

Office of Faculty Development

Successful Mentoring for Junior Faculty 2019–2020



Boston Children's Hospital
Until every child is well™



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

Mission

The mission of the Office of Faculty Development (OFD) is to recruit and retain the best faculty at Boston Children's Hospital, to facilitate the career advancement and satisfaction of all junior faculty, and to increase leadership opportunities, particularly for women and minorities.

S. Jean Emans, MD, Director, jean.emans@childrens.harvard.edu

Maxine Milstein, MBA, Administrative Director, maxine.milstein@childrens.harvard.edu

Jill Dobriner, PhD, Program Coordinator, jill.dobriner@childrens.harvard.edu

OFD email: ofd@childrens.harvard.edu

OFD website: childrenshospital.org/ofd

OFD Twitter page: <http://twitter.com/BCHFacultyDev>

333 Longwood Ave LO 637, 617-355-2922/23

The OFD works in collaboration with the:

Department of Medical Education: Alan Leichtner, MD, MSHPEd, Director and Chief Medical Education Officer

Office of Health Equity and Inclusion: Valerie Ward, MD, MPH, Medical Director

Office of Faculty Development (OFD)

Mentoring at Boston Children's Hospital (BCH)

Boston Children's Hospital Office of Faculty Development (OFD) and the Department/Division and Program Chairs are committed to high quality mentoring and access to opportunities for career advising and faculty development.¹ The BCH framework includes resources, one-to-one mentoring, and the creation of mentor teams and "Developmental Networks."² The three tiers of OFD resources include logistical information with print and electronic media such as the OFD newsletter *Perspectives* and website (www.childrenshospital.org/research/ofd) with links to the HMS materials in *Tier 1*, skills building courses and research fellowships in *Tier 2*, and committed personal and professional relationships in *Tier 3*.

Figure 1. The Three Tiers of Resources for Mentoring



- Tier 1:** Communication: *Perspectives*, OFD website, OFD Twitter page, Email
Orientation for new faculty: Introduction to the OFD, Department of Medical Education, Faculty Career and Family Network, senior leadership, and other resources
Childcare and eldercare resources
HMS Office for Diversity Inclusion and Community Partnership
HMS promotion criteria, linked on OFD website
- Tier 2:** Workshops, CV templates, guidelines, and tips
Promotion seminars with HMS Office for Faculty Affairs
Research fellowships for faculty
OFD booklets for Mentors and Junior Faculty
Developmental Networks Exercise (Appendix A) and PowerPoint Presentation (OFD website)
Resources for Medical Educators (Appendix B)
Bibliographies of articles and programs on mentoring
Career Development Collection in the Library
Appointments with S. Jean Emans, MD, Director, OFD
Diversity resources, seminars and events, with an emphasis on cultural awareness, respectful interactions and minimizing implicit bias, through the Office of Health Equity and Inclusion at Boston Children's Hospital
Teaching and education resources, including certificate programs and peer observation of teaching, through the Department of Medical Education at Boston Children's Hospital
Faculty Development Month, Women in Medicine and Science Month
- Tier 3:** Chairs' commitment to mentoring and Developmental Networks
Hospital Leadership including: CEO, President and COO, support for faculty development
Cross-departmental and cross-institutional support
Training of mentors and mentees: mentoring courses
Annual Career Conference form on OFD website (Appendix C)
Identification of scholarly/research mentors and career advisors, and facilitation of matches

The OFD supports the goal of each new faculty member having an appointed or selected Mentor or Career Advisor. The Mentor or Career Advisor can provide guidance on career development and on building a mentor team. The OFD helps direct junior faculty to establish their mentor team and inform them of special interest networking sessions, courses, workshops, and panel presentations. In addition, the OFD provides departments with workshops and consultation on mentor training, promising practices such as appointing a Mentoring Facilitator³ in each department or program, and developmental networks.

Beyond the dyadic model of mentoring to Developmental Networks

In the past, the focus of mentoring was only on the single Mentor and Mentee – a dyadic relationship.⁴ Because mentors are often better at one area, we encourage faculty to seek out mentor teams and create “Developmental Networks.” Each mentor provides part of the needed coaching and career development; one professional may provide scientific critique and expertise, another advice on family/work juggling, and another advice on grantsmanship, scholarly writing, or networking in professional societies. Some mentors are good at providing both career guidance and psychosocial support; others are better at one or the other. Mentoring relationships with more experienced people at several points along the spectrum of age, seniority, and status can provide junior faculty with different perspectives and advantages.

A spectrum of mentoring models

Junior faculty should be aware of the many types of mentoring that can help broaden their network and increase the diversity of input and perspectives.

*Collaborative peer mentoring*⁵ allows faculty to work together at a regularly scheduled time, sometimes facilitated by a senior faculty member, and often combining a curriculum (scholarship, teaching, grant writing, career development) along with a scholarly product. Peer-mentoring can also create an opportunity to share information, strategize about careers, and provide each other feedback, friendship, and emotional support. A variation of peer mentoring, coined a “*pyramidal system of mentoring*,”⁶ is structured with a small group of mentees at the foot of the pyramid seeking out advice from peers located slightly higher in the pyramid, with senior mentors at the top of the pyramid providing guidance and oversight. A structured peer mentoring group may meet together for an agreed upon length of time, such as 2-6 hours per month, from September – April, to address common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of 1-2 mentors, 3-5 mentees, and an ombudsperson (“Connector”) for mediation are clearly defined (Appendix D). The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group.

