

University of Minnesota Medical School

Office of Faculty Affairs

Report on Mentoring

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## Executive Summary

The purpose of this study was to solicit feedback from junior faculty in the Medical School regarding their mentorship experiences. Seven focus groups were conducted with 34 junior faculty (16 men and 18 women, from 15 departments) between June and August 2012. Twenty-eight of the 34 participants also completed a brief (11-item) electronic survey.

According to the surveys, 16 (57%) indicated their department had a mentoring program and 23 (82%) of the endorsed having a mentor. However, 11 (40%) said they met with their mentor less than once a month. Fifteen (54%) said they had more than one mentor. Only 8 (30%) said they had a written career development plan.

Focus group discussions were audio recorded, transcribed, and analyzed. From this analysis, five emergent themes were identified: (1) issues related to career development plans, annual reviews, and promotion; (2) mentorship program design; (3) roles mentors play; (4) mentor qualities; and (5) time for mentoring.

Several focus group participants conveyed that they lacked a career development plan and clear information related to promotion. Some individuals, especially physicians in the surgical subspecialties, did not feel they had time to engage in the activities required for promotion.

Individuals who reported receiving mentoring said they had a combination of formally assigned mentors and informal mentorship experiences that developed spontaneously over time. Among individuals with formal mentors, many expressed that mentoring relationships should be time limited, with the option to continue the relationship if it is productive. Other individuals noted that the only career advice they received was during their annual review process.

Participants noted that mentors play a variety of roles in their professional development. These roles include providing networking opportunities, offering systemic information about the university, providing career advice and promotion information, providing an orientation to the home academic department, providing an outside perspective on the home academic department, and offering advice on the mentee's primary research field or clinical specialty.

Participants stated that successful mentors should have an investment in mentoring. Participants also thought that mentors should be trustworthy and compatible with mentees. Other participants stated that mentors must be experienced and use a proactive approach in mentoring, with an ability and willingness "to push" mentees when needed.

Several participants perceived that their mentors did not have time to provide the mentorship they required. Some thought they were inconveniencing their mentors by taking up time with meetings. Opinions differed regarding whether mentors and mentees should have regularly scheduled meetings or meet on an *ad hoc* basis when a mentee has questions or requests.

On the basis of the data collected in this study, the Office of Faculty Affairs will offer a strategy for improving the mentorship of junior faculty. The literature indicates that while both mentors and mentees benefit from the mentoring relationship, the major benefactor of improved mentoring is the institution itself (Bland et al., 2009). Thus, an investment in mentoring junior faculty is an investment in the long-term vitality of the Medical School.

## Recommendations

1. Departments need to have a mentoring program that is tailored to the needs of assistant professors to ensure the success of their faculty.
  - a. For faculty coming from another institution and who do not have a prior relationship with a senior faculty member at the U of M, a mentor should be assigned.
  - b. Individuals who have trained at the U of M may be best served by selecting their own mentor.
  - c. For many assistant professors, a mentoring team is appropriate with different mentors fulfilling different roles.
  - d. Mentoring agreements are a useful tool and should include, at a minimum:
    - i. Start and end dates so that either party can terminate the relationship when the agreement has been fulfilled, without having to request a change
    - ii. An agreement on the minimum number of meetings per month to ensure that mentoring happens on a regular basis
    - iii. The mutual expectations of the mentor and mentee
2. Mentors need to be sure that their mentees understand the requirements for promotion on their track (and tenure, if applicable).
3. Career development plans should be in place for each assistant professor in the department and regularly reviewed and updated as part of the mentoring process.
4. All assistant professors should receive an annual review in addition to receiving mentoring. The annual review is not a substitute for mentoring. The review should include the following:
  - a. Distribution of the individual's time spent in various roles (clinical, research, teaching, service, administrative, etc.)
  - b. Career development plan
  - c. Progress toward promotion (and tenure, if applicable)
  - d. Recommendations/plan for the upcoming year

## **Identification of Need**

During the fall of 2011, the University of Minnesota Medical School Dean's Office conducted a review of all departments. Electronic evaluations were sent to department chairs and faculty. Results indicated that in several departments, junior faculty believed they received inadequate mentoring. An additional internal review, conducted in 2011 in preparation for the Liaison Committee on Medical Education (LCME) site visit, revealed junior faculty were dissatisfied with their mentorship experiences at the Medical School.

