From Paper to Practical:

Translating Evidence Based Mentorship Strategies into Programs that Accelerate Professional Growth

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Agenda

❑ Mentorship Defined

❑ Benefits of Mentorship to Trainees and Faculty

❑ Obstacles

❑ Needs Assessment

❑ Institutional Mentorship Program

❑ Results from Implementation of Mentorship Strategies

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Mentorship Defined

A mentor is defined as a supporting person who provides career enhancement and psychosocial support:

- Career Enhancement: Provides sponsorship, protection, provision of challenging assignments, and transmission of ethics.
- Psychosocial Support: Enhance the mentee's sense of competence, identity, and work-role effectiveness.

Considering the integral role a mentor plays in development and support of mentees, the identification of a mentor is a priority for young physicians in residencies and fellowships.

Johnson WB. The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional psychology: Research and practice. 2002;33(1):88.
Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: a systematic review. Academic Medicine. 2013;88(7):1029-37.

Mentorship Defined
Career Enhancement

Mentors provide
- Enhanced learning opportunities
- Preparation for professional advancement
- Sponsorship
- Protection
- Provision of challenging assignments
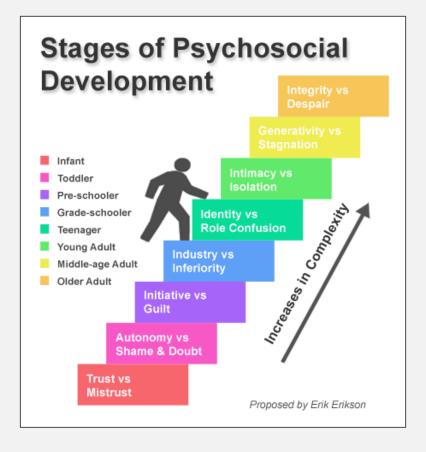- Transmission of ethics

Johnson WB. The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional psychology: Research and practice. 2002;33(1):88.

Mentorship Defined
Psychosocial Support

Mentors provide
- Enhanced sense of competence
- Enhanced identity
- Work-role effectiveness
- Sense of worth

Stages of Psychosocial Development — Proposed by Erik Erikson

Johnson WB. The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional psychology: Research and practice. 2002;33(1):88.
Kram KE. Mentoring at work: developmental relationships in organizational life. Admin Sci Quart. 1985.
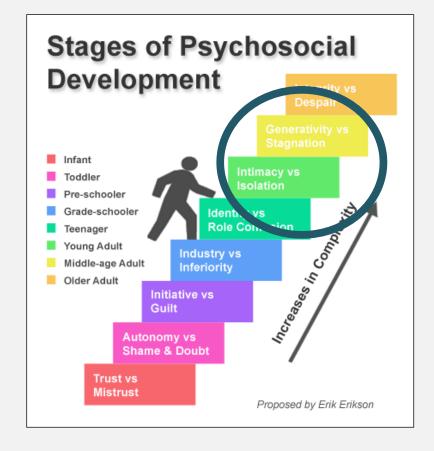
Mentorship Defined
Psychosocial Support

Where are trainees? Intimacy vs Isolation
- Often appear happy, friendly at work
  - Undiagnosed depression common
  - Internal questions about career choice, planning
- Difficulties maintaining close relationships

Where are attendings? Generativity vs Stagnation
- How does your place in life complement a trainee?
- What does this have to do with mentoring?

Ehlman K, Ligon M. The application of a generativity model for older adults. The International Journal of Aging and Human Development. 2012;74(4):331-44.
Rosenthal, Doreen A., Ross M. Gurney, and Susan M. Moore. "From trust on intimacy: A new inventory for examining erikson's stages of psychosocial development." *Journal of Youth and Adolescence* 10.6 (1981): 525-537.
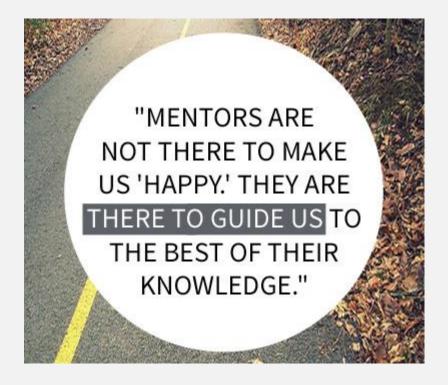
Traits of Successful Mentors

Not everyone should be a mentor.

