*Medical Teacher, Vol. 28, No. 5, 2006, pp. 404–408*

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healthcare

TWELVE TIPS

# Twelve tips for developing effective mentors

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ABSTRACT *Mentoring is often identified as a crucial step in achieving career success. However, not all medical trainees or educators recognize the value of a mentoring relationship. Since medical educators rarely receive training on the mentoring process, they are often ill equipped to face challenges when taking on major mentoring responsibilities. This article is based on half-day workshops presented at the 11th Ottawa International Conference on Medical Education in Barcelona on 5 July 2004 and the annual meeting of the Association of American Medical Colleges in Boston on 10 November 2004 as well as a review of literature. Thirteen medical faculty participated in the former and 30 in the latter. Most participants held leadership positions at their institutions and mentored trainees as well as supervised mentoring programs. The workshops reviewed skills of mentoring and strategies for designing effective mentoring programs. Participants engaged in brainstorming and interactive discussions to: (a) review different types of mentoring programs; (b) discuss measures of success and failure of mentoring relationships and programs; and (c) examine the influence of gender and cultural differences on mentoring. Participants were also asked to develop an implementation plan for a mentoring program for medical students and faculty. They had to identify student and faculty mentoring needs, and describe methods to recruit mentors as well as institutional reward systems to encourage and support mentoring.*



## Introduction

Many professionals identify a mentoring relationship as an essential step for achieving success in politics, business and academia (Roche, 1979). Indeed, most successful people in different areas of human endeavor can point to a mentor who was crucial to their career growth and success. The importance of mentoring throughout one's career has been emphasized, especially during professional transitions (Bligh, 1999; Freeman, 2000; Grainger, 2002; Levy *et al.*, 2004). Studies have shown that faculty members who identified a mentor felt more confident, were more likely to have a productive research career and reported greater career satisfaction (Palepu *et al.*, 1998; Ramanan *et al.*, 2002; Levy *et al.*, 2004). Other reported benefits for mentees include: socialization into the profession; help with choice and fulfillment of career path; meaningful involvement in academic activities; and the development of close collaborative relationships (Morzinski *et al.*, 1996; Pololi *et al.*, 2002). Self-reported benefits for mentors include pride in developing the next generation, building a network of professional collaborators within an institution and being able to disseminate their expertise and skills to a group of mentees. From a mentoring program perspective faculty retention has been reported as a positive outcome (Benson *et al.*, 2002). Despite these benefits, many early career clinicians and investigators have difficulty in finding appropriate mentors. Women and clinician-educator faculty in particular are at risk of inadequate mentoring relationships (Chew *et al.*, 2003).

The mentoring relationship usually develops between an older professional, the 'mentor,' and a younger colleague, the 'mentee' (Grainger, 2002). In the *Odyssey*, Mentor was a trusted friend of Odysseus, who entrusted Mentor with the care of his house and the education of his son, Telemachus, when he set out for the Trojan War. From this epic arose the use of the word mentor as a wise and faithful counselor. Today, a mentor is someone who is a counselor and a teacher and instructs, admonishes and assists a junior trainee or colleague in attaining success.

The 12 tips described below are a summary of participant discussions at the Ottawa conference and AAMC annual meeting workshops from a slightly different angle, namely the needs of mentors themselves (Table 1).

### Tip 1: Mentors need clear expectations of their roles and enhanced listening and feedback skills

*Mentors are not born but developed*

Research reports have listed some valuable characteristics of effective mentors (Bhagia & Tinsley, 2000; Grainger, 2002, Hesketh *et al.*, 2003; Jackson *et al.*, 2003; Levy *et al.*, 2004). These include being knowledgeable and respected in their field, being responsive and available to their mentees, interest in the mentoring relationship, being knowledgeable of the mentee's capabilities and potential, motivating mentees to appropriately challenge themselves and acting as advocates for their mentees. Some key skills required when mentoring others include listening and the ability to give positive as well as negative feedback.

