

BUMC Early Career Faculty Development Program 2011 Mentoring Handbook

A. Background

1. In the [2007 BU Faculty Climate Survey](#), 44% of female faculty and 37% of male faculty on the medical campus felt they had received inadequate mentoring. The most recent Liaison Committee on Medical Education report noted that BU School of Medicine lacked a coordinated institutional approach to faculty development.
2. In response to the perceived need for enhanced mentoring, Emelia Benjamin, MD, ScM, and Sharon Levine, MD, convened a Mentoring Task Force with representation from across the Boston University Medical Campus. The Task Force was chaired by the two conveners and Judith Jones, DDS, MPH, DScD
3. The Task Force met with outside experts and consulted peer-reviewed literature on faculty development to design a structured, longitudinal mentoring program that incorporates peer mentoring with functional mentoring from a senior colleague on a project of intellectual significance.
4. The deans of the three schools on the medical campus approved the program for two cycles, starting in 2011.
5. The Task Force solicited applications in October 2010 and selected 18 participants from a candidate pool of 31 early career faculty members. Based on the protégés' proposed projects, members of the Task Force suggested functional mentors with relevant expertise from outside their units or departments.

B. Expectations

1. Mentors in the program commit to guiding their protégés to achieve a milestone in their scholarly projects by December 2012. The commitment includes:
 - Meeting in person with the protégé for one hour a month, January through May and September through December
 - Reading and critiquing a draft of the protégé's work in progress
 - Helping the protégé think strategically about career advancement
 - Listening to the protégé's concerns and keeping the conversations confidential
2. Protégés, in turn, commit to developing a mutually satisfying professional relationship with their mentors. This commitment includes:
 - Preparing adequately for each in-person meeting
 - Recording and following up on suggestions from mentoring sessions
 - Respecting their mentor's time
 - Speaking candidly about project goals and maintaining confidentiality

C. Timeline

1. Protégés should make contact with their mentors by phone or e-mail by December 31, 2010 to set up an initial meeting during January 2011.
2. During the first meeting, the mentor and protégé should establish ground rules for communication and discuss the desired outcomes of the relationship. They should also agree on a timeline for producing deliverables on the project.
3. In subsequent meetings, the mentor will assess the protégé's progress and may revise the timeline.
4. The formal mentoring relationship will dissolve in December 2011 upon the protégé's graduation from the Early Career Faculty Development Program.

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D. Evaluation

1. The initial meeting between mentor and protégé will serve as an interview. If either party feels the match is not appropriate, members of the Task Force will seek an alternate mentor for the program participant.
2. Both mentor and protégé agree to participate in a brief, on-line survey in May 2011 to gauge their satisfaction with the relationship.
3. Members of the BUMC Task Force will attempt to address any concerns raised by the evaluation. If mediation fails to resolve the conflict, the relationship will be terminated.
4. Mentors who accompany their protégés through the entire program will receive public recognition for their effort.

E. References

- Chapman AB, Guay-Woodford LM. [Nurturing Passion in a Time of Academic Climate Change: The Modern-Day Challenge of Junior Faculty Development](#). *Clin J Am Soc Nephrol*. 2008;3(6):1878-1883.
- Detsky, AS, Baerlocher, MO. [Academic Mentoring—How to Give It and How to Get It](#). *JAMA*. 2007;297(19):2134-2136.
- Feldman MD, Arian PA, Marshall SJ, Lovett M, O'Sullivan P. [Does mentoring matter: results from a survey of faculty mentees at a large health sciences university](#). *Med Educ Online*. 15.
- Jackson VA, Palepu A, Szalacha L, et al. ["Having the right chemistry": a qualitative study of mentoring in academic medicine](#). *Acad Med*. 2003;78(3):328-334.
- Lee JM, Anzai Y, Langlotz CP. [Mentoring the Mentors: Aligning Mentor and Mentee Expectations](#). *Academic Radiology*. 2006;13(5):556-561.
- Rabatin JS, Lipkin M, Rubin AS, et al. [A Year of Mentoring in Academic Medicine](#). *J Gen Intern Med*. 2004;19(5 Pt 2):569-573.
- Ramani S, Gruppen L, Kachur EK. [Twelve tips for developing effective mentors](#). *Med Teach*. 2006;28(5):404-408.
- Taherian K, Shekarchian M. [Mentoring for doctors. Do its benefits outweigh its disadvantages?](#) *Med Teach*. 2008;30(4):e95-e99.
- Thorndyke LE, Gusic ME, Milner RJ. [Functional mentoring: a practical approach with multilevel outcomes](#). *J Contin Educ Health Prof*. 2008;28(3):157-164.

Appendices

A. Mentor checklist

1. Read your protégé's CV and project description.
2. Familiarize yourself with the university's promotion policies: <http://www.bumc.bu.edu/provost/ap/>
3. Make clear how you prefer to be contacted.
4. You do not have to provide all the answers for your protégé. Refer your protégé to the appropriate person.
5. Alert your protégé to opportunities for professional development.
6. Listen actively. Sometimes a protégé does not seek advice, but just a chance to vent.
7. Hold your protégé accountable to the timeline you agree on.
8. Express appreciation of your protégé's progress. Write a brief letter to his or her section or departmental supervisor at the end of the year highlighting the progress you made together.

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B. Mentee checklist

1. Get to know your mentor's academic interests so you can tailor questions to his or her strengths.
2. Send an agenda prior to each meeting. Arrive at each meeting with an explicit goal you would like to achieve and ideas for what to cover in future sessions.
3. Use your mentor's preferred form of communication. Be respectful of his or her time but do not be so distant that you withhold relevant information about your progress.
4. Write down your mentors' suggestions and follow-up. If they do not work out, ask your mentor for alternative strategies.
5. Take an honest assessment of your skills and what areas you need to develop to achieve your goals:
<http://www.bumc.bu.edu/facdev-medicine/key-documents/self-evaluation-tools/>
6. Keep your CV updated and share new accomplishments with your mentor.
7. Say, "Thank you." If your mentor deserves praise, write a letter expressing your gratitude to his or her department chair.

C. BUMC Mentoring Task Force Members

School	Dept	Person	Rank	Email address	Track
BU	Human Relations	1. Mark Braun	Project Manager	mbraun@bu.edu	
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BUSM	Geriatrics	5. Sharon A. Levine, MD	Associate	Sharon.Levine@bmc.org	Clinician educator
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