Project-based mentoring, often referred to as “functional mentoring” in the literature, pairs junior faculty with mentors who have the skills, expertise, and interest required for a specific project, either one on one or as part of a group. The mentoring relationship may cease when the project is completed or it may continue and possibly evolve into a more traditional mentoring relationship.

Team mentoring refers to a multidisciplinary group of mentors each with a specific role. The lead mentor traditionally would have expertise in the mentee’s research or scholarly interest, while one or more additional mentor’s (co-mentors) interests and skills would complement, but not duplicate, the lead mentor’s.

E-mentoring typically builds on an existing traditional mentoring relationship that because of time, location or other constraints, continues primarily via electronic communication, but may include two professionals who have never met in person.

Setting career goals and mapping Developmental Networks

The first step for junior faculty is to identify career goals and assess strengths and weaknesses and gaps in knowledge and skills (Figure 2). The next step is for them to map and analyze their Developmental Network and mentor team (Figure 3 and Appendix A).

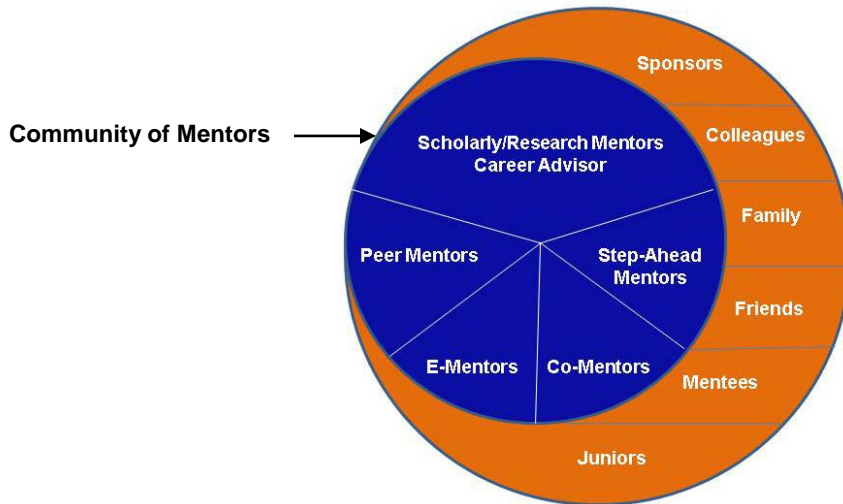
Figure 2. Identifying Career Goals and Mapping Developmental Networks



The “Developmental Network,” a framework defined by Kathy Kram, Monica Higgins, David Thomas and others,⁷⁻¹³ includes mentors from our “Community of Mentors” model¹ such as traditional scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors and step-ahead mentors (colleagues one level ahead of mentee or peers who have higher levels of skills or experience)^{2,7} and reverse mentors (juniors in the same organization who possess knowledge, such as technical skills, that their mentors may lack) (Figure 3) as well as colleagues, juniors, mentees, friends, and family.

The Office of Faculty Development, Directors Jean Emans, MD, and Maxine Milstein, MBA, received the Program Award for a Culture of Excellence in Mentoring (PACEM) from the HMS Office for Diversity Inclusion and Community Partnership. The PACEM recognizes efforts to foster innovation and sustainability in mentoring. The OFD was recognized for its Developmental Networks Mapping Exercise and other mentoring initiatives.

Figure 3. Identifying Mentors and Other Supports in a Developmental Network



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These relationships, drawn both from the faculty member's own organization as well as external organizations and communities, provide access to knowledge, opportunities, and resources and career guidance. Developmental Networks can thus offer diverse viewpoints, experiences, and two-way learning more readily than those dyadic relationships that draw only on the experience of a single senior faculty member. In addition, Developmental Networks can change in parallel with a faculty member's career trajectory and work/life needs and should be assessed and re-configured, at least annually. Although individuals may change within a Developmental Network, maintaining contact, even if it is just an occasional email or phone call, can be an important support. . As you advance, you will have advisees and mentees. Junior faculty are encouraged to map their Developmental Network by listing people for each category in Figure 3 and then completing the Developmental Network Mapping Exercise in Appendix A. Questions to help you analyze the strengths and limitations of your current network are also included in Appendix A.

Sponsors

Recent studies have underscored the importance of "sponsorship"¹⁴ for career success. Sponsorship involves the advocacy of a senior, influential person in the organization for the junior person. The senior person provides the junior person high profile opportunities by opening doors to challenging assignments and key committee memberships and increasing visibility and networking. The senior person can also contribute to workforce diversity by highlighting the talents of women and minorities. Disparities between the level of sponsorship of men and women in academic medicine have been increasingly documented. Patton and colleagues¹⁵ surveyed all the recipients (n=1708) of NIH K08 and K23 grants (awarded January 2006 to December 2009) who remained in academic positions by 2014; 995 responded to the survey and met inclusion criteria.

Recipients were asked about their experience(s) with sponsorship (invitation to serve on a panel at a national meeting, write an editorial, serve on an editorial board or national committee including a grant

*"Although mentors may act as sponsors, mentors' and sponsors' roles are very different. First and foremost, sponsors must be highly placed in an organization and have significant influence on decisions regarding advancement. In contrast, mentors can be at any level in the organization."*¹⁴

review panel) and their academic success (defined as accomplishing at least one of the following: serving as a PI of a R01 or grants totaling >\$1 million, publishing ≥ 35 peer-reviewed publications and/or appointment to a high-level leadership position such as dean, department chair or division chief. The study found that sponsorship was significantly associated with success; 72.5% of men and 59.0% women who reported sponsorship were successful compared to 57.7% of men and 44.8% of women with no sponsorship reported. Men with male mentors were most likely to self-report experiences with sponsorship followed by men with female mentors, women with male mentors, and females with female mentors.

