Faculty development

Facilitated peer-mentorship: the challenges faced by facilitator mentors

Janis E Blair, Anita P Mayer, Marcia G Ko and Julia A Files, Mayo Clinic, Scottsdale, Arizona, USA

INTRODUCTION

Women doctors who wish to advance academically face many challenges. The important role of mentorship for female teaching staff who are pursuing such career development has been previously described.[1,2] However, the current environment in health care has negatively affected the pool of qualified and willing mentors.[3] Confronted with increased demands for clinical productivity, many senior teaching staff do not have the time or resources to commit to this activity.[4] The resultant paucity of women in the upper ranks of academia precludes the development of sufficient dyadic mentoring partnerships.

A few years ago, Mayo Clinic was in a similar quandary: many female teaching staff wanted to have a senior female mentor, but the few female teaching staff qualified to serve as mentors lacked time, resources and sufficient numbers to meet the stated need of the surveyed junior teaching staff.[5] This situation prompted the development of a model for a facilitated peer-mentorship project. Our goal was to use the few female mentors available in a way that amplified their efforts and maximised their contributions to the academic advancement of junior female teaching staff.

This peer-mentorship model has allowed us to define the roles of facilitator mentors and peer mentors and to apply them to different groups of women doctors who have expressed interest in academic advancement. We report the 3-year experience of

Many female teaching staff wanted to have a senior female mentor

Each member served as the lead author on a writing project

facilitator mentors in three peer-mentorship groups formed within a busy clinical practice of a large, multispeciality, academic practice.

BACKGROUND AND RESULTS

Mayo Clinic started a programme of facilitated peer-mentorship, in which three or four women on the junior teaching staff who wanted academic advancement but lacked the tools and training to create an academic paper for publication and to develop an area for academic study and expertise formed a peer-mentorship group. Through a series of small group classes and tutorials, the peer group acquired skills in writing, internet searches of medical literature and reference management. Each member served as the lead author on a writing project, while the other peer mentors assisted with papers according to task assignment by the lead author. Each subsequent writing project was led by a different lead author, with the goal of publication of three or four scientific papers within each group by the end of its first year. The papers were brief scientific reviews of topics that the group had identified as key areas of research interest. Efforts in the second and later years centred on launching a career focus for research and study. The group was mentored by the authors of this paper, hereafter referred to as facilitator mentors – women doctors who held an academic rank of assistant or associate professor.

The ideal peer-mentorship group

As our project started, we delineated the characteristics and requirements of the peer-mentorship group. The commitment of the peers to the project and the group's members was important for keeping the group together. Every member signed a commitment of at least 1 year, with the option to leave the group thereafter.

The first peer-mentorship group was the closest to our vision

Ideally, group members should have had similar academic interests, so that each publication contributed to their career progress. To allow equality in peer interactions, the academic rank (that is, instructor or assistant professor) among the peers in each group should have been the same. (However, despite this ideal plan, we later formed groups in which a difference of no more than one rank existed among members).

We also believed that an ideal mentoring group should have certain attributes. First, given the time constraints of doctors in clinical practice and the limits of cyber communication, the ideal was to have proximity (that is, working in the same building or on the same floor) among the peers. In addition, they needed to be willing to maintain a positive attitude, work collaboratively and retain a sense of humour, and have the ability to be tenacious and focus on the task at hand in pursuit of their goals. We asked all peers to request help and guidance when needed from the facilitator mentors. Finally, peer mentors needed always to maintain personal and group accountability in meeting established timelines.

The actual peer-mentorship groups

The first peer-mentorship group was the closest to our vision of what this project should ideally look like. It consisted of four busy female internists specialising in women's health and academically interested in the health-related issues of women. The peers were ranked academically at the instructor level and were located in the same building. Although the initial year was fraught with deadline stress and health issues, three papers had been written and accepted for publication within 1 year of the group's initiation, and research ideas were being formulated, with realistic plans outlined to pursue those ideas.

After the success of the first group, a second peer-mentorship group was launched. This second group had already formed and its members were bonded by similar research interests; however, it had not been productive before becoming a part of our mentoring circle. This group was formed by two internists and one medical subspecialist, of whom two were instructors and one an assistant professor. The women doctors worked in the same building but on different floors. Since the launch this group has written two manuscripts and designed an educational curriculum.

