Office of Faculty Development (OFD)

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

S. Jean Emans, MD, Director, jean.emans@childrens.harvard.edu
Maxine Milstein, MBA, Administrative Director, maxine.milstein@childrens.harvard.edu
Jill Dobriner, PhD, Program Coordinator, jill.dobriner@childrens.harvard.edu

OFD email: ofd@childrens.harvard.edu
OFD website: www.bostonchildrens.org/research/ofd
OFD Twitter page: http://twitter.com/BCHFacultyDev
333 Longwood Ave LO 637, 617-355-2922/23

The Community of Mentors
Recognizing the value of mentoring for clinical, teaching, and research careers, the Office of Faculty Development (OFD), in collaboration with its Advisory Committee and the Department/Division and Program Chiefs, developed the “Community of Mentors” so that all junior faculty would have access to opportunities for career advising and mentoring. The “Community of Mentors” framework at Children’s includes (1) a three-tiered system of resources, (2) one-to-one mentoring, and (3) the creation of mentor teams and “Developmental Networks.”

The three tiers of OFD resources runs the spectrum from providing logistical information in Tier 1 through print and electronic media such as the OFD newsletter Perspectives and website (www.bostonchildrens.org/research/ofd), to skills building courses, medical education opportunities, and research fellowships in Tier 2, to enabling committed personal and professional relationships in Tier 3 with career conferences and “Developmental Networks” (see Figure 1). The “Community of Mentors” begins with an appointed or selected (One-To-One) Mentor or Career Advisor at the division or department level and guides junior faculty to think more broadly about a Mentor team within their department and across departments, disciplines, and potentially institutions -- and the creation of “Developmental Networks,” which are composed of an even broader range of people including mentors, colleagues, mentees, family, and friends who can provide career advice, support, and diverse perspectives (see pages 3-5, Figure 2, and Appendix 1). The OFD helps direct junior faculty to establish their own mentor team and inform them of special interest networking sessions, courses, workshops, and panel presentations. In addition, the OFD provides departments with workshops and consultation on mentor training, promising practices, and developmental networks.

In the past, the focus of mentoring was only on the single Mentor and Mentee – a dyadic relationship. The definition of the mentor drawn from the classical literature, military training, academia, business, and government include advocate, coach, teacher, guide, role model, valued friend, door-opener, benevolent authority, available resource, cheerful critic, and career enthusiast. “Supermentors” were able to combine all these definitions and provide scientific content, career guidance, and psychosocial support. Because mentors are often better at one area, the “Community of Mentors” model encourages faculty to seek out mentor teams and “Developmental Networks.” The OFD thus broadly defines a mentor as someone who provides individual or group mentoring support that contributes to the career development of a junior colleague.
Figure 1 The Three Tiers of Resources for the Community of Mentors

Tier 1: Communication: Perspectives, OFD website, OFD Twitter page, Email
Orientation for new faculty: Introduction to the OFD and Children’s Academy and Faculty Career and Family Network, senior leadership, and other resources
Childcare and eldercare resources
HMS Office for Diversity Inclusion and Community Partnership, linked on the OFD website
HMS promotion criteria, linked on OFD website

Tier 2: Workshops, CV templates, guidelines, and tips
Promotion seminars with HMS Office for Faculty Affairs
Research fellowships for faculty
Mentoring Guidelines
Developmental Networks Exercise and PowerPoint Presentation linked on OFD website
Bibliographies of articles and programs on mentoring
Career Development Center in the Library
Appointments with S. Jean Emans, MD, Director, OFD
Diversity resources and events through the Diversity and Cultural Competency Council (DCCC)
Teaching and education resources through The Academy at Children’s Faculty Development Month, Women in Medicine and Science Month

Tier 3: Chief’s commitment to Community of Mentors and Developmental Networks
CEO and President support for faculty development
Cross-departmental and cross-institutional support
Identification of scholarly/research mentors, career advisors, and facilitation of matches
Training of mentors and mentees: Mentoring courses
Annual Career Conference form linked on OFD website

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” in which 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, scholarly writing, or networking in professional societies. 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.

