



Mentoring in an Academic Environment

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Learning Objectives

At the conclusion Faculty Scholars will be able to:

1. Describe mentorship **models currently in use**, and the domains in which they can be used.
2. Relate **mentorship efficacy outcomes** attained in various mentoring models.
3. Evaluate **disparities in mentorship opportunities** across race/ethnicity/gender differences, and the **longitudinal impacts disparities can produce** on the workforce and patient populations.
4. Describe evidence-basis for **methods to increase mentoring opportunities** for URiMs
5. **Prepare for readiness as a mentor** using self-reflection

Instructor Disclosures

In compliance with ACCME Standards for Commercial Support of CME activities...

Rob Armstrong Martin

I have no relevant financial relationships to disclose.

My career is the result of continual mentoring! (both formal and informal)

- 1987-2007: professional performing artist & writer
- 2005-2015: Medical Education outcomes analyst
- 2015-present: Academic CME dean, Winthrop/NYUMC
- 2020-present: doctoral student (EdD), research focus on the professional development of clinicians

Scope of today's class

A. Good Practices in Mentorship

- *Mentee/Protégé Practice*
- *Mentor Practice*

B. Dyadic, Group and Peer mentoring techniques

C. Increasing mentoring equity and mentorship across differences

D. Getting ready to Mentor

Good Practice: What is Mentorship?

- **A mentor IS**...an experienced professional you turn to for advice on specific issues and experience not found in textbooks
- **A mentor IS NOT**...a guardian angel watching the protégé's every step and doing the job for them.
- The **quality of interaction** between a Mentor and Mentee can greatly enhance the relationship
- **What do Mentors and Mentees talk about?**
 - Goals and Expectations of the relationship
 - Experiences
 - Valuable resources, other sources of information
 - Revealing vulnerability can build interpersonal trust



- *Source:* Mentor/Mentee Program Guide 2011. From: Frances Maitland Memorial Lecture and Mentor/Mentee Program, Alliance for Continuing Education in the Health Professions (ACEHP.org), January 26, 2011. <http://www.acehp.org/d/do/102>

Good Practices in Mentorship:

Mentee/Protégé



Being an effective Mentee

- **Part I, Prepare for Mentorship:**
 1. **Be proactive:** do your homework and communicate what you hope to gain
 2. **Get to know** a little about your Mentor
 3. Think through meeting with your Mentor: **Identify clear, realistic goals** for this relationship
 4. **Prepare examples of situations, problems, or questions** you face in your job, decide what success would look like in any of those areas, and discuss alternatives with your mentor. Being prepared will go a long way toward making your experience productive. **A mentor can only point the way.**
 5. **Brainstorm:** write down all the goals desires, wishes and dreams you have for your career. Do not judge it before committing it paper/screen.
 6. Then **prioritize your goals and ideas** based on identified gaps in your self-assessment and job responsibilities.

- Source: Mentor/Mentee Program Guide 2011. From: Frances Maitland Memorial Lecture and Mentor/Mentee Program, Alliance for Continuing Education in the Health Professions (ACEHP.org), January 26, 2011. <http://www.acehp.org/d/do/102>

Being an effective Mentee(part 2: Engaging)

- Make sure you have a **solid plan to meet** and be prepared.
- **Don't cancel** if you think you are unprepared.
- **Engage with your Mentor actively**
- **Listen and take notes**
- **Communicate your goals and expectations,**
- **Ask what your Mentor sees as being important to accomplish.**
- **Consider how to apply tips and resources that your mentor suggests**
- **Use “trial balloons”** in the meeting to explore implementation

Being an effective Mentee (part 3, Progressing)

- **Share your goals** with your Mentor to make sure they are clear and realistic.
- **Be focused on your goals** but open to possibilities...
-but at the end of the day, **they are your goals to set**, (not your mentor's)
- **Be open to networking** with others as well:
 - No mentor is an expert in everything.
 - Consider forming a “mosaic of Mentors”, for various goals
- *Source: Mentor/Mentee Program Guide 2011. From: Frances Maitland Memorial Lecture and Mentor/Mentee Program, Alliance for Continuing Education in the Health Professions (ACEHP.org), January 26, 2011. <http://www.acehp.org/d/do/102>*