A third group was made up of clinicians: one in emergency medicine, two in internal medicine and one in family practice. The clinicians were located in three buildings up to 30 miles apart, shared no common academic interests, but were all bonded by the same motivation: publish or lose their jobs. This peer group was also geographically separated from the facilitator mentors; the peer mentors were located several States away. Twelve months after the project's initiation, two papers had been accepted for publication and another manuscript submitted.

More peer-mentorship groups are in their infancy at our institution, some with geographically separated peer members, others with peer members separated from the facilitator mentors. All members are women doctors and busy clinicians, and most are mothers with active families. Every group has encountered obstacles, such as personal or family, physical or mental health, challenges with group dynamics or changes in employment, that have threatened the group's projects.

Facilitator mentors

A facilitator is 'responsible for leading or coordinating the work of a group'.[6] In our peer-mentorship project, the facilitator mentors do more than facilitate the work of the peer mentors; they also act as counsellors and project supervisors. As mentors, they function as wise and trusted counsellors and, as facilitators, they ensure that the group produces academic results (for example, manuscripts, grant proposals and educational curricula) in a timely and efficient manner (Box 1).

The decision to use a group of facilitator mentors, rather than an individual facilitator mentor, arose from the results of a survey of the female teaching staff at Mayo Clinic.[5] The results showed that facilitator mentors who were initially involved in this project were willing to work as part of a team, but felt that they did not have the time to function as the sole mentor to a number of junior teaching staff.

Of the four facilitator mentors in the project, three were assistant professors and one an associate professor, all in the Department of Internal Medicine. We found that each facilitator mentor had a shared interest in the career advancement of female teaching staff, but each also had different clinical and research interests. The peer-mentorship group was effective because each facilitator mentor brought different and complementary skills to the project. As the project gained momentum and more peer groups were formed, the facilitator mentors had difficulty achieving the hands-on approach that had been so successful when mentoring the first group. The time commitment was significant; each mentor contributed at least 4 hours per week to the project.

The positive group dynamics of the facilitator mentors allowed the development of deep collegial bonds. One of the unanticipated outcomes of the project was the high degree of satisfaction and overall enjoyment experienced by the facilitator mentors. Our experience with long-distance mentoring by facilitator mentors is limited, but we believe that a hands-on approach and face-to-face contact with the groups of peer mentors create the ideal situation. Assessment of the differences in outcomes between virtual groups and on-site groups will be pursued.

On occasion, the groups of peer mentors experienced conflicts and stress, requiring input from the facilitator-mentor group. These issues were usually associated with interpersonal conflicts, illnesses or family crises. In these situations, some facilitator mentors did not feel adequately trained to deal with such issues. They also struggled with conflicting responsibilities and time constraints, because each had other positions of leadership or other academic and research responsibilities at our institution.

The peer-mentorship project has been noticed by the leadership at Mayo Clinic, and interest in the project is expanding. The institution has responded favourably to the initial results of the project and has pledged support for the next phase, offering secretarial services, scheduling management and minimal protected time for the facilitator mentors.

Box 1. Functions of the facilitator mentor

Accountability

Coordination of group work

Conflict resolution

Timeline development and supervision

Initial edit of manuscript

Writing support

Liaison between editors and authors

Journal queries

Help with protocol development

Career planning

RECOMMENDATIONS

We have discovered that mentorship of peer groups can successfully amplify the efforts of mentoring for the benefit of many. After initiating several peer-mentorship groups, we recommend 10 criteria (Box 2) to anyone contemplating such a task:

1. Process expertise: the group of facilitator mentors focuses on the processes that are common to all academic projects. At least one facilitator mentor in the group should have experience and insight into: the process of academic advancement; the institution's research structure; the process of publishing scientific articles; and both an understanding of and connections with the administrative hierarchy. In other words, someone in the group should know what needs to be done in any given situation and, if the process is not known, who to approach in the institution for help.
2. Topic expertise: the diversity of subjects studied within each peer-mentorship group

The positive group dynamic of the facilitator mentors allowed the development of deep collegial bonds