The findings from both reviews encouraged the Dean's Office to solicit feedback from junior faculty on what kind of mentoring they were receiving and what types of mentoring they thought would be most effective. The study described below was conducted to gather junior faculty's perceptions on mentoring in the Medical School. On the basis of these data, the Office of Faculty Affairs will offer a strategy for improving the mentorship of junior faculty.

The academic literature documents a variety of mentoring benefits for both mentees and mentors. For example, in a study conducted at the Medical College of Wisconsin, all 25 faculty who reported having a mentor stated the relationship had advanced their careers (Kirsling & Kochar, 1990). Other research has shown that mentored faculty members are more likely to be promoted, to publish more papers, and to obtain research funding than non-mentored faculty (Feldman, 2011). Ambrose et al. (2005) reported that mentees experience increased job satisfaction when they have a mentor. Mentors benefit from mentoring relationships by having the satisfaction of watching a protégée develop and succeed, increasing the mentor's knowledge, and improving the mentor's professional network (Allen, Poteet, and Burroughs, 1997). These benefits serve as incentives for improving the mentoring program at the Medical School.

## **Methods**

This study used two methods to solicit opinions on mentorship from junior faculty in the Medical School: focus groups and an electronic survey.

### ***Focus Groups: Data Collection and Analysis***

Seven focus groups of two to ten participants (total n = 34) were conducted between June 2012 and August 2012 according to methods described by Krueger and Casey (2008). Drs. Raymond and Paller moderated the groups while a graduate student researcher took notes. Each session was recorded and transcribed.

The moderator asked eleven questions aimed at soliciting the following information: a) current mentorship experiences, b) difficulties with mentorship, and c) suggestions for the Office of Faculty Affairs on how to improve mentoring and what topics should be addressed by workshops or lectures. (see focus group questions in Appendix A.) The same format was used during each group, however, moderators also allowed discussion to emerge on related mentoring issues.

This study applied the methods of Casey and Krueger (2008) to guide analysis of the qualitative data. Researchers selected two transcripts with rich data to identify emergent themes; it was agreed that five themes occurred throughout the two transcripts. Researchers then conducted first-level coding by labeling groups of words with themes on all seven transcripts. At least two different individuals read and coded each transcript. Researchers extracted key quotes for each theme. Notes were compared and important quotes and subthemes were identified.

### ***Survey: Data Collection and Analysis***

The Office of Faculty Affairs created and sent an electronic survey to all focus group participants (see survey questions in Appendix B). Questions were designed to acquire *specific* information on the respondents' mentorship experiences, such as whether they have a mentor, mentors, or a mentorship team, and how often they meet with their mentors. The survey also questioned junior faculty about career development plans and what support the Office of Faculty Affairs could offer junior faculty in terms of career training (e.g. grant writing, networking events, research protocol development). Survey data were tabulated by using simple counts and response frequencies.

## **Results**

### ***Participants***

In total, 34 junior faculty (16 women and 18 men) from the Medical School participated in the focus groups. Of these, 28 also filled out the electronic survey. Thirty-two of these individuals had been on faculty for less than six years. Two participants had been on faculty for eight years and had recently received tenure.

Participants came from 15 different departments, however the department names will not be revealed in order to maintain the confidentiality of participants. Seventeen of the participants were surgeons, and 4 were from basic science departments. The track designations of participants are displayed in Table 1.

Track	# of faculty
Clinical scholar	15
Teaching	2
Tenure	14
Research	1
"P"	1
Unknown*	1

\*This participant's track was unknown because he unexpectedly attended a focus group, and his identifying information was not recorded.

### ***Participant Recruitment***

In May and June of 2012, e-mails were sent to all Medical School faculty who had been on the faculty for 8 years or less. Recipients were invited to participate in a focus group and survey to inform the Dean's Office about issues regarding mentoring. In addition, Department Heads and other key faculty were contacted to encourage faculty participation in the study. Efforts were made to include faculty from a wide range of departments and academic appointment types (e.g. tenure, research, teaching). No incentives were provided, other than lunch or snacks during the focus groups.

