

Establishing a Mentoring Culture within the Department: The Role of the Chair

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The academic medicine literature supports the positive impact of mentoring partnerships for faculty; these include enhanced clinical care, teaching, scholarship, leadership development, career satisfaction, promotion, and retention.¹⁻³ Choi et al proposed that “a dynamic culture of mentorship is essential to the success of academic medical centers and should be elevated to the level of a major strategic priority.”⁴

Nevertheless, faculty report dissatisfaction with the mentoring that they receive. In a study by Pololi et al consisting of 2178 academic physicians from a representative sample of national academic health centers, only 30% were happy with the quality and amount of mentoring.⁵ The most frequently cited barriers to faculty mentoring include lack of time and protected time, small subspecialties, different physical locations, and absence of available mentors.⁵⁻⁸

The department chair is in a position to mitigate the barriers and promote faculty mentoring. Gusic et al⁹ and others^{1,6,8} have provided strategies for designing effective mentoring programs. This article extends previous work by providing department chairs with best practices for implementing successful mentoring programs and, ultimately, establishing a departmental culture of mentoring that is self-sustaining. It draws from the literature and our experiences in executing formal programs in multiple departments and institutions, including the Department of Pediatrics at Saint Louis University (SLU).

Program Background

In 2004, SLU’s Department of Pediatrics implemented a formal mentoring program to support the professional development of junior faculty. The goals were to create an environment in which experienced faculty provide support to junior faculty; assist junior faculty with the realization of goals in clinical practice, research, teaching, administrative service, and personal growth; and nurture the mentoring skills of experienced faculty.

A committee of junior and senior faculty oversees the mentoring program with the assistance of an external facilitator. There have been 11 program rollouts with more than 100 faculty member pairs; a 12th rollout is planned for 2020. Rollouts typically take place every 12-18 months with new junior faculty members, but mentoring pairs can work together for as short or long a time as they want. Each rollout consists of a structured matching process, formal training for mentees and mentors, professional development resources, and evaluation components.⁸

Program Evaluation Method and Results

Program evaluation is both formative and summative, including written post-program surveys and qualitative focus groups. In SLU’s Department of Pediatrics, 4 post-program surveys were distributed to mentees and mentors at the end of the initial rollouts. The surveys consisted of multiple choice and open-ended questions designed to evaluate the partnership process and outcomes, as well as program-level benefits and areas of improvement. Because of the small number of pairs in each rollout (8-13 pairs), mostly descriptive statistics and trend analysis (open-ended questions) were used to assess participant feedback and inform future rollouts. For the purposes of this article, the data from the surveys were aggregated. Out of 52 pairs, a total of 36 mentors (69%) and 40 mentees (77%) responded to the 4 post-surveys. Here we share key results from the written evaluations.

Overall, the feedback from the program evaluations has been positive; 97% of respondents would recommend the program to other faculty. **Figure 1** depicts how the pairs spent their mentoring time and the percentage reporting that the mentee made “some” to “a lot” of progress in clinical practice, research, teaching, administrative service, and personal growth. The findings were diverse depending on the needs of the mentee, with the greatest percentage of mentoring time spent on research. This was not surprising given the challenges that the faculty face in trying to balance scholarship with clinical responsibilities. Furthermore, the Mentoring Committee was pleased with the percentage who reported that the mentee made progress in the 5 areas as a result of the partnership (mean percentage ranging from 58% to 72%). Respondents to post-surveys 1, 2, and 3 also were asked the extent to which the mentoring partnership increased their job satisfaction, commitment, and motivation. The proportions of respondents who reported an increase of “some” to “a lot” included 38% (n = 42) for job satisfaction, 69% (n = 42) for job commitment, and 67% (n = 42) for job motivation.

Participants were asked to evaluate their partners on a set of behaviors important to partnership success. Using a 5-point scale (1 = never to 5 = always), mentees rated the mentors on content expertise, supportive, professional guidance, constructive feedback, and accessibility. Mentors rated

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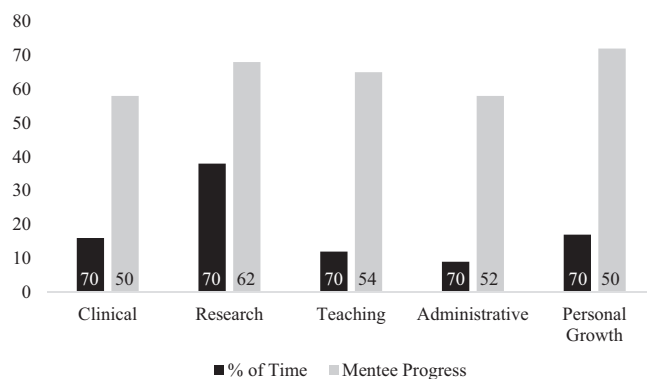


Figure 1. Percentage of time mentoring pairs spent discussing area and the percentage who reported that the mentee made “some” to “a lot” of progress in that area. The number of observations that did not contain missing or not applicable values is shown inside the base of each bar.

mentees on accessibility, initiative, follow-through, and receipt of feedback. Mean ratings were moderately high, ranging from 2.8 to 4.3 (Figure 2; available at www.jpeds.com). The mentee metric of taking initiative was the lowest-rated area and one that was addressed in subsequent rollouts.

