

SHORT COMMUNICATON

# Support–challenge–vision: a model for faculty mentoring

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**SUMMARY** *Mentoring is recommended for socializing new faculty into academic medicine. However, there is no literature identifying the key features of effective mentor–protégé interactions in academic medicine. Seeking to validate a theoretically derived mentoring model of challenge, support and vision, this paper reports the results of a study that utilized both qualitative and quantitative methods to understand the interactive processes used by effective mentors for academic family physicians.*

**Introduction**

Mentoring is a commonly recommended strategy to promote the socialization, development, and maturation of academic medicine faculty (Bland *et al.*, 1990). Mentoring literature describes the functions (Kram, 1985), roles (Jacobi, 1991) and responsibilities (Longhurst, 1994) of effective faculty mentors. However, published reports fail to specify the types of mentor–protégé interactions that would optimize protégé career development in academic medicine.

Turning to the adult education literature, Daloz (1986) describes a mentor/protégé interaction model which has been effective at aiding adults through transitions. He reports that effective mentor/protégé interactions balance three key elements: support, challenge and a vision of the protégé's future career (see Figure 1).

**Review of Daloz's model**

Support refers to activities that affirm the value of the individual (e.g. displays of respect, trust) or reduce uncertainty and anxiety (e.g. set clear expectations, provide resource materials or role play possible responses to difficult situations). Effective mentors balance support with challenge. They challenge their protégé to approach situations in a new way by highlighting incorrect assumptions, establishing tasks and pointing out inconsistencies between what the protégé says and what the protégé does. For example, a protégé who 'really wants to write' is challenged to actually write. These challenges force the protégé to reflect on his/her values, competences and vision as an academician. Mentors foster career vision by acting as a role model, or as a guide by stimulating discussion about the protégé's future. By balancing challenge,

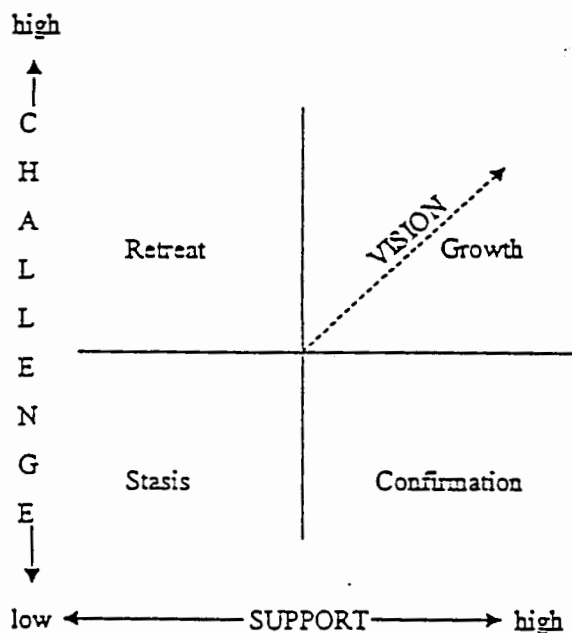


Figure 1. Stasis results from low challenge/low support. Poor balance between support and challenge result in retreat or confirmation. High support and high challenge join with vision to maximize faculty growth.

Source: Adapted from Daloz (1986).

support and vision the mentor creates the tension essential for change and growth. (Widick & Simpson, 1978).

While Daloz proposes that support, challenge and vision are the key elements of effective mentor–protégé interaction, this model must be validated for its effectiveness in promoting the growth and socialization of medical school faculty.

