MENTORSHIP HANDBOOK

2017

Department of Pediatrics, University of Ottawa
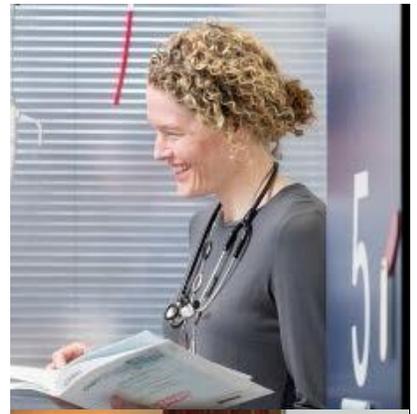
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1. Introduction

1.1 Preface

Welcome to the Department of Pediatrics Mentorship Program, which has been developed based on needs identified by you, the faculty. I have developed this Mentorship Handbook with the hope that you will use it as a reference guide for the Mentorship Program.

The program is designed to be flexible and responsive to your needs. You will get as much or as little support as you require. While the handbook outlines my vision for the program, mentorship is fundamentally based on people developing working relationships.

I hope that you will find it a valuable tool as you, the mentor and mentee, embark on your mentorship journey together. As we move forward, I sincerely hope that we can harness the expertise and experience in our faculty and engage everyone to make this a highly successful program.

a. Karwowska

Dr. Anna Karwowska,
Director, Faculty Development and Mentorship
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1.2 Overview

Mentorship is a relationship between two people in a work setting for the purpose of passing on knowledge and information, sharing wisdom and experience and offering advice and help in a safe space and confidential manner.

The goal of mentorship is to foster the career development of each faculty member such that he or she achieves satisfaction, fulfillment and success. Formal, structured and accountable mentorship programs have been shown to enhance the success of individual faculty members and therefore departments as a whole. In addition, mentorship improves collegiality and the feeling of being connected to colleagues.

The mentor plays a role in teaching, advising and providing support/ encouragement to the mentee. Topics that can be discussed within this mentoring process include career planning, scholarly projects, promotion issues, time management, and work/life balance. This relationship is flexible over time and over different career stages.

There are many different kinds of mentorship. Traditionally, a mentoring relationship has implied that a junior colleague is mentored by a more senior colleague. However, there are other models of mentorship including group mentorship, peer mentoring and peer coaching. Group mentorship allows a senior faculty member to guide a group of several junior mentees. Peer mentorship harnesses the potential of two or more people in similar phases /stages of career to mentor each other. They can share experiences, common concerns and potentially develop solutions. Peer coaching allows one or more people in similar phases/stages of career to help each other develop or hone particular skills. Some will dispute that the term "coaching" belongs with mentorship, but using a very broad definition of mentoring allows coaching to be included under its umbrella.

None of these forms of mentorship or coaching are exclusive of the others. Often a combination will give a mentorship program the ultimate flexibility in addressing the needs of both mentors and mentees.

1.3 Guiding Principles

1. Mentoring is strongly encouraged for all faculty. The process of facilitating a match with a mentor will start automatically for all faculty within the first five years of their appointment in the DoP. Changes to a mentor - mentee match can happen at any time, depending on the needs of the participants.

   Any faculty member beyond their first five years who indicates an interest in having a mentor and wants to have the process facilitated will also be enrolled. Group mentorship may occur based on the availability of mentors with specific skill sets and interests in conjunction with the needs of mentees. Peer mentorship and peer coaching will be facilitated on an *ad hoc* basis as needs are identified by individual faculty.

2. Individual faculty members may need more than one mentor, but each faculty member will have a "primary" mentor.

3. The process of identifying a match between mentor and mentee will be facilitated by the DFDM with input from any or all of the department head/division head/primary mentor/mentee. It is recognized that the personality fit of the mentor and mentee is crucial to a successful relationship.