Mentoring relationships with more experienced people at several points along the spectrum of age, seniority, and status can provide junior faculty with different perspectives and advantages.

The Children's OFD has underscored the importance of a “Career Advisor” for new faculty in addition to research or clinical mentors. Of note, one model of mentoring, implemented at the University of California, San Francisco (UCSF) incorporates the role of a “Career Mentor,” a more senior faculty member, who provides the new faculty member with career support and guidance several times each year and is assigned by the faculty “Mentoring Facilitator” within each department. In addition, academic faculty have a scholarly/research mentor specific to their area of focus. Junior faculty should be aware of other types of mentoring that can help broaden their network and increase the diversity of input and perspectives.

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. A variation of peer mentoring, coined a “pyramidal system of mentoring,” is structured with a small group of mentees at the foot of the pyramid seeking out advice from peers located slightly higher in the pyramid, with senior mentors at the top of the pyramid providing guidance and oversight. A structured peer mentoring group is the Healthcare BusinessWomen's Association (HBA), http://www.hbanet.org/hba-boston-mentoring-program, which served as a model for the MASS Association for Women in Science (AWIS) peer mentoring program, http://www.mass-awis.org/mentoring. Groups, which meet together for an agreed upon length of time, typically from 2-6 hours per month from September – April, are formed around common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of 1-2 mentors, 3-5 mentees, and an ombudsperson (“Connector”) for mediation are clearly defined (see Appendix 2). The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group.

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, either one on one or as part of a group. The mentoring relationship may cease when the project is completed or it may continue and possibly evolve into a more traditional mentoring relationship.

Team mentoring refers to a multidisciplinary group of mentors each with a specific role. The lead mentor traditionally would have expertise in the mentee’s research or scholarly interest, while one or more additional mentor’s (co-mentors) interests and skills would complement, but not duplicate, the lead mentor’s.
The Community of Mentors includes traditional scholarly/research mentors, career advisors, co-mentors, peer mentors, and e-mentors (Figure 2) and can be part of a “Developmental Network,” a framework defined by Kathy Kram, Monica Higgins, David Thomas and others. These Developmental Networks include one’s Community of Mentors as well as colleagues, juniors, mentees, friends, and family. These simultaneously held relationships, drawn both from the faculty member’s own organization as well as external organizations and communities, provide access to knowledge, opportunities, and resources and career guidance. Developmental Networks can thus offer diverse viewpoints, experiences, and two-way learning more readily than those dyadic relationships that draw only on the experience of a single senior faculty member. In addition, Developmental Networks can change in parallel with a faculty’s career trajectory and work/life needs and should be regularly assessed and re-configured. Although individuals may change within a Developmental Network, maintaining contact, even if it is just an occasional email or phone call, can be an important support. As junior faculty advance, they will have more advisees and mentees. Junior faculty should be encouraged to map their Developmental Network by listing people for each category in Figure 2 and then completing the Developmental Network Mapping Exercise in Appendix 1. Questions to help them analyze the strengths and limitations of their current network are also included in Appendix 1.

**Figure 2 Community of Mentors and a Developmental Network**

Kram differentiates between high range and low-range Developmental Networks, each of which serves a particular purpose (Figure 3). Range refers to the number of different social systems in a Developmental Network. In Figure 3, each Developmental Network consists of 6 people, but how they are grouped differs:

**Low Range** – small number of social systems, most advantageous for individuals who want to advance within their current field and organization

**High Range** – multiple levels of social systems, most advantageous for individuals who seek to change fields and/or to move to a different organization or work across multiple sites.

The choice depends on short and long term career goals which may evolve over time.

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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. 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 Boston Children’s Hospital.

