The Development of a Faculty Mentorship Program at a Canadian Medical & Dental School: Policy, Program, and Five Years of Assessment

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Abstract:

Background: We believe that mentorship is important to guide faculty career success.

Objective: In June 2010, the Schulich School of Medicine & Dentistry approved a formal Mentorship Program for all full-time faculty. Simultaneously, an annual assessment of the mentorship program for a five-year period ending in 2016 was initiated.

Methods: Surveys were disseminated electronically and consisted of both qualitative and quantitative questions, from the perspectives of both the mentee and mentor.

Results: At our institution, most mentees were in the first five years of their faculty appointment, while most mentors were in the sixteen to thirty-year range of their first appointment. In assessing knowledge about the document which described the Schulich Mentorship program, more than half of the mentors and mentees either had read the document, or if they had not read it, they had knowledge about the document from elsewhere, with the percent with knowledge increasing yearly over the five years. Both mentors and mentees had positive comments about the Program, particularly its nonjudgmental nature, openness, and benefits for professional and personal development.

Conclusions: We conclude that the institution of a formal mentorship program for all faculty, coupled with regular review is important for faculty success, academic wellness and academic sustainability in a medical & dental school.

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Background: Mentoring is a core activity of academic institutions. This important activity is more frequently being recognized as a catalyst for faculty career success[1,2]. There are benefits for both the mentee, frequently a junior faculty, and the mentor, often a senior faculty member. Interestingly, for such an important institutional activity, little research has been done systematically at an institution to formally assess a faculty mentorship program on a regular basis. A systematic review of mentoring in academic medicine showed gaps in mentorship programs as few had a well-defined program of implementation or an outlined policy. A gap existed in assessing comprehensive data, such as our annual survey, to evaluate the Program and Policy[3,4]. Gathering longitudinal assessment data would allow for ongoing quality improvement[3]. Only short surveys at one point in time were identified in a few centres[3,4]. Our Mentorship Program is innovative as we have long term (five-year consecutive) assessment data of the implementation of a formalized Program and Policy, making it the most comprehensive program reported in the literature to-date.

Mentorship is vital for the success of faculty in academic medicine. The Schulich School of Medicine & Dentistry has a commitment to mentorship to guide the academic success of its Faculty[5].

The Schulich School includes approximately 2800 physicians, dentists, and basic medical scientists. Initially, a set of guiding principles for The Mentorship Program were developed between 2008 and 2010 by a core Working Group. This Program stipulated that each new faculty member or any faculty member changing roles be provided with the opportunity to have a mentorship committee that was relevant and meaningful for that faculty member. A formal mentorship committee was the proposed model of mentorship at our
School, although it did not preclude faculty members of availing themselves of any other type of mentoring (i.e. Peer, one-on-one, etc.). The assessment of our mentorship model served as an important mechanism of supporting our faculty through career progression.

The Schulich Mentorship Policy was approved by our Joint Schulich Council (JSC) and Executive Committee of Schulich Council (ECSC) meeting on June 4th, 2010. A Faculty Mentorship Oversight Committee was established with participation including members of the Schulich School and its affiliated hospital Medical Affairs. We also developed a program assessment study that was approved by the Western Ethics and Review Board for a 5-year time period (2010-2016, HSREB #101497, MMS & DLJ). The study involved completion of an annual survey that allowed us to gain "frontline" information about mentorship on a yearly basis. This information was collected and analyzed and presented yearly at an ECSC meeting during the academic year (MMS, DLJ, and MS). We also developed a comprehensive mentorship workshop program taught by authors (MMS, MS, and DLJ) that included skills and techniques, so that mentors and mentees could learn about expectations and share experiences and best practices. This workshop was offered regularly in the Faculty Development program and to specific

departments upon request. All of these interventions were initiated simultaneously.

Methods: As described previously, a mentorship program aimed at medicine, dentistry, and basic medical science full time faculty, was developed. The annual assessment was completed online by a secure access portal with notices and multiple reminders sent to approximately 1200 faculty each year. The data collected was anonymous and the surveys included both qualitative and quantitative questions to obtain both the mentor and mentee perspectives
on a number of items.
The questions remained the same for all 5 years. The authors were particularly interested in gaining insight into the status of implementation of the program over time. In particular, the questions were designed to determine how the program was working at the "frontline", from both the mentee's and mentor's perspective. It was vital to determine if the program was functional, and what components might need changing to improve the program.

