

Mentoring in Medicine Pilot Resources

Shelda Martin MD, FACP

Interim Chief Medical Officer, CAMC

Associate Chief Medical Officer, CAMC Memorial Hospital

Medical Director CAMC Ryan White Program

AFFINITY GROUP

GWIMS Toolkits and Webinars

Toolkit submissions are authored by GWIMS members and are designed to provide practical guidance on a variety of topics relevant to women faculty in academic medicine and science. Each resource provides an overview of the topic, relevant best practices, tips on implementation, and useful references. We welcome submissions and topic ideas from the GWIMS community. [Contact us](#) to let us know of your interest.

Leveraging Your Career

- [A Case Study: Creative Faculty Development through your GWIMS Office](#)
- [A Guide to Allyship](#)
- [A Guide to Prepare for Your First Job in Academic Medicine](#)
- [A Valuable Form of Scholarship for the Academic Physician](#) (Updated in 2022)
- [Caretaking in Academic Medicine: From Pregnancy through Early Parenting](#) (Updated in 2023)
- [Crafting a Fundable Grant](#)
- [Is Your Salary Equitable? A Guide for Individual Faculty](#)



GWIMS Mentoring Women Toolkit for Mentees

Mentoring for Your Academic Career Success

Mary Lou Voytko, Wake Forest School of Medicine

Joan M. Lakoski, West Virginia University

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GWIMS Toolkit

Development of an Innovative Career Development Program for Early-Career Women Faculty

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Session	Topic	Objectives	Notes
1	Imposter Syndrome	<ul style="list-style-type: none"> • Understand the Imposter Syndrome and how it impacts one's career. • Understand the differences between the fixed mind-set and the growth-oriented mind-set. • Identify core beliefs about yourself and how they may hold you back. • Identify steps to manage the Imposter Syndrome. 	Participants received the book <i>Beating the Imposter Syndrome</i> from the Center for Creative Leadership (www.ccl.org). ²⁵
1	Talent and Strength	<ul style="list-style-type: none"> • Identify personal strengths (themes of talent). • Understand the rationale behind increasing focus on strengths versus deficits/weaknesses. • Develop strategies for describing and applying one's strengths. 	Participants completed the StrengthsFinder (now CliftonStrengths) assessment. ^{26,27}
2	Change Style Indicator	<ul style="list-style-type: none"> • Understand mental models and common traps. • Identify one's natural response to change. 	Participants completed the Change Style Indicator assessment. ²⁸
2	Managing Your Career	<ul style="list-style-type: none"> • Discuss what it means to "Manage Your Career." • Review new rules for career management. 	
3	Communication and Influence	<ul style="list-style-type: none"> • Discuss communication road blocks and snags (includes assertive communication, influence). • Understand the concept of emotional intelligence and its potential career impact. • Understand how people gain and lose credibility. • Understand how to gain influence and power with people. • Develop strategies for delivering and receiving feedback positively. • Learn strategies for running effective meetings. 	Participants completed the SELF profile ²⁹ and work on scripting difficult conversations and feedback.
4	Conflict Management	<ul style="list-style-type: none"> • Recognize why conflict occurs. • Learn what you can do to reduce conflict. • Assess your conflict management style. • Develop methods and techniques to prepare for a conflict conversation. • Discover how to create a learning conversation from a conflict interaction. 	Participants opened the session with a Visual Explorer exercise from the Center for Creative Leadership (www.ccl.org) and completed the Thomas Kilmann Conflict Mode Instrument. ³⁰ They received a copy of: <i>Difficult Conversations: How to Discuss What Matters Most</i> (Stone et al. ³¹)

Career development for academic medicine—a nine step strategy

Make sure your career goes to plan by using *Linda Pololi's* innovative form of career development guidance

"Self-reflection is the school of wisdom"

*Baltasar Gracian, 1601-58,
Spanish philosopher and writer*

Academic medicine depends upon talented and vibrant faculty members, but reports of difficulties in recruiting to academic posts in the United Kingdom,¹ and career dissatisfaction in the United States,² have led to calls for action to improve careers in academic medicine. Supporting the professional and personal development of the medical faculty is fundamental to strengthening and renewing achievements in patient care, teaching, and research.

Mentoring

Most faculty members report a lack of effective mentoring, particularly for under-represented groups such as women.³ The academic development plan (ADP) was developed by the author for use in the mentoring programmes of a designated National Center of Leadership in Academic Medicine.⁴ The ADP was very positively evaluated by two cohorts of medical faculty who used it as part of a peer mentoring programme over eight months.

