Canadian Medical Education Journal

Black Ice

Six ways to get a grip on a mentorship program for residents and faculty

Lea Harper,[1] Christopher A Hergott,[2] Sylvain Coderre,[3] Kenna Kelly-Turner,[4] Melinda Davis,[5] Kevin McLaughlin[6]

[1]Director of Research and Evaluation, Postgraduate Medical Education, University of Calgary, Alberta, Canada; [2]Adult Respirology Program Director, University of Calgary, Alberta, Canada; [3]Director of Teaching Innovations, Undergraduate Medical Education, University of Calgary, Alberta, Canada; [4]Senior Program Development Specialist, Faculty of Graduate Studies, University of Calgary, Alberta, Canada; [5]Associate Dean, Postgraduate Medical Education, University of Calgary, Alberta, Canada; [6]Director of Research, Undergraduate Medical Education, University of Calgary, Alberta, Canada

Correspondence to: Lea Harper, 7th floor, North Tower, Foothills Medical Center, 1403 29th Street NW, Calgary, AB, T2N 2T9; phone: 403-944-3224; email: lea.harper@ucalgary.ca

Published ahead of issue: Dec 20, 2024; CMEJ 2024 Available at https://doi.org/10.36834/cmej.79339

Abstract

Mentorship is recognized as beneficial to the personal and professional development of physicians. It has been shown to positively influence career success and research productivity for the mentee, while being associated with increased job satisfaction and lower risk of burnout for the mentor. At an institutional level, when aligned with strategic priorities, mentorship can facilitate gender and racial equality, and improve faculty retention. Consequently, there are calls to prioritize and formalize mentorship, yet the optimal way to achieve this remains elusive. How exactly do we create a mentorship program that is viewed as effective from the perspective of the mentor, mentee, and the institution? In this article we approach mentorship as a *complex* system, and through this lens we aim to provide medical educators and leaders with guidance on how to create and evaluate a program that provides mentees with distributed and precision mentoring, while also aligning with institutional priorities.

Résumé

Résumé français à venir.

Introduction

"Omwana taba womoi" (a child belongs not to one parent or home) - Haya proverb

Mentorship is now recognized as an important way to foster the development of training physicians.[1] However, traditionally mentorship has occurred in an *ad hoc* fashion that carries the risk of inequity,[2] and which may be reflected in the fact that although female physicians value mentorship as much as their male colleagues, they are significantly less likely to have a mentor.[3] Persons underrepresented in medicine similarly face challenges in accessing mentorship, in part due to lack of like-mentors and cross-cultural differences.[4] To address these inequities, and also to achieve institutional benefits of mentoring–including increased research productivity,

enhanced faculty diversity, and improved faculty retention –there have been calls for formalization of mentorship at academic institutions, arguing that establishing a culture of mentorship be elevated to the level of a strategic priority.[5] So how can we best achieve this?

Mentorship has been described as the prototypical complex adaptive system where outcomes are affected by dynamic interactions between the mentee, their mentor(s), content-area(s), and learning context.[6] Moreover, the mentoring needs are specific to the individual mentee and change over time. For this reason, we feel that mentorship is best viewed through the lens of Complexity Theory where our approach to mentoring acknowledges these dynamic interactions and allows distributed and precision mentoring so that different individuals can meet the specific needs of a mentee at a given point in time.[7] Consistent with this perspective, we offer six ways to get a grip on creating a successful mentorship program.

1. Prioritize mentorship at an institutional level

By prioritizing mentorship, common barriers can be overcome and mentorship aligned with institutional strategic priorities.[5] This starts with getting program support from key leaders and collaborators–which could include program directors, department heads, and deans. With this support, there can be increased visibility and promotion of the program from key and influential persons along with sustainable funding that is required to create and maintain a culture of mentorship.[5] Further, providing faculty development opportunities to enhance mentorship skills conveys the importance of mentoring at an institutional level.

2. Maximize content diversity of mentors

Typically, mentorship programs are confined to one discipline, limiting diversity of the mentor pool. We believe that a mentorship program should include mentors from multiple disciplines to create a highly diverse pool from which mentees can choose mentors to provide mentorship in different domains (career, research, clinical, life mentoring, etc.). This distributive approach acknowledges that due to person-person interactions and the emergent nature of mentorship, some relationships will not 'spark' even when a mentor provides the appropriate content expertise. Further, this approach accommodates for varying mentor availability and changing content-specific needs over time, which helps to fashion a flexible mentor network.[2]

3. Facilitate gender or racial matching if desired

A mentorship program should aim to provide a demographically diverse pool of mentors with differing lived-experiences, allowing for mentees to self-select mentors based on their personal preferences. Matching within mentorship programs offers a potential solution to the gender and racial inequities seen in academic medicine, although these same inequities create a legacy of limited availability of senior female or minority mentors.[4] Interestingly, studies have shown that gender and/or racial matching is not always necessary or beneficial, and in some contexts, a mentor of a discordant racial or gender identity may actually be preferred.[8] Based on these data, we recommend that a mentorship program should maximise diversity of mentors so that matching is available if desired by mentees.

