

## Association of Women Surgeons: Career Development Resources

# Strategies for building an effective mentoring relationship

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**Abstract** Mentoring has been recognized as a critical aspect of the professional and/or personal development of the student, resident or faculty member. This career development resource discusses strategies for building effective mentoring relationships and outlines some of the challenges to contemporary mentoring.

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The first account of a mentoring relationship can be traced back to *The Odyssey* of Homer, when the goddess Pallas Athena assumed the form of a family friend, Mentor, to support Odysseus' son Telemachus.<sup>1</sup> The term *mentoring* is used to describe an activity in which a more senior or experienced person who has earned respect and power within his or her field takes a more junior or less experienced person (known as a mentee or protégé) under his or her wing to teach, encourage, and ensure the protégé's success. In this career development resource, we discuss the types of mentoring relationships and the mentorship process. In addition, choosing a mentor, the responsibilities of the mentee and mentor, and challenges to contemporary mentoring are reviewed.

There is a wealth of literature in support of the benefit of mentorship to career advancement. An early mentor reference regarding surgical training indicates that Halsted's residency system intended to "produce not only surgeons, but surgeons of the highest type, men who will stimulate the first youths of our country to study surgery and to devote their energies and their lives to raising the standard of surgical science."<sup>2</sup> Halsted could never have envisioned the challenges faced by surgeons today, including ever advancing technology, online social networking, multidisciplinary team-based approaches, outcome assessments, and financial and regulatory challenges. Contemporary surgeons reflect the gender and ethnic diversity of the population<sup>3</sup> and need to be coached to excel in the more rigid and homogeneous surgical culture. Although there are no randomized controlled trials, the literature shows that mentored individuals are promoted earlier<sup>4-6</sup> and are more likely to publish.<sup>7</sup> They also are more likely to follow initial career goals,<sup>8</sup> and they enjoy greater career satisfaction compared with individuals without mentors.<sup>9,10</sup> Conversely, lack of a mentor is frequently cited as the greatest

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deficiency in career development, particularly among women.<sup>11</sup>

## How to Choose a Mentor and Develop a Mentoring Relationship

A mentoring relationship may begin serendipitously from a common interest or goal. One partner will generally take the initiative to formalize the relationship. At the onset, the mentee needs to have clear goals; is the priority finding someone to help with basic science research, finding a job, achieving work-life balance, or overcoming political obstacles? It is equally important for the mentee to appreciate his or her own personal work style, strengths, and weaknesses. Generally, the mentor should be an individual who is at least a step (or 2) ahead of where the mentee hopes to be professionally. The mentor should be approachable, available, and enthusiastic, with good interpersonal skills. Other desirable attributes depend on the level of the mentee's professional training.

One way to initiate a mentoring relationship is to begin by asking for specific advice and then assessing whether the relationship is likely to be fruitful in the long term. A personal fit is important because differences in values can seriously undermine a mentoring relationship. Successful mentoring relationships have an altruistic mentor with both significant mentoring experience and an extensive professional network.<sup>12</sup> Qualities of a successful relationship include honesty, active listening, flexibility, reciprocity, mutual respect, a personal connection, and shared values.

In seeking mentors, medical students should familiarize themselves with the faculty members (and residents) at their institution by researching departmental Web sites and talking to other students. It is helpful to evaluate a potential mentor's interactions with peers and medical students during teaching conferences or on rounds. When selecting career mentors, residents should also take into consideration the faculty members' reputations at the national level, track records of former mentees, areas of expertise and research opportunities.

Faculty members may need to have more than one mentor, as it is difficult to find a single individual in a mentee's area of interest who is an outstanding teacher, clinician, and researcher with the additional time to be a mentor. Mentees will likely need to develop multiple mentoring relationships over the courses of their careers to be successful. The workaholic mentor without any personal life may be a great research advisor but not be someone to emulate for work-life balance. Mentors need not be at one's home institution. For example, a mentor for overall career development may be a senior surgeon who is in a position of power or leadership at the mentee's local institution, while a mentor for advancement within the mentee's specialty may be a more senior surgeon outside the institution. Choosing a mentor from outside the mentee's department is acceptable and may be an advantage in establishing interdepartmental projects. Mentors can also

be leaders in the community who have achieved success in areas aspired to, such as community service or fund-raising.