The ADP can be used either individually, in a group setting, or within a mentoring dyad where trust has been established. Such a dyad could be either a traditional senior/junior partnership, or a co-mentoring relationship between peers. The process is applicable to faculty members at any stage of their career. By completing their own ADP, senior faculty members not only derive personal benefit but also prepare to facilitate the process for junior colleagues.

Outlined below is a description of each of the steps to be taken when formulating an ADP. It is important to keep a written record of each step because writing helps to clarify thinking, and serves as a record and memory aid. The ADP is a long term, evolving process that can be added to over time.

Step one—clarify your governing values

These are the deeply held values and standards that govern all aspects of your life and which act as guiding principles for choices, decisions, and behaviours.⁵⁻¹⁰ Some examples are truthfulness, enjoyment, responsibility for children, intellectual challenge, social justice, financial wellbeing, kindness, respect for diversity, freedom, and security. Typically, an individual's values are acquired through interaction with family, peers, and social systems.¹¹ In our experience of working in medical schools, most faculty members have not taken the opportunity to articulate their own governing values.


Prepare a list of your governing values

This first critical step will build self awareness and an understanding of your values, which is fundamental to

Creating a Program for Junior Faculty Professional Development: A Tool Kit

Jaspreet Loyal, MD , Anthony Porto, MD, Deepa Camenga, MD

https://doi.org/10.15766/mep_2374-8265.10703

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Abstract

Introduction: Junior academic faculty must balance increasing clinical responsibilities whilst maintaining academic portfolios aimed at promotion. Our goal was to design, implement, and evaluate a curriculum for career development amongst junior faculty in pediatrics. **Methods:** Following the Kern method of curriculum development, we performed a needs assessment of junior faculty via an electronic survey to identify areas for career development. We created objectives based on the themes identified and developed associated learning activities, including (1) a monthly seminar series, (2) an orientation day for new hires, and (3) a formal mentoring program for junior faculty. At the end of each academic year, we sent electronic surveys to junior faculty participants for program evaluation. **Results:** Of 50 junior faculty, 60% completed the initial needs assessment and identified a need for a forum for junior faculty orientation, career development, and formal mentoring. Local experts were solicited to create and lead a 10-part seminar series to cover topics such as CV review, promotions, and mentoring. Twenty-one junior faculty (42%) who did not already have established mentors joined the formal mentoring program. All

APPENDICES

- A. Needs Assessment.docx
- B. Seminar Series Speakers Discussion Guide Program Workflow and Checklist.docx
- C. Seminar 1 - Promotions Overview and Updating Your Academic CV and CV Supplement.pptx
- D. Seminar 2 - Mentorship and Being a Mentee.pptx
- E. Seminar 3 - Understanding Clinical Productivity.pptx
- F. Seminar 4 - Teaching in the Clinical Setting.pptx
- G. Seminar 5 - Opportunities for Junior Faculty in Education.pptx
- H. Seminar 6 - Educational Scholarship.pptx
- I. Seminar 7 - How to Develop a Curriculum.pptx
- J. Seminar 8 - Broadening Your Academic Network.pptx
- K. Seminar 9 - How to Review Manuscripts.pptx
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- M. Mentorship Needs Assessment.docx
- N. Mentorship Program Guidelines.docx
- O. Orientation Agenda.docx
- P. Program Evaluation.docx
- Q. Orientation Evaluation.docx
- R. New Faculty Member Orientation.pptx

Popular Resources

Susan Colantuono's TED talk



Susan Colantuono

The career advice you probably didn't get

WHAT WORKS FOR WOMEN AT WORK

Joan C. Williams

PART FOUR: TUG OF WAR

Opinion

WOMEN AT WORK

Speaking While Female

By Sheryl Sandberg and Adam Grant


Jan. 12, 2015

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Being a Doctor Is Hard. It's Harder for Women.

Female medical residents and physicians endure bias and a larger burden with home duties. They also face a greater risk of depression.

 Share full article



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By Dhruv Khullar

Dec. 7, 2017

[Leer en español](#)

Happy medical residents are all alike. Every unhappy resident would take a long time to count.

It's no secret that medical training is grueling: long hours, little sleep, rigid hierarchies, steep learning curves. It's unfortunate but not surprising, then, that nearly one-third of residents experience symptoms of depression, and more than 10 percent of medical students report having suicidal thoughts. But is it worse for women than men?

A [new study](#) in JAMA Internal Medicine suggests yes. Dr.

Books