Focus groups also were conducted with mentees and mentors in 9 of the 11 rollouts, including a total of 139 participants (64 mentees and 74 mentors). The focus groups were convened at approximately 7 months into the rollout. This allowed the participants to share success factors, challenges, and formative program feedback. Themes from the focus group findings are summarized in Table I (available at www.jpeds.com).

The department’s program evaluations support the formal mentoring program and have informed program enhancements over the years.

Lessons Learned for Department Chairs

There are key elements and best practices for the chair/leader who wants to champion mentoring and make it a longstanding priority for the department. These include (1) providing structure and resources; (2) visibly championing mentoring; (3) integrating mentoring into recruitment and hiring practices; (4) providing education and professional development regarding mentoring; (5) encouraging and recognizing mentors and mentees; and (6) measuring, communicating, and celebrating success.

Providing Structure and Resources

Given the benefits of mentoring but the lack of mentoring partnerships among academic physicians, it is necessary for department chairs to provide the structure and resources that promote formal and informal mentoring. That structure cannot consist solely of the chair alone but must involve the assistance and input of junior, mid-career, and senior faculty. Furthermore, it has been our experience that leaders and senior faculty have different perspectives on mentoring needs compared with others in the

department; thus, a mentoring needs assessment should be conducted before moving forward.⁶ This needs assessment will help define the level of interest and type of mentoring desired by faculty. Table II (available at www.jpeds.com) provides sample questions that should be answered with a needs assessment.⁸

Typically, a formal program will need to be implemented, at least until mentoring is an organic part of the culture. Formal mentoring programs vary in focus and structure (Table III; available at www.jpeds.com).⁸

Regardless of the type of program implemented, it is highly recommended that the chair participate in the process and garner both top-down and bottom-up support. The chair may opt to form a Mentoring Committee of representative stakeholders or fold the mentoring initiatives into existing faculty development structures.⁶ Either way, a faculty liaison and administrative assistant with clearly defined responsibilities and accountability should be assigned to the mentoring program. In our program, the faculty liaison receives credit/recognition for “service” in her annual review, but we recommend providing a stipend or protected time, if possible. An external facilitator can help start a program quickly and provide ongoing support for program longevity, if needed. Overall, the positive impact of a program is worth the minimal costs associated with program implementation.³

Visibly Championing Mentoring

The chair’s visible support and participation are key to the success of formal and informal mentoring initiatives.¹ The chair should make a point to repeatedly communicate the importance of mentoring and share his or her own success stories.⁴ This can be done in department/chief/director meetings, via e-mail, and as part of mentoring program workshops and events. The chair may opt to sit on the Mentoring Committee or at least to attend some of the meetings. We recommend that the chair serve as a mentor in a formal program. Although some fear that it will be viewed as favoritism, or cause resentment, this has not been our experience.

Although a Mentoring Committee should champion mentoring efforts and help build faculty commitment, the chair is best positioned to garner support from the hospital and school leadership/administration. The chair should champion the program in an upward direction to the dean and senior leaders by sharing relevant information. In addition, the chair can ask the dean/leadership to give welcome and keynote addresses at mentoring events. Not only can this build intrinsic support, but it also demonstrates the importance and value of mentoring to the faculty.⁸

Integrating Mentoring into Recruitment and Hiring Practices

In our department, the mentoring program has become a point of pride that is publicized to faculty recruits. During recruitment, it is discussed as a professional development opportunity available to support the career growth of new and junior faculty. In some cases, the applicants have already heard about the program or read about it on the website (<https://www.slu.edu/medicine/pediatrics/mentoring-program.php>).

