstead MA. Mentoring new faculty: advice to department chairs. *CSWP Gazette.* 1993; 13(1): 1.
  http://www.engr.washington.edu/lead/PostedMaterials/MentoringFaculty/2008MentoringNewFacultyAdvicetoDeptChairs.pdf
  - o This article provides practical suggestions to department chairs for effective mentoring of new faculty. The author was a faculty member at a major research university, and had been mentored in the past by three department chairs that actually implemented her suggestions. The article focuses on ways to make promotion criteria clear, facilitate acquisition of resources to meet expectations, facilitate provision of frequent and accurate feedback, and minimize barriers to promotion.
  - o No references

- Tsen LC, Borus JF, Nadelson CC, Seely EW, Haas A, Fuhlbrigge AL. The development, implementation, and assessment of an innovative mentoring leadership program for faculty mentors. *Academic Medicine* 2012, In Press.

Structuring the Mentoring Relationship

- Choosing a Mentor – PowerPoint by Carol Nadelson, MD.
  http://www.brighamandwomens.org/medical_professionals/career/cfdd/Mentoring%20Resour
  ces/ChoosingAMentor_Nadelson.pdf
  - o A 2009 slide deck of Dr. Nadelson's talk about the different roles of mentors and the
    need for multiple mentors, the mentee's self-definition as necessary in choosing
    appropriate mentors, the mentor's and the mentee's responsibilities in the mentoring
    relationship, and what to do if this relationship doesn't appear to be working.
  - o 4 partial references

- Collins E. 360 degree mentoring. *Harvard Management Update*. 2008; Reprint No. U0803B.
  - o This brief article suggests that one develop a network of mentors and seek mentorship
    from peers and subordinates, as well as those higher on the organizational chart, who
    might have specific areas of expertise that can help one succeed. The author suggests
    that mentoring relationships can be reciprocal; and that mentee-mentor pairs should
    define specific goals and expectations of their relationship and periodically discuss
    whether these are being met.
  - o No references

- Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: A
  qualitative study. *Academic Medicine*. 2009; 84:135-139.
  - o A report of a semi-structured interview study of 21 Canadian junior faculty physician
    scientists, all government-funded to spend 75% time on clinical or population science
    research, and a sample of 7 of their research mentors. The paper describes the
    experience of mentorship, the differences between being assigned a mentor versus self-
    identifying a mentor, the many roles of a mentor, characteristics of good mentoring,
    barriers to mentorship, and possible mentorship strategies. It concludes by suggesting
    the development of a mentorship training initiative for mentors and mentees.
  - o 17 references

- What is a mentor? In: *Adviser, Teacher, Role Model, Friend: On Being a Mentor to Students in
  Science and Engineering*. Washington, DC: National Academy Press; 1997: 1-15.
  - o This is a very practical, easy-to-read overview of mentoring and how to be a good
    mentor. While the value of individual mentoring relationships is described, it is also
    noted that effective mentoring may sometimes happen best in the context of working in
    mentoring teams and coordinating mentoring activities. Other highlights include a few
    brief cases provoking thought on issues that can affect the mentoring experience, a
    discussion of issues that can arise when mentors and students are from different
    backgrounds, and bulleted lists of how one should be a good mentor and tips for new
    mentors.
  - o No references

Life Course of Mentoring – Transitions

- Holmes DR, Hodgson PK, Simari RD, Nishimura RA. Mentoring: Making the transition from mentee to mentor. *Circulation*. 2010; 121: 336-340.
  - A more general discussion of mentoring than its subtitle suggests, this article describes elements of mentoring, steps in the development of mentors, successful mentoring, mentoring styles, becoming a mentor, matching mentors and mentees, and the transition from mentee to colleague, the latter being the only part focused (briefly) on the transition from mentee to mentor.
  - 29 references

- HMS authorship guidelines. Faculty Policies on the Integrity of Science, Office for Professional Standards and Integrity, Harvard Medical School. December 17, 1999.
  - These Harvard Medical School guidelines define who should and should not be listed as an author on a publication, the responsibilities for substantial contribution required of every author, the appropriate order of author listing, responsibilities in handling authorship disputes, and ways to implement this policy.

Mentoring Across Differences

Cross-gender Mentoring

- Gersick CJG, Kram KE. High-achieving women at midlife. *Journal of Management Inquiry*. 2002; 11:104-127.
  - A qualitative study based on in-depth personal interviews in 1996-97 focused on understanding the developmental path and life structures of women executives with 10 mid-life (35-55) women executives at a large NYC financial firm. Using Daniel Levinson's model of development, the paper describes the women's developmental efforts to find a life role in their 20s, manage career-family trade-offs in their 30s and 40s, and come into their own in their careers and personal life in their 50s and beyond. This paper is not about the mentoring process per se, but can be helpful to faculty mentors working with professional women as they find ways to integrate the different aspects of their lives at different stages in their careers.
  - 37 references

- Ibarra H, Carter NM, Silva C. Why men still get more promotions than women. *Harvard Business Review*. September 2010; Reprint R1009F: 1-6.
  - A report of the findings of a survey of 4000 high-potential employees in multi-national firms and interviews of 40 such employees from a single firm to explore the mentoring received by male and female employees. The study found that more women than men reported having mentors, but that over a two-year period more men were promoted to higher-level positions. The article distinguishes between mentoring and sponsorship, with the former focusing on feedback and advice to the employee and the latter on strong advocacy within the firm for the employee, and reports that men were more likely than women to have such sponsors. It recommends corporate sponsorship programs for women if firms are to realize the potential of, and retain, high-functioning women employees.
  - 4 references

Intergenerational Mentoring

- Howell LP, Servis G, Bohnam A. Multigenerational challenges in academic medicine: UCDavis' responses. *Academic Medicine*. 2005; 80: 527-532.
    - o A very helpful article translating the different generational expectations and values mentioned by McNulty to the issues of the multigenerational work setting of the academic medical center.
    - o 18 references

