Mentoring:
An empowerment tool to motivate and improve skills

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Date: Sunday October 26, 2014
We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.

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SETTING THE STAGE

Dr. Safiya Karim
Outline

Setting the Stage
  Why mentorship?
  CAIR Survey Results
  Mini-group discussion

Dr. Safiya Karim

Understanding the Concept
  What is mentorship
  Mentorship best practices

Dr. Jerry M. Maniate

Mentorship from a Lived Resident Perspective

Dr. Steve Hawrylyshyn

Small Group Discussion

Closing Thoughts

Dr. Jerry M. Maniate
To empower residents to identify mentorship in their own context or setting.
• The steps to finding a mentor who is interested in potentially mentoring me.
• Identifying the skills or competencies of an effective mentor
• The important feature for effective mentorship
• The steps to implement mentorship in my day-to-day professional life and/or program
What is Mentorship?

“A mentoring relationship is one that may vary along a continuum from informal/short-term to formal/long term in which faculty with useful experience, knowledge, skills, and/or wisdom, offers advice, information, guidance, support, or opportunity to another faculty member or student for that individual’s professional (and personal) development.”

- Berk et al (2005)

Mentorship in medicine involves three discrete dimensions:

- Professional
- Educational
- Personal
Why is Mentorship necessary?

Successful mentor-mentee relationships enhance the residency training experience in addition to enriching the professional lives of practicing physicians.

Fosters the development of physicians with integrity, knowledge and compassion.
CAIR 2013 National Resident Survey

Fielded March 19th – May 1st, 2013
22.8% participation rate

30%: a formal mentor is assigned to me through my program
28%: I do not have a mentor but would like one
26%: I have found my own mentor

In the 2012 CAIR Survey, 31% of residents indicated that they did not have a mentor
CAIR Survey Themes

① Residents want to be mentored in:
  • Career planning
  • Professional development
  • Education
  • Work life balance
  • Research

② More than half of all respondents intended to pursue training beyond their primary specialty. Therefore, in order to succeed in a competitive academic environment, residents need to be mentored through the fellowship application process.
However...

The responsibility for finding a mentor is often left to the resident

IT’S UP TO YOU!
Challenges

① What is the role of a mentor: *advisor, role model, confidant, teacher*?

② The field of academic medicine has changed
   - Perceived lack of time due to increasing clinical, research and administrative responsibilities
   - Perceived lack of importance by faculty for mentoring if it is not a recognized academic activity (promotion)
   - Limited support and training for mentors

③ Inconsistent implementation, participation and evaluation of mentorship programs

④ Mentors feel isolated with limited opportunity to share challenges or celebrate successes with fellow mentors
WHAT IS REALISTIC TO EXPECT FROM A MENTOR?

“I’m looking for a mentor who can show me how to get rich without boring me with a lot of advice.”
Introduce yourself to the people at your table

1. Discuss successful and unsuccessful mentorship experiences you have experienced in medical school/residency

2. Why did the successful experiences “work” and why did the unsuccessful ones “fail”
Successful Mentorship

• Finding a mentor on your own often works.
• Given 1 year to “find” a mentor. PD directs people to possible mentor.
• “Loose” mentorship program. 1 year to choose.
• Natural fit: guiding
• Professional development on mentorship
• Clearly defined objectives / guidelines
• Cross-border mentoring, dependent on active communications

Unsuccessful Mentorship

• Assigned mentors often don’t work
• Can be a “power” relationship. Not looking out for mentees best.
• Mentor is too busy “to care”
• Lack of prof development on mentorship
• Ill-defined objectives / guidelines
• Geographic isolation
Why did they “work”?

Why did they “fail”? 
WHAT IS MENTORSHIP?
Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person.
“A dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé), aimed at promoting the development of both.”
The word itself was inspired by the character of Mentor in Homer's Odyssey. Though the actual Mentor in the story is a somewhat ineffective old man, the goddess Athena takes on his appearance in order to guide young Telemachus in his time of difficulty.
Relationship
People are involved
When successful, all parties benefit
MENTEE

“a person who is advised, trained, or counseled by a mentor.”