Mentors who are not in influential positions can still play an important role in sponsorship by introducing junior faculty to leadership at conferences and in the home institution and by helping junior faculty to expand their developmental networks. Mentees can involve mentors and/or sponsors in these introductions by telling them “These are three people I want to meet at this national meeting.” Mentees should be aware of the role of implicit bias and informal networking opportunities in order to enhance success for the mentee.

Addressing Implicit/Unconscious Bias in the Mentor-Mentee Relationship

Implicit biases can be either positive or negative and can unknowingly impact expectations and the level of support and sponsorship in the mentoring relationship, as well as letters of recommendation.¹⁶ Mahzarin Banaji, PhD, one of the developers of the Implicit Association Test, (<https://implicit.harvard.edu/implicit/>) and co-author of *Blindspot, Hidden Biases of Good People*,¹⁷ defined implicit bias as “hidden biases that we all carry from a lifetime of experiences with social groups: age, gender, race, ethnicity, religion, social class, sexuality, disability status, or nationality.”¹⁷

Strategies to address unconscious bias include¹⁷⁻¹⁹

- Accepting that we all have biases
- Taking the Implicit Association Test (<https://implicit.harvard.edu/implicit/>)
- Being aware of how our own life experiences and background influence communication, body-language and decision-making
- Asking for strategies to address micro-inequities as they occur
- Sharing what you feel makes you unique such as interests and talents, family structure, cultural beliefs and languages spoken
- Giving an example of a situation or setting where you felt like an outsider, and how you handled that situation
- Discussing your assumptions about your mentor and vice versa early in the relationship

Engaging in a dialogue about commonalities and dissimilarities, instead of avoiding the topic, will enhance the mentor-mentee relationship.

The Boston Children’s Office of Health Equity and Inclusion

The Office of Health Equity and Inclusion is a resource for mentors and mentees, offering innovative programming focusing on health equity, diversity, and inclusion across the 4 BCH missions: clinical care, research, teaching, and community service. The Office of Health Equity and Inclusion is committed to BCH recruiting, retaining and promoting a diverse workforce and will play a key role in designing and implementing a framework to promote respectful interactions.

How can mentors be helpful to faculty career development?

The mentoring relationship is a dynamic process requiring active participation and flexibility on both sides. Your first step as a junior faculty member is to define your career goals in clinical innovation, teaching, administration, and research and then meet with your current mentor, Lab Director, Division, Department or Program Chief. Bring your CV and Annual Career Conference Form (and Academic and Professional Development Plan, if requested), and together decide the best mentor team. If you are new to Boston Children's Hospital, your Department, Division or Program Chief may have already assigned you a primary mentor and/or career advisor. In small departments, divisions and programs, the Chief may serve as a primary mentor for some junior faculty or you may have selected a different mentor.

As you begin to recognize your colleagues' strengths, you can decide who might be the right personal and professional matches for your needs. Be open to signals that others may be expressing an interest in a mentoring relationship and follow through. Since the mentoring process requires a commitment and a willingness to devote time and energy, we recommend a minimum one-year commitment, which could be formal or informal. Over time, you should supplement and change your mentor team with "no fault" assigned. Mentoring thrives in such a broad, developmental culture.

With increasing professional demands, there is no "one-size-fits-all" mentor. Successful mentoring is a dynamic process whereby each learns to respect and trust the other's commitment and expertise, but individual choice and style play important roles. This individuality creates unique mentor pairs or teams. The principle applied is that you receive sustained support, whether from one "supermentor," a team of mentors, or an evolving, developmental mentor composite.

To gain the most from your experience, you need to be active in defining your needs and in choosing the best mentors to assist you in areas such as²⁰

1. Refining career goals, guidance on resources
2. Scientific writing and critique, grant writing
3. Issues of authorship, publication, and integrity
4. Time-management, pace of career, workload, and work/life balance
5. Teaching and presentation skills, curriculum development, teaching portfolios
6. Clinical practice strategies, quality improvement methodologies
7. Program development, scientific innovations
8. HMS promotion criteria, reorganization of CV, advancement
9. Enhancing professional visibility, locally and nationally; joining professional societies
10. Understanding the organizational culture: structure, politics, and management
11. Strategic planning, leadership skills, negotiation and conflict resolution techniques, personnel supervision, budgets
12. Advocacy
13. Sponsorship

"As a mentee, it's important to think through and plan for how you will work with your mentor most effectively. A mentee should communicate clearly with the mentor about goals and objectives and the dilemmas or challenges she or he would like guidance on."

S. Bryn Austin, ScD
2008 HMS Young Mentor
Award Recipient

Figure 4. Mentoring Concepts in a Children’s Book



“It is good I have some one
To help me,” he said.
“Right here in my hat
On the top of my head!
It is good that I have her
Here with me today.
She helps me a lot.
This is little Cat A.

And then Little Cat A
Took the hat off HER head.
“It is good I have some one
To help ME,” she said.
“This is Little Cat B.
... I keep him about,
And when I need help
Then I let him come out.”

The Cat in the Hat Comes Back™
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Choosing mentors creates a strong basis for your professional growth, and so being active in the process is a good starting point. Faculty members are truly approachable. At least one mentor should be in your field of scholarship and be able to support your career trajectory with critical feedback and resources. Your Developmental Network should include senior faculty, as well as peer mentors, juniors, family, and friends who can support your career advancement and/or psychosocial development.

