

# Mentoring for Early Career Physician-educators

*September 13, 2017*

Getting the most as a Mentee  
Learning to be an Effective Mentor

# Why this session?

- Recognize this key transition point – mentee – mentor
- Become deliberate, cognizant of both roles
- Learn from what is known about mentoring, its challenges and “best practices”
- Set in motion the steps to maximize the impact of good mentoring for career and overall satisfaction
- As the rising generation of physicians, you can transform the environments in which we teach, learn, conduct research and care for patients

In particular, mentoring related to teaching lags behind mentoring in other domains of your professional life

# Learning objectives

- Examine and clarify assumptions about what mentoring is (and is not)
- Describe key attributes of good/successful mentoring based on examples and your experiences
- Conduct an inventory of each of your mentoring relationships using the mentoring network exercise
  - Identify strengths and areas that require further development
- Develop skills for being an effective mentee
- Develop skills and a plan for becoming an effective mentor

# Today's session

Pre-work – developmental mentoring networks	30 minutes to prepare
Introductions	5 minutes
What is/is not mentoring? Why is it important?	15 minutes
What are attributes of good/successful mentoring relationship? being an effective mentee being an effective mentor	15 minutes
Your mentoring network – discussion and de-brief	25 minutes
Break	10 minutes
Common challenges in mentoring relationships Discussion and role plays	40 minutes
Looking ahead – plans and commitments	5 minutes
Feedback, close	5 minutes

# Introductions

Odysseus entrusted the care of his son, Telemachus, to his friend, Mentor, when he left to fight in the Trojan war. Mentor served as a teacher and guide to Telemachus over many years – as Telemachus developed independence.

What is mentoring?

# What is mentoring?

- “a dynamic reciprocal relationship environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the development of both”
- “ a complex and multi-dimensional process through which emerging scientists acquire the norms and standards, values and attitudes, and knowledge, skills and behaviors to develop into successful independent researchers”

What teaching/guiding/supervising  
relationships are not mentoring?  
*and why not?*

# What teaching/guiding/supervising relationships are not mentoring?

- Teacher, sponsor, advisor, agent, role model, academic coach, confidante
  - incorporates these, but not exclusively any of the these roles
- Teacher vs role model vs supervisor vs mentor
  - evaluative/interdependence/concrete deliverables*

What assumptions do you have  
about mentoring/the mentoring  
relationship?

# Underlying assumptions about mentoring

- Dynamic – changes over time
- A single mentor may not fill every need – (need multiple mentors)
- Involves guidance, commitment, altruism, responsibilities

# Examples of good mentoring

*your experiences (mentee, mentor)*

*Your experiences -mentee,  
mentor*

*Attributes*

# Attributes of a good mentor

- Deliberate and transparent
  - mentoring contract
  - Plan (reviewed/updated periodically)
- Effective communication (positive, constructive negative)
- Structured
- Committed
  - Time
  - Attention
  - Appropriate skill and knowledge
  - Creates opportunities for mentee
- Altruism
- Recognize changing needs
- Skilled at balancing
  - Directive vs enhancing mentee's goals
  - Supportive vs challenging

# Characteristics of the good mentor

Borus, The Academic Handbook 2013

- Sets clear boundaries and expectations
- Trustworthy, encouraging; appropriately confidential
- Thoughtful listener
- Explains how things work – guides the mentee
- Encourages the mentee to explore
- Connects mentee to other mentors, opportunities
- Runs interference, eliminates barriers to professional development
- Provides direct, non-evaluative feedback
- Acknowledges that mentoring is an asymmetric relationship – the mentee's needs come first

# Attributes of a successful mentee

*What has worked well?*

*Best practices*

# Attributes/best practices of a successful mentee

- Come prepared! organized, clear about your wants and needs
- Clarify your short, intermediate, long term goals
- Be transparent about your strengths, weaknesses, desired areas of growth
- Be transparent about how you work best
- Direct your questions toward the most appropriate mentor
- Be active rather than re-active in the relationship
- Be willing to accept constructive criticism

# Characteristics of Successful Mentoring Relationships

Straus, Acad Med 2013

- Reciprocity – bidirectional nature of mentoring so that the relationship is sustainable and mutually rewarding
- Mutual respect – for each other's time, effort and qualifications
- Clear expectations – outlined at the beginning and adjusted over time; accountability
- Personal connection – positive chemistry
- Shared values in relation to research, clinical life and personal life

# Mentoring networks

- Present your developmental network map in pairs and triads – 20 minutes
  - Pairs – 10 minutes/person; Triads ~7 minutes/person
- De-brief – 5 minutes
  - Strengths? Gaps? Common themes? Lessons learned?