Gender is often a consideration when mentoring relationships are being developed, especially because there is a shortage of female surgical mentors.<sup>13</sup> The literature has produced conflicting results, with some research suggesting that men are overall less effective career sponsors for women than female mentors.<sup>14</sup> Other evidence suggests that mentors of either gender are equally effective in counseling women about career advancement.<sup>7,15</sup> Same-gender role models may be more effective at providing advice and encouragement in issues relating to work-life balance. Although the literature does not provide clear evidence on specific gender advantages, it does show that in general, women are more likely to perceive the lack of mentors as a barrier.<sup>7</sup>

With more people seeking out mentors at the beginning of their careers, some medical institutions are stepping up efforts to enhance faculty development opportunities by targeting professionals often marginalized from the traditional tenure-track environment. These are predominately junior (and often female) faculty members with heavy clinical loads, moderate to heavy teaching responsibilities and little time for scholarly activities.<sup>16</sup> Some institutions follow a business model of formal mentor assignment. Others adopt a more random informal approach or combine the two by identifying pools of potential mentors and mentees, allowing them to select their own mentoring partners. The formal or institutionally assigned roles customarily assume the relationship to be a strictly professional one: the senior person ensures that the junior person completes institutional requirements and is progressing appropriately in his or her field of study.<sup>17</sup> Formal national programs include the Drexel Executive Leadership in Academic Medicine program,<sup>18</sup> the Junior Faculty Empowerment Program at Hershey,<sup>19</sup> and the American College of Surgeons and Association of Women Surgeons Early Career Women Faculty Mentoring Program.<sup>20</sup>

Informal mentoring relationships are more likely to involve a personal element since informal mentors are often role models for integrating professional and personal responsibilities.<sup>21</sup> It has been demonstrated that mentees with informal mentors demonstrated superior career development, higher incomes and more promotions than those with only formal mentors.<sup>9,22</sup>

Other forms of mentoring, such as co-mentoring,<sup>23</sup> "mosaic mentoring,"<sup>24</sup> a "collaborative" framework of mentoring (also called peer-group mentoring),<sup>24</sup> and long-distance mentoring can be successful when clear roles and goals are established for each mentor relationship. The differences in the initiation, structure, duration, and process of a mentoring relationship can affect its outcome. If nurtured, however, all models can be successful.

## The Mentorship Process

A mentor should set aside an hour for the first meeting with a mentee. Before the first meeting, the mentor should

obtain a copies of the mentee's curriculum vitae, grades, and evaluations, as appropriate. Generally, medical students who ask surgeons to serve as their mentors are interested in pursuing careers in surgery. To give appropriate guidance, a mentor must be familiar with the medical school class curriculum, know which courses are mandatory or optional, and appreciate the policy on 4th-year and "away" electives. The National Resident Matching Program's Web site<sup>25</sup> has a number of resources that are useful in advising medical students about their specialty choices.

Before meeting with resident mentees for the first time, mentors should familiarize themselves with institutional or departmental policies on parental leave, moonlighting, and grievances in addition to the Accreditation Council for Graduate Medical Education requirements for their specialties.<sup>26</sup>

If the mentee is a member of the faculty, the mentor should review the mentee's official job description to ensure that the expectations of the mentor, mentee, and chair are aligned. If possible, information should be gathered on clinical productivity to identify problem areas that might require intervention. Finally, the mentor should review the institution's promotion and tenure guidelines.