By asking for advice and welcoming constructive criticism, you create a dynamic relationship with your mentor(s). As the relationship progresses, it will be easier to be more specific in your requests. As part of your responsibility, you should stimulate and engage your mentor with articles and discussions on research or other topics. If your interest crosses disciplines, it will be useful to seek advice from someone who has successfully bridged these fields. Develop and customize your “elevator speech,” a thirty second to one minute networking pitch that showcases your personal “brand” and your goals.

Accepting challenges willingly suggests a desire to progress. Even if your initial reaction to a mentor’s advice is skeptical, you should still consider it seriously. While it may seem irrelevant at the time, often the advice will become an important opportunity for you over time. If so, let your mentor know, by providing a specific example of how you followed his/her advice and how it proved helpful. Show appreciation for the time and assistance of your mentor. Because one of their greatest rewards is your success, mentors may be very generous with their time. Along the way, you should reciprocate with even small measures of appreciation. These include returning phone calls, e-mail messages and other communications promptly.

Through a relationship similar to a friendship, mentoring supports your professional growth, and you may be comfortable discussing “thorny” issues, including cultural, race, and gender concerns. Your mentor may ask you questions about your personal life to get to know you as a whole person. Knowing

something about your mentor's life outside the institution can help you both communicate better. Make only positive or neutral comments about your mentor to others. If, after a period of time, you don't believe that either you or your mentor are able to contribute to an effective mentoring relationship, the OFD or your Chief can assist in finding or selecting different mentors. If a relationship ends, do so on good terms, keeping the lines of communication open with your mentor.

The Role of Retired Faculty in Mentoring

Retired faculty can be a valuable mentoring resource. At UC Berkeley's retirement center, retirees serve as mentors for students and junior faculty. They also provide formal and informal guidance to faculty considering and transitioning into retirement. Similarly, retired faculty are utilized as mentors at: the University of Massachusetts, the University of Pennsylvania, the University of Utah, the University of Michigan, Dartmouth College, the University of Vermont and the University of Mississippi Medical Schools, among others.^{21,22}

Mentorship – What do Mentors expect Junior Faculty will do?

It is essential that mutual expectations be agreed upon at the onset of the relationship, including the time frame of the mentoring relationship. Mentors expect that junior faculty will:

1. Meet or make contact in accordance with the agreed upon plan
2. Formulate short- and long-term goals including identifying values and a timeline for acquisition of skills and completion of tasks, such as: writing a paper, joining a professional society, applying for a grant, initiating a new clinical or teaching activity, or learning new leadership skills, etc.
3. Set the agenda for each meeting
4. Be prepared for meetings and follow through on recommendations and commitments
5. Ask for advice and listen thoughtfully
6. Interact in a positive, proactive manner
7. Take responsibility for their own development
8. Respect and accept gender, racial/ethnic, generational, and other differences. Be sensitive to how other cultures view hierarchy and authority, particularly if it impacts communication and feedback.
9. Be a role model, exhibiting the highest professional standards.

“It's important to look for mentors who have a track record of recognizing their mentees' capabilities and accomplishments and of supporting their growth and development, not only as researchers and clinicians, but also as people.”

Sara Toomey, MD, MPhil, MPH, MSc
2016 HMS Young Mentor Award
Recipient

“One must have a supporting learning relationship between a caring individual (mentor) who shares knowledge, experience and wisdom with another individual (mentee) who is ready and willing to benefit from this exchange to enrich their professional journey.”

Alan B. Retik, MD
2017 HMS William Silen Lifetime
Achievement in Mentoring
Award Recipient

The Mentee's Checklist

Preparation

- Ask yourself – What are my goals? How can a mentor assist me in meeting these goals? What are my competency levels and skill sets?
- Introduce yourself by phone, brief letter or email. Invite a meeting and set forth the agenda. Be ready to ask for advice and listen thoughtfully.
- Update your résumé/CV and send a copy to your mentor in advance of your first meeting.
- Ask for and review a copy of your mentor's résumé/CV in advance of your first meeting. Look at some of your mentor's publications.
- Think about your Developmental Network (colleagues, juniors, mentees, family and friends) including your Community of Mentors (scholarly mentors, career advisors, educators, co-mentors, peer mentors, e-mentors) who you turn to regularly for career advice and support, both inside and outside your division/department/school. (An exercise to help you map and analyze your Developmental Network is included in Appendix A).

First and second meetings

- Discuss your short- and long-term professional goals and proposed project. Work together to develop steps toward these goals with a timeline.
- Consider the skill sets that require additional mentors: What skills do I need to learn or improve? Who can help me navigate the organizational culture? What do I want to change about my work style? List the people in your Community of Mentors and Developmental Network who can provide career advice, coaching, or support; review gaps. Are there other mentors or collaborators needed?
- Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week to once every month or two. Interactions may range from brief email to a phone "check-in" to lengthy follow up. Either member can initiate a meeting; do not wait for your mentor.
- Send a written agenda to your mentor at least a day before your meetings.

Some Topics for Discussion for Junior Faculty with a focus on Research, Clinical Care, and Medical Education

(Note there is no set order for addressing these topics).

Research

- Discuss proposed research project and how to develop aims and hypotheses.
- Do you need to add mentors with expertise in the specific research project you are working on to your Developmental Network?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed research.
- Assess skills/resources needed for projects and timeline.
- Ask about funding opportunities and how to interact with project officers.
- Meet frequently to ensure progress in meeting original project goals, developing new projects, writing manuscripts or grants.