We recommend that the chair purposefully discuss mentoring options, not only during the hiring process, but also as a part of faculty annual review and professional development conversations. The chair should emphasize the value of mentoring and share available options. The chair can help faculty members identify mentoring needs and good mentor candidates. In some schools of medicine, new faculty are linked with an orientation mentor when they start. This mentor helps the faculty member become acquainted with the university, medical center, and city but does not meet the professional and career development needs of the mentee. We have found that many new hires are not ready to be paired with a career mentor until at least 9 months into their job. In rare cases, the orientation mentor may go on to be the career mentor if the mentee chooses. Otherwise, the Mentoring Committee helps select a mentor that fits the mentee's needs. It is important to note that mentoring is not a one-shot deal; multiple¹ and diverse types of mentors are needed throughout one's career.

Providing Education and Professional Development on Mentoring

Although it may seem intuitive, it cannot be assumed that faculty know how to effectively mentor or be mentored. Some senior faculty still require formal training on how to mentor faculty at different stages of their careers.¹⁰ Other faculty need direction on how to successfully work with a mentor. Our research has found that junior physicians in particular may have difficulty articulating career goals, identifying mentoring needs, and using a mentor.³ Both mentors and mentees can benefit from learning the skills, roles, and processes of effective mentoring.^{6,11}

A chair can provide support for professional development on mentoring and encourage participation. There are many options for this. An expert on the topic can present mentoring research

and best practices at grand rounds. As part of a formal program, workshops can be offered to mentors and to mentees. Speed mentoring, peer coaching, and networking events may be organized.⁷ Mentoring resources can be made available on intranet and internet sites. Mentoring outcomes and program evaluation results should be disseminated within and outside the department. Over time, the department grows its internal capacity for mentoring, and experts develop within the department who can share best practices and coach others.

Encourage and Recognize Mentors and Mentees

Although there are intrinsic motivators for mentoring and benefits for both mentors and mentees, the chair can further encourage mentoring through incentives.⁹ The most controversial, yet frequently requested, is giving protected time to those who participate as mentors and mentees. Given that lack of time is reportedly the top deterrent of academic physician mentoring, some argue that protected time gives participants an opportunity to focus on the mentoring process and outcomes.^{9,10} Others argue that mentees should engage in mentoring for their professional development regardless. Another option is to incorporate mentoring into the annual faculty review and/or promotion and tenure process; for instance, mentoring colleagues may be counted as a service activity or continuing education credit.¹¹ For mentees, it demonstrates commitment to professional development.

The chair also can reinforce mentoring by establishing sources of external recognition. Mentors and mentees may receive certificates of participation to display or include in their portfolios. The chair may create a small grant for which mentors and mentees can apply to support their mentoring work. Finally, a mentor award or mentor academy may be established to acknowledge and thank exceptional mentors.¹¹ In our program, we have not had the resources to provide protected time, but we have used recognition practices with success.

Measuring, Communicating, and Celebrating Success

Program evaluations are key to making a case for mentoring and assessing programs and partnership impact. Whenever possible, we recommend pre- and post-data comparisons to establish a need and baseline for mentoring, demonstrate the impact of mentoring efforts, and inform future endeavors.^{8,9} The chair and others should ensure that the mentoring outcomes, both successes and challenges, are shared on a regular basis inside and outside the department. In essence, the mentoring program should engage in the same continuous quality improvement process as other academic endeavors.^{3,8}

We recommend celebrating the success of mentoring. In our programs, we have held happy hours, pot-luck meals, and special luncheons to build awareness and excitement.⁸ We have asked successful pairs to present their experiences, best practices, and outcomes with colleagues. When busy

schedules prevent attendance at extracurricular events, we highly recommend using existing department meetings and grand rounds.

Conclusion

Establishing a culture of mentoring is a long-term commitment. Despite their proven benefits, mentoring initiatives tend to wane, so it is important to keep the activities salient and to communicate and celebrate success regularly. Building mentoring into existing structures with dedicated resources helps ensure that it will not lapse. Over time, faculty will seek out their own mentors, and mentees will go on to mentor others. Both the faculty and department will experience benefits as a result.^{4,5} ■