Dictionary.com
“WHAT’S IN IT FOR ME?”
Career guidance and satisfaction
Personal growth and development of academic/professional skills
Enhanced networking opportunities
Career advancement opportunities
Increased research productivity
Access to advice, encouragement & feedback

MENTEE
“a person who is advised, trained, or counseled by a mentor.”
CHARACTERISTICS

Proactive identifies needed knowledge, relationships & supports

Recognizes & accommodates the time constraints

Follows-up promptly

Asks for (and also provides) feedback on the relationship

Offers expertise or support whenever appropriate

Treats all information exchanged ethically and confidentially

A “GOOD” MENTEE

“a person who is advised, trained, or counseled by a mentor.”
MENTOR

“a wise & trusted counselor or teacher.”

Dictionary.com
MENTOR

“a wise & trusted counselor or teacher.”

Dictionary.com
CHARACTERISTICS

Willing to share knowledge & academic career experience
Listens actively & non-judgmentally
Asks open & supportive questions
Stimulates reflections
Gives thoughtful, candid, & constructive feedback
Asks for the same
Advocates and brokers relationships
Provides emotional & moral encouragement
Accessible

A “GOOD” MENTOR

“a wise & trusted counselor or teacher.”
"A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you”

Bob Proctor, Author, Speaker & Success Coach
Mentor + Mentee = You ++
Better retention
Improved working environment
Stronger sense of community
Collaborative activities
Mentorship in Medicine
Mentorship in Medicine

Professional

Personal

Educational
# TYPES OF MENTORSHIP

<table>
<thead>
<tr>
<th>Formal</th>
<th>Informal</th>
<th>Peer</th>
<th>Mutual</th>
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- **Formal**
  - One mentor, one mentee

- **Informal**
  - One mentor, one mentee
  - Double-sided arrow indicates communication

- **Peer**
  - Two mentees
  - Double-sided arrow indicates communication

- **Mutual**
  - Multiple mentees
  - Multiple arrows indicate communication
## TYPES OF MENTORSHIP

<table>
<thead>
<tr>
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<th>Pros</th>
<th>Cons</th>
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| **Formal Mentorship** | • Mandated  
                  • Structured  
                  • Helps new people  
                  • “Under his/her wing” | • One mentor  
                          • Typically top-down  
                          • “Can’t know it all”  
                          • Limited supports  
                          • “Objectives”  
                          • Mandated structure |
| **Informal Mentorship** | • Multiple interests, multiple mentors  
                           • Flexible | • Need to know people which disadvantages new people |
| **Peer Mentorship**   | • Common struggles & issues | • “The blind leading the blind” |
| **Mutual Mentoring**  | • Multiple interests, multiple mentors  
                           • Create a network / constellation  
                           • Peers, near peers, faculty, chairs, administrators, etc... | |


WHEN THE RUBBER HITS THE ROAD
Mentorship Paths

A

B

C
DOOR A: CHOOSE YOUR OWN ADVENTURE

- Lack of Structure
- Cold Calls
- Minimal support
DOOR B: MATCHING SYSTEM

- Defined Match
- Specific Criteria
- Rigidity
- Fallback Plan?
DOOR C: TAILORED MENTOR LIST

• Master Faculty List
• More onus on resident
• Communication Difficulties
• Distribution of Mentors
CASE EXAMPLE: ST. MICHAEL’S
ROUND 1: MATCHING

- Pure matching system
- Lack of flexibility/redo
- No commitment
St. Michael's DFCM Mentorship Program - Staff Form

* Required

Name *

St. Michael's Home Site *
- 80 Bond St.
- 81 Queen St.
- 410 Sherbourne
- St. James Town
- St. Lawrence

Years in Practice

Nature of Practice and Number of Clinic Days Per Week
(Number of Clinic Days calculated as half-days)