Clinical Care

- Discuss clinical expectations and goals for continuous learning. Are there areas of clinical focus and innovation for scholarship (review articles, case reports), research, collaborations, and teaching?
- Discuss the proposed QI project – what are the aims? Project design and methods? Assessment? Collaborators?
- Assess skills/resources needed for projects and timeline.

- Do you need to add mentors with expertise in QI, health care reform, billing and coding, informatics, epidemiology, specific medical content or methodology, or statistics to your Developmental Network?
- Discuss your membership in professional clinical organizations. Are there other professional committees/organizations you should be joining or taking on more of a leadership role?
- Are there courses at HMS or medical student rotations at Children's related to clinical expertise? Are there opportunities to be a tutor or give community presentations or Grand Rounds? Are there teaching skills needed for you to achieve national recognition?

Medical Education

- Discuss courses and lectures taught and evaluations/ratings. Were you responsible for any innovative teaching methods? What strategic venues such as Grand Rounds or conferences have you been invited to speak at? Who has observed you during teaching? What type of feedback have you received? What are your strategies for improvement?
- Discuss courses/presentations that you have attended, such as those offered by the Harvard Macy Institute or HMS Medical Education Grand Rounds. Would you benefit from participation in Children's medical education certificate program, peer observation and feedback of teaching sessions?
- Are you a member of The Academy for Teaching and Educational Innovation and Scholarship at Boston Children's Hospital and/or The HMS Academy? Are you a residency or fellowship program director? Do you teach at HMS? Are there other professional educational committees/organizations you should be joining or taking on more of a leadership role?
- Do you need to add mentors with expertise in medical education or the specific educational project you are working on to your Developmental Network?
- Discuss a proposed educational project – what are the aims? Hypotheses? Project design and methods? Sample size? Assessment? Publications on the topic? Pilot data, if any? Collaborators? Authorship? What professional networks and online communities can facilitate your project?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed project.
- Assess skills/resources, including funding, needed for projects and timeline.

“A mentor should help the mentee achieve his/her maximum potential by having high expectations, giving frequent feedback and leading by example.”

Arin Greene, MD
2013 HMS Young Mentor Award Recipient

“Mentoring relationships are priceless as you watch mentees move over potential paths. For the mentor, each relationship is a time to grow as well. Such win-win bonds are special.”

Jessica Henderson Daniel, PhD
1998 HMS A. Clifford Barger Excellence in Mentoring Award Recipient

Promotion

Discuss career trajectory and skills/deliverables needed to progress to next level. Familiarize yourself with the HMS Guidelines for Promotion in your specific Area of Excellence.

Balance and Negotiation

- Ask your primary mentor to identify key steps in his/her career path that seem valuable.
- Ask about resources for family, child care, and work/life balance.
- Learn about successful negotiating styles and skills.

Follow-up Meetings

- Set mutual expectations and responsibilities at the onset of the relationship and follow through.
- Investigate need for specific mentors and skills and how the plan can be actualized over time.
- Use the checklist to track progress. Keep an ongoing portfolio of activities and works in progress, and check your timeline.
- Suggest potential topics for future meetings, such as meeting goals, time management, work/life balance, negotiation, manuscript completion, etc.
- Continue to assess the skill sets that require additional mentors: What skills do I need to learn or improve? What do I want to change about my work style? What professional networks and online communities are important?
- Try to maintain relationship for at least one year. Reevaluate mentoring relationship as needed, but at least annually. Agree on confidentiality and no-fault termination.

“I’ve been fortunate to be able to guide young scientists who have a lot to learn but also a lot to teach – whose knowledge and skills are often highly complementary to my own. This keeps the process interesting, fresh and evolving.”

Kenneth Mandl, MD
2008 HMS A. Clifford Barger
Excellence in Mentoring
Award Recipient

“Mentors should provide a very rigorous scientific environment, where lab members are constantly challenged to think about and justify their work, but at the same time promote a friendly and open environment where collaborative work and active discussion are constantly encouraged.”

Frederick W. Alt, PhD
2016 HMS William Silen
Lifetime Achievement in
Mentoring Recipient

The BCH Strategies for Mentors and Successful Mentoring for Junior Faculty booklets are endorsed by the OFD Advisory Committee, Senior Administration, and the Department, Division and Program Chairs.

OFD Advisory Committee

Elizabeth Armstrong, PhD	Shari Nethersole, MD
Sandra Burchett, MD, MS	Jane W. Newburger, MD, MPH
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Frederick H. Lovejoy, MD	Valerie L. Ward, MD, MPH
Joseph A. Majzoub, MD	Alan Woolf, MD, MPH

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22. New England Network on Faculty Affairs (NENFA) email survey, <https://www.nenfa.org/>

Other Resources

1. Boston Children's Hospital Office of Faculty Development Developmental Networks Exercise and PowerPoint Presentation <http://www.childrenshospital.org/ofd> (Click on Community of Mentors link on the left)
2. HMS Task Force on Faculty Development and Diversity Recommendations http://hms.harvard.edu/sites/default/files/assets/Sites/Acad_Clin_Aff/files/FDD%20Full%20Report_FINAL.pdf
3. Consortium of Harvard Affiliated Offices for Faculty Development and Diversity (CHADD) mentoring website <https://mfdp.med.harvard.edu/mentoring/chaddmentoring>
4. Brigham & Women's Hospital Mentoring Curriculum and Toolkit, <http://bwhmentoringtoolkit.partners.org>
5. Guidelines from Mentoring Programs at the following academic medical centers: Harvard Medical School, Eastern Virginia Medical School; UCLA School of Medicine; Medical College of Wisconsin; the University of Michigan's ADVANCE Program, and the University of California, San Francisco.