When you initially meet with a junior faculty member, 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 or career advisor. 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.

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. The principle

“A good mentor is someone you like, is excited by the same things you are, has more experience, and is willing to invest time in you.”

David Clapham, MD, PhD 2013 HMS William Silen Lifetime Achievement in Mentoring Award Recipient
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 areas such as:

1. Refining career goals, guidance on resources
2. Scientific writing and critique, grant writing
3. Issues of authorship, publication, and integrity
4. Time-management, pace of career, workload and work/life balance
5. Teaching and presentation skills, curriculum development, teaching portfolios
6. Clinical practice strategies, quality improvement methodologies
7. Program development, scientific innovations
8. HMS promotion criteria, reorganization of CV, advancement
9. Enhancing professional visibility, locally and nationally; joining professional societies
10. Understanding the organizational culture: structure, politics, and management
11. Strategic planning, leadership skills, negotiation and conflict resolution techniques, personnel supervision, budgets
12. Advocacy

Figure 4

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. Allowing them to assist in projects and being generous with credit will convey that they are high achievers. Constructive criticism and advice are best served by providing “mid-course corrections” and specific examples. Encourage junior faculty to develop and customize their “elevator speech,” a thirty to sixty second networking pitch that showcases their personal “brand” and their career goals.

Be a protector and guard their time, teaching them when and how to say “No” and “Yes,” ensuring that most “Yes” decisions reflect departmental citizenship and simultaneously 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. 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. It is important for mentors to know when to let go and help the mentee 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 realistic 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 and advocacy.
- Understand HMS Promotion criteria for Areas of Excellence: Clinical Expertise and Innovation, Teaching and Educational Leadership, and Investigation.
- Respect and accept gender, racial/ethnic, generational, and other differences. Be sensitive to how other cultures view hierarchy and authority, particularly if it impacts communication and feedback.
- Be a role model, exhibiting the highest professional standards.

As a mentee, it’s important to think through and plan for how you will work with your mentor most effectively. A mentee should communicate clearly with the mentor about goals and objectives and the dilemmas or challenges she or he would like guidance on.”

S. Bryn Austin, ScD
2008 HMS Young Mentor Award Recipient

“A mentor should help the mentee achieve his/her maximum potential by having high expectations, giving frequent feedback and leading by example.”

Arin Greene, MD
2013 HMS Young Mentor Award Recipient
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.
- Consider sending a copy of your CV or NIH biosketch to your mentee in advance of your first meeting.
- Ask mentee to send an updated résumé/CV and to begin to think about short- and long-term goals.

**First and second meetings**
- Initiate an introductory discussion of your respective backgrounds and current academic roles.
- Outline what the mentee can expect from a mentoring relationship with you. Suggest that the mentee may wish to speak to prior mentees to set realistic expectations.
- 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 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. Ask “What type of position in academic/clinical medicine/research is your ultimate goal? How long do you think it will take?”
- 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 a timeline for acquisition of skills and completion of tasks such as a project or manuscript, getting feedback on teaching, joining a professional society, applying for a grant, designing an evaluation for other faculty or trainee clinicians, formulating a QI project, developing educational materials for patients and families, creating an interdepartmental initiative or clinic, writing a review paper, a practice guideline, or blog, etc.
- Ask the mentee to list his/her Developmental Network (colleagues, juniors, mentees, family and friends) including his/her Community of Mentors (scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors) who he/she turns to regularly for career advice and support, both inside and outside the mentee’s lab/division/department/school. (An exercise to help junior faculty map and analyze their Developmental Network is included in Appendix 1).
- How well is he/she leveraging social media (blogging, LinkedIn, Twitter, online groups, etc.) to broaden his/her network? At the same time, are there challenges with time management?
- Ask about institutional/departmental resources the mentee needs to achieve goals.
- Use a checklist or timeline for tracking of progress.
- 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.
- Decide together on the best means of communicating and make sure that responses are timely.
Some Topics for Discussion for Mentors of Researchers, Clinicians, and Medical Educators
(Note there is no set order for addressing these topics).

