

# Community of Mentors

Guidelines for Mentors



Children's Hospital Boston



## Office of Faculty Development (OFD)

### Mission

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

S. Jean Emans, MD, Director, [jean.emans@childrens.harvard.edu](mailto:jean.emans@childrens.harvard.edu)

Maxine Milstein, MBA, Administrative Director, [maxine.milstein@childrens.harvard.edu](mailto:maxine.milstein@childrens.harvard.edu)

Jill Dobriner, PhD, Program Coordinator, [jill.dobriner@childrens.harvard.edu](mailto:jill.dobriner@childrens.harvard.edu)

Alan Leichtner, MD, Medical Education Director of the Office of Faculty Development

Valerie Ward, MD, MPH, Diversity and Cultural Competency Council Faculty Director

OFD email: [Ofd@childrens.harvard.edu](mailto:Ofd@childrens.harvard.edu)

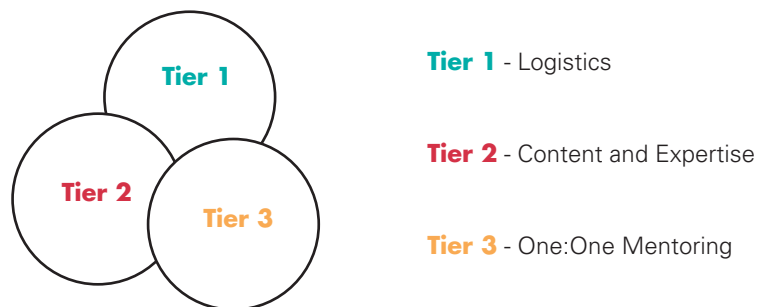
OFD website: [www.childrenshospital.org/research/ofd](http://www.childrenshospital.org/research/ofd)

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

### Background of the Community of Mentors

Recognizing the value of mentoring for clinical, teaching, and research careers, the OFD, in collaboration with its Advisory Committee and the Department and Division Chiefs, developed the "Community of Mentors" so that all junior faculty will have access to a mentor or a mentor team. "Community of Mentors" is a three-tier system, running the spectrum from providing logistical information in Tier 1, to skills building courses and panels in Tier 2, to enabling committed personal and professional relationships in Tier 3. As part of Tier 2, the OFD will identify experts in various content and process skill sets to help facilitate mentor teams. Individual appointments with the OFD Director can help direct junior faculty to establish their own personalized "Community of Mentors," in addition to special interest networking sessions, courses, workshops, and panel presentations. Each tier draws on the support services of its related tiers, working collaboratively to create a climate of success.

Figure 1



Community of Mentoring = a network of interdependent support services

The “Community of Mentors” begins with an appointed or selected mentor at the division or department level and guides junior faculty to think more broadly about a “Community of Mentors” hospital wide – within their department and across departments, disciplines, and potentially institutions. “Home support” at the department level is highly valued, and the Chief or senior faculty mentor plays an active role to help junior faculty choose additional mentors. Community of Mentors, with the support of Children’s Hospital Chiefs and Senior Administration, encourages junior faculty to select senior colleagues with appropriate experience to promote their career development.

- Tier 1:** Communication: Perspectives, OFD website, Email  
 Orientation for new faculty: introduction to OFD and senior administration  
 Housing through Harvard websites  
 Career and Family Network, Bulletin board, website  
 Childcare and eldercare resources  
     CHB Employee Assistance Program (EAP)  
     Harvard Medical Office of Work and Family  
 HMS Office for Diversity and Community Partnership, linked from OFD website  
 HMS promotion criteria, linked on OFD website
- Tier 2:** Workshops, networking sessions  
 Promotion seminars with HMS Faculty/Deans  
 Research fellowships for faculty  
 Annotated bibliography of articles and programs on mentoring  
 Career Development Collection in Library  
 Partnerships with Chief Executive Officer, Chief Operating Officer, Clinical Research Program,  
     Office of Sponsored Programs, Clinical and Translational Research Executive  
     Committee, Research Recruitment and Resource Committee, and the Harvard Catalyst  
 CV and grant templates, guidelines and tips  
 Appointments with S. Jean Emans, MD, Director, OFD, and Mary Clark, PhD, former HMS  
     Associate Dean of Faculty Affairs  
 Diversity and Cultural Competency Council Faculty Director, Valerie Ward, MD, MPH  
 The Academy at CHB, directed by Alan Leichtner, MD  
 Identification of process/content experts
- Tier 3:** Chief’s commitment to Community of Mentors  
 CEO/COO support for faculty development  
 Cross-departmental and cross-institutional support  
 Identification of mentors and facilitation of matches  
 Mentoring panel and courses  
 Annual Career Conferences and individualized Professional Development Plans  
 Faculty Development Month