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Appendix A. Mapping Your Developmental Network Exercise

Developmental Networks are comprised of people who provide you with professional and/or personal support. A Developmental Network may include traditional scholarly/research mentors, advisors, peer mentors, e-mentors, colleagues, juniors, mentees, family, and friends. The following steps will help you assess your Developmental Network relative to your short and long term career goals. You are also encouraged to read “A New Approach to Mentoring” by Kathy Kram and Monica Higgins (<http://bit.ly/1o7s8lp>)

The table on page 2 helps you reflect and identify the people who assist you in 3 different ways: **1) People who help you get the job done;** **2) People who help you advance your career;** **3) People who provide personal support for you**

People with whom you have more than one kind of relationship should be listed more than once (i.e. one person could be in two or three categories). Place them in the column that best describes the type of relationship you have with them. **Close** relationships are ones where there is a high degree of trust, liking and mutual commitment. **Distant** relationships are ones where you don't know the person very well. **Moderate** relationships are in the middle, neither very close nor distant. The length of the line connecting each person back to you represents the relative closeness of your relationship. Superiors, peers and juniors are placed above, at the same level, or below you, based on their relationship to you. Indicate by a star (★) those people whom you see as very well connected in your department, hospital or professional circle, including someone who “sponsors” you. A sponsor is a senior/influential person who actively advances your career trajectory. Write “mentor” or “mentee” inside the shape (square, triangle, or circle) of anyone you consider in that role. See example below.

Example of a Developmental Network Map

My Career Goal: To be a QI leader

Getting the Job Done: People who help you fulfill your work requirements. They may work directly with you, and/or have provided leads to others who helped you with important information, scientific or technical advice, expertise or resources.



Close Relationship	Moderate Relationship	Distant Relationship
NS, research assistant (Mentee)	JD, PI of grant ★	CJ, administrative assistant

Advancing Your Career: People who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, serve as “sponsors” to help you get important assignments, and advocate on your behalf.



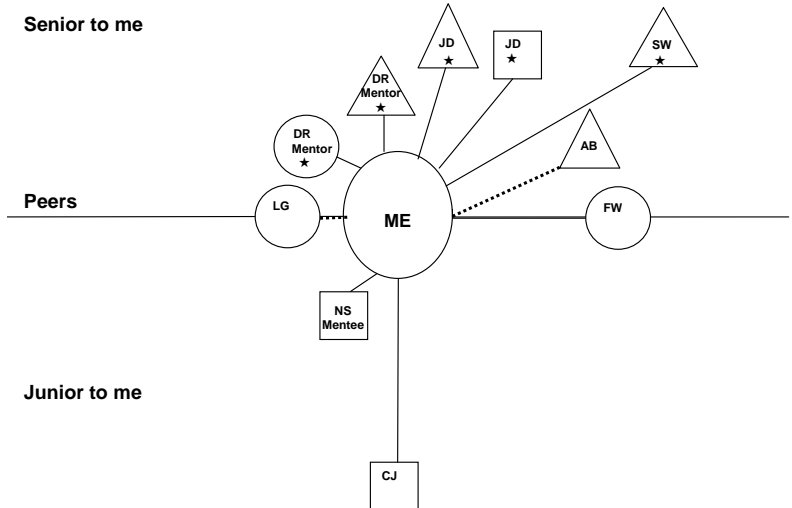
Close Relationship	Moderate Relationship	Distant Relationship
DR, senior faculty member in your division (Mentor) ★	JD, PI of grant ★	SW, Department Chair ★
	AB, faculty at another institution	

Getting Personal Support: People you go to for your emotional well being and psychosocial support.



Close Relationship	Moderate Relationship	Distant Relationship
LG, spouse	FW, friend at work	
DR, senior faculty member in your division (Mentor) ★		

- Getting the Job Done
- Advancing Your Career
- Getting Personal Support



Intra-organizational ———
 Extra-organizational
 ★ well connected and/or “sponsors”

My Career Goals are: _____

Your Developmental Network Table and Map:

Getting the Job Done: People who help you fulfill your work requirements. They may work directly with you, and/or have provided leads to others who helped you with important information, scientific or technical advice, expertise or resources.



Close Relationship	Moderate Relationship	Distant Relationship

Advancing Your Career: People who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, serve as “sponsors” to help you get important assignments, and advocate on your behalf.



Close Relationship	Moderate Relationship	Distant Relationship

Getting Personal Support: People you go to for your emotional well being and psychosocial support.



Close Relationship	Moderate Relationship	Distant Relationship

Intra-organizational _____ Extra-organizational ★ well connected and/or “sponsors”
--

Analyzing and Maintaining Your Network

Theme	Description
Diversity	How similar or different are these individuals (in terms of gender, race, function, geography, organizations) to each other and to you?
Redundancy	How much overlap is there? Does one person serve every function? Do you have many people helping you get the work done but no one providing personal support?
Interconnectivity	How closed is the network in the sense that most of the people know each other?
Strength of Connection	What is the spread of people in terms of closeness and distance to you?
Balance	Is your network balanced or in danger of tipping? Do you have too many mentors and no mentees? Or for more senior faculty, do you have too many mentees but no longer have mentors?
Connections to Power/Influence	How many individuals would you characterize as influential in the department or hospital or field?
Size	How large or small is your network? Does the size fit your goals? Is the network a size that you can maintain?