Postgraduate Degrees (and Institution)
eg. MPH, MISC, PhD, MBA

Special Interests
Please choose 3-4
- Addiction Medicine
- Child and Adolescent Health
- Emergency Medicine
- Global Health
- Health Care of the Elderly
- Health Systems/Economics
- HIV/AIDS
- Hospital Medicine
- Inner City Medicine
- LGBT Health
- Maternity and Newborn Care
- Mental Health
- Palliative Care
- Public Health/Health Policy
- Sport and Exercise Medicine
- Other: ____________________________

Current Research and Other Clinical Activities

Organizational Affiliations (and Positions Held)
Eg. non-profit groups, advocacy groups, government, etc.

Interests Outside of Medicine/Personal Hobbies
YEAR 2: TAILORED LIST

• Detailed Bios
• Flexbility
• Mentor Distribution
Defining Features of a Good Program:

- Program Engagement/Buy-in
- Clear Guidelines re: Communication
- Mentor & Mentee Training
- Flexibility
TIPS FOR MENTEES

• Understand the limits of your mentor
• Know what you are trying to accomplish
• Frequent communication
• Explore and Look Beyond
SMALL GROUP DISCUSSION:
CHARACTERISTICS OF “IDEAL MENTORSHIP”
① What would your ideal mentorship look like?
② What is the ideal process & function?
③ What are the key components needed to ensure successful mentorship?

SMALL GROUP DISCUSSION:
CHARACTERISTICS OF “IDEAL MENTORSHIP”
<table>
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<tr>
<th>Key Components: Mentor</th>
<th>Key Components: Mentee</th>
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<tr>
<td>• Good listener</td>
<td>• Honest re: goals/objectives</td>
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<tr>
<td>• Training/Prof. Devl’t</td>
<td>• Bi-directional benefit</td>
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<td>• Buy In</td>
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<td>• Communication &amp; F/U</td>
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<tr>
<td>• Understanding Limitations</td>
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<td>• Willing to broker connect’n</td>
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KEYS TO SUCCESSFUL MENTORSHIP
Understand your context
Understand your needs
Understand your style

“ONE SIZE DOES NOT FIT ALL”
“WHAT’S IN IT FOR THEM?”

Increased fulfillment with one’s work

Personal satisfaction of imparting experiences and knowledge gained throughout one’s career

Development of new career networks

Acquisition of ideas & feedback on their own work

Credit toward academic appointments/promotion

ENGAGING FACULTY MEMBERS
① Provide information & training on how to be an effective mentor or mentee
② Clearly define the roles, responsibilities and goals for both in the relationship
③ Set reasonable expectations
④ Beware of over dependence / pressure

EDUCATION / FACULTY DEVELOPMENT
An elephant is like a big snake.

What are you saying! It is like a sheath of leather!

Your all wrong!!! It's actually like a little furry mouse.

Actually, No! It's a tree stump!

PERSPECTIVE IS IMPORTANT
MORE PERSPECTIVES:
CREATING YOUR “BOARD OF DIRECTORS”
TRADITIONAL MENTORING

Senior Faculty
Preferential to have mentors in close geographic proximity

Given how busy people are, don’t forget to use technology as an enabler

DISTANCE IS NOT A BARRIER
Generate interest
Stay connected
CONNECT WITH YOUR SPECIALTY SOCIETY
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THANK YOU  ANY QUESTIONS?
## References

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<tr>
<td>Mutual Mentoring</td>
<td>Sorcinelli &amp; Yun. Mutual Mentoring Guide. Umass Amherst, Office of Faculty Development (<a href="http://www.umass.edu/ofd">www.umass.edu/ofd</a>)</td>
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Sambunjak et al. Mentoring in Academic Medicine: A Systematic Review.  
Sambunjak et al. A Systematic review of qualitative research on the meaning & characteristics of mentoring in academic medicine. JGIM. 2009; 25(1): 72-8  