### ***Survey Findings***

A total of 28 junior faculty responded to the survey. Twenty three participants (82%) reported having a mentor, although only 16 of the faculty (57%) identified their department as having a formal mentoring program. Of those individuals who said they had a mentor, seven (25%) met with their mentor several times per month or more. Seven respondents (25%) said that they had a mentoring team.

When asked, “Was your mentor assigned to you or self-selected?” nine respondents (32%) said that their mentor was self-selected, 5 (18%) said their mentor was assigned, and ten (37%) responded that their mentors were both assigned and self-selected. With regards to career development plans, a 20 respondents (71%) said they did not have a written career development plan. Complete survey findings are located in Appendix C.

### ***Focus Group Findings***

Five themes emerged during analysis of the focus groups: (1) issues related to career development plans, annual reviews, and promotion; (2) mentorship program design; (3) roles mentors play; (4) mentor qualities; and (5) issues related to time for mentoring. Each theme will be discussed in turn below.

#### *1. Annual review process, career development plans, and promotion*

Perspectives offered in focus groups corroborated the quantitative survey finding that most respondents did not have a written career development plan. One participant stated that he lacked a career development plan, but wished he had one so that he could hold himself accountable:

“...my mentors [are] informal mentors, my colleagues, my collaborators. They’re very good in that they do help me do the things that I need to do, and they are very good with positive reinforcement. ... but they don’t do so much with helping me to find the gaps of the things that I’m not doing but I should be doing...So with the written plan, like you said, I could stay on track and I could hold myself accountable ... and not necessarily rely on them but know... what I should be [doing].” [3]

Many of the individuals who did have career development plans also had a training grant that required such a plan:

“...there wasn’t one that I had ... in place at the time I was hired...It all sort of came as the result...of applying for this grant, which ... I think was a good thing.” [5]

Although 82.1% of the survey respondents reported having a mentor, the focus groups revealed that for some faculty, the only function of this mentor was to meet with them prior to their annual review. One participant expressed concern that the only mentorship available to them was the annual review and that this process may not have been helpful:

“I really can’t say I really have a mentor at all. The advice given to me, I’m on the tenure track, and the advice given to me during my annual reviews is, “Well, you have got to get it together or you are not going to make the tenure track.” Okay, but then I am not given any time and the suggestion this year was “Maybe you should switch over to the clinical scholar track.” Okay. So, no, I can’t really say I have a mentor.” [7]

Many participants stated that they did not have a clear understanding of what was required for promotion and that their annual reviews did not clearly address how they were progressing with regard to promotion. This was particularly expressed by those on the clinical scholar track. One participant stated, “...at my annual review or talking to my department chair, the details of promotion never came up...” [4]. Another participant had a similar experience:

“The last time I met with my division director for my sort-of annual review, I kind of had to push him...how many papers do I need and how many talks do I have to give? I was looking for those concrete numbers and those answers are kind of squishy...” [3]

In contrast, some participants did describe faculty review processes that were very helpful. One participant discussed his department’s electronic review process, which efficiently assesses a faculty member’s progression on the road to tenure:

“We have a gold standard...faculty review process in our department. It’s all electronic and it’s done off of our home page and it starts out with the Department Chair or whoever is the supervisor and it’s done in tandem and we set our goals every year in each of the areas...it really helps jumpstart for promotion and tenure because it’s really the same model and everything is done electronically, submitted together, you meet together and you do the evaluation together electronically and so it’s very, very slick and smooth and I love it.” [2]

Another participant described a weighted checklist that his department utilizes – a tool that the participant claimed made the review process clear:

“We have sort of like a checklist...I just finally got my hands on the one for our department recently...he weights basically how – kind of how many points you get essentially depending on what you’ve accomplished, so if you’ve gotten an R01 that’s worth obviously a lot more points than if you wrote like a little academy grant...it tells you very clearly what’s considered to be important according to how many points they are assigned.” [3]

Several participants demonstrated an understanding of the difference between evaluation and mentoring. Participants commented that annual reviews and the tenure process are different from mentorship:

“...the tenure process imposes a group assessment. I am not sure I would categorize that as mentoring, though. It is much more critical...so, I would not call that mentoring, though there is this evaluation process that certainly keeps you aware of kind of where you are at along the process.” [6]

Several clinical scholars expressed concerns that, given a heavy clinical load, it would be impossible to be promoted. As one participant stated:

