
Ideas for Medical Education

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Most of our academic institutions are poorly staffed to meet the demands of two new national initiatives—Clinton's health care plan with its emphasis on generalist physicians and the AAMC's Project 3000 by 2000 minority student initiative. In educating more generalist physicians and attracting more minority students, medical schools will need to recruit into academic medicine new faculty members from groups that have traditionally found it difficult to access informal mentoring networks for purposes of professional socialization.¹ As a result, such faculty members may languish at the lower academic levels, experience difficulties in developing a coherent body of scholarship, or make the choice of an academic ladder that does not fit their interests or strengths.

According to Schoenfeld and Magnan,² this transition into an academic career is difficult for many new faculty members: "Most newly appointed assistant professors have a general idea what being a professor is all about, or at least what they think it entails. But since there's no West Point for professors, real training for the assignment comes from being *in* the assignment. So they learn from role models and from making their own mistakes."

Jeff Morzinski and his colleagues at the Medical College of Wisconsin have developed an alternative to the usual "sink or swim" mentality that new academic faculty experience on entering academic medicine. After reviewing the literature on formal mentoring programs in a variety of settings, they have compiled

a set of principles that can be used to guide the development of similar mentoring programs in academic medicine. I think that you will find their description of the resulting system for new faculty members in the Department of Family and Community Medicine at the Medical College of Wisconsin both provocative and useful as you begin to explore what needs to be done in your own department or institution.

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Faculty Development through Formal Mentoring

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Professions have a long-standing tradition of preparing new members through structured training programs. Serving as a medical intern, a legal associate, or a doctoral advisee enhances the discipline-specific competencies of the trainee and socializes a new member to his or her chosen profession. The outcomes of socialization include a shared set of values and specific knowledge regarding the accepted models for communication and advancement within a profession.¹ While numerous reports of faculty development programs, fellowships, and workshops have been published in the medical literature, these efforts have traditionally sought to enhance participants' competencies in the areas of education, research, administration, and/or medical practice with no explicit focus on professional socialization.² Yet physicians, particularly those in pri-

mary care specialties, often enter academic medicine with little or no socialization to the attitudes, activities, and beliefs that characterize successful faculty in academic medicine.³

Based on both extensive experience and research, Bland and colleagues¹ outlined three essential areas in which faculty new to academic medicine need to be socialized. These areas, collectively termed professional academic skills (PAS), focus on (1) adopting academic values, (2) managing an academic career, and (3) establishing and maintaining a productive network of colleagues. Success in these three areas is so critical that it appears to predict those faculty who will be high achievers and those who will not.¹

In academic medicine, mentoring has been identified as one of the methods through which physicians become social-

ized to their faculty roles.^{1,2,4} Traditional mentoring occurs informally, sometimes without a clear beginning or end, and usually when two people with a common interest simply find each other.⁵ In this paper we describe a formal mentoring program designed to socialize junior faculty to academic medicine.

BUILDING A FORMAL MENTORING PROGRAM

Unlike traditional mentoring, formal mentoring is managed and sanctioned by an organization⁶ for the purposes of socializing new members, fostering productive relationships, and increasing access to mentors.⁷ By the early 1980s, formal mentoring programs were used for teacher orientation⁸ and leadership development in business.⁷ Studies of formal mentoring

nave shown benefits comparable to those found from informal mentoring.^{6,8,9} Based on a review of formal mentoring literature, we have identified five overlapping stages to guide development of a formal mentoring program for academic physicians: (1) organizational readiness, (2) participant recruitment, (3) mentor-protégé matching and orientation, (4) ongoing mentor-protégé activities, and (5) evaluation. Each of these stages is illustrated through a description of a formal mentoring program in the Department of Family and Community Medicine (DFCM) at the Medical College of Wisconsin. Eight junior faculty have completed the two-year program, which was initiated in 1991, and ten others will complete the program in June 1994.

Stage I: Organizational Readiness

Organizations evaluate their readiness for a formal mentoring program by conducting a needs assessment and securing necessary fiscal and human resources.

1. *Participant needs assessment.* One year prior to beginning the program, the department's faculty development director, who at the time had no departmental salary support, completed a needs assessment survey to evaluate junior faculty members' PAS. Survey items were keyed to Bland's three PAS areas: number of productive professional colleagues within the department, the college, and the nation; research or dissemination record (career advancement); and knowledge of promotion criteria (academic values).¹

2. *Interviews with opinion leaders.* Concurrent with the survey, the faculty development director interviewed the department chair and several departmental opinion leaders to identify PAS needs and suggestions for PAS development. The interviews served to garner initial support for a formal mentoring program.

3. *Departmental chair support.* Needs assessment data were presented to the department chair and led to his commitment to allocate departmental and extramural resources for a formal mentoring program. This commitment included funding for a program coordinator (.15 FTE) who would assume primary responsibility for program design and implementation.

Stage II: Recruitment

Successful recruitment of mentors and protégés requires that the goals of the program and expectations for participants be

clearly articulated and that the value of program participation be recognized by the organization.

1. *Program visibility.* Through formal announcements in the department's newsletter and at department assemblies and executive committee meetings, faculty learned details about the upcoming program. During formal and informal sessions with faculty the mentoring program coordinator and faculty development director described program goals, reasons for choosing formal mentoring over alternative programs, and specific characteristics of program structure.