Appendix B. Resources for Medical Educators

BCH Department of Medical Education

The centralized Department of Medical Education (DME) coordinates educational programs and initiatives at BCH including the Academy for Teaching and Educational Innovation and Scholarship, Continuing Medical Education (CME), Graduate Medical Education (GME), and Undergraduate Medical Education (UME). <https://dme.childrenshospital.org>

- **BCH Academy for Teaching and Educational Innovation and Scholarship**
The BCH Academy for Teaching and Educational Innovation and Scholarship was established to enhance teaching across the hospital, foster scholarship in education, and support career advancements for educators through an inter-professional and multi-disciplinary learning community that promotes educational collaboration and resource sharing. Members choose between two tracks – teaching and scholarship. Scholar members meet regularly with facilitated working groups where they present and receive feedback on their research projects and educational innovations. All members are invited to the biannual education retreats, monthly professional development seminar series, and workshops. The Academy provides members with networking opportunities, teaching consultations, and scholarly mentorship.
BCHAcademy@childrens.harvard.edu
- **BCH Teaching Certificate**
The BCH Teaching Certificate Program offers healthcare professionals a focused pathway to greater understanding of educational principles in clinical practice and to refine their teaching skills through individualized performance and feedback. Teaching Certificate sessions include the biannual BCH Academy retreat, Academy seminar offerings, and a lunchtime series focusing on core teaching skills. Certificate members receive one-on-one coaching with a senior educator. Certification is attained over a two-year cycle. Division Chairs and Department Supervisors nominate physician and healthcare professional educators to participate in the Teaching Certificate Program. MedicalEducation@childrens.harvard.edu

HMS Academy Seminars in Medical Education

Seminars are open to teachers in the HMS community
<http://hms.harvard.edu/departments/academy/academy-events>

Fellowships

- **Rabkin Fellowship for Medical Educators:** the one-year Fellowship (20% of time) is funded by BIDMC for their faculty. At BCH fellows are supported by their department/division. The Fellowship provides the opportunity for faculty to develop the expertise and skills needed for careers in medical education.
<https://www.bidmc.org/medical-education/rabkin-fellowship>
- **HMS Academy Fellowships in Medical Education**
This endowed, competitive program seeks to develop and enhance the fellows' analytical skills as medical education researchers and teaching skills as medical educators. Each fellow applies with a project to be completed during the fellowship year; participants are expected to devote 10% of time to project and Fellowship activities.
academy@hms.harvard.edu

Harvard Macy Institute Programs: Program for Educators in Health Professions; A Systems Approach to Assessment in Health Professions Education; Leading Innovations in Health Care & Education; Health Care Education 2.0 – Transforming Your Teaching for the Digital Age; Program for Post-Graduate Trainees: Future Academic Clinician-Educators.

The Harvard Macy Institute brings together health care professionals, educators, and leaders to discuss the critical challenges and design innovative solutions that have a lasting impact on the way medicine is

practiced and students are educated. The goal is to foster transformative learning experiences that prepare the Harvard Macy scholars to lead institutional change and professional growth. Deadlines vary by program. <http://www.harvardmacy.org/>

Master's Programs in Medical Education

- **Master of Science in Health Professions Education at the MGH Institute of Health Professions:** This innovative master's program is designed for health professionals who wish to improve their teaching methods. The 33-credit program addresses core educator competencies. Students proceed through the program with a cohort of health professionals from across the health care spectrum. For questions or more information, please contact Deborah Navedo, PhD, CPNP, CNE, Director, Phone: 617- 643-4899
Email: dnavedo@mghihp.edu, <https://www.mghihp.edu/mshped>
- **Masters of Medical Sciences in Medical Education at Harvard Medical School:** Their mission is to give individuals who already excel in one of the health professions or health sciences disciplines an opportunity to turn their specialized knowledge and skill towards the advancement of medical education itself. The HMS MMSc-Medical Education, through research, skill building, and innovation, seeks to transform medical education in the service of advancing the health sciences and healthcare here and abroad. That is, through advancing medical education. The Program seeks to advance science and its application to serve the ultimate goal of relieving human suffering. For questions or more information, please contact Program Director Jennifer Kesselheim, MD, EdM (MMSc_Med_Ed@hms.harvard.edu).
<https://hms.harvard.edu/education/graduate-education/harvard-medical-school-masters-medical-education-program>.

Appendix C. Annual Career Planning Conference Forms

HMS Faculty Office of Faculty Development, Boston Children's Hospital Annual Career Planning Conference 2019 – 2020 Faculty Form

Each Faculty member should schedule a Career Planning Conference with his/her Department/Division/ Program Chair/ Faculty Mentor, or Departmental Designee and update the HMS CV before April 1st each year. The dialogue should address (1) your career progress and goals for the coming year, as applicable, in clinical care, teaching, research, administration, membership and leadership in societies/professional organizations, work/life balance, and community outreach; (2) preferred timing of milestones in your career trajectory and changes desired in the balance of activities and career/academic workload; and (3) skills and resources needed to accomplish your goals.