“Looking at the requirements on the sheet and knowing that in our system that we have, you’ll never make it. I really believe that. I believe that the system that is set up...knowing your schedule the way I do, knowing your practice the way I do, knowing your service to the University, and knowing how difficult it is to do research in our organization, that you will never make it to Full Professor.” [4]

Some participants on the annual renewable tracks questioned the value of promotion. One clinical scholar expressed his perspectives on this issue:

“I don’t really have a timetable or know the requirements or have a really good feel on what it’s [promotion] going to get me...I’m working on things that I enjoy and I like and that are rewarding, but that’s [promotion] not driving any of my activities right now. ...other than ‘gee, I would like to have this title after my name,’ [but] I’d also like to get some sleep this week...” [4]

## 2. *Mentorship program design*

Four subthemes emerged related to mentorship program design, including the following: assigned versus self-selected mentors; switching mentors; team mentoring; and structured versus personalized mentorship program design.

Some participants were supportive of the practice of automatically assigning a mentor to new faculty:

“Most of the time people have worked with somebody here but not necessarily, so how do you identify somebody who would work? And maybe it’s worth having somebody and then be able to switch to somebody else as you start to know people and feel more comfortable working with somebody else. I mean that’s probably the best thing, but you need someone when you first come here for sure, definitely.” [1]

Others preferred self-selected, informal mentors, with relationships that are developed over time out of a shared interest: “Mentorships are built, I think. I do not think you can say, okay, he’s your mentor. It does not work that way.” [6]

If mentors are formally assigned, participants felt that the relationship with junior faculty should be time limited, with the option to continue. Otherwise, it can be difficult to separate from a formally assigned mentor:

“Sometimes things click and sometimes they don’t and I think if they don’t click, I would encourage people to just find another mentor because you know, time is short, especially if you are on a tenure clock, you just don’t have time to waste...it might be difficult politically sometimes [to switch]...” [3]

Opinions varied regarding whether junior faculty preferred one mentor or a team mentoring approach. Some participants stated that all their needs were fulfilled through one mentor, whereas others expressed that they required multiple mentors to advise them on different topics:

“I bring a list of things that I want to talk about. He keeps it pretty open-ended, just says what do you want to talk about today? This is your time, it can range anywhere from problems in the clinic up to my academic pursuit, I mean it’s pretty all-encompassing.” [2]

“I have this great network throughout the country of people I can call up when I’ve got a question...so I have some people who I go to when I have grant questions...other people I go to when I have adviser, Ph.D. adviser questions.” [6]

Much of this discussion on mentorship program design revolved around the question of whether a mentorship program should have a firm structure or be tailored to the individual. As noted above, some participants felt that each new junior faculty should have an assigned mentor or mentors, and mentees should meet with mentor(s) at regularly scheduled times. However, several others believed that mentorship has to be personally tailored to each individual’s needs:

“I think I learned it from listening to what everyone else said today, which is that one-size-fits-all mentoring won’t work for the majority. It has to be specific to the individual as much as it can be...” [1]

### *3. Role of the mentor*

Participants expressed that mentors play a variety of roles in the career development of the mentee. These roles include providing networking opportunities, offering systemic information about the university, providing career advice and promotion information, providing an orientation to the home academic department, providing an outside perspective on the home academic department, and offering advice on the mentee’s primary research field or clinical specialty.

Participants believed that mentors were important for networking, both within the University of Minnesota and outside of it:

“I think that point about networking is critical in a University of this size. There are so many resources here that nobody has any idea what they can tap into unless one of your committee members says, oh, I’ve got a guy in my division that does that.” [3]

“But I think the networking outside of the University is the big thing I am really pushing on them right now. Is trying to get them to help me get talks and get to meetings and things like that.” [3]

Participants desired a mentor who not only had knowledge of people in the University, but also information about the structure and functioning of a large, research university:

“You think you know what you’re doing until this comes up and then you realize that this is something as a result of the way the University structure works. I mean that’s one thing

you're never trained on, is how individual institutions have their own structure and what works and doesn't work within that structure." [5]

Participants also revealed that mentors are essential for providing career advice and promotion information. This includes defining priorities to have a successful career:

"Some of my skills and my contributions are valued more than others, and although I love teaching, it was explained to me that I get very little credit for it." [1]