4. The mentoring needs of faculty members vary with time. Broadly, career and life stages may change in the following intervals: 0-5 years, 6-10 years, 11-15 years, and over 15 years. The entire process needs to be fluid and re-evaluated regularly.

5. Mentors need training to be most effective.

6. There needs to be explicit commitment to confidentiality and the creation of a "safe environment" within the mentor- mentee relationship. This program has a clearly outlined process for when a breach of this commitment has occurred.

7. Mentors need to be rewarded for their work; and the DoP will recognize them for their activity in the program.

8. The mentorship process needs regular evaluation.

2. Mentoring Relationships

2.1 Identifying mentors and mentees

Mentors and mentees have to be invested in mentorship as a meaningful process, and believe that they can both contribute and benefit from the program. Several qualities of ideal mentors and mentees have been described in the literature.

 Potential <u>mentor</u> candidates should be *committed, approachable, empathetic, non-judgmental, supportive, reliable, and respected.*

- *Associate or full professor for those on a promotions track*
- *Assistant, associate or full professor for those on a clinical track*
- *Consider mentors from the same division first, then expand outside of division (aim to foster collegiality and understanding between divisions)*
- *Need to have considerable understanding of the department, faculty of medicine, academic procedures etc.*

Potential <u>mentee</u> candidates should be *committed, willing to learn, open to feedback, and open to self-reflection and reflection of others' experiences.*

- *Anyone identifying that they would like a mentor*
- *Junior faculty 0-5 years*
- *All new hires*

2.2 Process for facilitating mentoring dyads (or other groupings)

- Mentors will be identified by the DFDM with input from the departmental leadership (i.e. department/division heads) in conjunction with the faculty member;

- Research mentors will be identified with the aid of the Director of Research (CHEO Research Institute);

- Mentors should not, in general, be the department head or the division head, unless they are the obvious choice and clearly the most suitable for the position. Should any division head take on a mentee, it would be most appropriate to mentor outside of their division;

- New Faculty members hired from *within* U of O will have a mentor facilitated on appointment;

- New Faculty hired from *outside* U of O will have a mentor facilitated within 6 months of appointment;

- Faculty pairs for peer mentorship and/or coaching will be facilitated based on identified needs (i.e. ad hoc basis);

- Initial dyad is for a one year duration and is renewable at that time. Following the initial period, no other formal renewals are required;

- Members for group mentorship will be identified based on the similar needs of groups of mentees and the availability of a suitable mentor. Peer mentorship pairs may evolve naturally from within these groups.

2.3 Training for mentors/mentees

- There will be an initial **orientation session** for mentors identified within this program to review this DoP Mentorship document and to answer questions as to how mentors will be supported;

- Further sessions (provided at multiple points in time) will aid mentors to learn about and discuss key points in the mentorship literature. Mentors will be encouraged to share their expertise and experiences in mentoring. The goals of these sessions will be threefold:
    - **to provide a base of knowledge about the mentorship literature and the program;**
    - **to acknowledge and use existing mentorship expertise and;**
    - **to create a community of practice for mentors.**

- A suggested reading list of key articles in the mentorship literature is provided in this guide *(See Appendix A: References and Suggested Reading)*.

2.4 The role of the Mentor

- Mentorship is considered ultimately **altruistic**, as the mentor gives significant time with (mostly) nontangible rewards.

- A single formal mentor (the *primary* mentor) is facilitated within this program, but any one mentee can have several mentors, and one mentor can have several mentees individually and/or as a group.

- The primary mentor should address career goals in clinical work, teaching, education, research, leadership, advocacy and work-life balance.

- Mentors should also provide psychosocial support and role modeling as well as resource identification. For those who have research intensive career goals, a specific scientific research mentor will be additionally assigned to facilitate research career development

- Some faculty may need mentors from multiple areas of expertise depending on their individual needs. This may be apparent at the initial stages of planning the mentor-mentee dyad, but if not, then identifying this need would be the responsibility of the primary mentor. The DFDM will help to facilitate changes or additions to the mentorship model for any single dyad.