Results: Although the number of respondents was low, it was possible to ascertain several themes. We found that most mentees were in their first 5 years of being on faculty and female while mentors seemed to be on faculty for at least a 15-year period (Tables 1 and 2).

Table 1: Demographics of Mentees

Years on Faculty	Response Rates (2010-2016)
0-5 yrs.	**48**
6-10 yrs.	**27**
11-15 yrs.	**5**
16-20 yrs.	**4**
21-30 yrs.	**2**
30+ yrs.	**1**

Table 2: Demographics of Mentors

Years on Faculty	Response Rates (2010-2016)
0-5 yrs.	**5**
6-10 yrs.	**17**
11-15 yrs.	**35**
16-20 yrs.	**30**
21-30 yrs.	**50**
30+ yrs.	**20**

We wanted to gain insight over the 5-year time-frame to determine if our mentees and mentors had read "The Schulich Mentorship Policy" (Table 3). This allowed us to learn the trends over time and determine how the information was being relayed: i.e. by a Department Chair, at Orientation, or by peers. Although there seemed to be an increased percent of mentees who had read the document over the 5 years, the percent of mentors did not have a consistent pattern.

Table 3. Those who had read the Schulich Mentorship Program policy

Years	Mentee Rates (% Yes)	Mentor Rates (% Yes)
2011-12	**50.0**	**65.8**
2012-13	**50.0**	**75.0**
2013-14	**50.0**	**56.2**
2014-15	**65.0**	**56.0**
2015-16	**63.6**	**57.6**

We also determined if mentees and mentors who had not read the document still knew that the document existed. We hoped that this may be the case as the document is on our School's website and we would expect Departmental leadership to have informed their faculty members about this document. No pattern was evident for either mentees or mentors over time (Table 4).

Table 4. Those who didn't read the document, but knew it was available

Years	Mentee Rates (% Yes)	Mentor Rates (% Yes)
2011-12	37.5	44.4
2012-13	66.7	66.6
2013-14	37.5	30.1
2014-15	12.5	45.4
2015-16	50.0	13.3

Over 80% of the respondents stated that having a mentorship committee was beneficial to his/her career development. The top strengths of the program from a mentee perspective included: clarification of expectations about professional roles and responsibilities by allocating time for thoughtful review of short- & long-term goals, support from an established faculty member during transitions (i.e. residency to new faculty or new role), progression as faculty through promotion, and creating important networks.

The top strengths from the mentor perspective included: improving skills to guide others; faculty learning about the expectations within the institution, and creating a supportive network required for successful career development and progression.

The challenges of the program from the mentees' perspective were: initiating the committee; the availability of mentors, and very rarely, incongruent opinions among mentors, and mentor's providing unhelpful guidance.

Themes and quotes found in qualitative responses to "Benefits from Mentee's Perspectives":

1. Feedback: "on progression towards and information about promotion and tenure", and "on research ideas and grants";

2. Opportunity: "to discuss career planning", and "to set goals";

3."Communication of institutional expectations and norms, academic roles and expected productivity";

4. "Role modeling of committee members", and

5. "Guidance offered by senior, more experienced faculty".

"Benefits from Mentors Perspectives":

1. Communication: "negotiation skills", and "conflict management";
2. "Learning about the environment (i.e. priorities, customs, structures)";
3. Collaboration: "networking";
4. Fostering: "academic achievements through research activities (i.e. research support

methodology, data gathering, analysis, conclusions, writing report on results, publishing)", and "academic achievements through education activities (i.e. developing curriculum, presentation skills, assessment)";

5. Professionalism: "reduction of stress", and "work-life balance", and
6. Learning new skills: "administrative skills (i.e. meeting management, time management)".