Many educators are not born with these skills and would benefit from institutional staff development programs on mentoring skills. Such programs could highlight the key

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ISSN 0142–159X print/ISSN 1466–187X online/06/050404–5 © 2006 Informa UK Ltd.
DOI: 10.1080/01421590600825326

**Table 1.** Tips to promote effective mentors: three domains.

| Developing mentors | Rewarding mentors | Supporting mentors |
|---|---|---|
| Mentor staff development | Academic recognition | A peer-support group |
| Heighten awareness of gender and culture issues | Protected time | Mentors for mentors |
| Education on professional boundaries | Financial and non-financial rewards | Referral panel: study skills counsellors, psychologists etc. |

responsibilities of a mentor, skills required for an effective mentoring relationship and strategies to recognize problems in a relationship (Benson *et al.*, 2002). These workshops would be most effective if they used a combination of educational strategies that allowed prospective mentors to engage in practical exercises such as watching videotaped scenarios and role-plays (Connor *et al.*, 2000). One such program at the University of Leeds used simulated GPs (general practitioners) with roles based on real mentoring experiences as a learning tool for improving mentoring skills (Sloan & McMillan, 2003). There were opportunities for the GP mentors to practice their skills on three different simulated mentees followed by an in-depth discussion and feedback. This proved to be an invaluable developmental process for the GP mentors. It is to be emphasized, however, that the actual outcomes of such staff development programs should be measured in real mentoring settings. Examples of outcomes might include trainee satisfaction, observation or videotaping of staff during their mentoring sessions with peer feedback or evaluation of staff in an objective structured teaching evaluation (OSTE) format.



### Tip 2: Mentors need awareness of culture and gender issues

*Mentor and mentee matching by gender and culture should not be mandatory, but available for those who desire it*

Although differences in gender and culture have been considered relative barriers to an effective relationship, literature reports have documented that these have not been viewed by most mentees as real barriers (Jackson *et al.*, 2003). In fact, our workshop participants thought that mentors can support mentees of different cultures and gender by having zero tolerance for discrimination. Gender and cultural differences can foster greater mutual growth of the mentor and mentee as they gain knowledge of each other's cultures. It has been recommended that mentors be aware of their own gender and culture biases as this knowledge could possibly help people overcome innate prejudices. It is also thought that faculty development workshops can help all mentors become comfortable and competent in working with students from different backgrounds (Parker, 2002).

Two issues were raised at the workshops in relation to cross-gender mentoring. The first was that of personal boundaries and the second, lack of understanding of the other gender's domestic responsibilities. Despite these concerns, most mentees did not feel the need for having a same gender mentor. The opinions of our participants reflected those reported in the literature. They felt that relationships across cultures and gender would promote more acceptance of differences and lowering of biases. They stated that institutions should not actively try to pair mentors and mentees based on gender and culture and mentors should be equipped with the skills required to understand issues related to their mentees' gender and ethnicity. However, if individual trainees report discrimination or significant barriers to meaningful mentoring based on these characteristics/variables, the institution should find them mentors who can put them more at ease and better fulfill their mentoring needs.

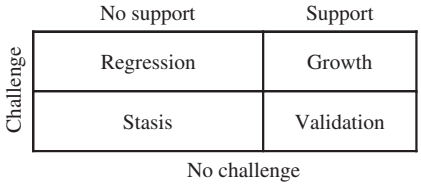


**Figure 1.** Support vs. challenge.
*Source*: Figure adapted from Daloz (1986).

### Tip 3: Mentors need to support their mentees, but challenge them too

*Balance support and challenge*

Daloz (1986) states that effective mentor–protégé(e) relationships should balance three elements: support, challenge and a vision of the protégé(e)'s future. If mentors are overly supportive without challenging mentees, the mentees do not grow professionally; on the other hand, challenging without supporting causes mentees to regress in their professional development (Figure 1). Effective mentors balance support with challenge by providing opportunities and setting positive expectations (Bower *et al.*, 1998).