- Other areas where a mentor may help the mentee in a more informal manner:
    - **Providing psychosocial support**
    - **Role modeling**
    - **Advocacy**

2.5 Responsibilities of the Mentor and Mentee

Mentee

- Ensure confidentiality
- Make and keep appointments
- Set clear goals/ objectives
- Define needs and identify barriers to accomplishing goals
- Actively engaged in seeking assistance
- Be receptive to feedback
- Accept responsibility for career development
- Be respectful and appreciative
- Provide constructive feedback to the mentor about the relationship

Mentor

- Listen
- Create a safe environment
- Ensure confidentiality
- Be respectful, approachable, non-judgmental
- Be a sounding board for frustrations
- Provide encouragement
- Provide constructive feedback
- Advocate for mentee when needed (time, resources)
- Provide coaching in leadership skills
- Assist in focusing goals
- Assist with identifying strategies to develop/improve skills in a particular area
- Assist with the navigation of bureaucracies in the Department, Faculty, Region
- Provide networking opportunities
- Provide guidance on how to select committees that align with the interests and goals of the mentee; balancing time commitment, expertise and visibility/ networking opportunities
- Assist in grant writing
- Review grants, manuscripts , teaching materials as needed
- Aid in preparation for promotion
- Be aware when you cannot fulfill certain aspects of mentorship and support/ facilitate the mentee seeking them with another mentor
- Recognize and acknowledge that you can learn from the mentee

3. Other Guidelines

3.1 Guidelines for discussions for meetings

The mentor and mentee should meet at least 2-3 times a year. Strong consideration should be given to more frequent (monthly or bi- monthly) meetings early on to establish a relationship.

The **first meeting** should be initiated by the mentor within the first 1-2 months. The discussion points below may be used to set goals and expectations of both the mentee and the mentor. The mentee should spend time reflecting on these points prior to the first meeting, and may continue to use this list to guide future meetings, if needed.

- What do you, the mentee, want out of the mentor mentee relationship?
- What is your academic job description?
- What are your short-term, intermediate, and long term goals? (3-5 year plan)
- What infrastructure do you have and what do you need?
- What academic outcomes have you achieved?
- What additional skills might you need to acquire to achieve your goals?
- What are the opportunities to develop and access a network regionally, nationally and internationally?
- Do you need help with the business of medicine?
- What advocacy do you need – resources, personally and professionally?
- Can your mentor facilitate/provide guidance to expert resources?
- Are there individuals in your department/division/field of practice that could be role models for you?
- How are your time management skills?
- Are you delegating what can you do to avoid burning out?
- What is your ideal professional-personal life balance? What do you value most? Where are you now?
- What is your overall happiness/satisfaction? What can be done to improve it?

Additionally, these first meetings will need to address:
- Career timeline planning
- Quality of CV
- Academic Portfolio/ Teaching Dossier review
- If promotion is planned, then a review of the requirements (as outlined in the Promotions document)

The mentee, with the help of the mentor, should develop an academic portfolio. A framework for this portfolio can be found in **Appendix B**. The Physician Academic Review (PAR) can also serve as a framework.

This will help to achieve one or more of the following **objectives for junior faculty**:

- Learning to balance clinical, administrative and teaching responsibilities
- What to take on to further career goals versus what to take on for the "enjoyment" or satisfaction factor while avoiding "lack of time" and/or burnout
- Improving teaching skills
- Developing a research portfolio
- Getting promoted
- Accessing and exploiting career development opportunities
- Gaining recognition for accomplishments

A formal mentorship meeting should occur <u>yearly </u>with review of the CV and career path. This meeting should be documented by the mentor/mentee dyad and acknowledged by the DFDM as part of the evaluation process. The discussions between the mentor and mentee are confidential therefore details of the meetings are not required unless both parties consent. A formal reassessment of whether the pairing should continue also happens at this time.