Traits:
- Intelligent
- Caring
- Humorous
- Flexible
- Empathetic
- Supportive
- Patient

"MENTORS ARE NOT THERE TO MAKE US 'HAPPY.' THEY ARE THERE TO GUIDE US TO THE BEST OF THEIR KNOWLEDGE."

Agenda

☑ Mentorship Defined

❑ **Benefits of Mentorship to Trainees and Faculty**

❑ Obstacles

❑ Needs Assessment

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Benefits of Mentoring to Trainees

The ability to change your trainees' lives.

Mentors provide trainees with:
o Development of professional skills
o Enhancement of confidence and professional identity
o Scholarly productivity
o Enhanced networking
o Satisfaction with one's program
o Stress reduction
o Faster time to first job
o Faster time to promotion
o Higher salary

Hirsch AE, Agarwal A, Rand AE, DeNunzio NJ, Patel KR, Truong MT, et al. Medical student mentorship in radiation oncology at a single academic institution: A 10-year analysis. Practical radiation oncology. 2014.
Clark RA, Harden SL, Johnson WB. Mentor relationships in clinical psychology doctoral training: Results of a national survey. Teaching of psychology. 2000;27(4):262-8.
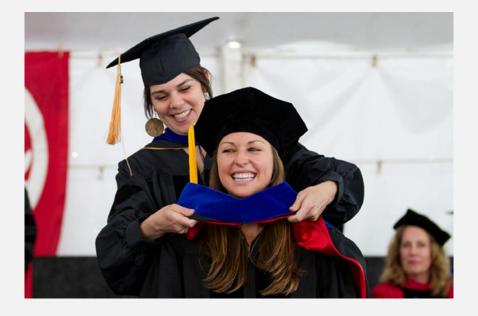
Benefits of Mentoring to Trainees
Academic Performance

Effective mentorship is associated with increased academic achievement and persistence in college.

In graduate school, mentoring leads to:
- Higher GPA
- More credit hours
- Timely degree completion
- Higher satisfaction

Campbell TA, Campbell DE. (1997). Faculty/student mentor program: Effects on academic performance and retention. Research in Higher Education, 38, 727-742.
Johnson WB, Huwe JM. (2003). Getting mentored in graduate school. Washington DC: American Psychological Association.
Tenenbaum HR, Crosby FJ, Gilner MD. (2001). Mentoring relationships in graduate school. Journal of Vocational Behavior. 59. 326-341.
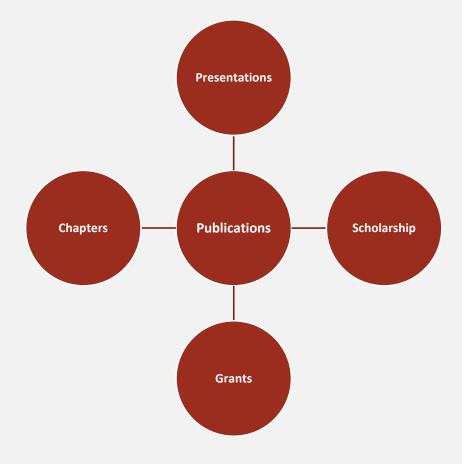
Benefits of Mentoring to Trainees
Productivity/Eminence

Students with mentors have higher eminence and increased:

- National Presentations
- Book Chapters
- Research Grants
- Publications

Presentations

Chapters — **Publications** — **Scholarship**

Grants

Tenenbaum HR, Crosby FJ, Gilner MD. (2001). Mentoring relationships in graduate school. Journal of Vocational Behavior. 59. 326-341.
Scott ME. (1992). Designing effective mentoring programs: Historical perspectives and current issues. Journal of Humanistic Education and Development, 30, 167-177.
Collins P. (1994). Does mentorship among social workers make a difference? An empirical investigation of career outcomes. Social Work, 39, 413-419.

