

Community of Mentors

Guidelines for
Junior Faculty
2013–2014



Boston Children's Hospital
Until every child is well™

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.

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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. 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)¹ 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*² 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,"³ 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.

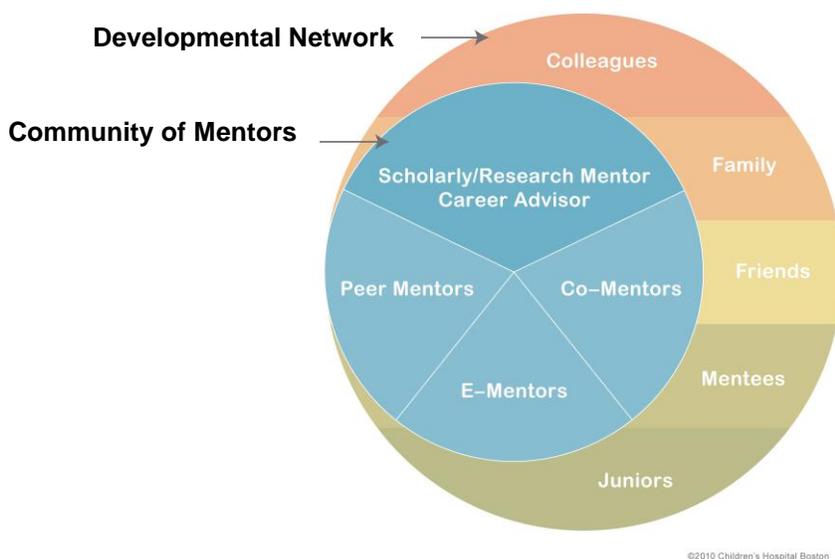
Project-based mentoring, often referred to as "functional mentoring" in the literature, pairs junior faculty with mentors who have the skills, expertise, and interest required for a specific project, either one on one or as part of a group. The mentoring relationship may cease when the project is completed 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.^{4,8} 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 your career trajectory and work/life needs and should be regularly assessed and

re-configured. Although individuals may change within your Developmental Network, maintaining contact, even if it is just an occasional email or phone call, can be an important support. As you advance, you will have more advisees and mentees. Junior faculty are 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 you analyze the strengths and limitations of your current network are also included in Appendix 1.

Figure 2 Community of Mentors and a Developmental Network



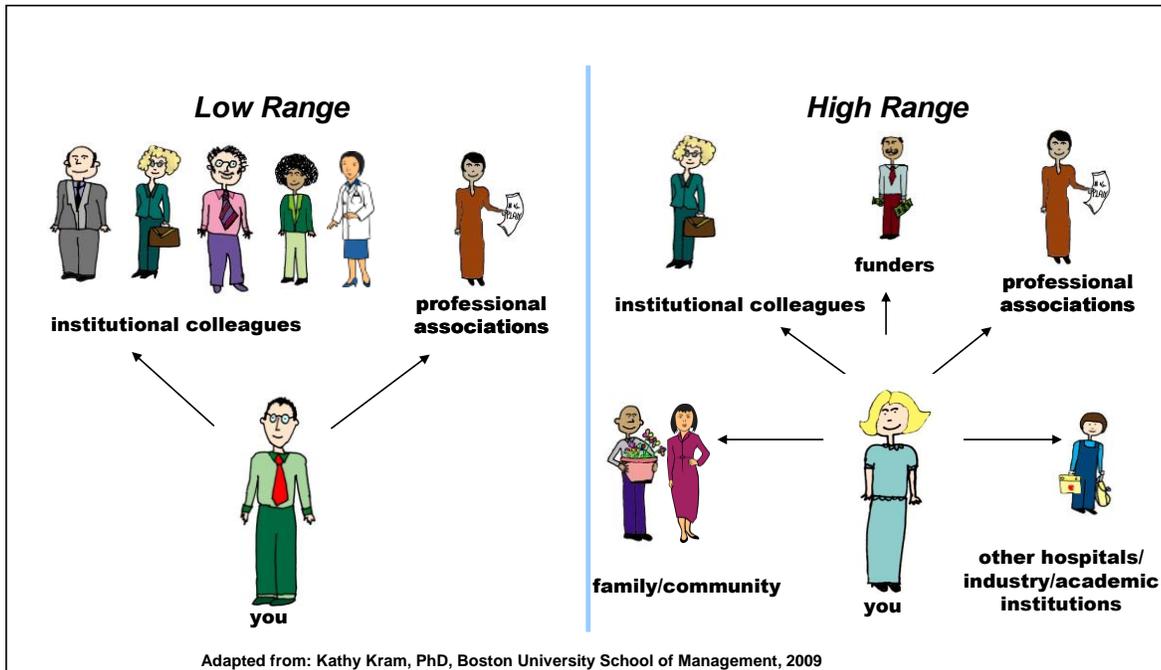
Kram differentiates between high range and low-range Developmental Networks, each of which serves a particular purpose (Figure 3). Range refers to the number of different social systems in a Developmental Network. In Figure 3, each Developmental Network consists of 6 people, but how they are grouped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