Good Practices in Mentorship: *Mentors*



Being an Effective Mentor (Part 1, Homework)

- **Be prepared to share** a list of experiences, skills, resources and networking opportunities that you can offer.
- **Ask for a brief description of their job function** if you are not familiar
- **Develop a clear plan for interacting**, think through meeting with your Mentee
- **Be accessible**
- **Invest time talking** with your Mentee

Being an Effective Mentor (Part 2, Framing)

- Mentoring is **not a passive** process—take the initiative!
- Offer some basic information about yourself and your background to **allow Mentee to discover similarities and differences.**
- **Acknowledge differences**, respect and welcome them.
- Ask your Mentee what they want to get out of this relationship and **help them develop a plan.**
- *Low-hanging fruit:* Ask if there is a **particular problem or issue** they are trying to address.
- Discuss their **goals and expectations**
- Take time to explain **hot topics, jargon, acronyms**
- **Listen, pause. Use silence** to invite further information.

Being an Effective Mentor (Part 3, Guiding)

- **Give useful feedback** and assist in problem-solving.
- **Learn your Mentee's needs** and be a source of information, providing your Mentee with resources, list books, articles, websites, events, listservs.
- **Provide advice only** *when applicable and selectively* challenge your mentee professionally. (“Constant feedback can feel like control”)
- **Aid your Mentee in networking**, introduce them to key people whose expertise may be helpful
- **Be flexible in your mentoring style and generous** with who you are and what you know.

Survey of Peer-mentoring models and group techniques



Student Support Groups

- **Student support groups** (== “Learning Community”?)
- Provide psychological safety for processing stressful experiences
- Peer-based, **reduces isolation**
- Opportunity to **reduce** (or exacerbate) “**imposter syndrome**”
- Opportunity to reduce **representation pressure** when the group is broadly diverse.
- **Should not be leaderless**, need a faculty lead

Source: Kehoe, N. (2020). Mentoring the evolution of a physician. *MD Advisor: A Journal for New Jersey Medical Community*, 13(1), 36-

37. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=mdc&AN=32101653&site=eds-live&scope=site&custid=uphoenix>

Learner-Centered Research Mentoring: Pursuing Personal Passion(P3) Interview:

- **Values clarification process** can help learners organize their curiosity and develop researchable questions aligned with their **personal and professional priorities.**
- **Closely parallels** strategies used in the **patient- centered clinical interview**
- **Uses open-ended questions, empathy, silence, reflection, restatement, and partnership** to develop a shared plan.
- **As with clinical interviewing, the P3 interview requires both strategic questioning and mindful listening.**
- **Resist the urge to drive toward limiting** the mentee’s research question and developing the methods
- **Iteratively ask “What makes that interesting to you?”**
- **Responding with silence or supportive reflection.**
- *Source:*Phillips, W. R. (2018). Pursuing personal passion: Learner-centered research mentoring. *Family Medicine*, 50(1), 41-46. <https://doi.org/10.22454/FamMed.2018.952474>

(P3 continued) Mentee interest areas can be grouped into three different lenses:

Table 3: Three Lenses of Inquiry to Focus Research Questions

Problem	Person, Patients, Populations	Process
Cancer prevention Family planning Otitis media Abnormal PAP smear	Refugee health Dementia patients Adopted children Jail health	Patient-doctor communication Clinical decision making MD behavior change Increase senior activity

Examples from 25 research mentees.