Benefits of Mentoring to Trainees
Professional Skill Development

The novice trainee reports developing job skills faster when mentored.
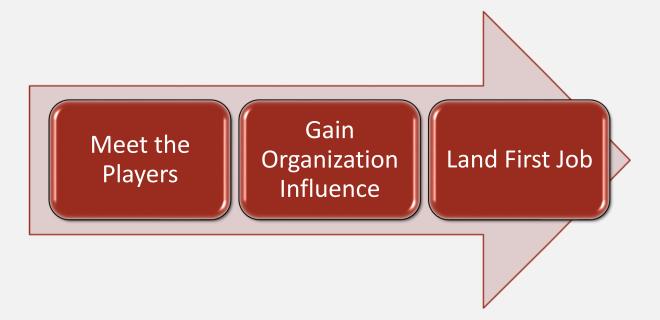
Direct teaching by mentors provides insider information.

Koch C, Johnson, WB. (2000). Documenting the benefits of undergraduate mentoring. Council on Undergraduate Quarterly. 19, 172-175.
Newby TJ. Heide A. (1992). The value of mentoring. Performance Improvement Quarterly, 5, 2-15.
Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.

Benefits of Mentoring to Trainees
Networking/Employment

Mentors provide trainees with better connections to committees and 'important' players, which leads to greater organizational influence and ultimately more successful initial job placements.

Meet the Players → Gain Organization Influence → Land First Job

Scott ME. (1992). Designing effective mentoring programs: Historical perspectives and current issues. Journal of Humanistic Education and Development, 30, 167-177.
Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.

Benefits of Mentoring to Trainees
Confidence/Identity

Mentored trainees are most likely to adopt the idea of their 'possible self.'

The mentee develops confidence that will continue *even after the death of the mentor*!

Packard BWL. (2003). Student training promotes mentoring awareness and action. *The Career Development Quarterly*. 51. 335-345.
Marwit SJ, Lesser C. (2000). Role of deceased mentors in the ongoing lives of protégés. *Omega*. 41. 125-138.

Benefits of Mentoring to Trainees
Income/Promotion

Mentored students and junior faculty have accelerated careers

Faster Promotions

Leadership Roles within the University

Higher Salaries

Collins P. (1994). Does mentorship among social workers make a difference? An empirical investigation of career outcomes. Social Work, 39, 413-419.
Russell JEA, et al. (1997). The changing nature of mentoring in organizations: An introduction to the special issue on mentoring in organizations. *Journal of Voc Beha*. 51. 1-14.
Bode RK. (1999). Mentoring and collegiality. *Faculty in new jobs: A guide to settling in, becoming established, and building institutional support* (pp. 118-144).

Benefits of Mentoring to Trainees
Job Satisfaction

Personal mentoring relationships **outweigh program shortcomings**.

Trainees who have established mentor relationships have higher program satisfaction than those who do not.

- o Creates long term program advocates

Tenenbaum HR, Crosby FJ, Gilner MD. (2001). Mentoring relatinships in graduate school. Journal of Vocational Behanvior. 59. 326-341.
Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.
Clark RA, Harden SL, Johnson WB. (2000). Mentor relationships in clinical psychology doctoral training: Results of a national survey. *Teaching of Psychology,* 27. 262-268.

Benefits of Mentoring to Trainees
Stress Reduction

Employees with mentors have fewer work-family conflicts.

New faculty have reduced social isolation and an enhanced capability to cope successfully.

Mentors have this effect by:
- Offering support and advice
- Modeling appropriate work/life balance

Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.
Bode RK. (1999). Mentoring and collegiality. In R.J. Menges & Associates (eds.), *Faculty in new jobs: A guide to settling in, becoming established, and building institutional support* (pp. 118-144). San Francisco: Jossey-Bass.

Benefits of Mentoring to Faculty

- Professional Rejuvenation
- Remain Current
- Personal Satisfaction
- Friendship and Support
- Reputation for Talent Development

You get out what you put in:

o Accelerated research productivity

o Greater networking

o Enhanced professional recognition when protégés perform well

o Enhanced career satisfaction

o Rejuvenation of creative energy
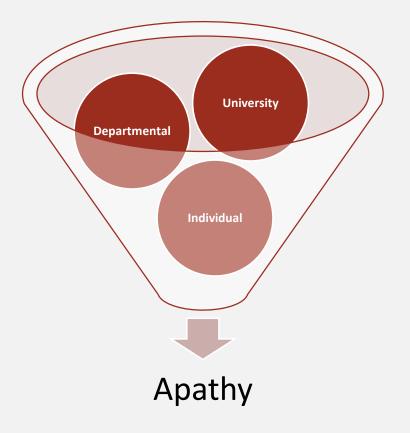
Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.