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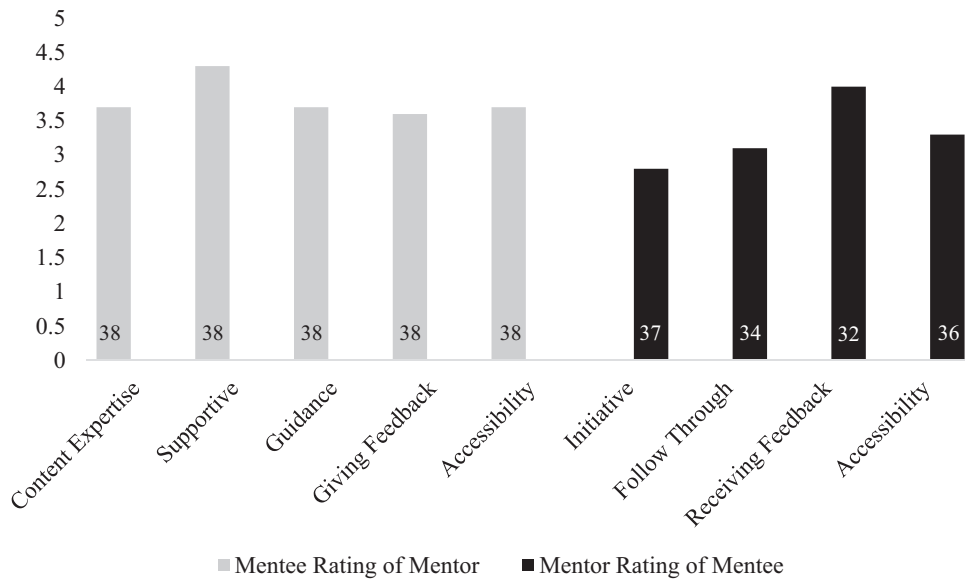


Figure 2. Mean mentee and mentor ratings of their partner on a 5-point scale. The number of observations that did not contain missing or not applicable values is shown inside the base of each bar.

A
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C

Table I. Themes from mentoring program focus groups: Saint Louis University Department of Pediatrics*

Mentoring pairs are collaborating in diverse areas with most support provided in research, personal growth/work-life balance, career advising, and networking.

Some mentees request stronger mentoring in the areas of research and promotion.

Mentees report progress in clinical, teaching, research, administration, and personal growth according to individual needs.

Some pairs desire to meet more frequently with mentees taking more initiative.

Making time to meet is the greatest obstacle. Pairs who schedule standing meetings with structure (eg, meeting agendas, objectives) report the most progress.

Approximately 83% of respondents report that their partnership is a good fit. Most mentees prefer to be paired outside of their specialty with a mentor who fits their interests.

Overall, mentors and mentees are pleased with the structured program and indicate that the partnership likely would not have occurred without it. Typical recommendations include providing more research and promotion resources and developing a program for mid-career faculty.

*Themes extrapolated from 9 focus groups with mentors (n = 74) and mentees (n = 64) in the program.

Table II. Sample mentoring program needs assessment questions*

1. How many physicians in the department currently have a mentor or mentee?
2. How many are interested in having or being a mentor?
3. In what areas do physicians need mentoring? (Eg clinical care, leadership development, career advising, teaching, research, professional development, etc.)
4. Which physicians are most in need of mentoring (eg, junior, mid-career, new hires, women, minorities)?
5. Is/how is lack of mentoring hindering career success for junior or mid-career physicians?
6. What are the barriers to mentoring in the department?
7. Does the department have the resources to successfully mentor and develop its physicians? What resources are needed?

*From Giancola et al.⁸

Table III. Key references for types of mentoring programs

Type/focus of mentoring program	Description	Reference
Dyad: junior-senior faculty	Formal career mentoring program for junior faculty implemented in 4 institutions	Giancola, Heaney, Metzger, and Whitman, 2016 ⁸
Peer group	Small groups of interdisciplinary junior faculty mentored by senior faculty	Fleming, Simmons, Xu, Gesell, Brown, Cutrer, et al, 2015 ²
Mentoring Committee	Mentoring Committee (3 mentors) approach used to support the advancement of junior faculty	Cranmer, Scurlock, Hale, Ward, Prodhan, Weber, et al, 2018 ¹
Underrepresented in medicine	Systematic review of mentoring programs for underrepresented in medicine faculty	Beech, Calles-Escandon, Hairston, Langdon, Latham-Sadler, and Bell, 2013 ¹²
Mid-career faculty	Comprehensive peer/group career mentoring program including mid-career faculty	Pololi and Evans, 2015 ¹³
Speed mentoring	Structured event where junior faculty meet for a limited time with senior faculty	Cook, Bahn, and Menaker, 2010 ¹⁴
Functional Project	Structured mentoring on a specific project	Thorndyke, Gusic, and Milner, 2008 ¹¹
Long-Distance	Long-distance mentoring program for post-doctoral fellows	Mbuagbaw and Thabane, 2013 ¹⁵
Academic Promotion	Facilitated peer mentoring with structured curriculum focused on promotion	Ockene, Milner, Thorndyke, Congdon, and Cain, 2017 ¹⁶
Clinical and translational research	Holistic institution-wide research mentoring program	Byington, Keenan, Phillips, Childs, Wachs, Berzins, et al, 2016 ¹⁷
Research funding	Comprehensive program to increase NIH grant success	Freel, Smith, Burns, Downer, Brown, and Dewhirst, 2017 ¹⁸