Research
☐ Discuss the proposed research project – what are the aims? Hypotheses? Project design and methods? Sample size? Pilot data, if any? Collaborators? Authorship? Findings?
☐ Discuss challenges openly (for example, pros and cons of mentee’s independent project v. the mentor’s project), and clarify.
☐ Give suggestions to your mentee on how to approach different grant funders and communicate with project officers. Review examples of successfully funded proposals and discuss key elements.
☐ Review the mentee’s Community of Mentors. Are other mentors needed? For example, are mentors with expertise in basic science, translational research, clinical trials, community-based research, ethics, genetics, epidemiology and/or public health needed?

Clinical Care
☐ Discuss clinical expectations and goals for continuous learning. How many sessions or inpatient weeks? Does some clinical time involve teaching or precepting trainees? Are there areas of clinical focus and innovation for scholarship (review articles, case reports, research and collaborations, teaching)?
☐ Discuss the proposed QI project – what are the aims? Project design and methods? Assessment? Collaborators?
☐ 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 or collaborators needed? For example, are mentors with expertise in QI, health care reform, billing and coding, informatics, epidemiology, specific medical content or methodology, or statistics needed by the mentee? Is he/she a member of professional clinical organizations? Are there other professional committees/organizations he/she should be joining or taking on more of a leadership role?
☐ Are there courses at HMS or medical student rotations at Children’s related to clinical expertise? Are there opportunities to be a tutor or give community presentations or Grand Rounds? Are there teaching skills needed for the mentee to achieve national recognition?

Medical Educators
☐ Discuss courses and lectures taught and evaluations/ratings. Was the mentee responsible for any innovative teaching methods? How can you assist him/her in being invited to speak at strategic venues such as Grand Rounds or conferences? Are there opportunities to give community presentations at local hospitals and practice groups?
☐ Are mentors with expertise in medical education or the specific educational project the mentee is working on needed? Is he/she a member of The Academy at Boston Children’s Hospital and/or The HMS Academy? Are there other professional educational committees/organizations he/she should be joining or taking on more of a leadership role?
☐ Are there courses at HMS that the mentee should consider being a tutor or medical student rotations at Children’s that would be rewarding? Are there teaching skills needed to achieve national recognition? Would the mentee benefit from participation in the Harvard Macy Institute or HMS Medical Education Grand Rounds?
Promotion
☐ Discuss career trajectory and skills/deliverables needed to progress to next level. Is the mentee familiar with the HMS Guidelines for Promotion in his/her specific Area of Excellence?

Balance and Negotiation
☐ If OK with mentee, ask about and discuss work/family balance.
☐ Discuss preferred timing of milestones in mentee’s career trajectory and changes desired in the balance of activities and career/academic workload.
☐ Provide opportunities to learn about negotiation strategies.
☐ Advise mentee on discussions with supervisor/Division Chief and the importance of understanding the Chief’s perspective.

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, not just on successes, but also analyzing failures and how to minimize them in the future. Always ask for the mentee’s reflection on progress.
☐ 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 the relationship for at least one year. Reevaluate the mentoring relationship as needed, but at least annually. Agree on confidentiality and no-fault termination.
The Community of Mentors® is endorsed by the OFD Advisory Committee, Senior Administration, and the Department and Division Chiefs.

**OFD Advisory Committee**

Elizabeth Armstrong, PhD  
Sandra Burchett, MD, MS  
Vincent Chiang, MD  
Alison Clapp, MLS  
Jessica Henderson Daniel, PhD  
Lynne Ferrari, MD  
Mira Irons, MD  
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Margaret Kenna, MD, MPH  
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Frederick H. Lovejoy, MD  
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Shari Nethersole, MD  
Jane W. Newburger, MD, MPH  
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Tina Poussaint, MD  
Elizabeth Rider, MD, MSW  
Lynda Schneider, MD  
Robert Shamberger, MD  
Lydia Shrier, MD, MPH  
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, and annually 2008 through 2013.

