

# Mentorship and Sponsorship in a Diverse Population



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## KEYWORDS

- Mentorship • Sponsorship • Diversity and inclusion

## KEY POINTS

- Mentorship and sponsorship are critical to the success of every otolaryngologist.
- Successful mentors and mentees demonstrate specific characteristics.
- Women and underrepresented minorities have additional mentorship needs that should be addressed.

## INTRODUCTION

Imagine two residents (let us call them A and B) entering their chosen specialty of otolaryngology at the same time. They are the same gender and ethnicity, have the same board scores and class rank, have published the same number of peer reviewed research papers, and both have excellent letters of recommendation. Resident A matches into a department where every new resident is assigned a faculty mentor on arrival and expected to meet with them several times per year. On every rotation, resident A is asked to participate in research projects, and is coaxed into pursuing each rotations' subspecialty by faculty who give reasons why their field is the best. Resident B matches into a department where there is a more "hands off" approach to mentorship. Mentoring relationships are expected to evolve organically, and faculty expect residents to approach them with their interests in research and career planning. Unless Resident B is clear about their career path and goals, who do you think will publish more, develop better relationships with faculty, and be more comfortable pursuing their desired fellowship? Now imagine that in addition to these different training environments, Residents A and B are different genders, ethnicities, or both. Or perhaps Resident B is the first person in their family to graduate from college, let alone medical school, and has little idea of how to navigate the hierarchical world of surgery and academia. How will the careers of these two residents differ over a lifetime?

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## MENTORSHIP AND SPONSORSHIP DEFINED

Mentorship occurs when a respected, experienced person within a field gives advice to a less experienced person to promote their success. Mentorship is typically developed in the context of a long-term professional relationship. The best mentors are more than just role models or teachers, serving as a coach, advisor, support person, and giver of (sometimes difficult) feedback. Sponsorship, in contrast, occurs when an experienced colleague recommends a less experienced protégé for career advancement opportunities. Mentors and sponsors can be the same person, but this is not always the case. In fact, sponsorship can occur in the absence of a personal relationship. Although mentorship is important, sponsorship is frequently necessary for career advancement (**Table 1**).<sup>1</sup>

Mentorship and sponsorship are important for medical students pursuing otolaryngology, residents in otolaryngology training programs, and otolaryngology faculty throughout their careers. Mentored individuals have been shown to be “promoted earlier, more likely to publish, more likely to follow initial career goals, and enjoy greater career satisfaction.”<sup>2</sup> A systematic review of mentoring in academic medicine reported that “mentorship has an important influence on personal development, career guidance, career choice, and research productivity, including publication and grant success.”<sup>3</sup>

Mentorship is categorized in a few different ways. One of the main divisions is between formal and informal relationships. In formal mentorship relationships, pairings are usually assigned, and there are often recommendations for the frequency and goals of each meeting. Informal mentoring is more flexible, with self-selected pairings and more fluid goal setting (**Table 2**).<sup>4</sup> The benefits of formal mentorship include an increase in the overall amount of mentorship with facilitated assignments.<sup>5</sup> This is especially important among women and underrepresented minority (URM) populations, who are less likely to have mentors.<sup>4</sup> There is no evidence that choosing a mentor leads to significantly better mentoring than an assigned pairing.<sup>6</sup> At the same time, informal mentors often serve as a role model, and mentees with informal mentors “demonstrate superior career development, higher income, and more promotions than those with only formal mentors.”<sup>2</sup> Formal mentorship programs put the onus of support and training on the institution, whereas informal mentorship relies completely on the mentor and mentee’s commitment to the relationship.

In addition to formal versus informal mentorship relationships, there are also various models of mentorship.<sup>4</sup> The most traditional of these is the apprenticeship model, where the mentee observes and emulates the skills of the mentor.<sup>4</sup> This is the model most training programs have relied on since the inception of residency. Team mentoring relies on a group of mentors with different skill sets to provide support to the

**Table 1**  
Differences between mentorship and sponsorship

Mentorship	Sponsorship
Longitudinal relationship	Episodic
Helpful for career development	Helpful for career advancement
More effective if personalities mesh well	More effective if sponsor is well-connected
More important early in career	More important later in career

*Adapted from* Ayyala MS, Skarupski K, Bodurtha JN, et al. Mentorship Is Not Enough: Exploring Sponsorship and Its Role in Career Advancement in Academic Medicine. *Acad Med.* 2019;94(1):94-100.