- McNulty EJ. Can you manage different generations? Harvard Business School Working Knowledge for Business Leaders, Reprinted from: It's time to rethink what you think you know about managing people. *Harvard Management Update* February 2006; 11.
    - o A brief piece on the different feelings about work and needs from the workplace of workers under 35, between 35 and 54, and 55 and older. The author suggests that managers be aware of each cohort's different values and expectations to engage and retain talented workers. Take-home points include the need to think about skills and expectations, tailor one's management approach to workers in different cohorts, and facilitate mentoring to provide continued opportunities for middle-aged and older workers while promoting the transfer of important knowledge to younger workers.
    - o 1 reference, the larger article from which this is taken

- Meister JC, Willyerd K. Mentoring millennials. *Harvard Business Review*. May 2010; Reprint R1005D; 1-4.
    - o This brief 2010 Harvard Business Review article characterizes millennials, the generation born 1977-97, as wanting jobs that fulfill them; are an integral part of their lives; allow them opportunities to collaborate, make new friends, and learn new skills; and connect them to a larger social purpose. Millennials are academic overachievers who are committed to community service, and if they are engaged will work hard to overachieve at the job. The authors discuss the challenge of mentoring the large number of millennials now in the workplace (and an increasingly large part of the academic medicine workforce), who want frequent direct feedback to measure their success, and three types of innovative solutions are described: 1) reverse mentoring (in which senior managers and millennials are matched, with each having responsibility for teaching the other), 2) group mentoring (by more experienced leaders or peer-to-peer learning groups), and 3) anonymous mentoring (via computer from a distant mentor outside the company).
    - o No references, 1 related reading

Cross-Race/Ethnicity/Culture Mentoring

- Blake-Beard S, Murrell A, Thomas D. Unfinished business: The impact of race on understanding mentoring relationships. Harvard Business School Working paper, 2006.
    - An interesting review of research on the interactions of race with various types of mentoring that outlines areas in need of further research. The paper reports that minorities have greater difficulty gaining access to any type of mentoring and that available mentors are usually white males, which can introduce interracial dynamics into the mentoring relationship. The article suggests that people of color develop two complementary mentoring networks, the first with whites (who provide access to resources and opportunities) and the second to people of color (who provide psychosocial and emotional support).
    - 117 references, 1 figure

- Ely RJ, Meyerson DE, Davidson MN. Rethinking political correctness. *Harvard Business Review*. 2006;84: 78-87
    - This helpful article suggests that although political correctness has helped create more inclusive workplaces, it has also fostered tiptoeing around issues, breeding misunderstanding, conflict, and mistrust, and eroding productivity. This has created barriers to the direct, honest communication and feedback necessary for constructive collaboration. The article provides five "Principles for Constructively Engaging Differences," which include resisting the urge to cast blame or feel defensive, asking questions to better understand others' behavior, openly sharing your own perspective, questioning your own desire to be proven right about a perceived threat, seeking input from advisers who challenge your viewpoint, and asking yourself what changes you can make to improve workplace relationships.
    - No references, 2 related readings

- Thomas DA. The truth about mentoring minorities: Race matters. *Harvard Business Review*. 2001; 79: 98-107.
    - Based on a study in three major corporations of minority and white executives and middle managers, Thomas distinguishes the career trajectories of minority executives from those of their white counterparts. Although high-potential minority executives receive slower initial promotions than whites, those who eventually achieve executive positions have strengthened their skill base, developed a wide and diverse network of mentors, and gained confidence, competence, and credibility in the organization. The author discusses challenges in cross-racial mentoring and suggests that they can be surmounted by development of a trusting mentor-mentee relationships in which 1) the mentor and mentee can openly discuss racial issues, sensitivities, and realities; 2) the mentor can identify with the mentee and teach, advocate, and provide opportunities for the mentee; and 3) the mentor can help the mentee identify and link to other helpful mentors in the organization.
    - No references, 1 related article is summarized.

Effective Feedback and Difficult Conversations

- Bonetta L. Writing a letter of recommendation. Addendum to *Making the Right Moves: A Practical Guide to Scientific Management for Postdocs and New Faculty*. Second edition. Burroughs Wellcome Fund-Howard Hughes Medical Institute; 2006: 1-17.
    - o This helpful paper provides "tips" for mentors about the dos and don'ts of writing letters of recommendation for postdocs and junior faculty. Two sample letters demonstrate the importance of specific wording in determining what the letter conveys to the reader.
    - o 11 references

- Ende J. Feedback in clinical medical education. *JAMA*. 1983; 250: 777-781.
    - o A classic paper on the necessity of giving feedback to trainees in clinical medicine, the barriers to doing so, and guidelines. The guidelines suggest that feedback: 1) be part of the relationship between the teacher and trainee; 2) be well timed and expected; 3) be based on first-hand data; 4) be regulated in quantity and limited to remediable behaviors; 5) be phrased in descriptive, non-evaluative terms; 6) deal with specific performance, not generalizations; 7) include subjective data labeled as such; and 8) deal with decisions and actions, rather than assumed intentions or interpretations.
    - o 19 references

- Gigante J, Dell M, Sharkey A. Getting beyond "good job": How to give effective feedback. *Pediatrics*. 2011; 127: 205-207.
    - o This paper provides a five-step framework for giving formal feedback to learners in the pediatric setting: 1) outlining the expectations for the learner at the start of the learning experience, 2) preparing the learner to receive feedback, 3) encouraging self-assessment by asking the learners how they think they are performing, 4) telling the learner how you think they are doing based on specific observed actions and changeable behaviors, and 5) developing a plan for improvement.
    - o 17 references

- Feedback: A crucial component of professional interactions – PowerPoint by Jo Shapiro, MD.
    - o This slide deck of Dr. Shapiro's talk focuses on the necessity of providing and receiving direct feedback about professional behavior in the medical setting. http://www.brighamandwomens.org/Medical_Professionals/career/CFDD/Images/DeliveringEffectiveFeedback_033111.pdf
    - o 12 references

- Thomas JD, Arnold RM. Giving feedback. *Journal of Palliative Medicine.* 2011;14: 233-239
    - o This recent paper by two palliative care physicians reviews educators' and learners' attitudes towards feedback, builds on Ende's guidelines to provide a helpful algorithm for giving feedback, and describes parallels between giving feedback and breaking bad news. The latter emphasizes the importance of titrating the amount of information provided so that it can be integrated, attending to the resultant affect, and making a follow-up plan for next steps.
    - o 36 references