**Acknowledgements**

- Boston Children’s Hospital’s mentors, including recipients of the HMS William Silen Lifetime Achievement in Mentoring Award: David Clapham, MD, PhD; S. Jean Emans, MD; Richard Grand, MD; Stephen Harrison, PhD; John Mulliken, MD; R. Michael Scott, MD; and Joseph Volpe, MD; the A. Clifford Barger Excellence in Mentoring Award: George Q. Daley, MD, PhD; Jessica Henderson Daniel, PhD; Henry Feldman, PhD; Jonathan Finkelstein, MD, MPH; Gary Fleisher, MD; Catherine Gordon, MD, MSc; Isaac Kohane, MD, PhD; Joseph Majzoub, MD; Kenneth Mandl, MD, MPH; Marie McCormick, MD, ScD; Marsha Moses, PhD; Ellis Neufeld, MD, PhD; and Brian Snyder, MD, PhD; and the Young Mentor Award: S. Bryn Austin, ScD; Diane Bielenberg, PhD; Arin K. Greene, MD; Peter J. Park, PhD; Wanda Phipatanakul, MD, MS; and Mark Puder, MD, 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 and to Rosemary Duda, MD, for initiating a mentoring course at BIDMC, Ellen Seely, MD, for insights from the mentoring course at BWH, Donna Lawton, MS, for contributions to establishing a mentoring program at MGH, the Joint Committee on the Status of Women (JCSW) for its mentoring survey and ongoing efforts to improve the quality of mentoring, and Kathy Kram, PhD, for her expertise on Developmental Networks.

- Annual joint hospital mentoring course Program Directors.

Handouts and presentations from the 2012 joint HMS hospital mentoring course:

References


Other Resources


5. Sambunjak D, Straus SE, Marušić A. Mentoring in academic medicine. JAMA 2006;296(9):1103-1115.


9. HMS Task Force on Faculty Development and Diversity Recommendations http://hms.harvard.edu/sites/default/files/assets/Sites/Acad_Clin_Aff/files/FDD%20Full%20Report_FINAL.pdf


11. Guidelines from Mentoring Programs at the following academic medical centers: Harvard Medical School, Eastern Virginia Medical School; UCLA School of Medicine; Medical College of Wisconsin; the University of Michigan’s ADVANCE Program, and the University of California, San Francisco.
Appendix 1 Mapping Your Developmental Network Exercise

We ask you to draw your developmental network using the table and diagram on pages 16 and 17. Before beginning, take a moment and read “A New Approach to Mentoring” by Kathy Kram and Monica Higgins (http://online.wsj.com/article/SB122160063875344843.html) and look over the example on pages 14 and 15.

We ask you to critically examine your network so that you can reflect on your own support system. For this exercise, we define your network as the set of relationships that help you to get your job done, advance your career, and provide both personal and professional support.

The chart on page 16 helps you identify the people who assist you in different ways by listing those people according to the closeness of the relationship you have with them. As you think back over the past 1-2 years, consider the following three types of relationships.

**People who help you get the job done.** These are the people who are helpful and useful to you in doing your work. They may work directly with you, and/or they may have provided leads to others who helped you with important information, introductions, scientific or technical advice, professional expertise, or other resources you needed to do your work.

**People who help you advance your career.** These are the people who contribute to your professional development and career advancement. Whether these were are genuine mentors or more distant relationships, these are people who have given you career guidance and direction, arranged exposure to critical people, provided political advice, helped you get important opportunities or assignments, advised you on promotion criteria, provided advice on funding opportunities, and/or been an advocate for you.