Name of Faculty: _____ Division/Department/Program _____

Part I To be completed by the Faculty member BEFORE the conference. Take your CV highlighted with accomplishments during the past year. CV instructions: <https://fa.hms.harvard.edu/faculty-medicine-cv-guidelines>

A. Academic and Career Accomplishments during this past year (Highlight on CV)

Please put an X in the box if in the past year you have accomplishments in this area:	X
Publications, guidelines, web resources, syllabi	<input type="checkbox"/>
Abstracts accepted or presented	<input type="checkbox"/>
Member of any committees or editorial boards, ad-hoc reviewer	<input type="checkbox"/>
Member of BCH and/or HMS teaching academy	<input type="checkbox"/>
Honors and/or awards	<input type="checkbox"/>
Presentations, Visiting Professor lectureships	<input type="checkbox"/>
Courses taught	<input type="checkbox"/>
Grants, patents, support	<input type="checkbox"/>
Research or grant review panels, IRB	<input type="checkbox"/>
New diagnostic, surgical, technical skills	<input type="checkbox"/>
Administrative positions	<input type="checkbox"/>
Community service, outreach, or patient education	<input type="checkbox"/>
Activities contributing to diversity	<input type="checkbox"/>
Activities contributing to wellness	<input type="checkbox"/>
Other, such as course work, degree (MBA, MS, MPH), or urban, community, global health project	<input type="checkbox"/>

- 1) a) *What is your approximate allocation of work time at present? Please rank order activities in which you spend time (1 for most time spent during an average week, 5 least time).
Patient Care ____ Teaching ____ Research ____ Administration ____ Other ____ (specify) _____
- b) *Teaching Hours for the period 7/1/2018- 6/30/2019 were

Hours Teaching Students in Courses	Hours Formal Teaching Residents, Fellows, Post-Docs	Hours Clinical Supervision and Training	Hours Research Supervision and Training	Hours Formal Teaching of Peers (e.g., CME)	Hours of Local Invited Presentation(s)	Hours Mentoring Trainees and Peers	Hours Education Administration and Service

2. What were your most important goals for this past year? Check which ones you feel you have met.

* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

3. Which Area of Excellence most closely matches your career trajectory?

- Investigation
- Clinical Expertise and Innovation
- Teaching and Educational Leadership
- Not Sure

4. *Do you understand the HMS promotion criteria for advancement in your career trajectory specified above? Select one.

- Yes No Somewhat Comments:

B. Mentoring

1. List your community of mentors/professional development support at Boston Children’s Hospital and other institutions. What role does he/she play in your career development?

Institution	Mentor Name	Role

2. If you have mentees, list, give your role, and any skills you need to mentor effectively.

Mentee Name	Your Role	Additional Skills You Need

C. Career Trajectory and Timeline for Completion of Goals

* List your 2-3 goals for the upcoming year:

1. Clinical Expertise and Innovation
 Clinical care/Surgical techniques/Clinical innovation:
 Publications (reviews, chapters, books):
 Societies/professional organizations:
2. Investigation
 Grants, Grant writing (outline pending grants):
 Publications, abstracts:
 Review panels, editorial boards, societies:
3. Teaching and Educational Leadership:
4. Administration and Institutional Leadership/Service:
5. Patient Education and Service to the Community:
6. Work/Life Balance:

D. Resources

1. What institutional/departmental resources have helped you to achieve your goals?
2. What challenges did you have?
3. What institutional/departmental resources and skills do you need to help you achieve your goals next year?

Signed (or typed name)

Faculty Member _____ Date _____

* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

**HMS Faculty
Office of Faculty Development, Boston Children's Hospital
Annual Career Planning Conference 2019 – 2020 Chair Form**

Name of Faculty Member _____

Name of Chair/Mentor/Designee for Career Conference _____ Date _____

Part II. To be completed by Chair/Mentor/Designee at the end of the conference and signed by Faculty and Chair or emailed

1) **The most important goals to be achieved in this next year are:**

Clinical Expertise and Innovation:

Investigation:

Teaching/Presentations, and Educational Leadership, Mentoring others:

Grant writing/Funding:

Scholarship:

Recognition, Leadership Positions in Institutions, Professional Societies/Organizations:

Administration and Institutional Service:

Education of Patients and Service to the Community:

Work/Life Balance:

Other:

2) **Community of Mentors include:**

3) ***Update on academic trajectory and progress or plans towards promotion;**

a) Check option that applies below. Please feel free to include additional descriptive text to this section.

Unable to assess at this time; faculty member in first term at rank.

Promotion anticipated over the course of the new term.

No promotion anticipated in the upcoming term because: _____

b) *Future Career Advancement and/or Promotion will require: _____

4) ***Future support needed in the following area(s):**

Additional Training:

Re-allocation of time and effort to teaching, clinical, research, scholarship and/or service:

Resources and/or development programs:

Other

5) ***Brief summary of your discussion with the faculty member. Describe action steps for mutually agreed upon goals** _____

Signed

Faculty Member _____ Date _____

Chair/Designee _____

* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

Appendix D. Structured Peer Mentoring

An example of a structured peer mentoring group is the Healthcare Businesswomen's Association (HBA), <http://www.hbanet.org/>, which served as a model for the MASS Association for Women in Science (AWIS) Mentoring Circle Program, <http://www.massawis.org/mentoring-circles>. Groups, meet together for an agreed upon length of time, typically from 2-6 hours per month from September – April, and are formed around common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of mentors, mentees and Connectors are clearly defined. Peer groups provide opportunities to build multiple mentoring relationships including those between mentor and mentees, as well as peer mentoring relationships among the mentees themselves. The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group which consists of 3-5 peer mentees. Mentors help channel and promote productive discussions with a focus on career growth and problem solving within a supportive environment. A Connector is an ombudsmen for the mentoring group. If a mentor or mentee is experiencing conflict or frustration within the group, the Connector will step in to mediate the situation (See Figure and list of responsibilities for mentors, mentees and Connectors below).

Figure. Example of a Peer Mentoring Group

