

SCHULICH MENTORSHIP PROGRAM

CONTENTS

- 1. INTRODUCTION AND RATIONALE**
- 2. MENTORSHIP COMMITTEE ROLE**
- 3. ILLUSTRATIVE MENTORSHIP COMMITTEE FUNCTIONS**
- 4. MENTORSHIP COMMITTEE STRUCTURE**
- 5. ROLE OF THE MENTEE**
- 6. ROLE OF PERSONAL MENTORING**
- 7. MENTORING AS AN ACADEMIC EXPECTATION**
- 8. MENTORSHIP VERSUS (ANNUAL) PERFORMANCE APPRAISAL**
- 9. USE OF MEETING NOTES**
- 10. REPORTING REQUIREMENTS**
- 11. PROGRAM PARTICIPATION**
- 12. PROGRAM EVALUATION**
- 13. ACKNOWLEDGEMENTS**
- 14. REFERENCES**

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**MENTORSHIP PROGRAM
SCHULICH SCHOOL OF MEDICINE & DENTISTRY**

1. BACKGROUND / RATIONALE

The existence, maintenance and monitoring of a robust career development framework is regarded as a key determinant of success for any academic organization, based on a generally accepted logic sequence: individuals whose career aspirations are frequently reviewed and nurtured will be more fulfilled, more competent and more productive, and their resultant enhanced performances will benefit the organization as a whole (Gray & Armstrong, 2003; DeAngelis, 2004; Wasserstein et al, 2006; Sambunjak, et al, 2006; Mahoney et al, 2008).

The Schulich School of Medicine & Dentistry is committed to the success of our faculty, and accordingly has instituted a number of processes and supports to assist in career development. These include the following:

a) clear descriptions of workload and performance expectations at the time of hiring and review:

- 1) mandated policy for UWOFAs Basic Scientists under the UWOFAs Collective Agreement (2009)
- 2) newly established SSMD policy for Basic Scientists in Clinical Departments and Institutes (2010).

Academic Role Categories Policy for Clinical Academics (2009)

b) annual performance review and goal-setting:

- 1) mandatory for all Probationary UWOFAs faculty until promotion and tenure is achieved (Collective Agreement, 2009)
- 2) mandatory CDP for Clinical Academics (2002), required annually for the first 3 years and biannually or every 3 years

c) leadership training opportunities for Clinical Academics, jointly with the London teaching hospitals as part of the Talent Management program (in development, 2010).

Mentorship has been validated as a valuable component of any career development framework and, with the encouragement of the Dean, has been universally adopted by Basic Science Departments. Although a Mentorship Committee is not mandated by the Collective Agreement, which mentions mentorship in the context of the annual interview with each Probationary Faculty Member, almost all new faculty have taken advantage of mentorship when offered. Mentorship is also widely available in Clinical Departments although the processes used have been more variable. Given the foregoing it is desirable to ensure mentorship availability for all new faculty, and to provide procedural guidelines (Morahan, 2001), while at the same time retaining a crucial feature, namely that it is (perceived to be) voluntary and formative by the mentees.

With that proviso, a mentorship program that will extend across the Schulich School of Medicine & Dentistry is described below. The key elements of the program are the establishment, within each Department, of a formal Mentorship process to ensure that mentorship is offered to each eligible faculty member, the functions and form of a Mentorship Committee, and mentorship reporting requirements.

2. MENTORSHIP COMMITTEE ROLE

Normally, a major component of an individual's mentorship is achieved via a Mentorship Committee. The role of the Mentorship Committee is to advise on, coach and monitor the career path and networking of the mentee. Potential mentees include (but are not necessarily limited to) all faculty who have not yet achieved career rank and/or tenure, where appropriate. The Chair of the Department\Division will ask a

member of the Mentorship Committee to organize and facilitate the first meeting of the Committee. After the first meeting the mentee will organize and facilitate the subsequent meetings.