**People who provide personal support for you.** These are the people you go to for your emotional well being and psychosocial support. They are the ones with whom you share experiences—both positive and negative, consult about decisions or concerns that are important to you, vent with, commiserate with, debrief critical experiences with—people with whom you can be yourself.

People with whom you have more than one kind of relationship should be listed more than once (i.e. one person could be in two or three categories). In addition to considering people who perform these functions in your network, we also want you to place them in the column that best describes the type of relationship you have with them. **Close** relationships are ones where there is a high degree of trust, liking and mutual commitment. **Distant** relationships are ones where you don’t know the person very well. **Moderate** relationships are in the middle, neither very close nor distant.

On the table on page 16 indicate by a star (*) those people whom you see as very well connected in your department or hospital or professional circle. That person might be an actual leader or just somebody who seems to know many other influential people. Write “mentor” or “mentee” inside the shape (square, triangle, circle) of anyone you consider in that role. See example on pages 14 and 15.

You should then analyze your network for range (see pages 4 and 5) and for diversity, redundancy, interconnectivity, strengths and weaknesses, balance, and connections to power and influence (see page 18). This is a first step in building the important relationships for a successful career.
Mapping Your Developmental Network Example

You: Boston Children’s Hospital Junior Faculty

Types

Getting the Job Done: These are people who help you fulfill your work requirements. They provide technical advice, introductions, expertise, and/or resources.

Close Relationship

Moderate Relationship

Distant Relationship

(NS) Nancy Smith, research assistant (Mentee)

(JD) John Doe, PI of grant ★

(CJ) Carl Jones, administrative assistant

Advancing Your Career: These are people who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, and advocate on your behalf.

Close Relationship

Moderate Relationship

Distant Relationship

(DR) Diane Roberts, senior faculty member in your division (Mentor) ★

(JD) John Doe, PI of grant ★

(SW) Sami Wonder, Department Chair ★

(AB) Anne Brown, faculty at other institution

Getting Personal Support: These are people you go to for your emotional well being and psychosocial support.

Close Relationship

Moderate Relationship

Distant Relationship

(LG) Lee Green, spouse

(FW) Frances West, friend at work

(DR) Diane Roberts, senior faculty member in your division (Mentor) ★

Suggested Guidelines:
1. Use Squares for those under Getting the Job done, Triangles for Advancing your career, and Circles for Getting Personal Support. If someone fills more than one criteria such as Personal Support and Getting the Job done, put him/her in two places.
2. Indicate how close or distant they are from you by the length of the line that connects the two of you.
3. Peers should be placed on the horizontal line with you, seniors above that line, and juniors below.
4. Individuals who are outside of your hospital or department should be connected with a dotted line.
5. Indicate by a star (*) in the table those people whom you see as very well connected in your department or hospital or professional circle. That person might be an actual leader or just somebody who seems to know many other influential people.
6. Write “Mentor” or “Mentee” inside the shape (square, triangle, circle) of anyone you consider in that role.
Example of Developmental Network Map

Getting the Job Done
Advancing Your Career
Getting Personal Support

Seniors

Peers

Juniors

Intra-organizational ---
Extra-organizational ------
You: Boston Children’s Hospital Junior Faculty

**Types**

**Getting the Job Done:** These are people who help you fulfill your work requirements. They provide technical advice, introductions, expertise, and/or resources.

![Close Relationship](image1)

<table>
<thead>
<tr>
<th>Close Relationship</th>
<th>Moderate Relationship</th>
<th>Distant Relationship</th>
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</table>

**Advancing Your Career:** These are people who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, and advocate on your behalf.