Mentoring Programs

- Files JA, Blair JE, Mayer AP, Ko MG. Facilitated peer mentorship: A pilot program for academic advancement of female medical faculty. *Journal of Women's Health*. 2008; 17: 1009-1015.
  - This paper reports the experience of a pilot program at the Mayo Clinic Scottsdale in which four instructors, all Women's Health internists, participated in a year-long, senior faculty–facilitated, peer mentoring program primarily focused on learning how to produce a scholarly manuscript. Generalization of the reported positive results is limited by the small size and pilot nature of the program.
  - 31 references

- Feldman MD, Huang L, Guglielmo BJ, et al. Training the next generation of research mentors: The University of California, San Francisco, Clinical & Translational Science Institute mentor development program. *CTS*. 2009; 2: 216-221.
  - This paper describes the first two cohorts of a program for mid-level to senior-level clinical and translational research faculty to improve their skills as lead mentors for the postdocs and junior faculty on their research team. Utilizing the resources of the campus-wide UCSF Mentor Development Program, a curriculum was developed with sessions devoted to defining mentorship, rewards and challenges of mentoring, communicating effectively with mentees, balancing work and life, understanding diversity among mentees, understanding academic advancement policies, understanding economic and fiscal realities for successful academic careers, leadership skills and opportunities in building a successful research team, understanding intramural and extramural grants, and navigating the IRB and the UCSF grant application process. The 26 participants who completed the program in its first two years reported feeling that it had helped them to become better research mentors, increased their confidence in their mentoring skills, and increased their understanding of important mentoring issues at UCSF.
  - 14 references

- Pololi LH, Knight SM, Dennis K, Frankel RM. Helping medical school faculty realize their dreams: An innovative collaborative mentoring program. *Academic Medicine*. 2002; 77: 377-384.
  - This paper describes a facilitated collaborative (meaning peer) mentoring program for assistant professors at the Brody School of Medicine at East Carolina University. Two cohorts, each with nine participants from across the medical school's departments, took part in an 80-hour, eight-month-long program focused on the development of skills in key areas of academic medicine career development, a structured values-based approach to career planning, and instruction on scholarly writing. Participants positively evaluated the program for helping them identify their core values, develop a career plan based on those values, develop close collaborative relations with others, develop skills in understanding and dealing with gender and power areas, negotiation and conflict management, improve their scholarly writing and presentations, and reinforce their desire to stay in academic medicine. The peer learning was facilitated by a senior medical school official and various content experts over the course of the program.
  - 20 references

Suggested Books on Mentoring

- Dutton J. *Energize Your Workplace: How to Create and Sustain High Quality Connections at Work*. San Francisco, CA: Jossey Bass; 2003.
- Johnson B, Ridley C. *The Elements of Mentoring*. 2nd Ed. New York, NY: Palgrave MacMillan; 2008.
- Ragins BR, Kram KE. *The Handbook of Mentoring at Work: Theory, Research and Practice*. Los Angeles, CA: Sage Publications; 2007.
- Roberts LW (Ed). *Achievement and Fulfillment in Academic Medicine: A Comprehensive Guide*. New York: Springer Science, in press 2012.
- Zachary L. *The Mentor's Guide: Facilitating Effective Learning Relationships.* San Francisco, CA: Jossey-Bass; 2000.
- Zachary L. *Creating a Mentoring Culture: The Organization's Guide*. San Francisco, CA: Jossey-Bass; 2005.

APPENDIX B

MENTORING AWARDS

BWH Faculty Development and Diversity Awards

Senior Faculty Mentor Award
- Awarded to BWH senior faculty mentor for effective mentoring of BWH faculty.
- Eligibility: Associate or full Professor at HMS.
- Nomination: At least one (which may include composite comments from multiple mentees) and no more than five, letters from mentees. Letter from junior faculty mentees are particularly encouraged. Also a letter from the Department Chair or Division Chief, not one of the five above.

Junior Faculty Mentor Award
- Awarded to BWH junior faculty for contributions to mentoring medical students, residents, clinical or research fellows, and/or junior faculty.
- Eligibility: Instructor or Assistant Professor at HMS.
- Nomination: At least one (which may include composite comments from multiple mentees) and no more than five, letters from student/resident/fellow/other junior faculty mentees. A letter from the Department Chair or Division Chief.

BWH Departmental Awards

Department of Anesthesiology, Perioperative and Pain Medicine

Annual Awards for Mentoring Excellence
- One for junior faculty (fewer than 10 years on staff).
- One for more "experienced" faculty (10 years or more on staff).

Department of Emergency Medicine

James Adams Leadership Award
- Voted annually by faculty to recognize the faculty member who has had the greatest impact on their careers and development.

Department of Medicine

Distinguished Resident Mentoring Award
- Selected by the interns.
- Given twice a year: January and June.

Distinguished Faculty Mentoring Award
- Selected by the interns and residents.
- Given in January.

Kenneth L. Baughman Faculty Mentoring Award
- Selected by all DOM faculty.
- Given in January.

Early Career Mentoring Award
- Selected by DOM junior faculty.
- Given in January.

More information on all Department of Medicine Awards:
http://www.bwh-medicine.org/Default.aspx?page_id=102

Department of Orthopedics

The Golden Apple Award
- For faculty chosen by the PGY 5s in the Harvard Combined Orthopedics Residency Program (HCORP) as best mentor.

The William Thomas Award
- Chosen by BWH faculty and codified by the HCORP Executive Committee to the PGY5 who best exemplifies patient care, mentoring, and teamwork.

The Herndon Award
- Given by HCORP PGY2-4 to the PGY5 felt to be the best mentor.

Department of Pathology

The Pier Paci Award
- Given each academic year by the residents to the faculty anatomic pathologist who has contributed the most to their pathology education.

The Clinical Pathology Award
- Given by the Clinical Pathology residents to the faculty member who has provided the best mentoring/teaching in laboratory medicine.

Department of Surgery

The Simonian Award
- Recognizes outstanding academic achievement by a trainee (Fellow or Resident) in the Department of Surgery at BWH who exemplifies creativity and dedication to the discipline of Surgery as previously exhibited by Dr. Joseph E. Murray (Mentor) and Dr. Simon J. Simonian (Mentee).
- This award is given to the trainee as well as the faculty member who serves as the mentor.