Figure 3 Structure of a Developmental Network



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 are prepared to offer both personal and professional support and advice.

Senior faculty bring a wealth of expertise to junior faculty, based on their collective knowledge, proficiency and experience. It is their responsibility to create a supportive culture for junior faculty. Your first step as a junior faculty member is to define your career goals in clinical innovation, teaching, administration, and research and then meet with your current mentor, Lab Director, Division or Department Chief. Bring your CV and Annual Career Conference Form, (and Academic and Professional Development Plan, if requested), and together decide the best mentor team. If you are new to Boston Children’s Hospital, your Department or Division Chief may have already assigned you a primary mentor and/or career advisor. In small departments and divisions, the Chief may serve as a primary mentor for some junior faculty or you may have selected a different mentor.

“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

As you begin to recognize your colleagues’ strengths, you can decide who might be the right personal and professional match for your needs. Be open to signals that others may be expressing an interest in a mentoring relationship and follow through. Since the mentoring process requires a commitment and a willingness to devote time and energy, we recommend a minimum one-year commitment, which could be formal or informal. Over time, you should supplement

and change your mentor team with “no fault” assigned. Mentoring thrives in such a broad, developmental culture.

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 you receive sustained support, whether from one “supermentor,” a team of mentors, or an evolving, developmental mentor composite.

To gain the most from your experience, you need to be active in defining your needs and in choosing the best mentors to assist you in areas⁹ 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.

Mentorship – A Dynamic Process

Choosing mentors creates a strong basis for your professional growth, and so being active in the process is a good starting point. Faculty members are truly approachable. It is important that mentors have time and are successful at their level. Prospective mentors should have a “track record,” such that

past trainees are successful in their own lives. At least one mentor should be in your field of scholarship, and can support your career trajectory with critical feedback and resources. Your Developmental Network should include senior faculty, as well as peer mentors, juniors, family, and friends who can support your career advancement and/or psychosocial development.

By asking for advice and welcoming constructive criticism, you create a dynamic relationship with your mentor(s). It is not always safe to assume that advice will be offered if it is not solicited. As the relationship progresses, it will be easier to be more specific in your requests. As part of your responsibility, you should stimulate and engage your mentor with articles and discussions on research or other topics. If your interest crosses disciplines, it will be useful to seek advice from someone who has successfully bridged these fields. Develop and customize your “elevator speech,” a thirty second to one minute networking pitch that showcases your personal “brand” and your career goals.

Accepting challenges willingly suggests a desire to progress. An eagerness to learn and to show respect for your mentor are solid platforms for growth. Even if your initial reaction to a mentor’s advice is skeptical, you should still consider it seriously. While it may seem irrelevant at the time, often the advice will become an important opportunity for you over time. If so, let your mentor know, by providing a specific example of how you followed his/her advice and how it proved helpful. Show appreciation for the time and assistance of your mentor. Because one of their greatest rewards is your success, mentors may be very generous with their time. Along the way, you should reciprocate with even small measures of appreciation. These include returning phone calls, e-mail messages, or faxes promptly. At times, it may be appropriate to check how much time your mentor is able to provide; additional meetings can be scheduled as needed.