![Moderate Relationship](image2)

<table>
<thead>
<tr>
<th>Close Relationship</th>
<th>Moderate Relationship</th>
<th>Distant Relationship</th>
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</table>

**Getting Personal Support:** These are people you go to for your emotional well being and psychosocial support.

![Distant Relationship](image3)

<table>
<thead>
<tr>
<th>Close Relationship</th>
<th>Moderate Relationship</th>
<th>Distant Relationship</th>
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</table>
Your Developmental Network Map

Seniors

Getting the Job Done □
Advancing Your Career △
Getting Personal Support ○

Peers

Juniors

Intra-organizational _____
Extra-organizational ______
Analyzing and Maintaining Your Network

Now that you have defined your Developmental Network, how do you assess if it meets your short and long-term career goals? The questions below will help you determine the strengths and weaknesses of your network, and where you need to fill in gaps with new contacts. Be mindful of maintaining existing relationships, by staying in touch and “giving back” such as facilitating an introduction or sending an article of interest to the individual along with your comments. Professional conferences are another important way to reconnect with your existing developmental network and cultivate new connections.

1. **Diversity.** How similar or different are these individuals (gender, race, function, geography, organizations) to each other and to me?

2. **Redundancy.** How much overlap is there?

3. **Interconnectivity.** How closed is the network in the sense that most of the people know each other?

4. **Strength of Connection.** What is the spread of people in terms of closeness and distance?

5. **Balance.** Is your network balanced or in danger of tipping?

6. **Connections to Power and Influence.** How many would you characterize as influential in the department or hospital or field?

**CONCLUSIONS ABOUT YOUR NETWORK:**

Summarize the PATTERNS you see in your network, your STYLE of networking, and/or what you might want to do differently in the future. Think about how to maintain the strengths of your network, how to diversify, and how with time to increase the number of mentees and advisees.

Source: “A New Approach to Mentoring,” Kram K, and Higgins M
http://online.wsj.com/article/SB122160063875344843.html
Appendix 2 Structured Peer Mentoring

An example of a structured peer mentoring group is the Healthcare BusinessWomen’s Association (HBA), http://www.hbanet.org/hba-boston-mentoring-program, which served as a model for the MASS Association for Women in Science (AWIS) peer mentoring program, http://www.mass-awis.org/mentoring. Groups, meet together for an agreed upon length of time, typically from 2-6 hours per month from September – April, and are formed around common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of mentors, mentees and Connectors are clearly defined. Peer groups provide opportunities to build multiple mentoring relationships including those between mentor and mentees, as well as peer mentoring relationships among the mentees themselves. The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group which consists of 3-5 peer mentees. Mentors help channel and promote productive discussions with a focus on career growth and problem solving within a supportive environment. A Connector is an ombudsmen for the mentoring group. If a mentor or mentee is experiencing conflict or frustration within the group, the Connector will step in to mediate the situation (See Figure 5 and list of responsibilities for mentors, mentees and Connectors below).

Figure 5 Example of a Peer Mentoring Group

Peer Group Mentoring Roles:
Mentor Responsibilities
- Set up initial meeting and lay out expectations for remainder of the year
- Guide the discussion at all meetings and facilitate involvement of all members
- Flag issues, if necessary reach out to the Connector for help
- Provide resources and help create programs

Mentee Responsibilities
- Set personal and/or group goals
- Schedule meetings (plan at least 1 month ahead)
- Create agendas (what does group want to discuss?)
- Provide homework to group so that everyone is prepared for the discussion

Connector Responsibilities
- Monitor progress of assigned Mentoring Group
- Provide guidance on toolkits, best practices, and reference materials
- Be a contact for raising concerns, questions, and issues that cannot be resolved within the Mentoring Group
Appendix 3

HMS Faculty
Boston Children’s Hospital
Office of Faculty Development
Annual Career Planning Conference 2013 – Faculty Form

Each Faculty member should schedule a Career Planning Conference with his/her Department/Division Chief, Faculty Mentor, or Departmental Designee and update the HMS CV before May 30th each year. The dialogue should address (1) career progress and goals for the coming year, as applicable, in clinical care, teaching, research, administration, membership and leadership in societies/professional organizations, work/life balance, and community outreach; (2) preferred timing of milestones in your career trajectory and changes desired in the balance of activities and career/academic workload; and (3) skills and resources needed to accomplish goals. Ask your department if this form or a modified form is requested. As part of the dialogue, you should ask your Chief or designee to give you his/her perspective on your career progress.