__The Departments of Dermatology, Neurology, Neurosurgery, Obstetrics and Gynecology, Psychiatry, Radiation Oncology, and Radiology do not have departmental mentoring awards.

Partners Healthcare System (PHS) Office of Graduate Medical Education Awards

Outstanding Mentor Award

- Given to a faculty member who has made an exceptional contribution as a mentor to residents or fellows

Harvard Medical School Mentoring Awards

A. Clifford Barger Excellence in Mentoring Award
- No minimum years of service.

William Silen Lifetime Achievement in Mentoring Award
- A minimum of 20 years of service (not necessarily continuous).

Young Mentor Award
- A maximum of 10 or fewer years of service.

More information on all HMS awards:
http://www.mfdp.med.harvard.edu/awards/mentoring/index.html

Harvard Medical School Psychiatry Mentorship Award
The Stuart T. Hauser, M.D. PhD. Mentorship Award in Psychiatry
- Given to a faculty mentor who has provided sponsorship, encouragement, and support for the career and/or personal development of faculty, trainees, and students.

Examples of External Awards

American Heart Association Women in Cardiology Mentoring Award
- Recognizes individuals who have an outstanding record of effectively mentoring women cardiologists and underscores the importance of mentoring in the professional development of women.
- More information: http://my.americanheart.org/professional/Councils/AwardsandLectures/CareerAchievement/Women-in-Cardiology-Mentoring-Award_UCM_322631_Article.jsp

Women in Endocrinology Mentoring Award
- Awarded annually to a woman or man whose outstanding scientific achievements are coupled with a record of support for women in academics and of mentoring women in their scientific careers.
- The recipient receives an honorarium of $1000 and travel expenses to the Annual WE Meeting, which is held in conjunction with the Endocrine Society Meeting.
- More information: http://www.women-in-endo.org/awards/#mentor-awards

Society of General and Internal Medicine Mid-Career Research Mentorship Award
- Recognizes the mentoring activities of general medicine investigators.
- The annual award is presented at SGIM's Annual Meeting, for which SGIM provides a complimentary Annual Meeting registration.
- More information: http://www.sgim.org/career-center/awards-and-grants/nomination-awards/research-mentor-award

American Association for the Advancement of Science Mentor Awards

- **Lifetime Mentor Award**
  - o A prize of $5,000 is awarded to an individual who has served in the role of mentor for 25 or more years.

- **Mentor Award**
  - o A prize of $5,000 is awarded to an individual who has served in the role of mentor for fewer than 25 years.

- Both AAAS Mentor Awards honor individuals who during their careers demonstrate extraordinary leadership to increase the participation of underrepresented groups in science and engineering fields and careers. These groups include: women of all racial or ethnic groups; African American, Native American, and Hispanic men; and people with disabilities.
- More information: http://www.aaas.org/aboutaaas/awards/mentor/index.shtml

Society of Scientists Dedicated to Advancing Hispanics/Chicanos and Native Americans in Science (**SACNAS)**

- SACNAS Distinguished Undergraduate Institution Mentor Award
    - o Holds a PhD or other doctorate degree and a faculty position at a four-year undergraduate institution.
    - o Participates in minority education activities at the local and/or national level.
- SACNAS Distinguished Professional Mentor Award
    - o Holds a staff or administrative position at a college or university, within government, or in private industry for at least 10 years.
    - o Participates in minority education, advocacy, or mentoring activities at the local and/or national level.
- Awards are open to nominees who have a demonstrated record of encouraging minority students to pursue advanced science degrees, in addition to the eligibility requirements for the specific award.
- More information: http://sacnas.org/about/how-we-work/honors/distinguished-nominations

American Association of Immunologists (AAI) Excellence in Mentoring Award
- Recognizes the importance of this mentor-trainee relationship. AAI honors the award recipient's contributions to the profession through outstanding mentoring.
- The award includes a plaque, meeting registration at the early rate, and travel support to the AAI Annual Meeting.
- More Information: http://www.aai.org/awards/Career/index.html

The Arnold P. Gold Foundation Humanism in Medicine Award
- Recognizes a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor in the teaching and advising of medical students.
- More Information: https://www.aamc.org/initiatives/awards/humanism

Society for Women in Urology Christina Manthos Mentoring Award
- Recognizes men or women who demonstrate extraordinary mentoring skills in supporting the career of a female urologist.
- More information: http://www.swiu.org/awards/mentoring.aspx

APPENDIX C

RESOURCES FOR MENTORS AND MENTEES AT BWH

Centers and Offices at Brigham and Women's Hospital

Event and program schedules:
CFDD Calendar of Programs:
http://www.brighamandwomens.org/CFDD/CFDDCalendarofPrograms.aspx
BWH Health Events Calendar: www.brighamandwomens.org/calendar

Center for Faculty Development & Diversity
Consultation and support and a range of professional development and career training programs for faculty across the academic continuum:
www.brighamandwomens.org/cfdd
- Related Courses Offered:
  - o Faculty Mentoring Leadership Program:
    www.brighamandwomens.org/CFDD/FMLP
  - o Brigham Leadership Program:
    www.brighamandwomens.org/CFDD/BLP
  - o Consortium of Harvard-Affiliated Offices for Faculty Development & Diversity (CHADD) Mentorship Course (materials from last 3 years' courses available):
    www.brighamandwomens.org/Medical_Professionals/career/CFDD/EventsandPrograms/CHADDMentorship2011.aspx
  - o Difficult or Different? Using Personality Type to Master Challenging Conversations

Office for Research Careers
Consultation and support for issues involving research faculty and fellows:
www.brighamandwomens.org/cfdd/orc
- Related Courses Offered (viewable only within the Partners Network):
  - o Research Leadership Program: Establishing Your Basic, Clinical, or Translational Research Program at BWH:
    http://bwhbri.partners.org/OPRC/RLP.aspx
  - o HR 101 for Researchers Series:
    http://bwhbri.partners.org/OPRC/PI.aspx
  - o Responsible Conduct in Research Rounds:
    http://bwhbri.partners.org/OPRC/RCR_Rounds.aspx
- Mentorship Resources for Researchers and Postdoctoral Fellows:
  http://bwhbri.partners.org/OPRC/Mentoring.aspx