### Tip 4: Mentors need a forum to express their uncertainties and problems

*Mentors have problems too*

It is often assumed that once faculty become mentors, they become all-knowing and do not need any further attention from the program. However, many mentors expressed the need to have a mechanism by which they could discuss problems in their mentoring relationships and get advice. Given that mentors often have more than one mentee and each interpersonal relationship is likely to be different, skills that are effective in one may be ineffective in the other. If they can interact with mentoring colleagues, they might discover solutions to each other's challenges. While discussing

challenges in their mentoring relationships and seeking solutions, it must be remembered that details regarding specific individuals must remain confidential (Freeman, 1997). Institutions can schedule periodic mentor meetings led by senior educators along with external consultants who are knowledgeable about methods for troubleshooting problems in mentoring relationships. Such meetings could provide a forum for mentors to report their successes and failures, and to receive feedback from their peers and the experts. These discussions should include only essential details of the mentoring issues and mentee names and other details must remain confidential.

### Tip 5: Mentors need to be aware of professional boundaries

*Mentors should stick to mentoring*

There are several types of boundaries that need to be considered in a mentoring relationship where the personal contact between mentors and mentees is much closer than in other professional relationships such as a student with a teacher, advisor or role model. Moreover, personal issues and problems may be discussed by a mentee, which could lead to one or both of them harboring inappropriately intimate emotions towards the other (Palepu *et al.*, 1996; Jackson *et al.*, 2003). Mentees could become excessively dependent on their mentors for personal and professional support, which may become a drain on the mentor's energy. As one of our participants stated: ''I had a mentee who expected me to mother him throughout his training period and that was emotionally exhausting.'' Mentor training should include knowledge of professional boundaries, and recognition of psychosocial problems that need referral to professionals such as psychologists or counselors.

### Tip 6: Mentors also need mentoring

*Mentors for mentors*

There were some senior faculty among the workshop participants with vast experience in teaching and mentoring different levels of trainees. All of them felt abandoned by the system once they assumed leadership positions within their institutions. Educational institutions often do not provide mentors for senior teachers. Our participants felt that even the most senior educators need to be mentored as they may wish to change their career focus or professional path while they already hold high positions within their organizations.

### Tip 7: Mentors need recognition

*Raise the value of mentoring*

At most educational institutions around the world, mentors usually perform their mentoring duties not because they are reimbursed for it but because they consider it a rewarding aspect of their profession. However, they usually carry out their mentoring privately and neither their peers nor their superiors are even aware of the mentoring load they carry, let alone laud their efforts. To convince the entire institution that mentoring is one of the most important duties at medical schools, institutional leaders should publicly recognize their group of mentors as an 'elite' group of faculty who are highly valued and appreciated for their work (Palepu *et al.*, 1998). They can be given special honors within the institution and their names announced at major university events and openly appreciated.

### Tip 8: Mentors need to be rewarded

*Mentors can be rewarded in different ways*

Educational institutions can reward their core group of mentors in several innovative ways. Mentor retreats or dinners can be held periodically. At retreats or even just occasional dinners mentors can interact with their colleagues, share their experiences and techniques, both effective and ineffective. Another method to reward special mentors would be to give them extra conference funding. These rewards can easily be given by institutions even in times of economic shortfalls. Additionally mentoring can become a criterion for promotion (Benson *et al.*, 2002).

### Tip 9: Mentoring needs protected time

*Mentoring cannot be done 'on the fly'*

Institutions should recognize that mentoring is one of the key activities of faculty at any educational institution. Faculty who mentor several trainees should be allocated some degree of protected time to perform this important duty effectively. Just adding this important duty to the existing workload is a recipe for poor mentoring relationships.