3. ILLUSTRATIVE FUNCTIONS:

Since the Committee's role is to provide advice and/or coaching on any/all aspects of the mentee's career development, the following is an illustrative but not necessarily comprehensive list of Committee functions:

- a) provide general advice re: career development, e.g. establishing a focused research theme, undertaking educational scholarship, time management, understanding organizational structures and processes, networking, academic rights and responsibilities, meaningful involvement in internal and external organizations (peer review agencies, professional societies, etc.), etc.;
- b) assist the mentee to establish short- and intermediate-term academic goals, including teaching and service, and to ensure that these goals, and the resultant activities and tasks, are aligned to his/her agreed-upon academic (clinical) role(s);
- c) identify and facilitate external and/or collaborative opportunities that are consistent with the mentee's academic role(s);
- d) advocate to the relevant authority(ies) for provision of resources required to optimize the mentee's academic role(s);
- e) (upon request) act as initial internal reviewers for any new academic proposal prepared by the mentee (e.g. applications for seed resources, grant applications, draft manuscripts, etc.);
- f) assist the mentee in developing a resource plan / time line / critical path for any new academic initiatives;

- g) provide confidential and constructive but dispassionate advice re: academic performance, promotion requirements, etc.;
- h) where appropriate, recommend formal professional and/or leadership development, and
- i) where appropriate, advise regarding a contemplated change in role.

4. DEPARTMENTAL MENTORSHIP COMMITTEE STRUCTURE

Although flexibility in the approach to mentorship is desirable, successful programs contain several common structural elements. Accordingly, this section provides guidelines for Departmental Mentorship Committees, subdivided into those that are recommended, desirable, or optional.

a) Recommended:

- 1) A Mentorship Committee is offered to each newly appointed faculty member, with the first meeting within 3-6 months of the member's appointment.
- 2) There is a single Mentorship Committee for each faculty member, with committee representation designed to cover all pertinent institutional perspectives (e.g. cross-appointed Department, hospital(s), research institute, Clinical Practice Leader, etc.)
- 3) The Committee contain at least one member with expertise in the area of the mentee's major academic role.
- 4) The Committee will meet at least twice annually, for a minimum of 3 years following any initial appointment below career rank.
- 5) All aspects of the mentee's academic role are considered (with explicit reference to the academic role description) when providing advice.

- 6) At a minimum, the Department (Division) leader(s), and Institute Director, where applicable, is (are) a corresponding member of the Committee.
- 7) Committee membership is established jointly by the stakeholders: the Home Department (Division) leader, (where applicable the Institute Director, the Clinical Practice Leader, and the Cross-appointed Department (Division) leader), and the faculty member.

b) Desirable:

- 1) The Committee is chaired by a member of the faculty member's home Department, with a working knowledge of the home Department academic processes (e.g. graduate studies, clinical role(s), promotion, etc.).
- 2) The Committee contains a member from outside the home department, selected with a view to providing an additional perspective and/or assisting in the establishment of collaborative activities.
- 3) by acting as the recording secretary for the Committee, the Mentee is responsible for and confirms key decisions, action items, etc.
- 4) all members of the Mentorship Committee shall review and may edit the notes of the meeting, before the final version is archived.

c) Optional:

- 1) In smaller Departments (Divisions), the Department (Division) leader may decide to participate as a full member of the committee only if every attempt has been made to find an alternative mentor. Advantages include cogent advice, personal academic collaboration, authority to act on resource recommendations, etc. However the potential disadvantages are that the leader is, or is perceived to be, in role conflict (Taherian & Shekarchian, 2008) because of his/her fiduciary role, and may dominate discussion to the point that the formative climate of the

Committee is disrupted. Thus the pros and cons of active participation need to be weighed carefully, and in any case it is preferable that the Department (Division) leader not chair the committee.