2. *Mentor recruitment.* The department chair decided to rely on the associate and full professors within the department who, by virtue of their own academic promotions, would have the knowledge to serve as mentors. The chair sent a personal letter to each of these faculty inviting them to serve as mentors. The faculty development director and the mentoring program coordinator provided follow-up information to reinforce the program goals and to outline mentors' responsibilities. All of the department's 11 senior faculty agreed to serve as formal program mentors.

3. *Protégé recruitment.* Junior faculty within the DFCM were encouraged to participate in a two-year faculty development project designed to enhance their knowledge and skills in education, research, administration, and writing. All 18 faculty development project participants were included in the mentoring program.

Stage III: Matching and Formal Orientation

Formal mentoring requires that mentors and junior faculty be systematically matched and that the program's purpose and expectations be publicly reinforced.

1. *Matching.* Junior faculty were provided brief descriptions of each mentor. They were asked to rank their top three choices and to identify anyone with whom they would be unable to work. Junior faculty were matched with either their first or second choices after each mentor had the opportunity to approve his or her assigned match.

2. *Orientation dinner.* A formal orientation dinner was held to underscore the department's commitment to the program and to publicly reinforce the program's goals and structure. Mentor pairs were formally introduced, and each pair dis-

cussed why they had chosen to be in academic medicine, exchanged CVs, and scheduled a follow-up meeting to review the junior faculty member's prior academic work and current interests.

3. *Workshop to introduce PAS.* The dinner session featured a nationally known medical educator who led a discussion about the characteristics of successful faculty in academic medicine. The next day, junior faculty attended a one-way workshop focused on PAS.

Stage IV: Ongoing Activities

Formal mentoring programs require a coordinator who provides ongoing guidance to mentors and junior faculty about program activities and routinely monitors match effectiveness.

1. *Recommended activities.* Mentor pairs were expected to meet twice a month to discuss junior faculty members' career plans and how these plans matched the department's expectations for faculty productivity. Mentors were asked to initiate these early contacts. Other pair activities included previewing the department's annual performance review process, proposing negotiation strategies for resources and responsibilities consistent with career goals, and introducing junior faculty members to colleagues in other departments and at other medical schools.

Group activities were designed to facilitate interaction among all program participants: (1) a summer picnic held at a participant's farm; (2) a mid-program luncheon to discuss the mentoring program and its progress; and (3) a participant-recognition ceremony at the department's annual research forum.

2. *Prompting mentor pair contacts and maintaining program visibility.* Frequent phone calls and a monthly postcard reminder system were used by the coordinator to prompt mentors and junior faculty to actively pursue program goals. To maintain department-wide visibility for the program, the monthly faculty development newsletter listed mentor-junior-faculty names, upcoming program events, and faculty who had recently published or presented papers.

3. *Program monitoring and revision.* The coordinator contacted all program participants every two months to provide guidance regarding match activities, to prompt inactive pairs, and to solicit suggestions for program improvement. For example, a participant suggested that mentors be invited to occasional faculty development workshops to provide them

with opportunities to learn and to keep in contact with their junior faculty colleagues. Following the faculty development director's approval, mentors were regularly invited to these workshops.

Stage V: Evaluation

Both formal mentoring program participants and departmental decision makers need information to judge the program's impact and to justify its continuation.

1. *Frequency and focus of contacts.* The coordinator gathered evaluation data about frequency, duration, and focus of contacts between mentors and junior faculty. Half of the matches averaged two or more contacts per month and the other half averaged 1.2 contacts per month. Mentoring contacts occurred by phone, by e-mail, or in person. The average duration of contacts for each pair ranged from 20 to 60 minutes. Consistent with recommended activities, pairs discussed how to manage travel budgets and the merits of serving on particular college-wide committees. One mentor facilitated introductions to a "group of research gurus." Some pairs used their contact time to preview junior faculty members' presentations for national meetings.

The junior faculty members varied in their perceptions of the roles played by the mentors, with one member seeing her mentor as someone whom "I've bounced ideas off," and another reporting that he and his mentor had "discussed where to send my study data on vasectomy." The mentors, too, varied in their perceptions of the mentor role, ranging from "being something of a taskmaster" to providing career guidance by recommending that "my protégé look into an administrative position."

2. *Preliminary program outcomes.* The coordinator's monitoring interviews showed that the mentoring program was highly valued by all participants. Mentors commented that, "If this program weren't here, my protégé might be missed" and "This program gives junior faculty the

guidance and support they need to advance through the academic ranks."

To determine whether the mentoring program was facilitating the achievement of the three PAS outlined by Bland et al.,¹ the eight junior faculty who had completed the mentor program were asked to retrospectively¹⁰ rate their knowledge and experience at the beginning of the program (pre) and at its conclusion (post) using a scale of 1 = no experience and knowledge to 6 = exceptional experience and knowledge. Overall, the junior faculty members' ratings increased almost two points, from 2.2 (pre) to 4.1 (post).

3. *Reporting evaluation results.* Summary reports of contact and preliminary outcome data were provided twice annually to the faculty development director and the department chair. Evaluation data were reported to the participants at the mid-program luncheon.

CONCLUSION

Successful faculty in academic medicine understand academia's values, norms, and expectations, manage their careers, and maintain networks of productive colleagues.¹ Building on the long-standing tradition of informal mentoring as a mechanism for professional socialization, we have described a formal mentoring program that was explicitly designed to enhance junior faculty members' PAS. We are encouraged by junior faculty gains in PAS and by the participants' strong endorsement of the program. Currently, we are completing a study to more precisely identify mentoring's impact on faculty development and the relationship between PAS and scholarly productivity.

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