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Obstacles

Departmental

University

Individual

Apathy

Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.

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Obstacles Explored

University

Although mentoring is one of the components of a typical CV, it is often overlooked and not taken seriously when promotions are considered.

o Research and publications are 'currency' to promotion
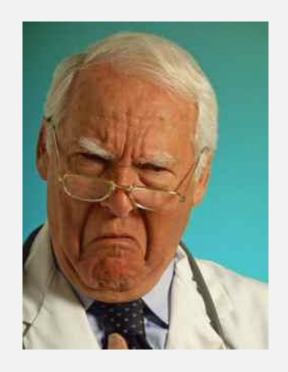
Part time faculty:

o 50% of college faculty nationwide

o Less engaged, less accessible

Johnson WB. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33, 88-96.
Bippus, AM, Brooks CF, Plax TG, Kearney P. (2001). Students' perceptions of part time and tenured/tenure-track faculty: Accessibility, mentoring, and extra-class communication. *Journal of the Association for Communication Administration*, 30. 13-23.

Obstacles Explored

Departmental

- o Chairs overestimate the amount of mentoring that is ongoing.
- o Few academic chairs explicitly reward effective mentorship.
- o Senior members of the department may not represent the heterogeneous group of trainees.

Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.
Dickenson SC, Johnson, WB. (2000). Mentoring in clinical psychology doctoral programs: A national survey of directors of training. *The Clinical Supervisor, 19*. 137-152.

Obstacles Explored

Individual

Discouraged by time cost of mentoring.

Poorly matched character traits:
- May lack key skills needed to be a successful mentor.
- May have mentees who do not match their personality.

Cloning:
- May desire to create 'mini-me' which often leads to a corrosive relationship.
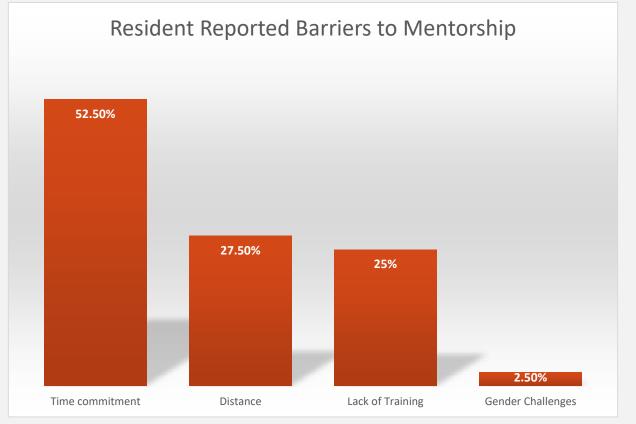
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Johnson WB. (2007). On Being a Mentor; A guide for Higher Education Faculty. Lawrence Erlbaumm Associates, Inc. New Jersey. 8-9.

Obstacles Explored

At Stanford:

○ Time commitment was the largest barrier, followed by distance and lack of training.

Resident Reported Barriers to Mentorship

Barrier	Percentage
Time commitment	52.50%
Distance	27.50%
Lack of Training	25%
Gender Challenges	2.50%

Source: Stanford SMART cohort 2016-17

Pitfalls of Mentoring Programs

Why do most mentoring programs fail before they start?

○ Forced

○ Lack of Trust

○ Random assignment

○ Non relationship based

Johnson WB. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33, 88-96.
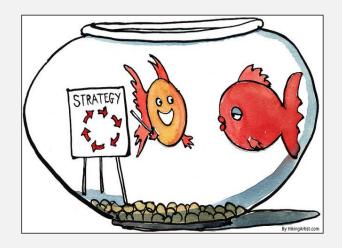
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Mentoring at Stanford
Needs Assessment – Who has a Mentor?

Overall, about 1 in 5 trainees do not identify a mentor.

o 40% of first year trainees did not identify a mentor compared to only 15% of remaining trainees without mentors (p<0.001).
  o First year trainees are more likely to develop depressive symptoms.
  o Mentoring can help alleviate these symptoms.