The purpose of the first meeting is to get to know each other and set some ground rules, including a commitment to confidentiality and to a regular meeting time. Expectations should be established about what each expects to gain from and contribute to the relationship. Goals and priorities should be identified, with an appropriate timeline. Goals could be categorized as personal, clinical, educational, research and financial but will need to be flexible, because priorities and opportunities will change with time.<sup>27</sup> There are many ways in which a mentor can guide a mentee. The mentor should ensure that the mentee is on committees, is a member of relevant professional organizations, and acquires additional skills that will aid career development. In addition, it may be beneficial if the mentor can facilitate invitations to social functions and assist in forming professional relationships in the institution and at the national level. A mentor can also provide guidance in identifying research opportunities to fund medical student or resident attendance at national meetings, such as the American College of Surgeons Resident and Medical Student Programs,<sup>28</sup> and identify awards for outstanding residents or medical students that will advance their careers.<sup>28,29</sup> Faculty members should be encouraged to start promotion portfolios and to ensure that they will meet the appropriate criteria for their academic tracks and ranks.

## Responsibilities of the Mentee

The mentoring relationship is one of collaboration that should ultimately benefit both parties. Therefore, mentees should demonstrate eagerness to learn, flexibility and an understanding of mentors' demanding schedules.<sup>30</sup> Mentees should be prompt for all appointments and respect the time

and effort their mentors are investing on their behalf. They should attend meetings prepared with lists of topics for discussion, including timelines for projects. Open and honest communication is essential, and mentees should be open to feedback and critique. Mentees should become active participants in their own futures by developing professional support networks within and outside their institutions.<sup>27</sup> They should participate in the activities of professional organizations both locally and nationally. Furthermore, mentees should request visible leadership roles and learn how to promote themselves without alienating others. Finally, mentees should ensure that they deliver, and deliver well, the tasks entrusted to them.<sup>30</sup>

A mentor is a unique individual who is a combination of friend, colleague, and more. As such, a mentee may witness private moments when the mentor lets his or her guard down, and the mentee should show loyalty and maintain confidentiality. Although some mentor-mentee relationships develop into long-lasting friendships, the relationship is, foremost, a professional one.

## Responsibilities of the Mentor

Mentoring is like parenting in many ways: just as good parenting skills are essential for the upbringing of future generations of children, so skills in mentoring are essential for developing future surgical leaders, educators, and role models. Similar to parenting, mentoring requires investments of time, energy, and emotional resources. Mentors serve the dual function of guiding professional and personal development. They are essential in assisting individuals to make successful transitions such as from student to resident or resident to junior faculty member.

Mentors support the professional development of mentees in multiple ways. They ensure that mentees achieve academic milestones. Mentors also contribute to the personal development of mentees by promoting their integration into the social environment of the workplace and assisting them in forming professional relationships that may lead to future collaboration. Mentors can also protect a mentee from excessive institutional demands, provide guidance in navigating institutional politics, and give advice on which requests are "career enhancing" or "career killing." A good mentor will encourage and demonstrate confidence in a mentee, ensure a supportive environment and provide frequent feedback.

Effective mentors balance support with challenge by providing opportunities and setting positive expectations.<sup>31</sup> Students may require active prompting and occasionally even pushing to encourage success, while more senior mentees may need less direction to achieve their goals. Deciding which mentorship style is appropriate can be extrapolated from the work of Hersey et al<sup>32</sup> on situational leadership in which leadership styles are divided into categories depending on the ability and motivation of the mentee. The amount of direction necessary for a mentor

to provide will depend on the development level of the mentee and the task at hand.

A mentor makes a long-term commitment to further the professional and personal development of a mentee. Over time, the perceptions of both members of the relationship will change as the mentee's performance evolves to new levels of competence under the mentor's guidance and support. In all cases, the mentor must respect the mentee and act responsibly, as the wrong advice could destroy a mentee's academic career. In this regard, it is important to make sure that advice is current and appropriate. Mentors must also maintain cultural and gender sensitivity toward mentees and respect confidentiality. Finally, mentors should be generous with credit and never see their mentees as a threat. It is worth emphasizing that imaginative, creative ideas often come from more junior colleagues. As with others we teach, we want to see our students reach beyond us, and our mentees' success is ultimately our success.<sup>19</sup>