## What is a traditional mentor?

The literature is replete with definitions of mentors from a variety of sources, including classical literature, military training, academia, business, and government. These definitions include advocate, coach, teacher, guide, role model, valued friend, door-opener, benevolent authority, available resource, cheerful critic, and career enthusiast. It has also been noted that “supermentors” combine many of these definitions, both generating processes for leadership development for succeeding generations and innately leading change. The Community of Mentors model defines a mentor as someone who provides individual or group mentoring support that contributes to the career development of a junior colleague.

## Beyond the dyadic model of mentoring – Community of Mentors and Developmental Networks

In addition to the traditional dyadic model of mentor-mentee, mentoring may include multiple relationships that we have called a “Community of Mentors” where 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 or scholarly writing or networking in professional societies. The Community of Mentors includes traditional mentors, supermentors, peer mentors, and e-mentors (Figure 2).

*Collaborative peer mentoring* allows faculty to work together at a regularly scheduled time, sometimes facilitated by a senior faculty member, and 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.

*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.

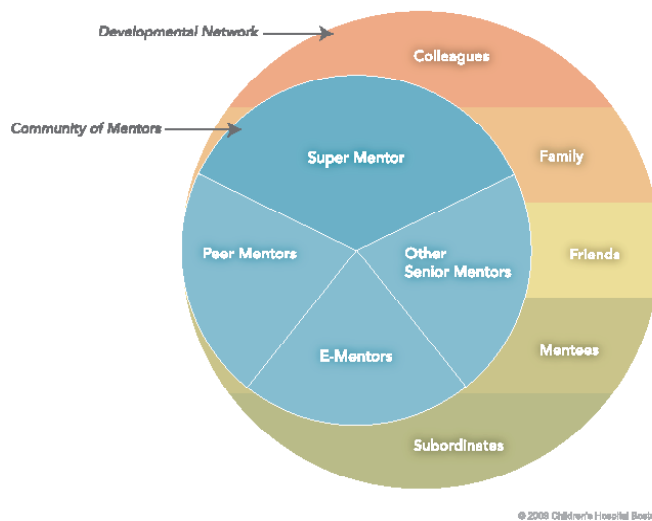
*Project-based mentoring*, often referred to as functional mentoring in the literature, pairs junior faculty with mentors who have the skills, expertise, and interest required for a specific project. The mentoring relationship may cease when the project is completed or it may continue and possibly evolve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

Some mentors are good at providing both career guidance and psychosocial support; others are better at one or the other. Career-related functions include empowering mentees and advocating for them: opening doors to challenging assignments; providing sponsorship; and increasing visibility, networking, and advancement opportunities. Mentors should also take every opportunity to introduce mentees at seminars, conferences, and social events. Psychosocial-related functions include counseling, role-modeling, and friendship. Mentors can encourage the discussion of “thorny” issues, including culture, race, and gender concerns. Advocates can help define and redefine expectations and resolve inequities for women and minorities, ensuring that they ask for the necessary resources when negotiating for space, salary, career advancement, etc.

A newer framework for career development and mentoring has been defined by David Thomas, Kathy Kram, Monica Higgins and others [2,3,4,5] who have noted the value in the business world of “Developmental Networks” composed of an even broader range of people (including one’s Community of Mentors,

colleagues, subordinates, mentees, family, and friends) who can provide career advice and support (Figure 2). These simultaneously held relationships include people from the mentee's own organization as well as external organizations and communities. They provide access to knowledge, opportunities, and resources across institutions and cultures. Developmental Networks, because they draw from all levels, can offer more diverse viewpoints, experiences, and facilitation of two-way learning, than those drawn solely from the senior level. Junior faculty should be encouraged to regularly assess and re-configure their network in parallel with their career trajectory and work/life needs.