Through a relationship similar to a friendship, mentoring supports your professional growth, and you may be comfortable discussing “thorny” issues, including cultural, race, and gender concerns. Your mentor may ask you questions about your personal life to get to know you as a whole person. Knowing something about your mentor’s life outside the institution can help you both communicate better. Make only positive or neutral comments about your mentor to others. If, after a period of time, you don’t believe that either you or your mentor are able to contribute to an effective mentoring relationship, the OFD or your Chief can assist in finding or selecting different mentors. If a relationship ends, do so on good terms, keeping the lines of communication open with your mentor.

Mentorship - Expectations

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

- Meet or make contact in accordance with the agreed upon plan.
- Formulate 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.
- Be prepared for meetings and follow through on recommendations and commitments.
- Ask for advice and listen thoughtfully.
- Interact in a positive, proactive manner.
- Take responsibility for their own development.

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 Mentee's Checklist

Preparation

- Ask yourself – What are my goals? How can a mentor assist me in meeting these goals? What are my competency levels and skill sets?
- Introduce yourself by phone, brief letter or email. Invite a meeting and suggest potential topics. Be ready to ask for advice and listen thoughtfully.
- Update your résumé/CV and send a copy to your mentor in advance of your first meeting.
- Ask for and review a copy of your mentor's résumé/CV in advance of your first meeting. Look at some of your mentor's publications.
- Think about your Developmental Network (colleagues, juniors, mentees, family and friends) including your Community of Mentors (scholarly mentors, career advisors, educators, co-mentors, peer mentors, e-mentors) who you turn to regularly for career advice and support, both inside and outside your division/department/school. (An exercise to help you map and analyze your Developmental Network is included in Appendix 1).

First and second meetings

- Discuss your short- and long-term professional goals and proposed project. Work together to develop steps toward these goals with a timeline.
- Consider the skill sets that require additional mentors: What skills do I need to learn or improve? Who can help me navigate the organizational culture? What do I want to change about my work style? List the people in your Community of Mentors who can provide career advice, coaching, or support and review gaps. Are there other mentors or collaborators needed?
- Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week to once every month or two. Interactions may range from brief email to a phone "check-in" to lengthy follow up. Either member can initiate a meeting; do not wait for your mentor.

Some Topics for Discussion for Junior Faculty with a focus on Research, Clinical Care, or Medical Education

(Note there is no set order for addressing these topics).

Research

- Discuss proposed research project and how to develop aims and hypotheses.
- Do you need to add mentors with expertise in the specific research project you are working on to your Developmental Network?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed research.
- Assess skills/resources needed for projects and timeline.
- Ask about funding opportunities and how to interact with project officers.
- Meet frequently to ensure progress in meeting original project goals, developing new projects, writing manuscripts or grants.

Clinical Care

- Discuss clinical expectations and goals for continuous learning. Are there areas of clinical focus and innovation for scholarship (review articles, case reports), research, collaborations, and teaching?
- Discuss the proposed QI project – what are the aims? Project design and methods? Assessment? Collaborators?
- Assess skills/resources needed for projects and timeline.
- Do you need to add mentors with expertise in QI, health care reform, billing and coding, informatics, epidemiology, specific medical content or methodology, or statistics to your Developmental Network?

- Discuss your membership in professional clinical organizations. Are there other professional committees/organizations you 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 you to achieve national recognition?

Medical Educators

- Discuss courses and lectures taught and evaluations/ratings. Were you responsible for any innovative teaching methods? What strategic venues such as Grand Rounds, conferences have you been invited to speak at? Who has observed you during teaching? What type of feedback have you received? What are your strategies for improvement?
- Discuss courses/presentations that you have attended, such as those offered by the Harvard Macy Institute or HMS Medical Education Grand Rounds.
- Are you a member of The Academy at Boston Children's Hospital and/or The HMS Academy? Are you a residency or fellowship program director? Do you teach at HMS? Are there other professional educational committees/organizations you should be joining or taking on more of a leadership role?
- Do you need to add mentors with expertise in medical education or the specific educational project you are working on to your Developmental Network?
- Discuss a proposed educational project – what are the aims? Hypotheses? Project design and methods? Sample size? Assessment? Publications on the topic? Pilot data, if any? Collaborators? Authorship? What professional networks and online communities can facilitate your project?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed project.
- Assess skills/resources, including funding, needed for projects and timeline.