**Table 2**  
Differences between formal and informal mentorship

Formal Mentorship	Informal Mentorship
Assigned pairings	Flexible, self-identified pairings
Focused goals	Self-directed goals
Specific timeline for meetings	Flexible meeting schedule
Benefit from mentor and mentee training	No training
Allows for inclusion of underrepresented groups	Relies on established social connections
Typically takes longer to achieve trust	Trust usually present from beginning

From Patel VM, Warren O, Ahmed K, et al. How can we build mentorship in surgeons of the future? ANZ J Surg. 2011;81(6):418-424.

mentee.<sup>4</sup> As training programs have expanded into large departments, team mentoring has become much more common. Competency mentoring is when specific goals are set by the mentor, who then helps the mentee achieve them.<sup>4</sup> The development and use of the otolaryngology milestones has introduced this type of mentorship into training programs.

#### CURRENT STATE OF MENTORSHIP IN OTOLARYNGOLOGY

What is the current state of mentorship in otolaryngology? Unfortunately, there is a paucity of data around mentorship at the medical student or faculty level. However, there are a few studies exploring mentorship in otolaryngology training programs. One study surveyed residents and program directors nationally, and found that 44% of otolaryngology programs had a formal mentorship program.<sup>7</sup> It was recommended by the authors that formal mentorship be included in all otolaryngology residencies.<sup>7</sup> The most important mentor characteristics for trainees included approachability, genuine caring, and supportiveness.<sup>7</sup> Residents rated senior faculty status and amount of influence in the field to be the least important.<sup>7</sup> Residents sought mentors with a compatible personality match and who were a good clinical role model.<sup>7</sup> A study examining 10 years of experience with mentorship at one training program found similar results, with honesty/integrity, being supportive, and being a good clinical role model rated as the most important mentor traits.<sup>8</sup> Mentors helped mentees the most with surgical skills, clinical decision making, and resident education, which supports the statement by the authors that “while all surgeons have role models, not every resident has a true mentor.”<sup>8</sup> A common theme was the difficulty of finding time to provide mentorship, for the mentee, but even more so for the mentor. In another study, only 46% of mentors believed they had enough time and only 65% thought themselves effective mentors, whereas mentees demonstrated a much higher perception of accessibility and satisfaction rate with the process.<sup>6</sup> This suggests that mentors may be too hard on themselves, and that formal mentorship programs can fulfill trainees’ needs for mentorship. A possible antidote to these feelings is formal training for mentors, especially in the areas of “career planning, providing feedback, and emotional wellbeing,” which mentors self-identified as important.<sup>6</sup>

The formation of mentorship and sponsorship relationships is especially important for students, residents, and faculty who do not share the same gender identity, race, ethnicity, or sexual orientation as most of their peers in otolaryngology. People in these groups may have more difficulty identifying and connecting with mentors

who they believe are similar to them in otolaryngology. Although women make up 50.8% of the US population and 47.4% of medical school graduates, only 34.7% of otolaryngology residents and 31.5% of otolaryngology academic faculty are female.<sup>9</sup> In general, women are more likely to perceive a lack of mentors as a barrier to their success.<sup>2</sup> Also, women may benefit more from mentors of the same gender for advice on issues relating to family and work-life balance.

The numbers of URM within otolaryngology are much lower, with African Americans and Blacks making up 12.6% of the US population, but only 2.1% and 2.4% of otolaryngology residents and faculty, respectively. Hispanic and Latinxs make up 17.3% of the US population, but only 5.5% and 2.9% of residents and faculty are Hispanic in otolaryngology.<sup>9</sup> “Black, Hispanic, and female residents have described value in identifying mentors with similar demographics and a shared sense of history.”<sup>10</sup> Interviews with URM faculty at five academic medical institutions revealed a “lack of mentoring and role models.”<sup>11</sup> Sponsorship becomes critical in these groups, because “mentorship may not be sufficient for career advancement, particularly for women and URM faculty.”<sup>1</sup> Existing mentorship barriers include URM sense of isolation, lower rates of tenure and promotion, lack of role models, financial constraints, lack of social support, and racial bias.<sup>12</sup>

## STRATEGIES FOR MENTORS AND SPONSORS

The most effective mentors share several characteristics. They are altruistic and care about their mentee’s success, are available to their mentee, and are a positive role model. The Accreditation Council for Graduate Medical Education’s Council of Review Committee Residents developed a group of resident mentorship milestones in 2016.<sup>13</sup> Although these milestones were meant to evaluate trainee development as a mentor, they are used for mentors at all levels of their career. Similar to specialty-specific Accreditation Council for Graduate Medical Education milestones, each mentorship milestone (availability, competence, and altruism) is accompanied by a progressive, four-level description of expertise.<sup>13</sup> For example, a novice mentor is just expected to demonstrate a willingness to participate in a mentoring program, whereas the expert mentor is able to transition their mentorship abilities beyond training.<sup>13</sup> Personal fit between mentor and mentee is also important, because a difference in values can undermine the relationship.<sup>2</sup> Effective mentors function in different roles at different times. Although they frequently provide career guidance, they are often also called on to provide emotional support and advice on work/life balance.<sup>14</sup>

Whether the mentorship relationship is established formally or informally, success is more likely if mentors discuss goals, priorities, and clear expectations with their mentee early on. Although these may change over time, early discussions set the tone for the relationship (**Box 1**).