It is important to note that this meeting should occur separately from the annual meeting with the Division Head and/or Department Head. The mentoring process is focused on the needs of the mentee and not on the needs of the division or department.

3.2 Guidelines for Changing Mentors/Mentees

There are several reasons *why* a change may be needed:
- The mentor/mentee feel that another pairing may be more beneficial in terms of a better "fit" of expertise
- The needs of the mentee have evolved/changed
- The personality "fit" of the pairing isn't right

This can be initiated by either or both mentor/mentee, and:
- The change can happen at any time in the relationship
- The mentor/mentee can discuss this directly, then inform the DFDM
- If the mentor/mentee are not comfortable discussing with each other directly, the DFDM can act as an intermediary
- The DFDM needs to ensure that the mentee has a new primary mentor
- Mentees may ask the mentor to stay on as an informal mentor

3.3 Guidelines for when a Mentor/Mentee would be Expected to Seek Outside Advice

Although the overarching principle remains that the mentor-mentee relationship is confidential, there may be times where a particular situation arises that **places the wellness of either party at risk** and requires leadership guidance and/or intervention. These situations are outside of professional boundaries. Potential situations may include:
- Any unprofessional conduct
- Any perception of harassment
- Any concern for personal safety of the mentor or mentee (for example due to mental health issues)
- Any concern for patient safety

The mentor or mentee would contact the DFDM directly. Having gathered all the necessary information, the DFDM would call a meeting with the Department Chair and Vice-chair and/or the complainant and decide on next steps. Formal processes exist at the Faculty of Medicine, University of Ottawa and these will be followed as set out in the current policies.

3.4 Process for withdrawal from mentorship program

A written request to withdraw from the mentorship program can be provided to the DFDM, outlining the reasons why the mentor or mentee wishes to withdraw from the program. This can occur at any time.

4.   Program Evaluation

4.1 Mentorship Program Review and Evaluation

A mentorship program for this faculty needs to fulfill individual expectations and help promote career success and job satisfaction. This program has been developed based on the available literature and best evidence, but will remain flexible and responsive to feedback. Change is anticipated based on evaluations, which will occur through regular surveys of both mentors and mentees to gauge overall faculty satisfaction with program (See Appendix C).

Feedback on the program will be sought after the mentors' networking and education sessions.

An annual review of all mentorship groups will be done by the DFDM (timed with annual reviews occurring in each division). Other, indirect outcome measures will include:

- Growth of the program
- Academic productivity
- Department recruitment and retention
- Self-reported professional well being