Office for Multicultural Faculty Careers
Consultation and support for issues involving diversity with a focus on underrepresented minority faculty, trainees, and students:
www.brighamandwomens.org/cfdd/omc

Office for Women's Careers
Consultation and support for issues involving women faculty and fellows:
www.brighamandwomens.org/cfdd/owc
- Related Courses Offered:
    o Women's Leadership Program:
      http://www.brighamandwomens.org/Medical_Professionals/career/CFDD/OWC/WLP.aspx

BWH Human Resources
http://careers.brighamandwomens.org/ForEmployeesCareersHR.aspx
- The Organizational Development & Learning division of Human Resources offers trainings for all levels of employees in the areas of human resources management, cultural competency, and multi-generational issues:
  http://www.brighamandwomens.org/about_bwh/humanresources/odlmain.aspx
- Employee Resource Groups
    o The Association of Multicultural Members of Partners:
      http://www.brighamandwomens.org/about_bwh/volunteer/ammp.aspx
    o Lesbian, Gay, Bisexual, and Transgendered Employees and Friends:
      http://www.brighamandwomens.org/About_BWH/HumanResources/Diversity_Inclusion/lgbt.aspx
    o Young Professionals:
      http://www.brighamandwomens.org/About_BWH/HumanResources/ODL/youngprofessionals.aspx
    o Minority Leaders:
      http://www.brighamandwomens.org/about_bwh/humanresources/minoprofs.aspx

Brigham and Women's Physicians Organization Human Resources (Intranet)
http://bwpointra.partners.org/inet/

Center for Professionalism and Peer Support
http://www.brighamandwomens.org/medical_professionals/career/cpps/
Consultation and support for clinicians and scientists in the workplace focusing on improving the culture and providing the highest quality compassionate care. Programs include Professionalism Initiative, Culturally Competent Leadership, Peer Support, Disclosure and Apology Coaching, and a New Defendants Support Group.

Partners Employee Assistance Program
http://www.eap.partners.org/
Provides free, confidential consultation, short-term counseling, resources, and referrals for any personal, family, or work/life concerns, to employees or staff and their household members.

BWH Research Integrity Officer
Barbara Bierer, Senior Vice President, Research – bbierer@partners.org

Centers and Offices at Harvard Medical School

HMS Office for Faculty Affairs
http://www.fa.hms.harvard.edu/
Responsible for the promotions and appointments processes at HMS and HSDM, works with committees that address faculty concerns, and serves as a resource for issues related to promotion and career development
- Related Courses Offered:
  - HMS Leadership for Physicians and Scientists: http://www.fa.hms.harvard.edu/faculty-resources/faculty-development/leadership-program/

Ombuds Office at Harvard Medical School
http://www.hms.harvard.edu/ombuds/
Provides a safe and confidential place to talk privately about any issues commonly involving career management, research issues, workplace conflicts, harassment, or discrimination
Ombudsperson: Melissa Broderick – Melissa_broderick@hms.harvard.edu

Joint Committee on the Status of Women
http://www.hms.harvard.edu/jcsw/
A standing committee of the Faculty of Medicine, established in 1973, representing a constituency of women faculty and staff both of both Medical and Dental Schools, as well as the faculty of the affiliated hospitals and institutions. The mission of the Committee is to facilitate and enhance the contribution of women faculty and staff at HMS and HSDM by expanding and improving opportunities for leadership and advancement.

HMS Office for Diversity, Inclusion, and Community Partnership
http://www.mfdp.med.harvard.edu/contact.html
HMS Faculty Calendar: http://www.mfdp.med.harvard.edu/calendar/index.htm
http://www.mfdp.med.harvard.edu/calendar/index.htm
Provides support for issues around diversity and underrepresented minorities at Harvard Medical School
- Related Courses Offered:
  - Leadership and Faculty Development Conference: http://www.mfdp.med.harvard.edu/leadershipconference/index.html
  - Career and Leadership Development Series: http://www.mfdp.med.harvard.edu/fellows_faculty/career_development/index.html

Harvard Catalyst
http://catalyst.harvard.edu/
Harvard Catalyst brings together the intellectual force, technologies, and clinical expertise of Harvard University and its affiliates and partners to reduce the burden of human illness.
- Program on Faculty Development & Diversity – offers programs around the recruitment and retention of a diverse clinical and translational workforce as a top priority throughout Harvard Catalyst governance, programming, training, and resource allocation. http://catalyst.harvard.edu/programs/diversity/

Examples of External Resources

National Postdoc Association Mentoring Resources
http://www.nationalpostdoc.org/publications/mentoring-plans/224-mentoring-resources
Resources and articles specific to mentoring of postdoctoral fellows and researchers

Mentornet
http://www.mentornet.net
A web-based e-mentoring program that matches students, postdocs, and early-career researchers in engineering and science around the world to mentors in the professions.

Association for Women in Science, Massachusetts
http://www.mass-awis.org/mentoring
Offers a peer "mentoring circle" program as well as articles and resources on mentoring.

Association of American Medical Colleges
https://www.aamc.org/
Offers articles on mentoring and listings of various types of mentoring programs

Appendix D

TOOLS AND TEMPLATES FOR MENTORS AND MENTEES

The BWH Faculty Development Advisors Network

Department	Contact	Email
Anesthesia	Lawrence Tsen	ltsen@partners.org
Dermatology	Robert Fuhlbrigge	rfuhlbrigge@partners.org
Emergency Medicine	Michael VanRooyen	mvanrooyen@partners.org
Medicine	Ellen Seely	eseely@partners.org
Neurology	Farzaneh Sarond	fsorond@partners.org
Neurosurgery	TBD	
Newborn Medicine	Eliice Lieberman	elieberman@partners.org
OB/GYN	Robert Barbieri	rbarbieri@partners.org
Orthopedics	Marco Ferrone	mferrone@partners.org
Pathology	Fred Schoen	fschoen@partners.org
Psychiatry	Arthur Barsky	abarsky@partners.org
Radiation Oncology	Peter Mauch	pmauch@partners.org
Radiology	Peter Doubilet	pdoubilet@partners.org
Surgery	Chip Moore	fmoore@partners.org

Faculty Resource Guide
http://www.brighamandwomens.org/medical_professionals/career/cfdd/BWHFacultyHandbook.aspx
Helps faculty connect with the many different centers, offices, and organizations serving the Brigham and Women's Hospital community.