Table 4: Three Lenses of Inquiry—Example: Improving Antibiotic Use in the Management of Otitis Media (OM) in Children

Lens	Personal Passion
Problem	<i>Disease of OM</i> OM is the most common reason for using antibiotics in children. We need better understanding of the natural history, treatment and complications of this common and potentially serious problem to inform appropriate use of antibiotics. “I want to improve treatment and outcomes of OM.”
Person (Patients or populations)	<i>Child health</i> OM is a common health problem in children with possible adverse effects on hearing and language development. Improving OM management can improve outcomes for kids. “I want to improve children’s speech and language development, learning and social function.”
Process	<i>Shared decision-making in primary care</i> OM is a common clinical problem with several valid clinical approaches to the use of antibiotics. Visits provide opportunities to observe and test different interactions between clinicians and patients. “I want to increase shared decision making with patients and parents to guide appropriate care.”

Source: Phillips, W. R. (2018). Pursuing personal passion: Learner-centered research mentoring. *Family Medicine*, 50(1), 41-46. <https://doi.org/10.22454/FamMed.2018.95247>

Useful questions for P3 eliciting research ideas:

- Tell me about your interests.
- What is it about that topic that interests you most?
- Where does that interest come from?
- Have you had some experience that makes this topic important for you?
- We've talked about several topics. Is there something that connects them in your mind?
- When you imagine making a difference, what might that look like?
- If you did this study, what would your next study be?

Be Iterative: drill deeper...

Source: Phillips, W. R. (2018). Pursuing personal passion: Learner-centered research mentoring. *Family Medicine*, 50(1), 41-46. <https://doi.org/10.22454/FamMed.2018.952474>

The P3 interview can be a useful tool for both mentors and mentees to help shape the choice of research topic, *then:*

- **PICOS framework** can then help formulate an answerable question in terms of **Patients (or Problem), Intervention, Comparison, Outcomes and Study** designs.
- **FINER criteria** can then help assess if the research proposal is **Feasible, Interesting, Novel, Ethical and Relevant**.
- *Source:* Phillips, W. R. (2018). Pursuing personal passion: Learner-centered research mentoring. *Family Medicine*, 50(1), 41-46. <https://doi.org/10.22454/FamMed.2018.952474>

Departmental mentoring groups

The BETER tool : (Burnout Elimination Through Education and Reflection)

- Division–based, cooperative assessment and planning framework developed to address burnout by implementing individual mentorship in burnout identification and reduction.
- Physician mentees first fill out a form **self-assessing** the degree of their burnout (from no burnout to high) and potential causes
- **Review the assessment with their mentors.**
- Mentor then uses this information to **guide the mentee on how to reduce burnout**, if present, considering the identified individual triggers and associated potential interventions from an evidence- based list.
- Mentors' knowledge of and confidence in mentoring to reduce burnout **increased**, ability to effect change in division to reduce burnout **decreased**.

Source: Goelz, E., Audi, C., Poplau, S., Freese, R., Linzer, M., & Stillman, M. (2020). The beter tool: A mentorship intervention for addressing burnout in medicine department physicians. *Physician Leadership Journal*, 7(2), 36-

44. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=f5h&AN=146824871&site=eds-live&scope=site&custid=uphoenix>

Mastermind Groups

- Offer an alternative model of group mentorship that benefits from the combined intelligence and accumulated experience of the participants involved.
- Used as an opportunity for faculty development by a globally distributed team of health professions educators.
- Composed of multiple colleagues, including near-peers and at different stages of their academic careers,
- Regularly scheduled meetings
- Group benefits from the combined intelligence and accumulated experience of the participants.
- In fact, for effective mentorship it may be advantageous to connect academic physicians from different centers, may be less influenced by personal gains and local politics.
- 1. Before the first meeting, pre-work self-assessment survey is assigned to all participants.
- 2. During the first 90-minute of the Mastermind meeting, the participants discuss self-assessments and comment on each other's strengths, weaknesses, and career trajectories.
- 3. Before the second meeting, each participant contributes to the shared, online document, suggesting resources, connections, and 'next-steps' personalized for each other.
- 4. The second 90-minute Mastermind meeting is used to discuss action plans for each participant proposed by the group members.
- Source: Paetow, G., Zaver, F., Gottlieb, M., Chan, T. M., Lin, M., & Gisondi, M. A. (2018). Online mastermind groups: A non-hierarchical mentorship model for professional development. *Cureus*, 10(7), e3013. <https://doi.org/10.7759/cureus.3013>



