

# Junior Faculty's Perspectives on Mentoring

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## ABSTRACT

The prevalence and characteristics of mentorship among junior faculty in clinician–scientist and clinician–educator tracks were evaluated. Comprehensive improvement strategies are needed.

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Studies within the health professions have demonstrated a positive relationship between mentoring and research skills and productivity. However, most studies of mentoring have not distinguished between faculty who spend the majority of their time in research (clinician–scientists) and those in clinical care and teaching (clinician–educators).<sup>1–3</sup> We evaluated the prevalence and associated characteristics of adequate mentorship among junior faculty in these two tracks.

## METHOD

We surveyed all 162 junior faculty (acting instructor, acting assistant professor, assistant professor) at the University of Washington School of Medicine in the clinician–scientist and clinician–educator tracks of the departments of medicine, obstetrics and

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gynecology, and surgery. Respondents ranked the extents to which they agreed with the statement “I have adequate mentorship” on a five-point scale. Respondents who “agreed” or “strongly agreed” were classified as mentored and the remainder as non-mentored. Respondents also indicated whether they had access to a trusted senior faculty member and estimated the proportion of their time spent in scholarly work or research, patient care, teaching, and administration.

We compared mentored and non-mentored faculty using descriptive analyses and conducted stratified analyses by academic track to evaluate the association between mentorship and professional-time allocation and access to senior faculty members. Multivariate logistic regression identified characteristics independently associated with adequate mentorship.

## RESULTS

Of the 122 respondents (75%), the mean age was 38.7, 46% were women, and 36% were mentored. In bivariate analyses, mentored faculty were more likely to be men (OR = 2.1, 95% CI = 1.0–4.7), clinician–scientists (OR = 5.8, 95% CI = 2.2–15.3), fellowship-trained (OR = 2.6, 95% CI = 1.0–7.3), and have access to senior faculty (OR = 12.7, 95% CI = 2.5–63.4). After adjusting for age, years on faculty, and fellowship training, mentored faculty were still more likely to be men (OR = 2.9, 95% CI = 1.1–7.6) and clinician–scientists (OR = 10.3, 95% CI = 3.1–33.8).

Clinician–scientists with access to a senior faculty member were more likely to be mentored than those without access (69% versus 6%,  $p \leq .001$ ). Conversely, we found little difference in mentorship between clinician–educators with and without access to a senior faculty member (18% versus

8%,  $p = .66$ ). Mentored clinician–educators spent a higher proportion of time in scholarly activity than non-mentored clinician–educators (20.6% versus 11.5%,  $p \leq .01$ ), but time allocated to professional activities did not differ between mentored and non-mentored clinician–scientists.

## DISCUSSION

Less than half of the junior faculty felt adequately mentored, suggesting that all junior faculty may benefit from improved mentoring. In particular, women and clinician–educator faculty are at risk for inadequate mentorship. Although access to a trusted senior faculty member was significantly associated with adequate mentorship, it may not meet the needs of many junior faculty, particularly clinician–educators. Therefore, mentoring programs relying solely on linking junior and senior faculty may be insufficient.

Mentoring relationships contribute to the success of junior faculty and academic medical centers. Multifaceted strategies tailored to the needs of all junior faculty should be developed, supported, and evaluated. Assessments of mentorship at other institutions that prospectively evaluate the impact of mentoring on career outcomes and satisfaction are needed.

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