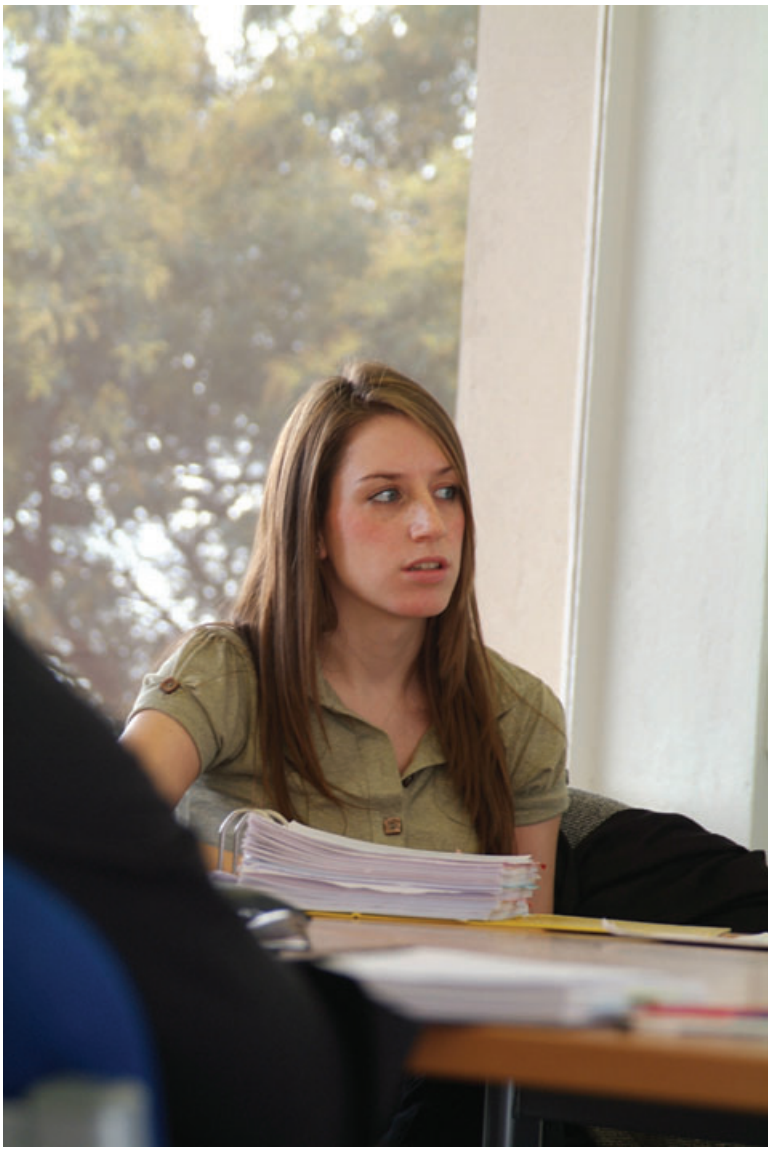
A hands-on approach and face-to-face contact with the groups of peer-mentors create the ideal situation

Communication between the facilitator mentors and the peer mentors needs to be scheduled and frequent

Box 2. Ten recommended skills and attributes for facilitators of peer-mentorship groups

1. Expertise in all institutional, academic and research processes
2. Ability to provide or identify appropriate topic expertise
3. Writing skills and support
4. Timeline development and supervision
5. Skillful communication
6. Ability to garner and maintain institutional project support
7. Conflict resolution
8. Positive attitude
9. Insight and counselling in career development
10. Expertise in information technology

can be great and, in some situations, the peer mentors may know more about the individual topic than the facilitator mentors. This situation should not discourage the process. As peer mentors progress in their expertise and launch research projects, topic mentors will need to be identified to give peer mentors advice and assistance.



