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# Development and initial results of a mandatory department of surgery faculty mentoring pilot program



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## ABSTRACT

**Background:** Mentoring of junior faculty by senior faculty is an important part of promotion and/or tenure and enhanced job satisfaction. This study reports the development and results to date of a faculty mentorship program in surgery.

**Methods:** We implemented a departmental faculty mentoring program in July 2014 that consisted of both structured and informal meetings between junior faculty mentees and assigned senior faculty mentors. All senior faculty mentors attended a brief mentor training session. We then developed an evidence-based mentorship instrument that featured standardized metrics of academic success. This instrument was completed by each mentee, and then reviewed at the junior faculty's annual career conference with their division chief. A survey was distributed in July 2015 to assess junior faculty satisfaction with the new mentorship program.

**Results:** Junior or senior faculty consisted of six of three women and 16 of 11 men, respectively. Junior faculty members were aged  $40 \pm 3$  y and had been an attending for  $4 \pm 2$  y. Mentorship meetings occurred approximately three times during the year (range = 0-10). Total meeting time with senior mentors per meeting was a mean of 40 min (range = 0-300 min). Over 75% of junior faculty members were very or somewhat satisfied with the mentorship program and would like to continue in the program. The best aspect of the program was the opportunity to meet with an accomplished surgeon outside their division. Opportunities to improve the program included better matching of mentor to mentee by disease or research focus. Interestingly, almost the entire junior faculty members tended to have at least two other mentors besides the mentor assigned to them in this program. In terms of program outcomes, junior faculty members agreed that the mentorship program improved their overall career plans and enhanced their involvement in professional organizations but has not yet helped with academic productivity, home and/or work balance, and overall job satisfaction.

**Conclusions:** A mandatory, structured mentorship program with senior surgeons benefits most junior faculty members in terms of academic career planning and becoming more involved with surgical organizations. More research is required to understand the best method to pair mentors and mentees and more objective measurements of academic surgery success.

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## Introduction

Successful academic medical faculty must know about adopting academic values, managing an academic career, and establishing and/or maintaining a productive network of colleagues. Mentorship allows education of all three of these important facets of a successful career in academic medicine and should be a dynamic and collaborative relationship between a mentee and someone of advanced rank or experience. However, up to one of three of junior faculty may lack a mentor which has been associated with low job satisfaction.<sup>1-4</sup> In a national survey, 56% of all faculty members believe that a lack of mentor is an important impediment to the progression of an academic medicine career.<sup>5</sup> In fact, women faculty members, as well as clinical and clinician educator faculty, are the least likely to have a mentor.<sup>1,6-8</sup>

Prior mentorship studies have focused almost exclusively on one-to-one mentor-to-mentee relationships often within a single department or discipline.<sup>9</sup> This focus may not reflect the reality of current academic medicine where mentees must learn to navigate political waters within their institution and in national organizations. Other mentorship studies have found that time must be set aside for regular mentorship to occur and that the time to do mentorship should be recognized in annual activity reviews for senior faculty.<sup>10</sup> Finally, mentors require formal training or coaching to standardize a mentorship program and ensure that mentees are receiving similar help and advice.<sup>11</sup>

Building off of these lessons learned from previous mentorship studies, we designed and implemented a formal mentorship program within the department of surgery at our institution. This pilot program was integrated into the already existing annual review conferences between surgeons and their Division Chiefs. We describe the implementation of the program along with the results so far.

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## Methods

The Massachusetts General Hospital (MGH) Department of Surgery Mentorship program started in several discrete phases.

### *Phase #1: organizational readiness and needs assessment*

All faculty members in the MGH Department of Surgery meet annually with their respective Division Chiefs. Based on feedback from the Division Chiefs, it became very clear that there was a lack of mentorship for junior surgeons at the Instructor and Assistant Professor levels of promotion and/or tenure. This feedback was confirmed from anecdotal comments from junior faculty to one of the authors (R.A.H.) in his role as Departmental Chief of Academic Affairs. We reviewed the most recent literature on institutional or departmental mentorship programs and created a new mentorship program based on the best available evidence.

### *Phase #2: participant recruitment*

All surgeons within the MGH Department of Surgery who were at the Instructor or Assistant Professor rank were enrolled

within this mentorship program as mentees. Potential mentors were recruited from senior MGH surgeons based on peer nominations and a proven track record of successful mentorship in clinical- or research-based activities. All mentors who agreed to participate in the mentoring program were accepted.

### *Phase #3: mentor matching and orientation*

Mentors and mentees were paired with several specific criteria in mind. First, we deliberately ensured that the mentor and mentee did not work in the same surgical division for several reasons. While this decision may seem to be counterintuitive, previous anecdotal mentorship experiences in our institution suggested that mentor-mentee pairings in the same division occasionally led to conflicts of interest regarding shared or needed resources. We also felt that pairing mentors and/or mentees from different divisions would overcome many of the “silo” barriers that are common in large academic departments. Finally, we recognized that some of the mentees already had mentors within their division. Another criterion for mentor and mentee pairings was where possible, mentors and mentees were paired with research interests (clinical versus basic science) in mind to maximize the utility of any research advice or guidance provided. Finally, gender matching between mentor and mentee was provided if requested.

All mentors participated in two, one-hour, orientation sessions that described the new mentorship program and expected responsibilities of the mentor. Specific topics discussed included what constitutes a good mentor, how to mentor in particular situations, promotion and tenure, and career benchmarks. Each mentor was asked to reach out to their mentee and schedule biannual meetings. Topics for the meeting were their choice but suggested topics included developing a research portfolio, translational research skills, review of the Harvard promotion packet with careful review of the Harvard Curriculum Vitae, maximizing clinical effectiveness and efficiency, and balancing professional and personal demands.

### *Phase #4: implementation of mentorship program*

The mentorship program was implemented on July 1, 2014, and the initial meetings occurred during the fall of 2014. Mentees were asked to complete the annual career conference form plus a few extra mentorship questions in preparation for their mentor meeting (see [Appendix A](#)). Mentors were to review the mentorship forms before their mentee meeting and then sign the form at the conclusion of the session. All forms were fully confidential and returned directly to the Academic Affairs Office for analysis. Only the mentor, mentee, and the Chief of Academic Affairs could see the mentee forms. As part of the program, three faculty-development breakfast meetings were held each year with the mentees and one of the authors (R.A.H.) to review various aspects of career planning, strategies for academic success, difficulties encountered by specific mentees, and peer support. The dynamic nature of mentorship and mentee responsibilities were also

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