**Figure 2**



## How can mentors be helpful to faculty career development?

The mentoring relationship is a dynamic process requiring active participation and flexibility on both sides. The acquisition of knowledge should be mutually beneficial, with mentees as well as mentors acting as teachers. Mentors may need to be prepared to offer both personal and professional support and advice and to recognize that they will be viewed as “role models” by junior faculty. Be generous and flexible with your time to accommodate your mentee's evolving career trajectory and needs.

Senior faculty bring a wealth of expertise to junior faculty, based on their collective knowledge, proficiency, and experience. By mentoring the next generation of leaders, mentors contribute to the climate of success at Children's Hospital. When you initially meet with junior faculty, your first step is to listen to his/her career goals in clinical innovation, teaching, administration, and research. After reviewing his/her CV, you can together decide the best Community of Mentors' team. If the faculty member is new to Children's, his/her Chief may have already assigned you as the primary mentor. In small departments and divisions, the Chief may serve as a primary mentor for junior faculty, in which case he/she should schedule an annual Career Conference with the mentee. If the primary mentor is not the mentee's division/department head, he/she should discuss whether the mentee has had an annual Career Conference.

As junior faculty begin to recognize a mentor's strengths, others may call upon you to offer your expertise. Since the mentoring process requires a commitment and a willingness to devote time and energy, we recommend a minimum one-year commitment, which can be a formal or informal agreement. Over time, junior faculty will be encouraged to supplement and change their mentor team with "no fault" assigned. Part of the mentor's responsibility is to help create a *developmental culture*, an organizational environment that fosters professional and personal growth.

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 junior faculty receive sustained support, whether from one "supermentor," a team of mentors, or an evolving, developmental mentor composite.

Junior faculty may ask your assistance in such topics as:

- Refining goals, career advancement, guidance on resources
- Scientific oversight, grant writing
- Scientific writing and critique
- Issues of authorship, publication, and integrity
- Time-management, pace of career and workload
- Work/life balance and practical tips for success
- Teaching skills, curriculum development, teaching portfolios
- Clinical practice strategies
- HMS promotion criteria, reorganization of CV
- Enhancing professional visibility, locally and nationally
- Joining professional societies
- Understanding the organizational culture: structure, politics, and management
- Advocacy

**Figure 3**



**"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© & ©Dr. Seuss Enterprises, 1958.  
 All rights reserved. Used by permission

## Mentorship – A Dynamic Process

The mentor leads by example, encouraging an environment that maximizes advancement. Creating an atmosphere conducive to mentoring will transmit these behaviors to succeeding generations.

Most agree that it is best if junior faculty come to you naturally and informally, and so being an interested colleague is a good starting point. It is important to like and respect each other, to listen and be available, and to pay attention to family/life issues. Mutual learning and teaching should characterize these interactions, and the mentoring relationship should be its own reward.

To help junior faculty find their niche in high-quality science, clinical care, teaching or program development, the mentor should focus on their strengths and goals. Acting as a guide, navigator, and cheerful critic, at times, you may need to suggest “mid-course corrections.” Constructive criticism and advice are best served by providing specific examples.

If you ask about and encourage accomplishments, you remind faculty of their goals and indicate your confidence. Allowing them to assist in projects and being generous with credit will convey that they are high achievers. It is also important that mentors encourage innovative thinking and recommend collaborators or other mentors if junior faculty have a vision in other disciplines or across disciplines. Mentors should demonstrate support and pride in crises as well as triumphs.

Be a protector and guard their time, teaching them when and how to say “No.” Mentors should also guide mentees on when to say “Yes,” ensuring that most decisions further their career trajectory and reflect their area of interest. If mentees take on a major new responsibility, help them to give up some other activity or readjust schedules. Mentors can counteract stereotypical assumptions and confront those who make unjust remarks. This is particularly true for faculty who have experienced cumulative professional disadvantages.

Understand their level of maturity and development and vary your degree of involvement accordingly. Your role is to serve as an intellectual guide and facilitator of growth, providing instruction in professional socialization, expectations, and organizational imperatives. Thus, it is important to consider the right timing and strategy for advancement and define expectations of career path, advising on the development and maintenance of an academic CV and plan. Some mentoring relationships are short-term, while others are long term and collegial. Individuals may need several mentors at different times in their life. As the relationship progresses, junior faculty may evolve in another direction. Part of this process is to encourage their leadership development and to facilitate their learning to mentor others in clinical care, teaching, or research. It is important for a developmental culture to know when to let go and help make the transition to another mentor(s).