5.   Rewards/Awards

5.1 Rewarding Mentors

The DoP will establish annual awards for excellence in mentoring. There will be section on mentorship added to the annual career path documentation (Annual Career Review Summary).
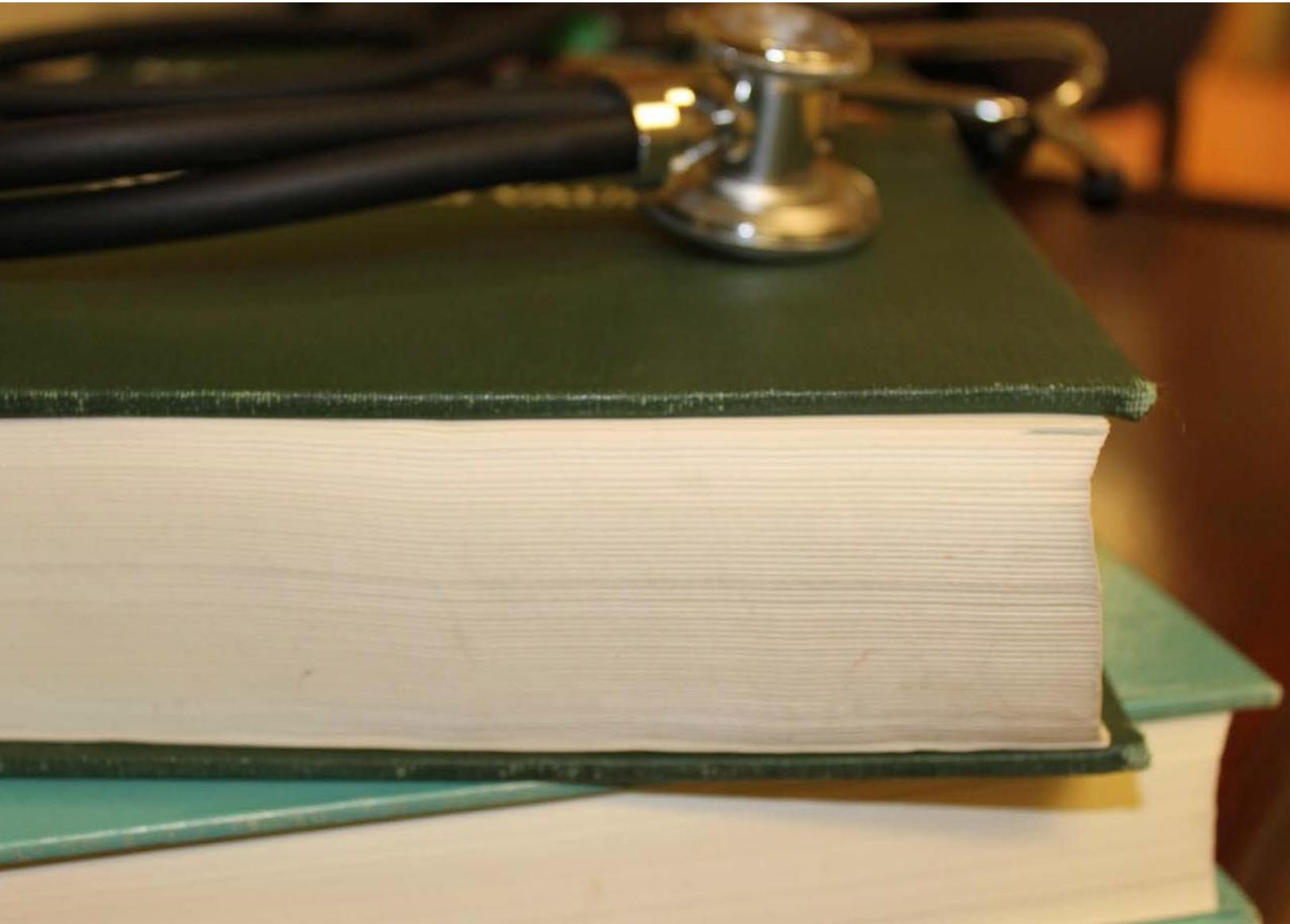
6. Appendix A
References & Suggested Reading

References (suggested reading in bold)

Ludwig S, Stein REK. Anatomy of mentoring. J Pediatr 2008; 152:151-2.

Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. Acad Med 2009; 84:140-4.

Ramani S, Gruppen L, Kachur EK. Twelve tips for developing effective mentors. Med Teach 2006;28:404-8.

Chopra V, Edelson D, Saint S. Mentorship Malpractice. JAMA 315(14) 1453-4.

Gusic ME et al. Strategies to design an Effective Mentoring Program. J Peds 2010; 156 (2).

Buddeberg-Fischer B, Herta KD. Formal mentoring programs for medical students and doctors-a review of the medline literature. Med Teach 2006;28:248-57.

Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine. JAMA 2006;296:1103-15.

Ramaman, Phillips, Davis (2002) Mentoring in medicine: keys to satisfaction. Am J Med 112(4) 336-41.

A Handbook of Mentorship in the Department of Medicine University of Toronto. University of Toronto Faculty Development Committee document, April 2, 2009.

Faculty of Medicine and Dentistry, University of Alberta, Academic Mentorship Manual 2013

University of Calgary, Faculty of Medicine Mentorship Policy (date unknown).