Common pitfalls that accompany failed mentoring relationships include a lack of time committed to the relationship, breakdown in communication, and conflicts of interest. A mentor who is rarely available sends the message that their time is more valuable than the mentee’s time, which can erode the relationship. Communication is influenced by many factors, including perceptions around hierarchy and status, introversion versus extraversion, culture of origin, level of trust, and perception of intent. Mentors may need to address these factors with their mentee. Mentors who are in a position to evaluate their mentee need to disassociate from this role when providing mentorship. Other conflicts of interest can arise around intellectual property, credit for work, or perceived competition.

**Box 1****Strategies for mentors**

1. Be available. Responding in a timely fashion to emails and telephone calls shows your mentee that you value their time.
2. Be prepared. For example, if you are meeting to discuss a research project, have your ideas and thoughts about the project readily accessible.
3. Actively listen. Do not interrupt your mentee when they are speaking. If you do not understand something, ask for clarification.
4. Be supportive and encouraging. Maintain a positive attitude about what your mentee has accomplished, while also encouraging them to progress in their goals. When mentees experience a setback, be empathic and listen to their concerns.
5. Recognize potential. If you are on a committee in which your mentee would flourish, encourage them to become part of this committee. Sponsor your mentee for projects and experiences that will help them grow.
6. Articulate expectations of your mentee. Do this early in the mentoring relationship. Set goals and high standards for their achievement.
7. Be a role model. Your mentee will look to you as an example for professional and personal behavior.
8. Build trust. Get to know your mentee as a person. Maintain confidentiality and provide candid feedback.

**STRATEGIES FOR MENTEES**

Characteristics of mentees who get more out of their mentoring relationship are similar to those of successful mentors. Availability, with the ability to be flexible in this regard, preparation for meetings, and open, honest communication allow for the relationship to flourish.<sup>2</sup> Humility in accepting feedback and gratitude for the mentor's reinforce trust within the relationship, and foster a deeper connection (**Box 2**).

Occasionally, a mentorship relationship becomes unhelpful, contentious, or even toxic. It is difficult to end a long-standing mentoring relationship, and an impartial third party may be needed to mediate. Keep in mind that confidentiality should be safeguarded even after the relationship is terminated (**Box 3**).

**SPECIFIC MENTORSHIP AND SPONSORSHIP NEEDS AMONG DIVERSE POPULATIONS**

In addition to the needs and strategies described previously, women, URM, and other populations have specific mentorship needs. "Structural disadvantage from racism, gender bias, social class, and other factors can compromise mentoring relationships."<sup>15</sup> Because URM and female faculty are unequally distributed among otolaryngology training programs, same race and same gender mentorship relationships may not be easy to establish within the same department. Mentees can establish relationships with mentors from different departments in the same institution or within otolaryngology at other institutions. This can help with retention of talent by limiting feelings of isolation and invisibility. Although "minority residents described a sense of responsibility for addressing the gaps in minority mentorship for future generations of physicians,"<sup>10</sup> leaders should think about the tax on women and URM to provide the bulk of diversity-related mentorship. Gender and racially discordant mentors should be encouraged to provide mentorship. The Association of Women Surgeons #HeForShe Task Force suggests that deliberate creation of mentoring partnerships helps to eliminate bias by facilitating interpersonal bonds.<sup>16</sup> Instead of purposefully assigning

**Box 2****Strategies for mentees**

1. Do not limit yourself to one mentor. Although one mentor may be having the type of career you want to pursue, they may not have similar hobbies or the same perspective on family life as you. It is okay and often necessary to be mentored in different realms by different people.
2. Have a set of goals in mind. Think about these questions: (1) What do you need to know or do to pursue your career path? (2) How can your mentor help you accomplish your goals? Try to be honest and open with your mentor about what you would like to get out of the relationship.
3. Respect your mentor's time. Set expectations about how often you will meet and for how long. Be prepared and punctual for these meetings.
4. Be open to feedback. Remember that failure is part of development. Your mentor will have high expectations of you and will push you. They are trying to make you the best you can be. Do not stop investing in a relationship because of a single failure or poor communication.
5. Remain confidential. This is a two-way street. You do not want your mentor to divulge information about you, but you also do not want to compromise your mentor's trust by divulging their comments to others.
6. Express gratitude for help. A simple "thank you for your time" goes a long way. Remember that your mentor is taking time away from their career development, family, and time off to help your development.