Peer (Leaderless) groups: ASPECT model

- Finding effective mentors challenging, particularly true for women, who report lack of mentorship as the most critical factor inhibiting career advancement. Contributing to the gender gap that continues to exist –in promotion, productivity, and pay, and higher rates of burnout reported by female physicians.
- **Use of mentoring networks**, rather than dyadic mentoring alone, has become increasingly recognized as a potential way to better meet the diverse needs of a mentee
- **Accelerate Scholarship through Personal Engagement with a Collaborative Team (ASPECT) Model**, combines different elements from Mastermind Group, peer mentoring group, and peer writing group models.
- Key Elements: 1) a **shared overarching research goal**; 2) **regular, structured meetings**; 3) a **flexible and collaborative arrangement** with "**group accountability**"; and 4) a focus on the **human connection**.
 - Longitudinal focus on **joint scholarly productivity** around a common theme of interest—Engaging in multiple projects simultaneously, with different members alternating taking the lead, has enhanced productivity.
 - Develop a connection to each other allows the group to **provide psychosocial support**
 - **Obtaining advice from others not in supervisory hierarchy**, not entrenched in the politics at of the home institution
- *Source:* Abramson, E. L., Naifeh, M. M., Stevenson, M. D., & Li, S. T. (2019). Scholarly collaboration, mentorship, and friendship: A new model for success in academic medicine. *Academic Pediatrics*, 19(8), 860-864. <https://doi.org/10.1016/j.acap.2019.07.010>

Increasing mentoring equity and mentorship across differences



Mentoring across differences(Osman)

- Mentoring trainings often provide a **generic set of skills** to enhance communication and collaboration between mentor and mentee.
- Without a critical awareness of **differences that are socially meaningful** *and*
- Without a consciously developed and honed set of communication skills:
 - mentoring relationships **will fail to achieve their full potential to enhance the career opportunities of vulnerable and underrepresented groups** within the medical field. ***In other words, talk overtly about the differences***
- Osman found that the topic of age/generational differences was less provocative than gender or race.

Osman (continued):

Case-based implicit bias training:

Resulting pearls:

- **Recognize and identify assumptions** (about ethnicity, race, gender, age, etc.).
- Learn to create an environment that **promotes open discussion about difference**.
- Mentors take an **active approach to creating new opportunities for mentees to explore** a wide variety of roles, educational experiences, and experiments.
- **Develop a comprehensive definition of the roles** and responsibilities of mentor to mentee, including providing **psychosocial support**, coaching, advocacy, and exposure to opportunities and networks.
- Understand the **pros and cons of same-identity mentoring** relationships.
- Cultivate developmental **networks**.
- Seek to understand and appreciate **generational differences**.

Increasing mentoring equity for URiM's:



“Women in Medicine are OVER-mentored and UNDER-promoted.”

-Mary Turco, PhD, Past President, Society of Academic Continuing Medical Education, 2016-18,

Success in academia requires mentorship, persistence, resilience, and the emergence of self-confidence.

- **Factors that promote doubt or that compete for the attention of faculty can stall a career.**
 - May include overt sexism or racism or more subtle biases and microaggressions
 - Also may include feelings of **isolation, inadequacy, and distractions** related to institutional expectations of citizenship (the “minority tax”), competing family commitments, financial concerns, and stress regarding personal safety or the safety of loved ones.
- **Factors are compounded when there is a lack of role models.**
- **It takes a village** to address overt sexism or racism and insidious verbal and nonverbal behaviors that convey, in the words of the National Academies report on sexual harassment, **“hostility, objectification, exclusion, or second-class status”**.
- Through dialogue and formal conversations about unconscious bias, sexism, and racism, we can **create a community in which witnesses of bad behavior feel comfortable naming the behavior** and, when appropriate, intervening. **All of us can serve as allies.**

Is being an ally enough?