Peer Coaching and Mentorship. M. Boillat and M. Elizov. Chapter 8 in Faculty Development in the Health Professions. Y. Steinert Ed. Springer Science and Business Media 2014.

Faculty Development for Career Development. K. Leslie. Chapter 5 in Faculty Development in the Health Professions. Y. Steinert Ed. Springer Science and Business Media 2014.

Steinert Y, Boillat M, Snell L. Medical Education and all that Jazz: A Focus on Faculty Development in the Health Professions. Montreal: Centre for Medical Education and Faculty Development Office, Faculty of Medicine, McGill University, 2016.

7. Appendix B

Academic Activity Portfolio Template

Academic Activity Portfolio
Department of Pediatrics
University of Ottawa

Adapted with permission from the University of Ottawa Career Path Annual Review document, 2016 and Physician Academic Review document 2017.

Faculty Member's Name:

_____

Department (Division):

_____

Date of Initial Appointment:

_____

Date of Last Promotion

_____

Academic Rank:

_____

Practice Profile

Please indicate the percentage of your work time spent in each of the following areas:

Clinical care _____**(%)**
Education _____**(%)**
Research _____**(%)**
Administration _____**(%)**

Comments:_____
_____
_____
_____

1. ACADEMIC PERFORMANCE

Undergraduate Teaching Hours

Teaching rounds

Activity	# of hrs

Academic half days

Activity	# of hrs

Lectures

Activity	# of hrs

Workshops

Activity	# of hrs

Other Activity (*e.g. OSCE, written exam, oral exam etc.*)

Activity	# of hrs

Preparation time: _____ hours

Medical Student Mentorship

Name of Student(s)	Duration of Relationship	Number of encounters/year (email, letters, hours)

Post Graduate Teaching Hours

Teaching rounds

Course	# of hrs

Academic half days

Activity	# of hrs

Lectures

Activity	# of hrs

Workshops

Activity	# of hrs

Other Activity (*e.g. OSCE, written exam, oral exam etc.*)

Activity	# of hrs

Preparation time: _____ hours

Resident Mentorship

Name of Student(s)	Duration of Relationship	Number of encounters/year (email, letters, hours)

Graduate Teaching Hours

Teaching rounds

Course	# of hrs

Academic half days

Activity	# of hrs

Lectures

Activity	# of hrs

Workshops

Activity	# of hrs

Other Activity (*e.g. OSCE, written exam, oral exam etc.*)

Activity	# of hrs

Preparation time: _____ hours

Graduate Student Mentorship

Name of Student(s)	Duration of Relationship	Number of encounters/year (email, letters, hours)

Continuous Professional Development Teaching Hours

Teaching rounds

Course	# of hrs

Academic half days

Activity	# of hrs

Lectures

Activity	# of hrs

Workshops

Activity	# of hrs

Other Activity (*e.g. OSCE, written exam, oral exam etc.*)

Activity	# of hrs

Preparation time: _____ hours

Other Educational Activities

(E.g. Interviewing applicants for medical school, Royal College examiner, Cross-faculty teaching, development of courses or curriculum)

Activity	date	# of hours

CME or Faculty Development courses attended

Activity	Date	# of hours

Participation in Faculty Simulation

Activity	Date	# of hours

Clinical skills or techniques acquired

Skill/technique	Date	# of hours

Research Project Supervision

Please list the medical students, residents, fellows, graduate and post-doctoral students whose research projects you have supervised in the past year.

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Name of trainee	
Program of Study	
Period	
Research Project(s)	

Invited Presentations

Regional

Host/Location	Title of Presentation	Date	Hours

National

Host/Location	Title of Presentation	Date	Hours

International

Host/Location	Title of Presentation	Date	Hours

Peer -Reviewed Publications

Use the first date of publication, e-publication or print publication in the citation.