women or URM mentees with in-group mentors, leaders can decrease bias by assigning mentees with mentors outside of their demographic.<sup>16</sup> This allows for people to get to know others on an individual level instead of as a stereotype.<sup>16</sup> To be most effective, mentors should learn about perceived differences in mentoring by mentees of a different gender or race. It is "less important to have a coach identify as underrepresented than to have a coach who understands the importance of culture and how it might affect the coaching relationship."<sup>17</sup>

Specific issues to consider for women mentees can stem from the societal expectation that women be collaborative and agreeable. Women may not feel comfortable asking for a specific sponsorship opportunity or highlighting their own accomplishments.<sup>18</sup> Women with families can also experience "mommy track" bias, where mentors or sponsors assume they will not be interested in opportunities that require travel or evening meetings. Mentors can also have an impact overcoming the phenomenon in which women only apply for positions when they meet 100% of the qualifications, whereas men will apply if they meet 60% of the criteria. This is often ascribed to a lack of confidence but may also relate to women being socialized to follow the rules when it comes to meeting requirements.

**Box 3****When to change mentors**

1. Neglect: Your mentor does not respond to emails, fails to show up for meetings, and demonstrates a lack of interest.
2. Manipulation: Your mentor takes credit for your work, or threatens to cut off your relationship if you do not do projects he or she wants you to do.
3. Lack of experience: You want to learn to write a National Institutes of Health grant, but your mentor has not done this before. It is often useful to discuss these situations with another trusted mentor.

**Table 3**  
**Resources for racial- and gender-discordant mentorship relationships**

<b>Organization</b>	<b>Web Site</b>
Alliance for Academic Internal Medicine	<a href="https://www.im.org/resources/diversity-inclusion">https://www.im.org/resources/diversity-inclusion</a>
Association of American Medical Colleges	<a href="https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/unconscious-bias-training">https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/unconscious-bias-training</a>
Association of Program Directors in Radiology	<a href="https://www.apdr.org/program-directors/DEI-Curriculum">https://www.apdr.org/program-directors/DEI-Curriculum</a>
Association of Program Directors in Surgery	<a href="https://apds.org/program-directors/apds-diversity-and-inclusion-toolkit/">https://apds.org/program-directors/apds-diversity-and-inclusion-toolkit/</a>

Specific issues to consider for URM mentees also frequently stem from societal expectations. Persons of color can suffer from the double-edged sword of being invisible and attracting attention. Because of societal expectations, the ideas, opinions, and needs of people of color may be ignored or given less weight. At the same time, people of color may be unfairly expected to speak for everyone in their ethnic group, be confused with the few other people of color in their organization, and expected to bear the burden of always being involved in any diversity-related initiatives.

Strategies for increasing women and URM within the field often overlap with mentoring. Such initiatives as creating a culture of inclusion, deliberate recruitment of diverse candidates, pay equity, funding for scholarly activities, and focusing on retention have a greater effect when mentorship relationships are also prioritized. Diversity programs with “greater intensity, defined as present for more than 5 years and with more components, are more effective.”<sup>12</sup> It has been demonstrated within otolaryngology that the number of URM faculty within a department correlates with the number of URM residents matriculated to that program.<sup>19</sup> In addition, including diverse candidates in recruitment efforts increases the chance of hiring a minority only after there are two or more minority candidates.<sup>19</sup> It is therefore important to pursue recruitment and retention strategies deliberately at every career level.

Several excellent resources are available to strengthen mentorship initiatives among gender- or race-discordant relationships. An excellent resource is Osman and Gottlieb’s MedEdPortal publication, *Mentoring Across Differences*, which provides interactive sessions for faculty training in mentoring.<sup>15</sup> Additional World Wide Web-based resources are found in [Table 3](#).

## SUMMARY

Mentorship and sponsorship are critically important for otolaryngologists at all levels of their career, from medical students first identifying an interest in the specialty, to mid and late career practicing otolaryngologists. Mentorship is typically found within a long-term professional relationship and provides career advice and support. Sponsorship is a more transactional relationship that promotes the mentee for specific career advancement opportunities. Both help mentees achieve more in their careers and have higher career satisfaction. Increasing the number of women and URM in otolaryngology is dependent on meeting the specific mentorship and sponsorship needs of these populations.

## DISCLOSURE

The author has nothing to disclose.

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