"I think from my standpoint it has been very helpful to have a group of mentors that have success, that have established success, in the clinical research world, both for the research guidance to make sure you stay to your timelines, submit the grants you need to, write your papers, I mean making sure that you're doing the things that you need to do..." [3]

Some participants thought it was important to have mentors in their academic home in order to understand how the department worked: "I think I would have benefited from having a mentor in my academic home. To let me just know how the department works and all of that," [2]. Other participants thought that having a mentor outside of the academic department or research field was important for political reasons:

"...My mentor that was outside of the department actually argued a case for me that my other mentors within the department didn't want to argue because she didn't have a vested interest." [1]

Having a mentor in a similar research field was also discussed as an essential part of mentoring:

"I wish it was easier to find someone who had interests like mine. I just wish I could find someone with the background in my field, like even remotely related to what I do, to talk about scientific ideas..." [2].

For junior faculty who practice in the clinic, a clinical mentor was also described as important for career development.

#### 4. *Mentor qualities*

Focus group participants identified several qualities that they thought were important for mentors to possess: (1) invested in mentoring; (2) compatible with mentee; (3) trustworthy; (4) experienced in their career path; and (5) willing to take a proactive approach, with an ability "to push" the mentee.

One participant described that a mentor's investment in mentoring must come from internal motivation: "I think it has to also come from the *mentor*. He also needs to want to do it. He just can't be forced to do it," [6]. Another participant expressed that this internal drive should be derived from wanting the mentee to succeed, "For me, a mentor is someone who[m] you have a personal connection with, who wants to advance you and has this, you know, this drive, he wants to make you succeed," [6]. Other participants felt that the Medical School should incentivize mentoring of junior faculty, so that faculty who serve as mentors are compensated for their time and effort.

Participants also suggested that the mentor must be compatible with the mentee. One participant stated that this compatibility often has the quality of a friendship:

“Having an honest, straightforward communication with a mentor is extremely important to me, so that’s why they are both friends...not because they are mentors, but they are mentors because they were my friends first.” [1]

Related to this, another quality that participants stated that a mentor should have is trustworthiness. Some questioned how altruistic mentors could truly be:

“I’d like to also just reinforce the trust issue because, this may sound cynical, but everyone has their own agenda and if you have to question why your mentor is pointing you towards something then that detracts from their ability to mentor you or your ability to be mentored.” [1]

Participants stated that mentors should be experienced and proactive. Mentors should provide mentees with professional connections and help mentees navigate the academic system:

“A mentor for me would be someone who has pull, someone who has the power to make a difference, someone who has knowledge, who has gone through it before, knows the expectations, but has the power to make a difference for you.” [6]

Finally, one participant expressed his desire for his mentor to know when “to push him.” The participant stated that a mentor should know the mentee well, and know when the mentee needs to move beyond his current capacity:

“A mentor that really knows their mentee well knows when to push them, knows when to just, when to like – knows the normal progression, that when you first come in as a junior faculty, this is okay where you’re at here. But then as experience grows, then that person needs to push me to the next level.” [1]

##### *5. Time Commitment and Availability*

Two subthemes emerged from the data regarding time. The first is the perception that mentors have inadequate time for mentoring; the second is in regards to the frequency with which mentors meet with mentees.

In almost every focus group, participants mentioned that mentors appear to not have sufficient time for mentoring roles. Several participants noted that they had an excellent mentor, but could not meet with him or her because he or she was too busy:

“I could meet with him every week because every week I come up with a new question related to research and what I would ask a mentor. But I look and ... he’s in clinic until 4, and then he has a meeting...[3]

Participants frequently mentioned that they knew their mentor was busy so they thought they should not take up their mentor’s time: “...you feel like you are putting someone out because they are losing their clinical time because they have to meet with me.” [6]

Mentees who are able to meet with their mentors usually do so via a mixture of regularly scheduled, formal meetings and informal conversations. One participant described how he had informal, unscheduled meetings as well as a scheduled, formal lunch meeting with his mentor. Several participants described having their offices near their mentors, which facilitated frequent meetings: "...we meet really regularly and we often have coffee; we are on the same floor across the hall so we see each other quite a lot..." [3]. Other participants believed that regularly scheduled meetings were not necessary: "I think maybe too much emphasis is placed on these rigid one-hour meetings once a quarter or something like that. I prefer to just have these informal exchanges and so I find that that goes very well." [5].