BWH Policies and Guidelines for Postdoctoral Fellows
http://bwhbri.partners.org/OPRC/documents/Postdoc_Policy.pdf (only available inside the Partners network)
The Office for Research Careers (ORC) and the Research Advisory Committee (RAC) developed these expectations, policies, and processes related to the appointment, roles, requirements, and responsibilities of Fellows and Faculty Advisors.

Harvard Catalyst Grant Central
http://catalyst.harvard.edu/
Harvard Catalyst's Grant Central helps users do a variety of things including find grant opportunities, find research collaborators, get advice from colleagues, and manage grant-writing projects.

FASEB Individual Development Plan for Postdoctoral Fellows
http://bwhbri.partners.org/OPRC/documents/orientation/Individual%20Development%20Plan%20IDP.pdf
A tool that helps identify both professional development needs and career objectives and serves as a communication tool between individuals and their mentors.

Tools for Academic Recognition for Mentoring at Harvard Medical School

Dr. Maureen Connelly, Dean for Faculty Affairs at HMS, has provided a template for the HMS CV highlighting the sections where specific mentoring accomplishments should be placed. The template includes mentoring courses, awards, grants, or publications on mentorship, among others.

HMS CV Template for Mentoring   (see Appendix F)

The following link directs you to the section of the HMS CV instructions that list how education should be noted.
http://cv.hms.harvard.edu/index.php?page=education

How Does Mentoring Count in the Promotion Process at HMS?
http://www.brighamandwomens.org/Medical_Professionals/career/CFDD/Mentoring%20Resources/MentoringAndPromotion_Connelly.pdf
A slide presentation from Dr. Maureen Connelly, Dean for Faculty Affairs at HMS.

Tools for Recommendations and References

How to Write a Letter of Recommendation
http://www.hhmi.org/resources/labmanagement/downloads/letter.pdf
The Howard Hughes Medical Institute's publication "Writing a Letter of Recommendation" is a useful guidebook for mentors who often need to compose recommendation letters for mentees.

How to Write a Promotion Letter
http://www.fa.hms.harvard.edu/administrator-resources/appointment-and-promotion/forms-guidelines-and-tools/
The HMS Office for Faculty Affairs offers several templates and tools for letter writing.

Recommendations and References: Navigating Challenging Situations
http://bwhbri.partners.org/OPRC/PI.aspx
The Office for Research Careers at BWH sponsors a seminar entitled *Recommendations and References: Navigating Challenging Situations* led by Joan Stoddard of the Partners Office of General Counsel. The program covers questions such as:
- What questions can you ask and can't you ask when checking references?
- How do you effectively gain information from references?
- How do you avoid legal pitfalls in this process?

SAMPLE MENTORING AGREEMENTS

AAMC Compact between Postdoctoral Appointees and Their Mentors:
https://www.aamc.org/initiatives/postdoccompact/

AAMC Compact between Resident Physicians and Their Teachers:
https://www.aamc.org/download/49820/data/residentcompactpdf.pdf

 AAMC Compact between Biomedical Graduate Students and Their Research Advisors:
https://members.aamc.org/eweb/upload/Compact%20Between%20Biomedical%20Graduate.pdf

Center for Coaching and Mentoring Contract:
http://www.coachingandmentoring.com/Mentor/contract.htm

Harvard Catalyst Scholars in Clinical Science Program Mentoring Responsibilities Agreement:
http://catalyst.harvard.edu/services/scholars/mentoring.html

Brigham and Women's Hospital Mentoring Agreement Template

Mentor Name: _____

Mentor Email: _____ Mentor Phone: _____

Assistant Contact: _____

Mentee Name: _____

Mentee Email: _____ Mentee Phone: _____

Assistant Contact: _____

Date: _____

Content

1. Mentoring is most effective when it can be directed towards development in general areas (i.e. clinical care, research, clinical or didactic teaching, course development, program development, leadership, mentoring, supervision, or other administrative tasks). What one or two areas would you like this mentoring relationship to focus on?

2. Within each area, what specific guidance would be helpful (e.g. skill acquisition, developing a niche, work-life balance, networking, etc.)?

3. Career development goals-What does the mentee envision doing in 3, 5, and 10 years?

4. What metrics can be measured to indicate that this is a successful mentor/mentee relationship (e.g. number of papers, number of invited lectures, development of recognized niche)? What time table can be assigned to the achievement of these metrics?

Logistics

1. Mentoring works best when both parties agree on the optimal method of contact (e.g. email, phone, in person). What type of contact works best for you?

2. For in-person meetings, it's helpful to characterize the basic elements. Consider the following:

    a. How often will you meet?

    b. How long will meetings last?

    c. Where will the meetings take place?

    d. Who will be responsible for scheduling meetings?

    e. How much notice should the mentee provide the mentor ahead of meetings or requesting review of a project?

3. Acknowledging that certain periods during the year are busier for mentor and mentee, are there certain times (months or specific dates) in the next academic year that will be more difficult? (e.g. months on clinical service, specific meetings or vacations, grant deadlines)

4. Mentoring relationships frequently come to a point where the relationship is less "intense". Are there known "transition points" to this mentoring relationship (e.g. once a niche is "developed", known end of fellowship or grant, etc.)?

5. How frequently will the mentoring relationship/agreement be reviewed?

Other

1. Mentoring frequently work best when mentoring networks are established with a number of individuals who can mentor in their area of expertise. Has the mentee (or mentor) identified other people who are part of this network? Consider listing these individuals.

Mentee and Mentor Expectations

1. Specific expectations the mentor has of the mentee:

2. Specific expectations the mentee has of the mentor:

3. Resolution process if problems arise:

4.   Authorship rules for any academic publications produced from projects worked on jointly between the mentor and mentee:

5. Identified metrics for assessing the success of the mentoring relationship:

Commitments of the Mentee

Please click the check box next to the statements that apply.

☐ I agree to uphold the guidelines, expectations, and goals outlined within this agreement in a respectful, ethical, and timely fashion.