## Mentorship - Expectations

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

- Meet or make contact in accordance with the agreed-upon plan.
- Help in formulating 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, etc.

- Provide career-planning advice.
- Understand HMS Promotion criteria for excellence in Teaching and Educational Leadership, Clinical Expertise and Innovation, and Investigation.
- Respect and accept gender, racial/ethnic, and other differences.
- Follow through on commitments.
- Suggest other resources or mentors. The Office of Faculty Development can also connect faculty with HMS and hospital resources.
- Discuss issues openly and be clear on expectations.
- Be caring and non-judgmental, when giving honest feedback.
- Try to maintain relationship for at least one year.
- Provide advocacy as needed.

## The Mentor's Checklist

### Preparation (if the mentee is not already known to you)

- Introduce yourself by phone, brief letter, or email, but still give the mentee ample opportunity to arrange, or set forth the agenda for the first meeting.
- Ask mentee to send an updated résumé/CV and to begin to think about short- and long-term goals.

### First meeting

- Express interest in the mentee's career at your hospital/lab/department. Ask open ended questions such as "what are you looking for in career guidance and mentorship?" Listen to answers with follow-up questions and reflection – "What do you enjoy most about your work life? What would you like to see happen as a result of our meeting? How important is that? It sounds to me that the thing you most want to happen is .... Is that true?"
- Review mentee's résumé/CV.
- Make sure that the mentee has had a Career Conference with his/her department head/division chief within the past year. Discuss feedback from the Career Conference. Ask about 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 research project, etc. Ask "What type of position in academic/clinical medicine/research is your ultimate goal? How long do you think it will take?" Help in formulating realistic goals, such as finishing a manuscript.
- Ask the mentee to list his/her Developmental Network (colleagues, subordinates, mentees, family and friends) including his/her Community of Mentors (traditional mentors, supermentors, peer mentors, and e-mentors) who he/she turns to regularly for career advice and support, both inside and outside the mentee's lab/division/department/school.

- ❑ Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week in research labs to once every month or two. Mentoring thrives on informal, continuous guidance. Interactions may range from brief email to a phone “check-in” to lengthy follow up.

## Some Topics for Discussion

### Research Meeting

- ❑ Discuss the proposed research project – what are the aims? Hypotheses? Project design and methods? Sample size? Pilot data, if any? Collaborators?
- ❑ Discuss challenges openly (for example, pros and cons of mentee’s independent project v. the mentor’s project), and be clear on expectations.
- ❑ Assess the mentee’s need for specific skills and how the plan can be actualized over time.
- ❑ Review the mentee’s Community of Mentors. Are other mentors needed? For example, are mentors with expertise in community-based research, basic science, clinical trials, ethics, epidemiology and/or public health needed?
- ❑ Ask about institutional/departmental resources the mentee needs to achieve goals.
- ❑ Use a checklist or timeline for tracking of progress.

### Promotion

- ❑ Discuss career trajectory and skills/deliverables needed to progress to next level.

### Balance and Negotiation

- ❑ Ask questions about family and child care and suggest resources.
- ❑ Discuss preferred timing of milestones in mentee’s career trajectory and changes desired in the balance of activities and career/academic workload.
- ❑ Advise mentee on negotiation strategies with supervisor/Division Chief.

## Follow-up Meetings

- ❑ Set mutual expectations and responsibilities at the onset of the relationship.
- ❑ Meet or make contact in accordance with the agreed-upon plan.
- ❑ Use the checklist and timeline to track progress. Be caring and non-judgmental, when giving honest feedback about progress and productivity.
- ❑ Suggest other resources or mentors. Recognize that a Community of Mentors needs to adapt in synchrony with career and psychosocial development, by strengthening some existing relationships, relying less on others, and adding new sources of support.
- ❑ 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.