Promotion

- Discuss career trajectory and skills/deliverables needed to progress to next level. Familiarize yourself with the HMS Guidelines for Promotion in your specific Area of Excellence.

Balance and Negotiation

- Ask your primary mentor to identify key steps in his/her career path that seem valuable.
- Ask about resources for family, child care, and work/life balance.
- Learn about successful negotiating styles and skills.

Follow-up Meetings

- Set mutual expectations and responsibilities at the onset of the relationship and follow through.
- Investigate need for specific mentors and skills and how the plan can be actualized over time.
- Use the checklist to track progress. Keep an ongoing portfolio of activities and works in progress, and check your timeline.
- Suggest potential topics for future meetings, such as meeting goals, time management, work/life balance, negotiation, manuscript completion, etc.
- Continue to assess the skill sets that require additional mentors: What skills do I need to learn or improve? What do I want to change about my work style? What professional networks and online communities are important?
- 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.

The Community of Mentors[®] is endorsed by the OFD Advisory Committee, Senior Administration, and the Department and Division Chiefs.

OFD Advisory Committee

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- Annual joint hospital mentoring course Program Directors.
Handouts and presentations from the 2012 joint HMS hospital mentoring course:
http://www.bostonchildrens.org/cfapps/research/data_admin/Site2209/mainpageS2209P6.html

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Other Resources

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10. Boston Children's Hospital Office of Faculty Development Developmental Networks Exercise and PowerPoint presentation
http://www.bostonchildrens.org/cfapps/research/data_admin/Site2209/mainpageS2209P1.html
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 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.