- 2) Since the major role of the Mentorship Committee is to advise re: scholarly academic pursuits, the committee's major focus will commonly be on pertinent traditional academic domains (research and/or teaching). However, if additional domains (e.g. administration, creative professional activities) form a major component of the member's role description (see Academic Role Categories Policy), committee expertise in these domains is desirable, since (e.g.), a major goal for a Clinician Teacher (q.v.) may be to establish or enhance a clinical program.
- 3) The size of the committee is a trade-off between breadth of perspective and effectiveness. Usually, a committee size of 3-4 (including the faculty member) is appropriate.

5. ROLE OF THE MENTEE

As implied in the previous section, the primary responsibility for ensuring the utility of mentorship rests with the mentee - hence the mentee's role in providing input to the leader regarding committee membership, calling meetings, providing the current role description so it can serve as a frame of reference where necessary, keeping records, following up on action items, seeking advice from mentors between meetings etc etc. As a corollary, the mentee is expected to seek a change in mentorship if it is not meeting his/her needs.

6. ROLE OF PERSONAL MENTORING

Effective mentoring can: be formal or informal; evolve spontaneously or naturally, or it can be planned and systematic; occur as part of a program, within a cohort group, or one-on-one; or take place over a relatively short period of time, or it can endure for a lifetime (Girves et al, 2005). There are several models of mentoring. Historically, academic mentorship was most often provided by one or more academic colleagues in one-on-one encounters. Typically the mentor and protégé shared a vocation and mentoring drew heavily on a mentor's experiences (Horvath, 2007). Although this style of mentoring has often proven invaluable, three limitations are sufficiently common as to be inherent: the mentoring is very often informal / ad hoc, only the mentor's individual perspective is represented and the mentor often focuses predominantly on a subset of the member's overall academic role (e.g. research versus teaching or vice versa). Other models of mentoring including peer mentoring in which people of similar rank who share interests work together toward common goals (Mayer et al, 2008); and the Multiple-Mentoring Model, in which the mentee is encouraged to develop a mentoring community consisting of multiple mentors who are sought to address and support the various aspects and the needs of the mentee (Chesler & Chesler, 2002). Thus while these other models of mentoring, especially informal one-on-one mentoring, should be encouraged, they are **NOT** a substitute for the process outlined herein.

The preferred approach will usually be different for individuals taking on new or changed roles (e.g. leadership) later in their career. In these circumstances, specific coaching in the new or changed role is the major goal and one-on-one mentorship (the personal "coach") is the most common model.

7. MENTORING AS AN ACADEMIC EXPECTATION

Since mentoring is an expected activity of more experienced faculty, it should not be viewed as a supernumerary function, performed out of a sense of “noblesse oblige”. Rather, mentoring should be an expected faculty role and incorporated into the individual's role description (for Clinical Academics, see Academic Role Categories policy 2009), time commitment and recognition.

Formal training in mentoring is encouraged and the availability of training modules needs to be confirmed.

Departmental and faculty mechanisms for recognition of exemplary mentors are a prerequisite of this policy. Examples include remuneration, performance evaluation (annual appraisal, promotion, etc.) and awards programs (Morahan, 2001).

8. RELATIONSHIP OF MENTORSHIP TO (ANNUAL) PERFORMANCE APPRAISAL

Mentorship and (annual) performance appraisal are interrelated, but separable functions. The major commonality is that both processes are expected to be bidirectional and therefore operate by mutual agreement. However the major thrust of mentorship is formative (i.e. to provide career guidance), although the tactics deployed to meet this purpose may have summative components (e.g. ensuring that task time lines are met). The mentors do not normally have a direct reporting relationship with the mentee, and Committee recommendations are not binding. In contrast annual performance appraisal (for both the UWOFA and Clinical Academic faculty) is at least partly summative, since it is conducted by the primary supervisor, and since a major agenda item (review of the metrics of previous year's performance) is summative. In addition, although goal setting for the forthcoming year is a bidirectional exercise, the outcome is a series of mutually agreed upon expectations, not suggestions. These

distinctions are reflected in the different reporting requirements for mentorship and performance appraisal.