Peer-Reviewed Published	
Peer-Reviewed in press	
Peer-Reviewed submitted	

Non Peer -Reviewed Publications

Use the first date of publication, e-publication or print publication in the citation.

Non Peer Reviewed Published	
Non Peer Reviewed in press	
Non Peer-Reviewed submitted	

Abstracts

List all scientific abstracts (presented as poster or oral presentations) published in the last year

Abstracts	
Abstracts in-press	
Abstracts submitted	

Grants

Peer-reviewed grants

Title of grant and number	
Agency	
Support period (dates)	
Role	
Total amount	
Amount for current academic year	

Non-peer-reviewed grants

Title of grant and number	
Agency	
Support period (dates)	
Role	
Total amount	
Amount for current academic year	

Other Scholarly Activities

Books, Book Chapters, Manuals	
Editorial work	
Grant Review	
Manuscript Review	
Commentaries, Letters to the Editor	
Monographs	
Websites and Videos	

2. LEADERSHIP DEVELOPMENT

Leadership Courses
List any leadership courses taken (e.g. PLI, Faculty development)

Activity	date	# of hrs.

Committee Work
Include hospital, U of O, other local, regional, national and international committees.

Committee	Level	Role	# of hrs.

Leadership Positions
List your leadership positions and achievements over the last year. Include hospital, U of O, other local, regional, national and international positions.

Leadership Position	Achievement

Mentorship

Are you a mentor?   Yes   No

Faculty Name	Division	Duration

Are you being mentored?   Yes   No

Faculty Name	Division	Duration

Comments (optional)

_____
_____
_____
_____

Awards

Name of the award	Awarded by	Description of the award

Other Activities or Accomplishments

Description of Activity	Location and Date

3. GOALS AND OBJECTIVES

Key Accomplishments
Highlight your most significant contributions and accomplishments over the last year:

_____

_____

_____

_____

_____

_____

_____

_____

Outcome of Last Year's Goals

Please reflect on the outcome of last year's goals and objectives:

Clinical

_____

_____

Research

_____

_____

Education

_____

_____

Administration

_____

_____

Next Year's Goals

Identify 2-3 specific objectives for the next year.

Clinical

_____

_____

Research

_____

_____

Education

_____

_____

Administration

_____

_____

Goals for the next 5-10 years

Is academic promotion part of your career goals?

_____

If Yes, anticipated date of next promotion

_____

Please reflect on the next 5-10 years and note goals you would like to achieve.

Clinical

_____

_____

Research

_____

_____

Education

_____

_____

Administration

_____

_____

Issues which need to be addressed in order to facilitate your goals (for discussion purposes with division head or chair).

_____

_____

_____

_____

_____

_____

Are you planning to retire? Do you have any questions or issues regarding the retirement process?

_____

_____

_____

Appendix C
Program Evaluation Templates

Evaluation Template for Mentee

Evaluation of Program by Mentee	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am happy with the process of selecting my mentor						
I think my mentor is a good choice for me						
My mentor available when I need to meet						
My mentor and I have regular meetings						
My mentor respects my time and my goals						
I value the relationship I have with my mentor						
I believe that mentoring will help me achieve my goals						
I have benefited from the mentoring relationship						
We have discussed goals for my career development						
My mentor has involved me in professional activities within the institution						
My mentor has involved me in professional activities outside the institution						
My mentor has introduced me to new contacts which broadens my network						
I would like the mentoring relationship to continue						

Evaluation Template for Mentor

Evaluation of Program by Mentee	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am comfortable with the choice of mentee						
My mentee is readily available						
We meet on a regular basis						
My mentee understands my time constraints and proactively works to arrange meetings						
My mentee comes well prepared to our meetings						
My mentee respects me as a person						
I believe that mentoring is a good idea						
I have benefited from the mentoring relationship						
I have received feedback from my mentee about our mentoring relationship						
I have referred my mentee to other faculty for help in a specific area						
I would like the mentoring relationship to continue						
I am willing to be a mentor for others						

Back Cover