When things are difficult....

*the case of Judith and Gary*

# Role plays

## Scenario 1 – responding in the moment

“I never worked with anyone like you before. I was happy to take the risk, and at first I thought it would work out. I even imagined you becoming junior faculty here and ultimately taking over some of my projects. Scientific research must be balanced. It can’t be based on anger and emotion. If you go down this path, I can guarantee that you won’t succeed here. You will end up like X” (an African American fellow from another cohort who was hired as a junior faculty member at a medical school in the south.)

*Are there plausible responses “in the moment”?*

*Are there other channels that Judith might pursue?*

## Scenario 2 – initiating a conversation at a later time

Judith was disappointed as well as confused. What did Gary mean by “anyone like you?” What “risk” was he referring to? The more she thought about Gary’s response, the more she began to doubt herself. She had always tried hard to have her hard work and her many accomplishments stand out and define her as a professional and as a colleague. She reminded herself that she has the same pedigree as most of the other fellows. But maybe she is asking for too much. She worried that by asking to do research that was informed by her values and life experiences she was fulfilling Gary’s stereotypes of her and that she was disappointing him. On the other hand, maybe through demonstrating initiative and creative thinking she had really over-stepped her bounds as a mentee and threatened Gary’s role as her mentor. She would like to have a productive conversation with Gary, but she doesn’t know how to begin.

*How might Judith initiate a conversation at a later time?*

*What might her agenda/objectives be?*

# Some vocabulary

- **Imposter syndrome** – the inability to internalize one’s strengths and accomplishments combined with a fear that one will be exposed as a fraud
- **Tokenism** – the practice of making a perfunctory and limited symbolic gesture to represent/include an under-represented group in order to convey the appearance of inclusion and equity
- **Black tax** –the notion that black people have to work harder, perform and achieve at a higher level to reach parity with whites
- **Stereotype threat** – individual feels that by behaving in certain ways s/he will confirm and reinforce negative stereotypes about one’s group such as “the angry black woman”

# Common challenges in mentoring relationships and practical solutions

- Examples of mentoring gone bad
- Diagnosis
- Possible solutions

# Common challenges

- Communication
- Failure to clarify expectations
- Conflict of interest
- Role confusion
- Skill or knowledge mis-match
- Mentoring across differences (gender, race, culture, age/generation)

# Characteristics of “failed” mentoring Relationships

Strauss, Acad Med 2013

- Poor communication
  - Poor listening, ineffective communication
- Lack of commitment, time, loss of interest
- Irreconcilable personality differences
- Perceived/real competition between mentee/mentor
  - Often at transition times
- Conflicts of interest/competing agendas
- Lack of relevant experience, knowledge, skills

# Strategies

## Preventive

- Checklist – standard list of topics/issues covered in mentoring relationship
- Mentoring contract – reviewed at designated intervals
- Broad network – the right mentor for the right objective
- Develop a language and process for regular feedback (plus/delta)
- Reiterate-review -keep mentoring notes/minutes – f/u email summary

## Interventions

- Within the mentoring dyad
  - Direct, concrete, specific feedback
  - Immediate/close to the event response
  - Specific follow-up plan
- Beyond the dyad
  - Map your resources and know when it is time to use them (broker)
    - Department/division chair
    - Provost
    - ombudsman
  - Trusted sounding board
    - peers

# Next steps

- Finding mentors?
- Enhancing your mentoring network
- Re-do your mentoring network map periodically
- Commitments
  - Think for a few minutes about 1, 2 or 3 commitments you can make now that will have an impact in the 1-2 years
  - Write it/them down, tell your neighbor or say it out loud (whatever feels comfortable)



## Final thoughts

Mentoring and.....

Physician wellness

Institutional strength

Positive patient outcomes

# Feedback