## **Discussion and Conclusions**

In their recent book "Faculty Success through Mentoring," Bland and colleagues (2009) identify three overarching characteristics of successful mentoring programs. First, successful mentoring programs emphasize quality relationships between mentors and mentees. These relationships are characterized by important features such as mutual trust, open communication, and recognition of power differentials. Second, mentees should have multiple mentors. Multiple mentors can provide the mentee with varied perspectives and types of support. Third, as previously stated, mentoring programs should have a formal, intentional approach. The authors describe literature revealing that a formal approach offers more consistent benefits than an informal approach. These three key features of successful mentoring programs were underscored by our focus group findings.

Our junior faculty identified that mentors must be trustworthy, compatible with the mentee, invested in mentoring, experienced and proactive, and have the ability "to push" the mentee when needed. This ability to know when to push a mentee, in a sense, summarizes what mentees are looking for in mentors. If a mentor is able to appropriately push a mentee, the mentor must be invested in mentoring; be compatible with and know the mentee well; be trustworthy; and be experienced and proactive. There was much discussion about how to attain a mentoring relationship that exemplified these qualities. Rabatin and colleagues (2004) similarly found that having a mentoring relationship based on trust, intimacy, and honesty was associated with professional growth and development of the mentee.

Faculty in our study reported having a mixture of assigned or self-selected mentors. Some preferred finding their own compatible mentors while others, particularly those who came from outside of the institution, liked having an assigned mentor when they started on the faculty. Some faculty expressed concerns about informally finding a compatible mentor, and others talked about the problem of ending a formal mentoring relationship if the mentor did not seem to be a good fit. Research indicates that regardless of the way the mentor is selected, formal mentoring relationships with a structured meeting schedule, "...can provide the intended benefits more consistently than an informal approach," (Bland et al., 2009, 32). However, in order for mentoring to have benefits, the mentoring program must invest time and thought beyond simply assigning a formal mentor. Opinions of the focus group participants varied on the desirability of having regularly scheduled mentoring meetings. Some focus group participants expressed concern that they had an excellent mentor, but the mentor did not have adequate time to meet with them.

The group discussions revealed a key insight into how mentoring in the Medical School can be improved. Many focus group participants stated that they lacked career development plans and clear expectations about promotion. These are essential aspects for career success in academia and should be addressed by department and division heads as well as by one's mentors (Bland et al., 2009). In our focus groups, lack of a clear path toward promotion was particularly (but not exclusively) emphasized by faculty in surgical departments.

Our focus group findings also echo Blackburn's (1979) perspective regarding the importance of mentoring for professional development and networking. To this end, focus group participants desired mentors in home departments, research fields, and clinical practice fields. Interestingly, one focus group participant mentioned a desire for a mentor *outside* of the home department or research field to avoid conflicts of interest. Pololi and Knight (2005) describe similar conflict of interest scenarios in their discussion of risks in mentoring.

A last key finding of this study was the question of whether the Medical School ought to incentivize senior faculty to mentor junior faculty. Some junior faculty felt that mentoring should not be incentivized; rather, mentoring should come from an internal motivation of the mentor wanting the mentee to succeed. Others felt that mentoring should be incentivized, because it requires a lot of time and effort on the part of the mentor; incentives could help to ensure that mentors devote adequate time to mentoring. Bland et al. (2009) argue that organizations must support and facilitate a mentoring program in order to reap the benefits of mentoring. The Medical School 7.12 statements support the importance of mentoring by requiring faculty to be mentors in order to achieve promotion to full professor.

The findings from this study can inform the creation of a robust mentoring program in the Medical School. The Office of Faculty Affairs will be requesting proposals for how to improve mentorship for junior faculty early in 2013. The RFP will detail the expectations for the new mentoring programs that will serve as pilot programs for a subsequent medical school wide effort.

As Bland et al. (2009, 19) state, the major benefactor of a strong mentoring program is the organization itself. Successful mentor-mentee collaborations result in "more faculty who are highly productive, creative, satisfied, and committed to their organization,". Indeed, investment in mentoring junior faculty is an investment in the future of the Medical School.