	No mentor (%)	Mentor (%)	Total (%)
PGY 1	30 (40.5)	44 (59.5)	74 (100)
PGY 2 – 8	74 (15.6)	399 (84.4)	473 (100)
Total	104 (19.0)	443 (81)	547 (100)

Source: Stanford GME Annual House Staff Survey

Caruso TJ, et al. (2016). A Strategic Approach to Implementation of Medical Mentorship Programs. Journal GME, 8, 68-73.
Reuben DB. Depressive symptoms in medical house officers: effects of level of training and work rotation. Archives of Internal Medicine. 1985;145(2):286-8.

Mentoring at Stanford
Needs Assessment – Are Mentors Effective?

Mentor Effectiveness measured across 6 categories of mentorship on the annual Stanford GME House Staff survey.

- No significant differences across categories of mentorship.
- Median Likert score 5/6 across all categories

Clinical Skill Advancement

Career Planning

Networking

Sponsorship

Research Productivity

Mentorship of Sensitive Issues

Source: Stanford GME Annual House Staff Survey

Caruso TJ, et al. (2016). A Strategic Approach to Implementation of Medical Mentorship Programs. Journal GME, 8, 68-73.
Johnson WB. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33, 88-96.
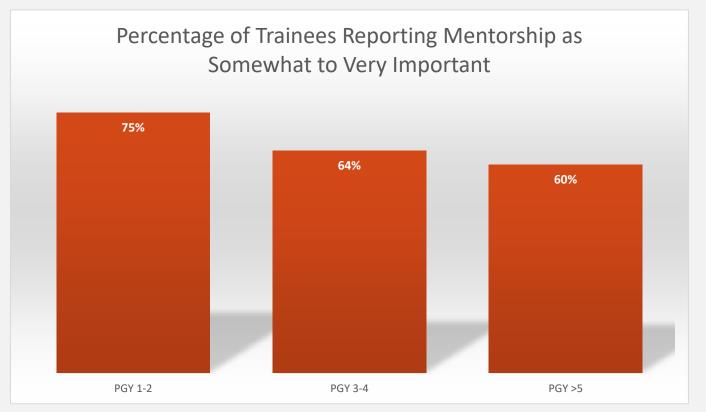
Mentoring at Stanford
Needs Assessment – Where are Trainees when They Graduate?

o Stanford trainees report decreased importance of mentorship as PGY level increases.

Percentage of Trainees Reporting Mentorship as Somewhat to Very Important

75%	64%	60%
PGY 1-2	PGY 3-4	PGY >5

Source: Stanford GME Annual House Staff Survey

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General Mentorship Strategies

Strategies to help the mentoring process

- Prepare the fellow for the protégé role
- Clarify expectations and revisit them
- Avoid exploitation
- Tailor your approach to shared goals: Nourish the dream
- Create opportunities for your protégé to work unimpeded
- Set high performance standards that stimulate motivation

Johnson WB. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33, 88-96.

General Mentorship Strategies
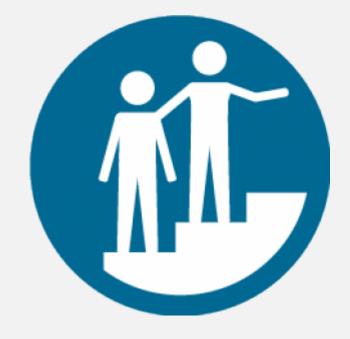
Strategies to help the mentor process

- Be selective with your time and projects you and your mentee choose

- Model performance or professional behavior and explicitly tell them to learn from it

- Realize that your protégés will expect perfection out of themselves and be upset when it is not achieved

- Balance protection/advocacy with professionalism

- Remain vigilant to conflict or dysfunction

Johnson WB. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. Professional Psychology: Research and Practice, 33, 88-96.

Five Step Mentorship Plan
Step 1: Identify Program Rationale

Explain to the proposed mentor program leader the importance of mentoring for trainees.

Provide blended didactic and interactive session for faculty members in the department.

- Having a high emotional intelligence is key to being an effective mentor.
- Highlight that all faculty may not be suitable mentors, which will help avoid apathetic mentors.

Caruso TJ, et al.. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.

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Five Step Mentorship Plan
Step 2: Provide Trainee Education

The mentees must have an active role in the mentorship relationship.

