

# Mentors and Mentoring Relationships

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# Disclosures

- Nothing to disclose relevant to this presentation

# Objectives

- Describe the common characteristics of a good mentor for a clinician educator
- Determine what personal and professional characteristics are most important to develop in a mentoring relationship
- Discuss strategies for developing, optimizing and utilizing mentoring relationships

# WHAT DOES “MENTOR” MEAN?

# Mentorship

- A personal developmental relationship in which a more experienced or knowledgeable person helps to guide a less experienced or knowledgeable person
- Involves regular face-to-face interactions
- Has both well defined and *ad hoc* (situational) components
- Involves commitment and understanding by both parties - “a contract”

# Educational Mentoring

- **Clinician educators**
  - Students - physical exam skills, basic management skills, didactic lectures
  - Residents - patient management, advanced clinical skills, didactic lectures
  - Fellows - advanced patient management, specialized skills, didactic lectures
  - All - life management skills (time, family, priorities)
- **How did you learn how to teach?**
  - Formal education courses, seminars, books
  - Emulating favorite teachers
  - Have a mentor/mentoring committee
- If you decided to become a better educator, ***where would you start?***

# Finding a Mentor

- First (and foremost) define your mentoring needs
  - Teaching skills
  - General academic life/responsibilities
  - Considerations for promotion/tenure
- Rarely will one person be sufficient for all mentoring
  - Career mentor can have sustained relationship
  - Other, more specific mentoring needs may evolve over time
  - Need for mentoring rarely ends
- Look for someone who has a track record of successful mentees in the areas most important to you
- Interviews work both ways - a connection is necessary

# Mechanics for Selecting a Mentor

- Initial interview
  - Looking for a connection
  - Establish mutual interest, availability
- Subsequent follow up meeting
  - Prompt follow up to confirm interest/commitment
  - Establish meeting expectations
- Setting Expectations for yourself
  - Do not overcommit
  - Be respectful of time
  - Keep an attitude of accountability
  - Be flexible

# Building a Mentoring Relationship

## Reasonable Expectations

- Establish mutual understanding of relative roles
- written agreement
- Establish metrics to show progress
- Regular and meaningful communication
- Method for conclusion of the mentoring relationship

# Understanding of relative roles

- **Mentor**
  - Teacher (not master)
  - Example (not perfect - no one is)
  - Guide
  - Advocate
  - Confidant - professional not personal
- **Mentee**
  - Student (not servant)
  - Teachable
  - Independent minded
  - Goal oriented
  - Confident - not arrogant

# Written agreement

- Treat as a contract
- Components
  - Defined responsibilities of each partner
  - Defined criteria for success
  - Defined assumptions about confidentiality
  - Defined strategy for conflict resolution
- Should have an expiration date
  - May be renewable with mutual agreement
- Should be signed by both parties
- Copies for both

# Metrics to Measure Progress

- **Clinical activities**
  - including resident/fellow teaching
  - foster clinical care, medical education or research (e.g., developing a data base for clinical research)
- **Educational efforts**
  - Lectures - formal courses, number, feedback
  - Curriculum development
    - Innovative clinical care developed (i.e. telemedicine, new clinical technique)
    - Course material development
    - Innovative teaching methods
- **Evaluations of teaching**
  - Learners - students, residents, fellows, CME
  - Peers - course directors and department chairs

# Regular and Meaningful Communication

- **The fundamental challenge**
  - Adequate communication to foster the mentoring relationship
  - Limit so as not to be burdensome to the mentor
- **Important communications**
  - Philosophy of credit on joint projects
  - Feedback on the progress of the mentoring relationship
  - Expressions of reservation
- **Limits**
  - Keep relationship professional

# Concluding the Mentoring Relationship

- Should be a mutual agreement that is discussed (decided) when the relationship is initiated
- Criteria to address whether the relationship has reached its conclusion
  - Follow a helpful (predetermined) approach for reflecting on learning outcomes and discuss a process for integrating what has been learned
  - Decide on a meaningful way to celebrate the successes within the mentorship
  - Seek to redefine the mentor-mentee relationship and to acknowledge this transition

# When the Mentee Becomes a Mentor

- A desire to bring along young faculty
  - They can learn from your experiences
  - Does not automatically wait for years
  - But cannot occur too soon without the appropriate experience
- Solutions?
  - Mentoring the new mentor
  - Focused mentoring rather than career mentoring to start
  - National organizations with mentoring courses
  - Carefully selected mentee candidates

# Mentoring Relationships

## Summary

- ***Mentoring*** is a classical form of passing on academic excellence from old to young faculty
- Clinician educator mentoring is particularly important as it ensures the preservation of effective educational activities to pass on critical knowledge to the clinicians of the future
- Effective mentoring is extremely satisfying, under recognized and under rewarded - but the satisfaction it brings is indescribable
- Mentees should “***pay it forward***” by becoming effective mentors