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## Appendices

### *Appendix A: Focus group format*

#### Welcome

1. State purpose of group
2. Data will be used to assist departments in developing mentoring programs.
3. Ask for everyone to keep what is discussed confidential.
4. Inform about taping and transcription method.
5. Individual responses will not be identified.

#### Introductory Question

1. Please tell us your name, your department, and whether or not you are currently being mentored by a colleague in the Medical School or elsewhere on campus.

#### Transition Question

1. How important do you consider mentoring to be for your career development?

#### Key Questions

1. Describe the format of the mentoring you receive.
2. What aspects of mentoring do you find (or would you find) most useful?
3. What types of problems can lead to an unsuccessful mentoring relationship?
4. (Briefly review questionnaire) Drawing from the different approaches to mentoring suggested by the questionnaire, what format for mentoring do you think would be most useful to you?
5. What do you think the Office of Faculty Affairs should be doing to facilitate your career development or the effectiveness of mentoring programs?

#### Two or three minute oral summary

1. Is this an adequate summary?
2. Did I correctly describe what was said here?

#### Ending Questions

Of all the needs that we discussed, which one is most important to you and why?

#### Insurance Question

1. If you had one piece of advice to give the Associate Dean for Faculty Affairs on the topic of faculty development (mentoring, services, courses) what would it be?

*Appendix B: Survey questions*

1. Does your department have a formal mentoring program?\*
2. Do you have a mentor?\* (If no, skip to question 8)
3. How often do you meet with this mentor?
  - Once a week
  - Several times a month
  - Once a month
  - Several times a year
  - Twice a year
  - Once a year
4. Do you have more than one mentor?
5. How often do you meet with this/these mentor(s)?
  - Once a week
  - Several times a month
  - Once a month
  - Several times a year
  - Twice a year
  - Once a year
6. Do you have mentoring team that meets with you?
7. How often do you meet with this team?
  - Once a week
  - Several times a month
  - Once a month
  - Several times a year
  - Twice a year
  - Once a year
8. Do you have a written career development plan?\*
9. Does this plan have specific goals such as (check all that apply):
  - Research projects/scholarly activity
  - Educational activities
  - Applying for grants
  - Publications
  - Overall trajectory
  - Other: \_\_\_\_\_
10. The Office of Faculty Affairs is planning to offer curriculum topics that would be useful to new assistant professors. Please check all of the topics that you think would be useful:.\*
  - Hiring and training research staff
  - Working successfully with Sponsored Programs Administration
  - How to navigate the IRB
  - Effective grants management staff
  - Developing a successful grant budget and monitoring budget
  - Time management
  - Selecting and developing an effective research team (including interdisciplinary team)

- Accessing institutional resources (databases, statistical expertise, assistance with IND's CTSI resources)
- How to connect and collaborate with researchers locally and nationally
- How to work effectively with your mentor
- Networking events for junior faculty

11. Of the choices listed above, please rank the three you think are most important.\*

\*Required

*Appendix C: Survey responses*

Does your department have a formal mentoring program?		
Response	Total (count)	Total (%)
Yes	16	57.1%
No	12	42.9%
Total	28	100.0%

Do you have a mentor?		
Response	Total (count)	Total (%)
Yes	23	82.1%
No	5	17.9%
Total	28	100.0%

How often do you meet with this mentor?		
Frequency	Total (count)	Total (%)
Once a week	1	3.6%
Several times a month	6	21.4%
Once a month	5	17.9%
Several times a year	7	25.0%
Once a year	4	14.3%
No response	5	17.9%
Total	28	100.0%

Do you have more than one mentor?		
Response	Total (count)	Total (%)
Yes	15	53.6%
No	8	28.6%
No response	5	17.8%
Total	28	100.0%

How often do you meet with this/these mentors?		
Frequency	Total (count)	Total (%)
Once a week	1	3.6%
Several times a month	3	10.7%
Once a month	5	17.9%
Several times a year	5	17.9%
Twice a year	1	3.6%
Once a year	3	10.7%
No response	10	35.7%
Total	28	100.0%

Do you have a mentoring team?		
Response	Total (count)	Total (%)
Yes	7	25.0%
No	18	64.3%
No response	3	10.7%