## OFD Advisory Committee

Elizabeth Armstrong, PhD  
 Sandra Burchett, MD, MS  
 Alison Clapp, MLS  
 Jessica Henderson Daniel, PhD  
 Lynne Ferrari, MD  
 James S. Kasser, MD  
 Margaret Kenna, MD, MPH  
 Monica Kleinman, MD  
 Jordan Kreidberg, MD, PhD  
 Alan Leichtner, MD  
 Jenifer Lightdale, MD, MPH  
 Frederick H. Lovejoy, MD

Joseph A. Majzoub, MD  
 Shari Nethersole, MD  
 Jane W. Newburger, MD  
 Stavroula Osganian, MD, ScD, MPH  
 Orah S. Platt, MD  
 Elizabeth Rider, MD, MSW  
 Lynda Schneider, MD  
 Robert Shamberger, MD  
 Lydia Shrier, MD, MPH  
 George Taylor, MD  
 Susan Waisbren, PhD  
 Valerie L. Ward, MD, MPH

The OFD would like to acknowledge the following resources, from which the Community of Mentors® Guidelines were developed in 2002 and subsequently revised in 2004, 2006, 2008, and 2009.

## Remarks/Symposia

- Children's Hospital's mentors, including recipients of the HMS William Silen Lifetime Achievement in Mentoring Award: Joseph Volpe, MD, S. Jean Emans, MD; the A. Clifford Barger Excellence in Mentoring Award: Jessica Henderson Daniel, PhD; Henry Feldman, PhD; Jonathan Finkelstein, MD, MPH; Gary Fleisher, MD; Michael Greenberg, PhD; Isaac Kohane, MD, PhD; Tracy Lieu, MD, MPH; Joseph Majzoub, MD; Kenneth Mandl, MD, MPH; Marie McCormick, MD, ScD; Ellis Neufeld, MD, PhD; Marsha Moses, PhD; and the Young Mentor Award: S. Bryn Austin, ScD; and Diane Bielenberg, PhD and comments by their respective mentees. Our thanks to Lynda Means, MD, for the "Blueprint" for Professional Development in the Department of Anesthesia, Perioperative and Pain Medicine.
- How To Become an Effective Mentor: A Faculty Development Course on Mentoring March 3, 2004; November 15, 2004; May 1, 2006, November 16, 2007, November 21, 2008: Program Directors, Barbara Bierer MD, Rosemary Duda, MD, MPH; S. Jean Emans, MD, Carol Nadelson, MD, Glorian Sorensen, PhD, MPH; Nancy Tarbell, MD, and Anthony Whitemore, MD.
- Remarks of junior faculty, focus sessions on mentoring, July 29, 2004 and October 25, 2004.

## References

1. Emans SJ, Goldberg CT, Milstein ME, Dobriner J. Creating a faculty development office in an academic pediatric hospital: Challenges and successes. *Pediatrics* 2008; 121(2):390-401.

2. Higgins MC. Developmental Network Questionnaire (9-404-105). Boston: Harvard Business School Publishing. 2004.
3. Higgins MC, Kram KE. Reconceptualizing mentoring at work: A developmental network perspective. *Academy of Management Review* 2001; 26(2):264-288.
4. Higgins MC, Thomas DA. Constellations and careers: Toward understanding the effects of multiple developmental relationships. *Journal of Organizational Behavior* 2001; 22(3):223-247.
5. Kram KE, Higgins MC. A new approach to mentoring. *The Wall Street Journal* (Eastern edition). New York, NY: September 22, 2008; R10.
6. Lee A, Dennis C, Campbell P. Nature's guide for mentors. *Nature* 2007; 447(14):791-797.
7. Morahan P. How to find and be your own best mentor. *Academic Physician & Scientist* 2000; November/December:8.
8. Ragins BR, Kram KE. *The Handbook of Mentoring at Work: Research, Theory, and Practice*, Sage Publications, Thousand Oaks, CA, 2007.
9. Sambunjak D, Straus SE, Maruši A. Mentoring in academic medicine. *JAMA* 2006; 296(9):1103-1115.
10. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: A qualitative study. *Academic Medicine* 2009; 84(1):135-139.
11. Thomas D. The truth about mentoring minorities: Race matters. *Harvard Business Review* 2001; 79(4):99-107.
12. Thorndyke LE, Gusic ME, Milner RJ. Functional Mentoring: A practical approach with multilevel outcomes. *Journal of Continuing Education in the Health Professions* 200; 28(3):157-164.

Guidelines from Mentoring Programs at the following academic medical centers: Eastern Virginia Medical School; UCLA School of Medicine; Medical College of Wisconsin; and the University of Michigan's ADVANCE Program.



Children's Hospital Boston