- Source: Brown, N. J. (2020). Promoting the success of women and minority physician-scientists in academic medicine: A dean's perspective. *Journal of Clinical Investigation*, 130(12), 6201. <https://doi.org/10.1172/JCI144526>

Haggins: Doctors of Tomorrow, mentoring to increase the medical workforce pipeline

- URiMs more likely to experience **challenges in obtaining mentors even prior to college**. Lack of mentorship one of several factors that impede achieving a more diverse healthcare workforce.
- Near-Peer mentor relationships- a partnership between persons **close in social, professional or age levels**. **Used** in STEM, business and education to increase access to mentors and create pathways to achieve more inclusive and diverse student populations.
- **Less formal interactions with junior mentors may be more relatable** and accessible than those with more traditional senior mentors.
- Pairs M1 with freshman high school students interested in pursuing a healthcare career. 80m+80p→70m+52p responders
- Regular contact positively influenced their relationships: Many **proteges recognized that their mentors were making a concerted effort to spend time with them**; were aware of the challenges of their medical student mentors' arduous schedules.

Haggins (continued)

- High school students to **receive encouragement from people at a stage of education that they hope to achieve.**
 - Mentorship pairs **not racially or gender congruent**, concerns or issues related to differences in race or gender did not emerge in the data.
 - Mentor benefits seen:
 - Over the course of **medical school, students' excitement for medicine and empathy can erode, and they become more cynical** about their role in health care.
 - Study highlights that **building meaningful connections** with pre-med students can help provide experiences that **buffer the decline of key altruistic attitudes and behaviors.**
- Source: Haggins, A., Sandhu, G., & Ross, P. T. (2018). Value of near-peer mentorship from protégé and mentor perspectives: A strategy to increase physician workforce diversity. *Journal of the National Medical Association*, 110(4), 399-406. <https://doi.org/10.1016/j.jnma.2017.09.001>

Price: Representation in medicine.

- “You don’t have to be a black male or a minority to mentor a minority student – anybody can do it. There’s just not enough [minority physicians] to do it, so **we need other people to help us do that work.**”
 - **Dale Okorodudu, MD**, assistant professor of internal medicine for pulmonary and critical care at UT Southwestern Medical School in Dallas.
 - “A physician of any race or gender can be a mentor or role model. But people who mentor students from a different cultural background should learn as much as possible about the students they’re working with to mentor effectively. **If you’re mentoring as if everyone is the same, I think the message gets lost,**”
 - **Jamboor Vishwanatha, PhD**, director of the Texas Center for Health Disparities at the University of North Texas Health Science Center at Fort Worth
- *Source:* Price, S. (2019). Inspiring choices: Mentorship can boost african-american representation in medicine. *Texas Medicine*, 115(6), 38-41. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=mdc&AN=31260539&site=eds-live&scope=site&custid=uphoenix>

Am I ready to be a mentor?

Six Qualities of a Good Mentor

1. **Commitment:** Follow-up and Follow-thru
2. **Energy:** Being a mentor is not a passive role; it takes initiative and creativity.
3. **Time**
4. **Experience**
5. **Trustworthiness:** confidentiality, tact, integrity, disclosure of conflicts)
6. **Self-Reflection ability:** what can you can share that others might value; Reflect on this for/with others to identify and acknowledge their own unique contributions (Appreciative Inquiry)

Six Benefits of Being a Mentor

1. Mentees become **colleagues**
2. Mentees **challenge** Mentors, enabling both to stay on top of new developments
3. Mentees expand your professional **network**
4. Mentees **remember** Mentors
5. Mentees offer the opportunity to encourage, inspire, and **facilitate change** within the profession
6. Mentees bring **new perspective** to Mentors

Source: Mentor/Mentee Program Guide 2011. From: Frances Maitland Memorial Lecture and Mentor/Mentee Program, Alliance for Continuing Education in the Health Professions (ACEHP.org), January 26, 2011. <http://www.acehp.org/d/do/102>

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Thank you!