☐ I acknowledge that I am primarily responsible for my own career development.

☐ I will seek regular feedback on my performance.

☐ I will request a formal evaluation annually.

☐ I will strive to maintain a relationship with my mentor that is based on trust and mutual respect.

☐ I will develop a mutually defined research/clinical/educational/career development project (circle all that apply) with my mentor that includes specific goals and timelines.

☐ I will perform my research/clinical/educational/career/program development activities (circle all that apply) in line with all relevant Partners Healthcare and Brigham and Women's Hospital policies and understand that I am responsible for my own compliance.

☐ I will respect the authorship guidelines stated in this agreement and communicate directly with my mentor if changes are required.

☐ *(Insert additional commitments as needed)*

☐

☐

☐

☐

Commitments of the Mentor

Please click the check box next to the statements that apply.

☐ I agree to uphold the guidelines, expectations, and goals outlined within this agreement in respectful, ethical, and timely fashion.

☐ I will provide the mentee with the required guidance and will seek the assistance of other faculty or institutional resources if necessary.

☐ I will provide a training environment that is suited to the needs of the mentee to ensure his or her professional and personal growth.

☐ I will provide regular feedback on the mentee's performance.

☐ I will complete a formal evaluation of the mentee annually.

☐ I will strive to maintain a relationship with my mentee that is based on trust and mutual respect.

☐ I will develop a mutually defined research/clinical/educational/career/program development project (circle all that apply) with my mentee that includes specific goals and timelines.

☐ I will respect the authorship guidelines stated in this agreement and communicate directly with my mentee if changes are required.

☐ I will support the mentee's attendance of professional organization meetings.

☐ I agree to support any mentored grants for which the mentee desires to apply.

☐ *(Insert additional commitments as needed)*

☐

☐

☐

Mentee Signature: _____

Mentor Signature: _____

Date: _____

Appendix E

Center for Faculty Development & Diversity
Faculty Mentoring Leadership Program (FMLP) Sample Curriculum Guide

- This nine-session curriculum is provided in monthly interactive meetings.
- Participants have assigned readings/exercises to do beforehand.
- Unless otherwise stated, cases/exercises are discussed in small groups of 3-4, following which the large group reconvenes to discuss themes raised.

Session	Content	Assignment
1	**Plenary Session:** *The Benefits of Mentorship:* *Tips from Accomplished Mentors* Joint session with FMLP graduates Senior Faculty Mentors are "interviewed" by course faculty and course participants then interview graduates.	**Complete**: FMLP Participant Pre-Program Survey
2	**Orientation:** *What is Mentoring?* Welcome and introduction of participants. Review slide deck about FMLP background, ground rules, and survey results. Discussion of "what is mentoring" to establish a working definition.	**Read:** * Detsky AS, Baerlocher MO. Academic mentoring--how to give it and how to get it. *JAMA*. 2007; 297(19): 2134-6. * Mentoring Definitions and Models * Sambunjak D, Marusic A. Mentoring: what's in a name? *JAMA*. 2009; 302(23): 2591-2. * What is a mentor? In: *Adviser, Teacher, Role Model, Friend: On Being a Mentor to Students in Science and Engineering*. Washington, DC: National Academy Press; 1997: 1-15. * Borus JF. How to be a good mentor. In LW Roberts (Ed), *Achievement and Fulfillment in Academic Medicine: A Comprehensive Guide*. New York: Springer Science, In Press 2012

| 3 | **Structuring the Mentoring Relationship**: **Expectations and Boundaries**
• Developmental vs. technical mentoring
• What type of structure is helpful
• Elements of organization
• Pros and cons of contract

Case Study:
* Who is the Mentor?
* Good Intentions Gone Wrong | **Read:**
* Adviser, Teacher, Role Model, Friend: On Being a Mentor to Students in Science and Engineering. National Academy Press, 1997.
* Scholars in Clinical Science Program (SCSP) Mentoring Responsibilities Agreement.
* Global Women's Health Fellowship Goals and Expectations.
* Mentoring Contract. (Center for Coaching and Mentoring.)
* Collins E. 360 degree mentoring. *Harvard Management Update*. 2008; Reprint No. U0803B.
* AAMC Compact Between Postdoctoral Appointees and their Mentors (2006) www.aamc.org/postdoccompact
* BWH Mentoring Agreement Template

Think about mentoring experiences and **bring some examples** of what worked well, and not so well, in establishing and structuring the mentoring relationship; i.e., "contracts", meetings, formal/informal mentors, assigned/matched mentors, giving feedback, defining boundaries, plan for assessment, etc.

Write down your approaches to structuring your mentoring relationships, and how you have clarified both your own and your mentees' expectations. |
| 4 | **Difficult and/or Complex Mentoring Situations**
• Relationship
• Expectations
• Communications and Difficult conversations
• Confidence and independence

Personal Case Discussion in small groups of 3-4 followed by full group discussion of themes

Distribute Resources: CPPS, CPPS, CFDD brochures, HMS Authorship Guidelines | **Prepare:** a personal "case" from your own experience as *either a mentor or mentee* in a difficult mentoring situation and how you tried to address the situation. |

| 5 | **Mentoring Across Differences I**
Perspectives and experiences for mentoring relationships across like and different identity groups including characteristics of race, culture, gender, and generation.

Focus on cases and issues of intergenerational mentoring and cross-gender relationships.

Case Discussions:
* Assumptions in Mentoring Faculty with Family Responsibilities
* Generational Sensitivity in Leadership Transitions
* Intergenerational Mentoring: Leadership and Environmental Changes

Distribute: Generational Profiles (Ann Brown) | **Read:**
* McNulty EJ. Can you manage different generations? Harvard Business School Working Knowledge for Business Leaders, Reprinted from: It's time to rethink what you think you know about managing people. *Harvard Management Update* February 2006; 11.
* Howell LP, Servis G, Bohnam A. Multigenerational challenges in academic medicine: UC Davis's responses. *Academic Medicine*. 2005; 80: 527-532.
* Meister JC, Willyerd K. Mentoring millennials. *Harvard Business Review*. May 2010; Reprint R1005D; 1-4.
* Ibarra H, Carter NM, Silva C. Why men still get more promotions than women. *Harvard Business Review*. September 2010; Reprint R1009F: 1-6.