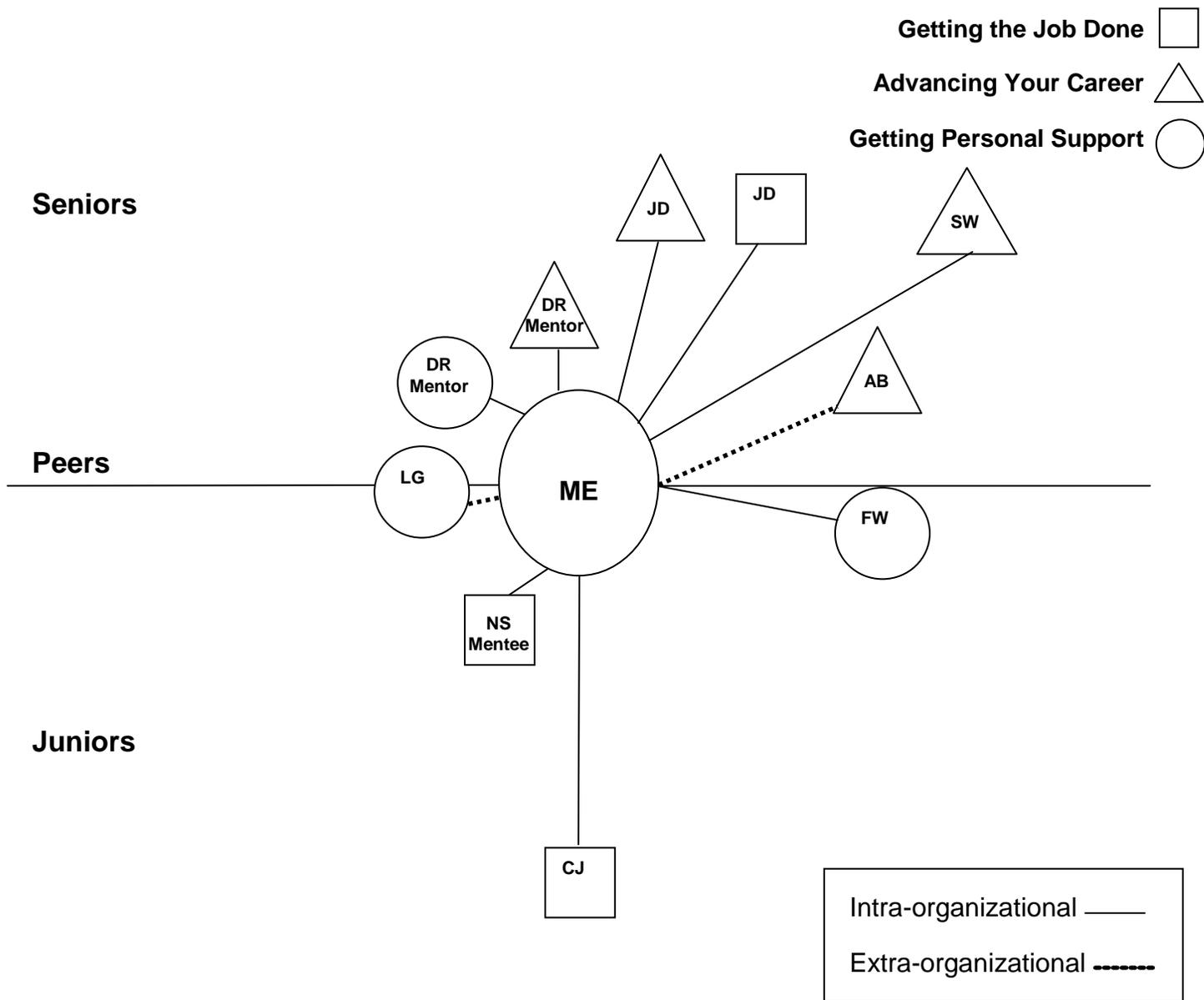


Close Relationship	Moderate Relationship	Distant Relationship
(LG) Lee Green, spouse	(FW) Frances West, friend at work	
(DR) Diane Roberts, senior faculty member in your division (Mentor) ★		

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



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

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

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



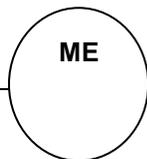
Close Relationship	Moderate Relationship	Distant Relationship

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.

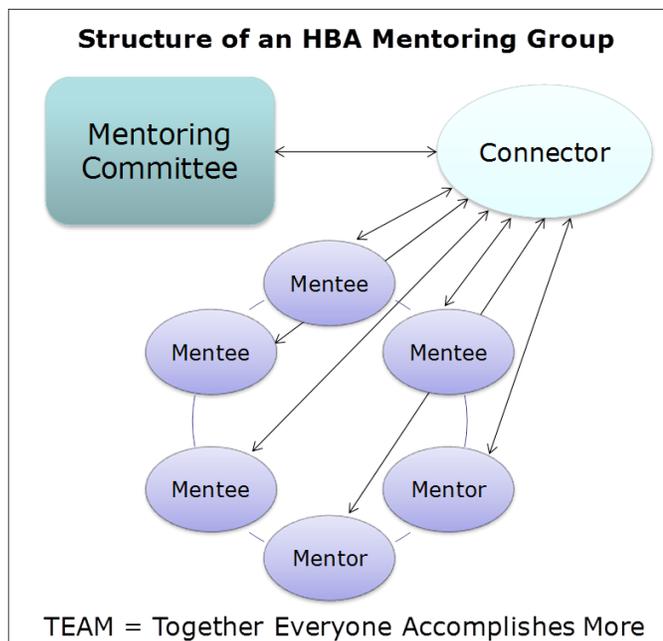
Source: “A New Approach to Mentoring,” Kram K, and Higgins M
<http://online.wsj.com/article/SB122160063875344843.html>

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



Source: Joanne Kamens, PhD, HMS/HSDM Joint Committee on the Status of Women Presentation 2013, with permission

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)

Please put an X under the “Yes” column if in the past year you have accomplishments in this area:	Yes (X)
Publications, guidelines, web resources, syllabi	
Abstracts accepted or presented	
Member of any committees or editorial boards, ad-hoc reviewer	
Honors and/or awards	
Presentations, Visiting Professor lectureships	
Courses taught	
Grants, patents, support	
Research or grant review panels, IRB	
New diagnostic, surgical, technical skills	
Administrative positions	
Community service, outreach, or patient education	
Other, such as course work, degree (MBA, MS, MPH), or global health project	

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 _____

