

## **Guidelines for the School of Medicine Faculty Mentoring Program**

### **Mission**

The School of Medicine is committed to the recruitment and retention of excellent faculty. Departmental faculty mentoring of recruits is fundamental to the attainment of that goal and aims to assist junior faculty in maximally developing their professional careers.

The School of Medicine strongly supports and encourages the mentoring mission which includes:

- the department chair and/or division chief serve as administrative mentors;
- experienced faculty members serve as programmatic mentors;
- procedures to identify and address problems in the developing stages of the careers of junior faculty members;
- a system for documentation established and maintained on a timely basis;
- provision of information regarding the departmental faculty mentoring program, policies and procedures given to faculty on arrival and reviewed by him/her with the mentor. See

### **Appendix 1.**

### **Definition of Mentoring**

A mentor is a trusted counselor or guide. In an academic setting, a mentor is generally a senior faculty member who advises or guides a junior faculty member in matters relating to achievement of academic success. In the School of Medicine, it is expected that the mentor will assist the mentee in creating an agenda for working toward his/her professional development goals and will provide the mentee with insights into the realities of building an academic career. As such, the mentor is an active participant in the process and does not serve merely as a role model for the mentee.

### **Role of the Department Chair in Mentoring**

The department chair has overall responsibility for the success of the faculty mentoring process. In addition to taking an active interest in the progress of each faculty member in all activities, the department chair must ensure that a departmental faculty mentoring program is implemented and, central to that, is the assignment of a faculty mentor for each junior faculty member. The department chair should identify the mentor or mentors in the initial letter of appointment.

**Appendix 2** details the mentoring guidelines and the responsibilities of mentor and mentee that the chair oversees.

### **Program Oversight**

The department chair will designate one or more faculty members in the department to ensure that the goals of the program are being met, to monitor the effectiveness of the program on an on-going basis, and to ensure that the documentation requirements established by the School of Medicine are met. That individual, perhaps the chair of the departmental COAP, will meet with the department chair on a regular basis to review the progress of the mentoring program and to identify any significant issues which may need to be changed.

### **Evaluation and Reporting**

The faculty mentoring program will have a uniform evaluation and reporting process throughout the School of Medicine. Important to the process is:

- there will be a simple record of all meetings with the mentee;
- meetings between mentor and mentee at least twice a year and on an as needed basis;
- meetings will focus on issues relating to developing an academic career: research, teaching, publications, networking, clinical skills and to review policies and procedures relevant to reappointment and promotion.

Each July 1, the department chair will submit:

- a list of all junior faculty and their mentors to the Director of Faculty Affairs for the next academic year;
- a report of previous year's activities, including a listing of mentors, mentees and meeting dates.

**Appendix 3** provides further guidelines for progress evaluation.

**The appendices are guidelines which are intended to assist departments in developing their departmental faculty mentoring programs.**

## **APPENDIX 1**

Each junior faculty member will be given a complete description of the mission statement and faculty mentoring program of the department. The mission statement will define clearly the service, teaching, research, and organizing role of the department within the context of the Health System. The departmental faculty mentoring program will include a written description of the criteria regarding the selection of a mentor and a statement advising that the mentor will meet with the mentee at least twice each year.

## **APPENDIX 2**

### **Selection of a mentor**

- each junior faculty member can be assigned one or more mentors, at the rank of associate professor or above. Usually, the faculty mentor will be a member of the mentee's division and/or department, but the mentor may be chosen from among other faculty if more suited based on the mentee's academic program;
- if the department chair or division chief is selected as a mentor, it is prudent to select a second mentor from faculty without large administrative roles;
- the mentee may change mentors if he/she chooses, with the department chair's approval.
- a mentor is initially identified in the letter of appointment.

### **Responsibilities of the mentor**

The mentor should:

- be accessible to the mentee and meet with him/her on a regular basis, as agreed upon by the mentor and mentee;
- provide constructive feedback;
- advise the mentee on relevant issues related to developing an academic career, including research and/or related scholarly activities, budgeting time (particularly important for junior faculty with clinical responsibilities), participating on committees, participating in external professional activities;
- assist the mentee in establishing short-term (3 years) and long-term career goals;
- provide guidance and information regarding issues such as scholarship, publications in professional journals, supervision of students and trainees, presentation at

conferences, research support, administrative duties, consulting, collaboration with colleagues;

- provide guidance for teaching, especially for CE track faculty; include information regarding such areas as the mentee's teaching skills, lecture notes and slide presentations; provide constructive criticism and monitor progress in these areas;
- assist the mentee in identifying the skill areas on which they most need to work and assist in improving their skills or suggest other members of the faculty or administration who may assist in particular areas which may not be the strength of the mentor;
- be familiar with resources offered by the University or the School of Medicine and the department regarding issues relating to faculty development (grant and manuscript writing, funding opportunities, supervisory skills, interpersonal skills, special support groups such as FOCUS on Women's Health Research and Center of Excellence on Minority Health, etc.);
- advise the mentee concerning the importance of networking and networking strategies;
- be familiar with and explain the departmental, School of Medicine, and University criteria, policies, and procedures regarding faculty tracks, reappointment, promotion and tenure; advise mentee that recommendations for reappointments and promotions are the responsibility of the department chair and the mentee should address questions regarding his/her own situation to the department chair;
- advise mentee on importance of being a team player;
- advise mentee on how and when to say "no";
- maintain confidentiality;
- terminate relationship if appropriate.

### **Responsibilities of the mentee**

The mentee should:

- assume responsibility for his/her career;
- ask for and accept advice and constructive criticism;
- actively participate in the mentoring relationship;

- become familiar with the departmental, School of Medicine, and University criteria, policies, and procedures regarding faculty tracks, reappointment, promotion and tenure, as applicable;
- continue to add to the knowledge base in his/her area of expertise;
- develop professional network which includes mentor's recommendations and those personally identified;
- maintain confidentiality;
- strive for academic excellence in all areas of field of expertise and provide documented evidence of productivity, particularly in the area of publications and teaching.

### **APPENDIX 3**

It is recommended that a regular system of progress evaluation be implemented by all departments. Areas of evaluation should include clinical skills, research, teaching, and administration. Each member of the junior faculty should be evaluated on his/her progress on at least a yearly basis by the department chair and/or the division chief.

Departments may wish to incorporate additional interval review procedures. For example, in year two (and year five for faculty with clinical probationary periods) of the appointment, the departmental COAP (or Personnel Committee) may review with the department chair the interval progress of the junior faculty member based on material gathered by department COAP or prepared by the mentor. The department chair and/or division chief will advise the junior faculty member, as appropriate, as to improvement needed in the next year to strengthen his/her opportunity for consideration for reappointment or promotion.

In year three (and year 6 for faculty with clinical responsibilities), the review for reappointment is completed. This is an opportunity for the department chair and/or the division chief and the junior faculty member to discuss the faculty member's progress, to review the expectations for performance, to identify short and long term goals and objectives, and to review the policies and procedures for the department, the School of Medicine, and the University regarding reappointment and/or promotion.