Prepare and Send: a list of issues you've faced relative to intergenerational and gender sensitivities in mentoring. |
| 6 | **Mentoring Across Differences II:** Perspectives and experiences for mentoring relationships across like and different identity groups with a focus on race, gender, and cultural differences.

Case Discussions:
* Isolation in the Lab
* Common Interests, Uncommon Experiences | **Read:**
* Thomas DA. The truth about mentoring minorities: Race matters. *Harvard Business Review*. 2001; 79: 98-107.

* Ely RJ, Meyerson DE, Davidson MN. Rethinking political correctness. *Harvard Business Review*. 2006;84: 78-87 |

| 7 | **Life Course of Mentorship:**
 Stages, Evolution, and Transitions
 The multiple and evolving roles over the life course of mentorship.
 • Mentee to Peer transition
 • Peer to Mentor transition
 • Changing Mentors
 • Balancing multi-mentors over your career
 • Ending or transitioning a mentoring relationship
 • When mentor of mentee leaves institution
 • Long-distance and e-mentoring
 • Reverse mentoring

 Case Discussions:
 * Transition to Senior Author
 * Transition to a New Mentor
 * Leadership Transitions and Authorship Conflicts | **Read:**
 * Holmes DR, Hodgson PK, Simari RD, Nishimura RA. Mentoring: Making the transition from mentee to mentor. *Circulation.* 2010; 121: 336-340.

 Prepare and Send:
 A list of issues you've faced relative to mentoring transitions |
| 8 | **Mentoring, Leadership and Your Career**
 Career development: rewards and recognition, career paths for mentors, financial and organizational support for mentorship, and capturing mentoring on the HMS CV

 Developing Mentoring Networks
 Exercise: Break into pairs (ideally with someone you don't work with) to analyze your individual developmental and technical networks, 7 min for each; then into 3 groups to discuss themes indicating pros and cons for Diversity, Inter-Connectivity/Strength of Connection, and Connections to Power and Influence. Together as a group discuss common patterns, strengths, weaknesses and next steps

 HMS CV – Highlighting Mentoring Activities
 Discussion of career mentoring; how to get paid, recognized, and promoted | **Read:**
 * Kram KE, Higgins MC. A new approach to mentoring. *The Wall Street Journal.* September 22, 2008.
 * Chandler DE, Kram KE. Enlisting others in your development as a leader. In: *Self-Management and Leadership Development.* Northampton, MA: Edward Elgar Publishing, Inc; 2010: 336-361.

 Prepare:
 * Developmental Network Map exercise. The session will be most useful if you spend some time on this exercise in advance of the session.

 Read:
 * How Does Mentoring Count in the Promotions Process at HMS? *PPT presentation by Dr. Maureen Connelly, HMS Dean for Faculty Affairs*. |

| 9 | **Giving and Receiving Feedback**
Lessons Learned and Future Steps
Reflection on the benefits and challenges of feedback in the mentor-mentee relationship, as well as experiences giving and receiving feedback in the context of this course.

Role Play (mentor, mentee, and observer) Case Studies:
* Mentee without Insight
* The Overconfident but Unproductive Mentee

Participants practice giving and receiving feedback about the FMLP course. Discuss what participants learned about themselves, aggregate data from session content feedback, and program development.

Certificates for participants and gifts for facilitators. | **Read:**
* Ende J. Feedback in clinical medical education. *JAMA*. 1983; 250: 777-781.
* Gigante J, Dell M, Sharkey A. Getting beyond "good job": How to give effective feedback. *Pediatrics*. 2011; 127: 205-207.
* Thomas JD, Arnold RM. Giving feedback. *Journal of Palliative Medicine.* 2011;14: 233-239

Jo Shapiro's PPT slides, *The Power of Feedback for Professional Development*

Prepare and Send:
"Challenges" in providing feedback that are used to create composite cases. |

Appendix F

Harvard Medical School/Harvard School of Dental Medicine
Format for the Curriculum Vitae

Date Prepared:

Name:

Office Address:

Home Address:

Work Phone:

Work Email:

Work FAX:

Place of Birth:

Education
(mentoring courses)

Postdoctoral Training

Faculty Academic Appointments

Appointments at Hospitals/Affiliated Institutions

Other Professional Positions
(outside mentoring roles)

Major Administrative Leadership Positions
Local (mentoring leadership positions)

Regional

National and International

Committee Service

Local <mark>(mentoring committee roles)</mark>

Regional

National and International

Professional Societies <mark>(mentoring roles in professional societies)</mark>

Grant Review Activities

Editorial Activities

Other Editorial Roles

Honors and Prizes <mark>(awards for mentoring)</mark>

Report of Funded and Unfunded Projects

Funding Information <mark>(note funding for research or programs related to mentoring)</mark>

Past

Current

Current Unfunded Projects <mark>(document unfunded mentoring projects)</mark>

Report of Local Teaching and Training

Teaching of Students in Courses

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

Clinical Supervisory and Training Responsibilities <mark>(describe responsibility for oversight of trainees – what you actually do)</mark>

Laboratory and Other Research Supervisory and Training Responsibilities <mark>(describe responsibility for oversight of trainees – what you actually do)</mark>

Formally Supervised Trainees <mark>(list those you have mentored and the role you have played in their careers, their most recent accomplishments and appointments and those accomplishments attributable to your influence)</mark>

Formal Teaching of Peers (e.g., CME and other continuing education courses)

Local Invited Presentations <mark>**(speaking about mentoring)**</mark>

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

National

International

Report of Clinical Activities and Innovations

Current Licensure and Certification

Practice Activities

Clinical Innovations

Report of Technological and Other Scientific Innovations

Report of Education of Patients and Service to the Community

Activities

Educational Material for Patients and the Lay Community

Books, monographs, articles and presentations in other media

Educational material or curricula developed for non-professional students

Patient educational material

Recognition

Report of Scholarship (document scholarship related to mentoring)

Publications

Peer reviewed publications in print or other media

Non-peer reviewed scientific or medical publications/materials in print or other media

Professional educational materials or reports, in print or other media

Clinical Guidelines and Reports

Thesis

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

Narrative Report **(limit to 500 words)** **(describe mentoring roles, recognition and achievements)**