SCHULICH MENTORSHIP PROGRAM

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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 regularly reviewed and supported are more likely to experience professional development and career success, with benefits to both faculty members and academic organizations (Crites et al., 2023; Abdollahi & Heshmati Nabavi, 2023, Sambunjak et al. 2006).

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:

1. **Clear descriptions of workload and performance expectations at the time of hiring and review**:
    a. mentorship for UWOFA Basic Scientists in Clinical Departments pursuant to Basic Scientists in Clinical Departments article of the Faculty Collective Agreement
    b. Mentorship for Clinical Academics pursuant to the Conditions of Appointment for Physicians document
2. **Annual performance review and goal-setting**:
    a. mandatory for all Probationary UWOFA faculty until promotion, tenure or continuing appointment is achieved (Faculty Collective Agreement)

b. mandatory Career Development Plan (CDP) for Clinical Academics, required annually for a Clinical Academic with a Limited Term Appointment and biannually for Clinical Academic with a Continuing Appointment.
c. leadership training opportunities for Clinical Academics

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 (Crites 2023, 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) provides advise to mentee on strategies to optimize resources to support the academic role (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.);

e) assist the mentee in developing a resource plan / timeline / critical path for any new academic initiatives;

f) provide confidential and constructive and objective advice re: academic performance, promotion requirements, etc.;

g) where appropriate, recommend formal professional and/or leadership development,

h) where appropriate, advise regarding a contemplated change in role.

i) In providing academic guidance takes into consideration personal factors and obligations to ensure the mentee's career development supports personal wellness

4. DEPARTMENTAL MENTORSHIP COMMITTEE STRUCTURE

Although flexibility in the approach to mentorship is desirable, successful programs contain several common structural elements (Farid et al. 2022 and Salazar Campo et al. 2024). 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 committee identified within 3-6 months of the member's appointment and the first meeting held within the first year 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 contains 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 following any initial appointment below career rank.
5) All aspects of the mentee's academic role (with explicit reference to the academic role description) and personal circumstances are considered when providing advice.
6) 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 does 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. Members may also be solicited based on similar work/life experience with the goal of assisting the mentee in developing a professional program that supports personal wellness.
3) The size of the committee is a trade-off between breadth of perspective and effectiveness. Usually, a minimum committee size of 3 is appropriate (mentee, 1 mentor internal to the Department/Division, 1 mentor external to the

Department/Division)

4) In some cases, alternate mentoring models (i.e. peer to peer mentoring groups) may be required depending on the relative distribution of career stages within a Division (i.e. larger proportion of assistant vs. associate or full professors)
5) Emeritus faculty are welcomed and encouraged to participate on Mentorship committees

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. As a corollary, the mentee is expected to seek a change in mentorship if it is not meeting their needs and will work with their Department/Division leader in this.

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 (Abdollahi & Heshmati Nabavi, 2023; Farid et al., 2022; Salazar Campo et al., 2024) 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 (Abdollahi & Heshmati Nabavi, 2023; Farid et al., 2022; Salazar Campo et al., 2024) 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 (Abdollahi & Heshmati Nabavi, 2023; Farid et al., 2022; Salazar Campo et al., 2024) 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(Abdollahi & Heshmati Nabavi, 2023; Farid et al., 2022; Salazar Campo et al., 2024). 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.

It is also acknowledged that in some academic environments and units, these alternate mentoring models may be necessary in order to provide mentorship and are preferable to the alternative of no mentoring at all.

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 (Crites 2023), In particular, mentorship is viewed as a high value academic activity from the perspective of academic promotion.

8. RELATIONSHIP OF MENTORSHIP TO (ANNUAL) PERFORMANCE APPRAISAL

Mentorship and (annual) performance appraisal are interrelated, but separable functions. (House et al. 2021) 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 timelines 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 Lecturer or Assistant Professor, mentorship is offered at the time of initial appointment and

is highly encouraged

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) Mentorship should be offered for any Clinical Academic for whom a change in role category is being contemplated.
4) Upon promotion to Associate Professor (Career Rank), establishment or continuation of a mentorship committee should be offered and encouraged for those who are contemplating further promotion to Full Professor in the future

12. SUPPORTS

1) Mentorship Lead

In order to support and promote Mentorship processes within individual Departments and Divisions it is encouraged that a Faculty member be appointed as a Mentorship Lead. In some instances this role will be aligned with other Departmental/Divisional Faculty Development roles. The role of the Mentorship Lead will be to work with the Departmental and Divisional Leaders (i.e. Department Chair) and Schulich Leaders (i.e. Vice Dean, Clinical Academic Affairs) to develop effective processes to encourage support successful Mentorship within the individual Academic Units

2. Administrative Resources

Support for Mentorship processes will lie at the level of the individual Departments and Divisions and should include administrative support to Mentorship Leads and composition

and frequency of Mentorship Committee meetings, supplying Mentorship activity information to inform Promotion Dossier preparation and CDP processes). Through the Decanal offices, general Mentorship resources will be provided (i.e. website with up to date Mentorship policies, assistance with matching Mentees with Mentors as required)

13. EVALUATION

These policies and guidelines should be evaluated at appropriate intervals and this evaluation will typically be led by the Vice Dean, Clinical Academic Affairs (or equivalent)

14. ACKNOWLEDGEMENTS

Original 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). Revised policy reflects the consensus of the Mentorship Oversight Committee led by the Vice Dean, Clinical Academic Affairs

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