Name ____________________________________________________________
Division/Department ________________________________________________

Part I To be completed by the Faculty member BEFORE the conference. Take your CV to the conference highlighted with accomplishments during the past year. Use the CV template http://cv.hms.harvard.edu/ and the instructions http://cv.hms.harvard.edu/docs/CV_instructions_full.pdf

A. Academic and Career Accomplishments during this past year (Highlight on CV)

<table>
<thead>
<tr>
<th>Please put an X under the “Yes” column if in the past year you have accomplishments in this area:</th>
<th>Yes (X)</th>
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<tbody>
<tr>
<td>Publications, guidelines, web resources, syllabi</td>
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<tr>
<td>Abstracts accepted or presented</td>
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<tr>
<td>Member of any committees or editorial boards, ad-hoc reviewer</td>
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<tr>
<td>Honors and/or awards</td>
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<tr>
<td>Presentations, Visiting Professor lectureships</td>
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<tr>
<td>Courses taught</td>
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<tr>
<td>Grants, patents, support</td>
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<td>Research or grant review panels, IRB</td>
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<tr>
<td>New diagnostic, surgical, technical skills</td>
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<tr>
<td>Administrative positions</td>
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<tr>
<td>Community service, outreach, or patient education</td>
<td></td>
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<tr>
<td>Other, such as course work, degree (MBA, MS, MPH), or global health project</td>
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</tbody>
</table>
What were your most important goals for this past year? Check which ones you feel you have met.

Are you familiar with HMS promotion criteria?

Which Area of Excellence most closely matches your career trajectory?
Investigation  Clinical Expertise and Innovation  Teaching and Educational Leadership

B. Mentoring: List your community of mentors/professional development support both at Children's and externally and what role he/she plays in your career development:

If you have mentees/advisees, please list and give your role. Do you need additional skills to mentor effectively?

C. Career Trajectory and Timeline
Describe your goals for the next 1-2 years:

Clinical Expertise and Innovation
Clinical care/Surgical techniques/Clinical innovation
Publications (reviews, chapters, books)
Societies/professional organizations

Investigation
Grants, Grant writing (outline pending grants)
Publications, abstracts
Review panels, editorial boards, societies

Teaching and Educational Leadership

Administration and Institutional Leadership

Patient Education and Service to the Community

Work/Life Balance

D. Resources
What institutional/departmental resources have helped you to achieve your goals?

What challenges did you have?

What institutional/departmental resources and skills do you need to help you achieve your goals next year?

Signature of Faculty _______________ Date _______________
HMS Faculty
Boston Children's Hospital
Office of Faculty Development
Annual Career Planning Conference 2013 – Chief Form

Name of Faculty ________________________________________
Name of Chief/Mentor/Designee for Career Conference ______________________
Date __________________________

Part II. To be completed by Chief/Mentor/Designee at the end of the conference and signed by Faculty and Chief

A. The most important goals to be achieved in this next year are:

Clinical Expertise and Innovation:

Investigation:

Teaching and Educational Leadership, Mentoring others

Grant writing/Funding:

Scholarship:

Involvement in societies/professional organizations:

Administration and Institutional Service

Education of Patients and Service to the Community

Work/Life Balance:

Other:

B. Community of Mentors include:

C. Readiness and Metrics (specific accomplishments/activities) for Promotion to next rank, if applicable.

Scholarship (type, 1st author, senior last author)

Grants

Presentations

Mentees

Recognition, Leadership Positions

Innovations

Other

D. I have provided specific counsel regarding these goals and career development as follows:

Signature of Faculty __________________________________Date ______________________
Signature of Chief/Designee ____________________________ Date __________________