- Mentee apathy is often cited by mentors as a reason for losing interest in the relationship

Mentees should be

- Engaged
- Follow-up on assigned tasks
- Solicit feedback

Caruso TJ, et al. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.
Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. Acad Med. 2009;84(1):140–144.

Five Step Mentorship Plan
Step 2: Provide Trainee Education

Trainees should prepare for their meetings
- o Clarify values
- o Identify productive and unproductive habits/skills
- o Identify areas of improvements

Traits trainees should look for when choosing a mentor
- o Availability
- o Provide opportunities and encouragement

Manage the relationship
- o Follow through on assigned tasks
- o Actively listen
- o Plan and set meeting agendas
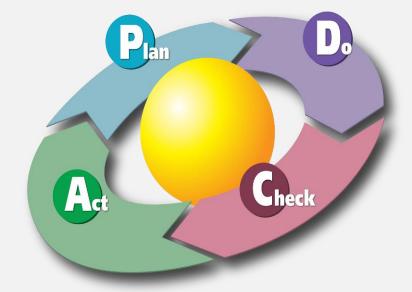
Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. Acad Med. 2009;84(1):140–144.

Five Step Mentorship Plan
Step 3: Design Structured Mentorship Program

Create a tailored mentor program that works for the department while **adhering to fundamental foundations** of effective mentor relationships

- Solicit volunteer faculty to avoid forced relations
- Avoid random assignment of mentors to mentees
- Build trustworthy relationships

Caruso TJ,, et al. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.

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Five Step Mentorship Plan
Step 3: Design Structured Mentorship Program

Additional resources for faculty seeking to improve their mentorship skills

- **I need a refresher:** Recommend paper on mentorship

  Consider "The Intentional Mentor" (2002) by W.B. Johnson

- **I'm new to this:** Recommend web-based Interactive modules

  Consider University of Minnesota online mentorship training

- **I really am lost:** Recommend book on mentorship

  Consider "On Being a Mentor: A Guide for Higher Education Faculty" (2015) W.B. Johnson

Five Step Mentorship Plan
Step 4: Develop Mentor Profiles

Sample Profile

To avoid random assignment of mentors to mentees, volunteer mentor faculty developed profiles of personal and academic interests to facilitate early matching of mentors.

- Trainees provide ranked lists to mentorship program leader

Tom Caruso, MD, M.Ed

Residency:
- Anesthesia: Massachusetts General Hospital 2009-2012

Fellowship:
- Pediatric anesthesia: LPCH Stanford 2012-2013

Board certifications:
- Anesthesia 2012
- Pediatric Anesthesia 2013

Years on Staff at LPCH: 2

Tom with his wife, Erika

Pediatric anesthesia interests: Developing safe transitions of care between the OR and PACU/ICUs. Using IT and analytics to ensure appropriate pre operative antibiotic administration. PACU nursing education.

Other work related interests: Quality improvement issues including decreasing our local SSI and CLABSI rates. Graduate medical education – presently work for GME part time to implement mentor programs throughout residency program's here at Stanford.

What I enjoy doing outside of work: Grilling, cycling, happy hour.

Words other people use to describe me: Enthusiastic, persistent, energetic, annoying.

Caruso TJ, et al.. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.

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Five Step Mentorship Plan
Step 5: Foster Mentor Relationships

Recommend facilitated meetings between mentors and mentees at least every 4 months

Use a structured discussion guide to highlight 6 key areas of mentorship
- Clinical skill development
- Post-training career planning
- Networking opportunities
- Sponsorship and advocacy during training
- Facilitation of research pursuits
- Mentoring on challenging or sensitive issues

Five Step Mentorship Plan

Step 5: Foster Mentor Relationships

Creative ways to facilitate mentor/mentee meetings

- o Substitute a Journal Club
- o Substitute a weekly lecture
- o Split a grand rounds in half
- o Fund lunch between mentor and mentee during work day
- o Host a mixer at a faculty home or on campus conference room with dinner provided and then break into mentor/mentee pairs
- o If your specialty lends itself – pair the mentor and mentee to work together throughout the day with a guided discussion at the end of the day

Termination or Continuation

Program directors should review mentee/mentor relationships annually.

Solicit new mentors annually.