### Tip 10: Mentors need support

*Mentors should not be expected to tackle personal or psychological problems*

Some mentees' problems may overstep the boundaries of the usual mentor–mentee relationships and discussions. Mentees may be clinically depressed, have personality problems, have substance abuse problems or just academic problems. Mentors should be able to recognize when they feel unable to resolve such problems and should be supported by a network of specialists such as study counselors and psychologists to whom they can refer their mentee. The mentors should not be forced to take on roles in which they do not have expert skills. Once again, the matter of professional boundaries arises.

### Tip 11: Encourage peer mentoring

*A pyramidal model of mentoring*

Medical educators who have studied peer (or near-peer) mentoring suggest that it is a feasible and perhaps more desirable alternative to traditional dyadic mentoring approaches (Woessner *et al.*, 1998; Pololi *et al.*, 2002). Participants identified their peers as 'collaborators' or 'colleagues' (implying a non-hierarchical relationship), while seeking shared insights, experiences, ideas, guidance, problem-solving and support from them. Their reference to peer collaborators reflects a non-hierarchical mentoring process, in contrast to senior–junior mentoring relationships

where characteristics such as power, dominance, dependency and transference have been noted (Pololi *et al.*, 2002).

Pressures on faculty time could be alleviated to a certain extent by creating a pyramidal system of mentoring. Such a model would entail a group of mentees at the bottom of the pyramid who can seek advice from a small group of peers a little higher in the pyramid with the more experienced, senior mentors overseeing and guiding all of them at the top of the pyramid. This pyramidal system would minimize the threat of the power relationship, yet offer the benefit of the valuable experience that senior faculty at the top of the pyramid possess. The advantages of peer mentoring include easier availability, greater understanding of day-to-day problems related to workload stress or conflicts with teachers, and early recognition of serious abuse or emotional problems. Mentees may be more open to sharing their problems with peers than with faculty. The same advantages would apply for faculty mentoring programs as well. It has been shown that faculty may be more willing to share their difficult problems with peer mentors than with senior mentors (Pololi *et al.*, 2002).

### Tip 12: Continuously evaluate the effectiveness of the mentoring programs

*Mentoring is a work in progress*

For mentoring programs to succeed, institutions need to have the mentees and mentors evaluate the program periodically, report the current problems and suggest new approaches to mentoring or changes to the existing program. Evaluation of mentoring should look at process, content and outcomes as noted below (Grainger, 2002):

- Process
  - Clear objectives
  - Regular, purposeful meetings
- Content
  - Feedback
  - Mentee could raise issues and challenge mentor
- Outcome
  - Progress and career development
  - Networking

All mentees and mentors at a given institution should be asked to evaluate their mentoring relationships at least 3–4 times a year. The following items are examples of areas in a mentoring relationship that could be evaluated:

- congruence on professional goals;
- availability of mentor(s);
- mentor giving mentee responsibilities and opportunities;
- mentor involving mentee on committees and other professional activities;
- mentor facilitating networking with internal and external faculty;
- mentor helping mentee integrate work and personal life;
- mentor showing respect for the mentee as a person;
- personal benefits from mentoring.

Institutional leaders could also consult outside experts, particularly at national and international educational meetings, where they could discuss the mentoring challenges at their home sites and take back ideas to overcome those challenges. They could have a committee within their institution that would be responsible for receiving feedback from its mentors and mentees to modify their mentoring system as needed.

## Conclusions

Mentoring is a vital cog in the machinery of medical education. Faculty who serve as mentors frequently are not trained in effective mentoring skills or designing mentoring programs. They are most often very busy with their core clinical, research, administrative or educational responsibilities and are expected to squeeze mentoring onto an already full plate. Once they take on mentoring duties, they usually are left to their own devices and have few avenues to discuss problems and challenges in their mentoring programs or relationships. It is evident from the foregoing discussion that faculty need training to be mentors and to benefit from peer mentoring themselves, and must be rewarded for a job well done. Institutions should change their culture to overtly value and reward mentoring so that mentoring does not remain an invisible and only implicitly valuable aspect of their educational programs.

## Notes on contributors

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