## Challenges to Effective Mentoring

Contemporary mentoring presents challenges not faced previously by academic medicine's current leaders, most of whom were "groomed" by someone who looked, thought, and acted just like they did. The homogeneity of senior faculty members contrasts sharply with the heterogeneity of young faculty members, many of whom present priorities and values unfamiliar to their potential mentors. Given the rapidly changing complexities of medicine and career pathways, advice applicable even 5 years ago may no longer be helpful.<sup>24</sup> Because childbearing is often a priority in early years after residency for women they may have different career trajectories and later professional peaks.<sup>33</sup> Similarly, men may desire paternity leave and a more flexible schedule when starting a family. Mentors may need to assist mentees in the development of novel career pathways. Challenges may also arise because of the intensity of mentoring relationships and the potential for misunderstandings; one example might be cross-race and/or cross-gender relationships in which mentors may have trouble identifying with their mentees or vice versa. Finally, generational differences can significantly alter the mentoring relationship. Effective mentoring for generation X (born from the early 1960s to the early 1980s) and millennials or generation Y (born from the early 1980s to the early 2000s) present additional challenges.<sup>34,35</sup>

A mentee may not successfully meet agreed-upon goals because of personal difficulties or external problems. The most common problems are time constraints, lack of research funds, or infrastructure. With assistance and guidance, a mentee should learn to readjust priorities and say "no" to those distracting tasks that are not helpful in advancement. A mentor can help a mentee explore the option of outside grants from professional specialty organizations and industry or make an introduction to a colleague to improve the strength of a proposal.<sup>36</sup> It may be possible to "borrow" a colleague's

resources in exchange for the mentee's expertise. Unhelpful or obstructive colleagues can be the most challenging problem. Occasionally, it may be necessary for a mentor to facilitate negotiations on behalf of a mentee to resolve a conflict. There are instances in which mentees will need to follow different paths to seek advice and/or resolution depending on their institutions and positions. For example, medical students may seek advice from a representative of the dean of student affairs, residents likely have an ombudsman through the graduate medical education office, and faculty members would seek the counsel of their institutions' human resources departments for advice on relevant institutional grievance policies.

Some mentee problems may overstep the boundaries of the usual mentor-mentee relationships. Mentees may develop clinical depression or experience personality disorders, substance abuse or academic issues. Mentors should recognize when they are unable to resolve such problems and should refer challenged mentees to their primary care physicians or suggest consultation with specialists such as study counselors or psychologists. Mentors are not expected to take on roles in which they do not have expert skills.

Mentoring relationships mature toward an end in a number of ways: mentees graduate, change jobs, and/or need someone with different expertise. Both mentors and mentees should appreciate that as the relationship evolves, and mentees progress along their career paths, their needs may change in a direction that leads them away from their mentors. This can be perceived as an awkward time for both, but it should be regarded positively as evidence of the success of the mentoring relationship.

A more difficult situation is when a mentee encounters a bad mentor and needs to unilaterally terminate the relationship. A bad mentor may misinterpret a mentee's potential, fail to define appropriate professional and personal limits, or even take credit for the mentee's work. Competition between mentors and mentees can be a major contributor to a failed relationship.<sup>12</sup> Other qualities of a bad mentor include inappropriate praise or criticism, disregard for the mentee's opinions, and unethical and, rarely, immoral behavior. Major negative qualities include exploitation, secrecy, and dishonesty. The mentee will very carefully need to seek the advice of a more senior colleague, possibly at a different institution, and may need the advice of multiple colleagues to effectively manage ending an ineffective mentoring relationship. Care should be taken to gain the trust of the colleague from whom the mentee seeks advice while maintaining professionalism with regard to the issues of concern.

Mentoring is essential to the complex professional and personal development of contemporary surgeons. Although the process can be challenging, and expectations as outlined are significant on both sides, both mentor and mentee may derive great benefit from the relationship. Mentors have the opportunity to leave part of themselves in everyone they mentor. Long after they have retired from the world of grants, publications, students, and patients, their work will still be going on in those they have guided.<sup>1</sup>

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