**Methods**

The Department of Family and Community Medicine at the Medical College of Wisconsin established a Formal

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Mentoring Program (FMP) for junior faculty as part of a 2-year faculty development program to enhance the academic success of primary care faculty. Designed to facilitate the socialization of junior faculty into academic medicine, the mentoring component focuses on values, norms and expectations, career planning, and fostering collaborative interaction with colleagues (Morzinski *et al.*, 1994). Eighteen assistant professors participated in the FMP, each averaging 3.3 years in their appointment. Each protégé was assigned to a senior departmental faculty mentor. Mentors had no previous experience mentoring junior faculty in a formal program, but did attend a one-hour FMP orientation session where program goals and associated mentor/protégé discussion topics were presented (e.g. reviewing CVs, preparing for an annual performance review, establishing academic goals). Various mentor roles and responsibilities were reviewed without specific reference to Daloz's support-challenge-vision model of mentors.

To determine what distinguished effective mentors, we developed a three-part protégé questionnaire based on the characteristics of effective mentors (Daloz, 1986; Jacobi, 1991). Parts I and II were quantitative. Part I focused on the overall quality of the mentoring program, mentors' effectiveness in facilitating socialization to academic medicine, and whether protégés would recommend their mentor to a junior colleague (i.e. yes, definitely; yes, with some reservation; no). Part II contained a series of items asking the protégé to identify the frequency (1 = never; 4 = often) with which their mentor assumed each of 13 career mentoring roles adapted from Jacobi, 1991). Part III was qualitative, and asked protégés for narrative descriptions of the three most important activities that their mentor actually provided, the three things that they wished their mentor had provided, and three affective/emotional characteristics of their relationship. All protégés completed the questionnaire 6 months after program completion.

Descriptive statistics and *t*-tests were used to determine whether significant differences existed between the protégés who would definitely recommend their mentor versus the protégés in the other two groups. Narrative responses were analyzed using content analysis, a qualitative method that utilized *a priori* categories from the Daloz model (Constas, 1992).

## Results

All 18 protégés completed and returned the questionnaire. Nine out of 18 protégés (50%) would 'yes, definitely' recommend their mentor to another junior faculty and were assigned to the high recommend group (HR). The other nine would not recommend or had some reservation about their mentor and were assigned to the low recommend group (LR). HR protégés rated eight of the 13 specific mentor roles significantly higher than the LR protégés ( $p < 0.05$ ): serving as a source of support and a source of challenge; providing insights on 'who I am' and 'where I am going'; being a role model, an advisor for professional development, an experienced guide, a teacher, and an information source. Five other roles (sponsor for career opportunity, protector, source of collaboration, provider of sense of continuity and provider of climate for

expectations) were not rated highly by either group nor were there significant differences between the HR and LR groups.

Content analysis of narrative responses also showed group differences. The LR group indicated that mentors did little more than just give the 'feeling that I was doing okay' or served as a 'sounding board for ideas'. Other LR mentors were described as 'challenging, but distant' or 'friendly, but did not provide useful insights'. The LR group wished that mentors would 'challenge me' or would be 'more critically productive', indicating the need for higher challenge; or they wished their mentor had 'shown more personal interest in me' suggesting the need for higher support. There was no evidence of vision being present in the narratives of the LR group.

In contrast, the HR group indicated that their mentors provided challenge by "critique on projects", and 'challenging assumptions'. The HR group reported stronger levels of support through 'setting clear goals', 'providing positive expectations', 'providing opportunities to meet others ... to participate in a project', and 'knowing me as a person'. The HR group also showed evidence that vision of their future was fostered. For example, HR mentors 'made me do a self-evaluation', 'made me think of long-term career goals', 'asked me about my dreams' and 'was a positive role model'.

## Implications for effective mentors and conclusion

This study found that the Daloz challenge-support-vision model (1986) helps to explain the interactions of effective faculty mentors in academic medicine. Highly recommended mentors balance significant levels of challenge and support. HR mentors actively support protégés with structure, opportunities and by setting positive expectations. HR mentors also challenge through setting tasks, actively engaging in discussion, articulating incongruence between values/goals and actions, and setting high standards. HR mentors foster vision through role modeling, and stimulating self- and future awareness. The limitations of this study include its small sample size representing only one department. However, the study provides evidence for the utility of the Daloz model in understanding the strategies used by effective mentors in a family medicine faculty development program.

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