Discussion: Our School developed a comprehensive faculty Mentorship Program. This included the development of a Policy, which was supported by the School and Departments, and units, that a mentorship committee would be available to each new full-time faculty or any faculty taking on a new role. It also included an annual assessment in which both a quantitative and qualitative component was reviewed and presented to the ECSC yearly. We learned that at our School, the majority of mentees were in the first five years of their faculty appointment while the majority of mentors had faculty appointments for over fifteen years. The results showed us that the main target audience, new faculty, was reached by our mentorship program. This finding is consistent with the literature that mentees are likely to be junior faculty while mentors are likely to be senior faculty[6]. The literature shows mentorship programs had been developed specifically for woman and visible minorities[6,7]. While our mentorship program was not targeted specifically for women or visible minorities, more mentees were female, and more mentors were male over the five-year period of our study. This is consistent with the literature to-date[3,8]. It demonstrated an opportunity to encourage faculty to serve as mentors earlier, for example, midcareer faculty. We plan to do this by encouraging Department Chairs to empower faculty to take on mentorship. Engaging mid-career faculty with this formal role may provide benefits from mentoring, including additional meaningful purpose. This group is often cited to be at the highest risk of attrition, while providing a transition from midcareer to senior faculty role. This may also increase our capacity of mentors. The literature demonstrates that both mentors and mentees benefitted from a mentoring relationship[8,9]. In fact, it has also been suggested that one of the benefits of a mentoring relationship could be to mitigate burnout, a leading cause of faculty loss in academic medicine[6,7]. We also learned that, while there was variability year-to-year, mentees either had read the information document on mentorship or had heard about the document. This important data provides us with an opportunity to provide more frequent education about the Mentorship Program and Policy to faculty as well as department Chairs. Other communications could emphasize this for both groups in addition to attending our mentorship workshop.

We found important program strengths over the 5 years of longitudinal assessment. First, the Program appeared to be more mentee centered over time. This is reflected in our data that after the initial mentorship meeting organized by the Chair, ongoing mentorship was mentee driven. Our qualitative data also suggests benefits to mentees, a reason why it became more driven by mentees. As no published longitudinal studies exist, it is unknown if this would be consistent with other programs. Our study also found that

multiple sources of guidance were available to the mentee. This guidance included multidisciplinary mentorship, an asset in having diverse perspectives being represented for mentoring faculty. The Policy had an expectation of a commitment by both mentors and mentees. As more literature on the increasing demands of faculty's time appears in the literature, it is important to highlight our School values mentorship as an important activity documented in each faculty member's promotion dossier. In the Royal College of Physicians and Surgeons of Canada Maintenance of Competence (RCPSC MOC) program, mentorship is stated to be an important activity and that scholarly "credits" can be obtained from involvement in mentoring activities[10]. Our establishment of a Faculty Mentorship Award serves as a school wide recognition. One of the greatest strengths of our mentorship program was that it was reported to be a positive and nonthreatening environment in which faculty members could develop. This is an important aspect of faculty success and as a "vaccine" against burnout. It provided a positive collegial environment, which we know encourages professionalism, communication, and collaboration. This positive collegial environment may have benefits beyond the immediate faculty involved and may provide role modeling for learners in our institution. We know that the creation of a positive learning environment can facilitate information dissemination and also productivity in academic medicine. The data support that the institution of a formal mentorship program in a medical/dental school can benefit both mentors and mentees by establishing: relationships through networking; building important skills; including resiliency, professional knowledge in multiple domains to establish successful careers, and eventually faculty wellness by mitigating burnout. For our school, having a strong mentorship program strengthens our schools' strategic priority of Work Life Balance (Wellness).

Limitations: This study evaluated the factors which are established in one model of mentorship. Other mentorship models may also have similar positive outcomes. There were a limited number of respondents compared to the overall population of fulltime faculty despite repeated requests for completion of the surveys. Thus, the results are limited in extrapolating to the full faculty. In moving forward, it might be helpful to do additional qualitative focus groups of mentees and mentors. Outcome analysis could also determine metrics such as promotion rates, increased research productivity of faculty i.e. increased research grants, peer reviewed papers, increased scholarly teaching as demonstrated by more teaching awards or other forms of recognition.

Conclusions: Establishment of formalized mentorship committees has many benefits to faculty, both the mentees and the mentors. Collegial, non-judgmental mentoring relationships by mentorship committees are important for faculty success. On-going profiling of the mentorship program and education (formal) about mentoring are necessary to enhance mentoring in our academic institution. This model of Program, Policy, and assessment is innovative and can be applied to other academic institutions. Overall, we strongly believe that mentorship is a source of academic wellness and that a

mentoring culture can help sustain academia and provide resiliency to faculty.

Declaration:

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