3. Writing support: the facilitator mentors must be experienced writers who are willing to provide constructive feedback to the peer mentors. They should be familiar with the institutional support services available to authors. We observed that the peer mentors were often discouraged by the comments and queries from medical editors and reviewers. The facilitator mentors provided perspective, encouragement and guidance for the junior teaching staff as they modified and clarified their manuscripts throughout the editing process. In addition, the facilitator mentors helped the authors to identify appropriate journals for submission of their manuscripts and to bridge the communication between the authors and the journals as queries or requests for revisions and resubmissions arose.
4. Timeline development and supervision: the facilitator mentors provide guidance in the development of outlines and the construction of the next steps towards the goal. Adherence to a timeline that was mutually agreed on is essential for most groups, and the facilitator mentors are responsible for holding the groups accountable. A missed deadline can easily become a point of conflict between the facilitator mentors and the peer mentors, as well as among the individual peer mentors.
5. Communication: communication between the facilitator mentors and the peer mentors needs to be scheduled and frequent. Email and telephone communications were only adjuncts to face-

to-face meetings. Peer-mentorship groups expressed dissatisfaction with the communication process when regular group meetings did not occur. For groups that operated at a distance, conference calls were essential to effective communication between facilitator mentors and peer mentors.

6. Project support: a project such as facilitated peer mentoring requires its own secretarial support, as well as institutional support of protected time for facilitator mentors and peer mentors.
7. Conflict resolution: the role of the facilitator mentors in conflict resolution is as the neutral party in disputes arising from within the group of peer mentors. These disputes often involve emotionally charged issues. Respected by the opposing parties, the facilitator mentors work to resolve conflict issues through conciliation, mediation and arbitration.
8. Ongoing positive approach: initially, the peer mentors were easily intimidated by new tasks, but they gained confidence with each increment of success. Frequent encouragement is needed to counteract discouragement and despair.
9. Career development: an ultimate purpose of the peer-mentorship project is to advance the academic careers of junior female teaching staff. In keeping with this goal, the facilitator mentors are responsible for reviewing the curriculum vitae of participants and must be familiar with the institutional requirements for academic advancement. One of our aims was the advancement of all peer mentors at the instructor level to the assistant professor level in 12–18 months. To achieve this advancement, clear goals need to be established, and an aggressive agenda and brisk production of papers are needed.
10. Expertise in information technology: within Mayo Clinic, an intranet with multiple services is available by wireless and wired technology, and an information technologist is available by phone at all times. However, even with this support, we often found it helpful to have one facilitator mentor who could quickly deal with computer issues. We observed that, among the facilitator mentors, computer problems quickly increased the tension and, the faster these issues were resolved, the faster they were able to return to a productive environment.

CONCLUSIONS

The US National Academy of Sciences and the US National Institutes of Health have called for a nationwide effort to realise the scholarly potential of women in academic medicine.[7] A 5-year study is under way to evaluate the issues that underlie the disparities in academic advancement between men and women. In keeping with this agenda, we have developed a programme of facilitated peer-mentorship, using a strategy of peer mentoring to encourage female teaching staff to develop and implement skills that produce academic advancement. In our experience, women doctors working in same-sex peer-mentorship groups with gender-matched facilitator mentors have shown important academic productivity and satisfaction with the process.

Frequent encouragement is needed to counteract discouragement and despair

REFERENCES

1. McGuire LK, Bergen MR, Polan ML. Career advancement for women faculty in a U.S. school of medicine: perceived needs. *Acad Med* 2004;**79**: 319–325.
2. Palepu A, Friedman RH, Barnett RC, *et al*. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med* 1998;**73**: 318–323.
3. Dunnington GL. The art of mentoring. *Am J Surg* 1996;**171**:604–607.
4. Rogers JC, Holloway RL, Miller SM. Academic mentoring and family medicine's research productivity. *Fam Med* 1990;**22**:186–190.
5. Mayer AP, Blair JE, Files JA. Peer mentoring of women physicians. *J Gen Intern Med* 2006;**21**:1007.
6. Facilitator. *Dictionary.com [homepage on the internet]*. Lexico Publishing Group, LLC, 2007 [cited 2007 May 13]. Available from: http://dictionary.reference.com/browse/facilitator.
7. Committee on Maximizing the Potential of Women in Academic Science and Engineering, Committee on Science, Engineering, and Public Policy, US National Academy of Sciences, US National Academy of Engineering, US Institute of Medicine. *Beyond Bias and Barriers: Fulfilling the potential of women in academic science and engineering*. Washington, DC: National Academies Press, 2006.