Mandate that trainees resubmit their preference list based on profiles.
- Most mentorship program leaders quote that the trainee is always 'allowed' to terminate a relationship, but it is not realistic or proper to put this responsibility on the trainees.

All mentor relationships should have a set termination or review date by a non-vested faculty.

Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. Acad Med. 2009;84(1):140–144.

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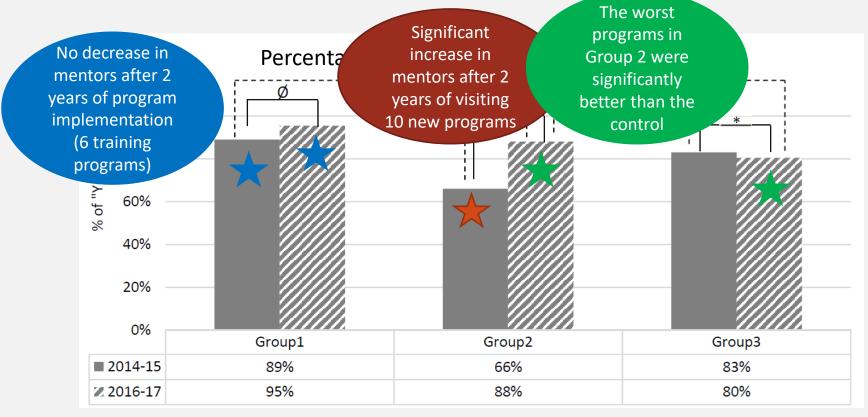
Implementation Results

We visited 16 programs between 2014-2016 and measured initial effectiveness and longitudinal effectiveness.

High variability was encountered:

o Some programs required little alteration of mentorship strategies while others adopted multiple new strategies.

o There is not 1 best fit for all programs. Because of variability in program characteristics, need to tailor mentor programs while maintaining adherence to best practice.

THE POWER OF *MENTORING*

Implementation Results

No decrease in mentors after 2 years of program implementation (6 training programs)

Significant increase in mentors after 2 years of visiting 10 new programs

The worst programs in Group 2 were significantly better than the control

Percenta...

% of "Y

60%

40%

20%

0%

	Group1	Group2	Group3
■ 2014-15	89%	66%	83%
▨ 2016-17	95%	88%	80%

Group 1: Programs from 2014-2015
Assessment of longitudinal gains
(n=6 programs)

Group 2: Programs from 2015-2016
Assessment of initial gains
(n = 10 programs)

Group 3: Control
(n>100 programs)

Implementation Results

Trainees with mentors are more likely to be satisfied with their program (p=0.01).

Program Satisfaction Score	No Mentor (%)	Mentor (%)	Total (%)
Extremely unsatisfied	3 (2.9)	5 (1.1)	8 (1.5)
Very unsatisfied	6 (5.8)	11 (2.5)	17 (3.1)
Unsatisfied	4 (3.8)	15 (3.4)	19 (3.5)
Satisfied	35 (33.6)	97 (21.9)	132 (24.1)
Very satisfied	42 (40.4)	205 (46.3)	247 (45.1)
Extremely satisfied	14 (13.5)	110 (24.8)	124 (22.7)
Total	104 (100)	443 (100)	547 (100)

Caruso TJ, et al. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.

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Implementation Results

Trainees with mentors are more likely to report that faculty support their professional aspirations (p=0.001).

Faculty Members Support Professional Aspirations	No mentor (%)	Mentor (%)	Total (%)
Unsatisfied (Likert score 1-3)	9 (8.7)	10 (2.3)	19 (3.5)
Satisfied (Likert Score 4-6)	94 (91.3)	431 (97.7)	525 (96.5)
Total	103 (100)	441 (100)	544 (100)

Caruso TJ, et al. A Strategic Approach to Implementation of Medical Mentorship Programs. Journal of Graduate Medical Education. 2015 Dec 4.

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Thank you

o Special thanks to Ann Dohn, Larry Katznelson, Nancy Piro, Diane Steinberg, Jie Li,

   Nicolas Prionas, and Tiffany Kung

o Explore different ways to incorporate mentorship into your program

o Compare different residency mentorship programs

o Lectures for faculty and trainees

o Online resources for mentorship training

o Reading recommendations

o Contact: tjcaruso@stanford.edu