9. USE OF MENTORSHIP MEETING RECORDS

The purpose of maintaining a record of Mentorship meetings is to capture any agreements / tactics discussed, and to document action items. They can be formal (“minutes”) or informal (“aides memoire”, “meeting notes”). However, since the purpose of the meeting is formative, it is at the discretion of the mentee whether the meeting notes are given to the Department\Division Chair. There is also no requirement to circulate meeting records to the Department Appointments, Promotions (and Tenure) Committee.

On the other hand, for UWOFA appointees, with consent of the mentee, the minutes of Mentorship Committee meetings will be presented as data during the Annual Probationary Review meeting, but will not form part of the official file.

10. MENTORSHIP REPORTING REQUIREMENTS

Mentorship reporting requirements are as follows:

- a. To the Department (Divisional) leader and, where appropriate, the leader of cross-appointed Department, Institute head, Professional Practice Leader etc.: record of Committee membership/attendance and, at the discretion of the Mentee, records (minutes) of each meeting.
- b. To the Departmental Appointment, Promotion (and Tenure) Committee: a report of the initial Committee membership and confirmation of first meeting, as part of the appointment process.

- c. To the Dean's office (plus, where appropriate, Medical Affairs office), as a section of the Annual Departmental report: report of Committee membership and all meeting dates for each faculty member enrolled in Mentorship program.

11. MENTORSHIP PROGRAM PARTICIPATION

a) Basic Science and Dental faculty (UWOFA appointees)

- 1) Mentorship is offered to all faculty at the time of initial appointment at the rank of Assistant Professor.
- 2) Although (by UWOFA policy) mentorship is not mandatory, all new faculty are strongly encouraged to participate in the program and the offer of mentorship must be documented.
- 3) For new appointees at career rank (Associate Professor or higher), mentorship is offered, but optional.
- 4) For other faculty at career rank (e.g. those contemplating a substantial change in career path) mentorship can be provided upon request.

b) Clinical Academic Faculty

- 1) For all Clinical Academics with an initial appointment at the rank of Assistant Professor, mentorship is offered at the time of initial appointment and is available for at least the first 3 years and highly desirable until promotion is anticipated/achieved.
- 2) For all Clinical Academics newly appointed at career rank (Associate Professor, Professor), mentorship is offered, and particularly recommended for internationally trained and recruited staff.

- 3) For Clinical Academics newly appointed in the role category of Clinician teacher, mentorship should address clinical aspects of the role (“creative professional activities”).
- 4) (Re) enrolment in the Mentorship Program should be offered for any Clinical Academic for whom a change in role category is being contemplated.

12. EVALUATION

These policies and guidelines should be evaluated at appropriate intervals (e.g. interim evaluation at 1 year, then formal evaluation at 3 years) with program modification, if necessary, based on the results of the evaluation(s). Sample evaluation questions might include the following:

- a) Was the target mentorship pool appropriate?
- b) Were all targeted faculty offered mentorship?
- c) What percentage received it?
- d) Was the process and frequency of mentorship activities appropriate?
- e) What were the outcomes, as assessed by both the mentors and the recipients?
- f) What was the perceived value of meetings versus informal/individual mentoring?
- g) Was participation in this Mentorship Committee valuable for the mentee and/or mentors?
- h) What might have made the mentorship activities more productive for the mentee and/or mentors?
- i) For mentors, was the recognition of the contribution appropriately recognized/valued by the mentee/Department/Division?
- j) For mentors, what would enhance the role as a mentor?

13. ACKNOWLEDGEMENTS

These policies and guidelines reflect a consensus developed by the Mentorship Working Group, comprised of David Hollomby, Doug Jones, David Litchfield, Duncan MacRae, Margaret Steele and Nigel Paterson (Chair).

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