Total	28	100.0%
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How often do you meet with the team?		
Frequency	Total (count)	Total (%)
Once a week	0	0%
Several times a month	1	3.6%
Twice a year	2	7.1%
Once a year	4	14.3%
No response	21	75.0%
Total	28	100.0%

Was your mentor/s assigned to you or self-selected?		
Response	Total (count)	Total (%)
Self-selected	9	32.1%
Assigned	5	17.9%
Some of both	10	35.7%
No response	4	14.3%
Total	28	100.0%

Do you have a written career development plan?		
Response	Total (count)	Total (%)
Yes	8	28.6%
No	20	71.4%
Total	28	100.0%

Does this plan have specific goals such as:	Total (count)	Total (as percent of total respondents)
Research projects/scholarly activity	8	100.0%
Educational Activities	7	87.5%
Publications	6	75.0%
Applying for grants	5	62.5%
Overall trajectory	4	50.0%
Other	0	0.0%

Note: This question allowed multiple responses. Only eight people responded to this question.

Which curriculum topics do you think would be useful?	Total (count)	Total (as percent of total respondents)
Accessing institutional resources (databases, statistical expertise, assistance with IND's, CTSI resources)	20	71.4%
Developing a successful grant budget and monitoring the budget	19	67.9%
How to work effectively with your mentor	18	64.3%
Networking events for junior faculty	18	64.3%
Working successfully with Sponsored Programs administration	17	60.7%
Time management	17	60.7%
Hiring and training research staff	16	57.1%
How to connect and collaborate with researchers locally and nationally,	16	57.1%
How to navigate the IRB	15	53.6%
Selecting and developing an effective research team (including interdisciplinary team)	15	53.6%
How to be an effective clinical researcher; how to get what you need from your research team	14	50.0%
Effective Grants management staff	11	39.3%

Note: This question allowed multiple responses. All survey respondents provided at least one response to this question.

Rank of Curriculum Topics – Choice 1	Total (count)	Total (%)
Hiring and training research staff	4	14.3%
Time management	4	14.3%
Working successfully with Sponsored Programs administration	3	10.7%
How to navigate the IRB	3	10.7%
Accessing institutional resources (databases, statistical expertise, assistance with IND's, CTSI resources)	3	10.7%
How to work effectively with your mentor	3	10.7%
How to be an effective clinical researcher; how to get what you need from your research team	2	7.1%
How to connect and collaborate with researchers locally and nationally	2	7.1%
Developing a successful grant budget and monitoring the budget	1	3.6%
Selecting and developing an effective research team (including interdisciplinary team)	1	3.6%
Effective Grants management staff	0	0.0%
Networking events for junior faculty	0	0.0%
No response	2	7.1%
Total	28	100.00%

Rank of Curriculum Topics – Choice 2	Total (count)	Total (%)
Accessing institutional resources (databases, statistical expertise, assistance with IND's, CTSI resources)	5	17.9%
Developing a successful grant budget and monitoring the budget	4	14.3%
How to be an effective clinical researcher; how to get what you need from your research team	3	10.7%
How to connect and collaborate with researchers locally and nationally,	3	10.7%
Working successfully with Sponsored Programs administration	2	7.1%
Time management	2	7.1%
Selecting and developing an effective research team (including interdisciplinary team)	2	7.1%
How to work effectively with your mentor	2	7.1%
Networking events for junior faculty	2	7.1%
Hiring and training research staff	1	3.6%
How to navigate the IRB	0	0.0%
Effective Grants management staff	0	0.0%
No response	2	7.1%
Total	28	100.00%

Rank of Curriculum Topics: Choice 3	Total (count)	Total (%)
Networking events for junior faculty	6	21.4%
Developing a successful grant budget and monitoring the budget	3	10.7%
Accessing institutional resources (databases, statistical expertise, assistance with IND's, CTSI resources)	3	10.7%
How to be an effective clinical researcher; how to get what you need from your research team	3	10.7%
Effective Grants management staff	2	7.1%
Selecting and developing an effective research team (including interdisciplinary team)	2	7.1%
How to connect and collaborate with researchers locally and nationally	2	7.1%
How to work effectively with your mentor	2	7.1%
How to navigate the IRB	1	3.6%
Hiring and training research staff	0	0.0%
Working successfully with Sponsored Programs administration	0	0.0%
Time management	0	0.0%
No response	4	14.3%
Total	28	100.0%