4. Empower mentees

Mentees should be encouraged to take control of their own mentorship journeys. Precision mentorship refers to the mentee-driven dynamic which seeks "the right mentor for the right trainee at the right time."[9] This includes identifying the domains of mentorship needed and specific issues or challenges within these domains, whether gender/racial matching would be considered advantageous, and if new mentors are needed. It is then the mentee's responsibility to communicate clearly their needs with mentors who, in turn, can then decide if they can provide the type of mentorship needed at that time.

5. Normalize moving with or moving on from a mentor

Compatibility or synergy between mentee and mentor is difficult to predict or shape in advance and is, therefore, best viewed as an emergent outcome of the mentoring relationship. As part of this relationship, both parties need to evaluate synergy and then respond to this. A proportion of pairings will not 'spark', which should not be viewed as a failure. Similarly, some mentorship relationships may be productive initially, but over time – as the mentee, mentor, or context changes–these may become redundant or counter-productive.[6] Given the dynamic nature of mentorship, it is important to normalize moving with or moving on from mentors and to have a pathway for ending mentorship relationships that both expresses gratitude for the mentorship received and the intention to move on from the relationship.

6. Choose a program evaluation model that allows for complexity

Like all interventions in medical education, the creation and implementation of a mentorship program should be paired at its inception with a plan for evaluation. If we view mentorship as a complex open system, then we should choose a program evaluation model that ascribes to complexity theory, such as Stufflebeam's Context Input Process Product model (CIPP).[10] This model is well-suited to evaluate programs that are constantly changing since it allows us to perform iterative evaluation of context, input, and process, while also allowing for the identification of emergent outcomes of mentoring relationships.[10]

Conclusion

There is a growing body of literature that supports the prioritization and formalization of mentorship programs at academic institutions, yet the way to achieve this is unclear. We believe mentorship is best viewed through the lens of complexity theory and consistent with this we offer both a proposition—*Omwana taba womoi*—and six practical tips for mentorship: prioritize mentorship at the institutional level; maximize content diversity of mentors; facilitate gender or racial matching if desired; empower mentees; normalize moving with or on from mentorship; and evaluate mentorship with a framework that allows for complexity and identification of emergent outcomes of mentoring.

Conflicts of Interest: No conflicts of interest to disclose
Funding: No relevant funding.
Edited by: Jane Gair (senior section editor); Marcel D'Eon (editor-in-chief)

References

1. Fishman JA. Mentorship in academic medicine: competitive advantage while reducing burnout? *Heal Sci Rev*. 2021;1. https://doi.org/10.1016/j.hsr.2021.100004
2. Straus SE, Chatur F, Taylor M. Issues in the mentor–mentee relationship in academic medicine: a qualitative study. *Acad Med*. 2009;84(1). https://doi.org/10.1097/ACM.0b013e31819301ab
3. Shen MR, Tzioumis E, Andersen E, et al. Impact of mentoring on academic career success for women in medicine: a systematic review. *Acad Med*. 2022;97(3). https://doi.org/10.1097/ACM.0000000000004563
4. Bath EP, Brown K, Harris C, Guerrero A, Kozman D, Flippen CC 2nd, Garraway I, Watson K, Holly L, Godoy SM, Norris K, Wyatt G. For us by us: instituting mentorship models that credit minoritized medical faculty expertise and lived experience. *Front Med* (Lausanne). 2022 Oct 21;9:966193. https://doi.org/10.3389/fmed.2022.966193.
5. Choi AMK, Moon JE, Steinecke A, Prescott JE. Developing a culture of mentorship to strengthen academic medical centers. *Acad Med*. 2019;94(5). https://doi.org/10.1097/ACM.0000000000002498
6. Harper L, Hergott C, Coderre S, Kelly-Turner K, Davis M, McLaughlin K. Mentorship in medicine is a *complex* opportunity. *Med Teach*. Jul 2024;1–3. https://doi.org/10.1080/0142159X.2024.2377392
7. Waldrop MM. *The emerging science at the edge of order and chaos*. Vol 7; 2015.
8. Zhou SY, Balakrishna A, Nyhof-young J, Robinson LA. What do participants value in a diversity mentorship program? Perspectives from a Canadian medical school. *Equal Divers Inclus*. 2021;40(8):947-959. https://doi.org/10.1108/EDI-12-2020-0348
9. Cohen SA. Precision mentorship in academic medicine: the right mentor for the right trainee at the right time. *Acad Med*. Jun 2024;99(6):p e8. https://doi.org/10.1097/ACM.0000000000005529.
10. Frye AW, Hemmer PA. Program evaluation models and related theories: AMEE Guide No. 67. *Med Teach*. 2012;34(5). https://doi.org/10.3109/0142159X.2012.668637