



RUTGERS

BIOMEDICAL AND
HEALTH SCIENCES

RBHS Faculty Mentoring Committee Recommendations on Best Practices for Faculty Development through Formal Mentoring

Respectfully submitted by:

Committee Chairs: Kitaw Demissie, MD, PhD, Rutgers School of Public Health and
Anne Mosenthal, MD, Rutgers New Jersey Medical School

Committee Members:

Rafael Benoliel, BDS, Rutgers School of Dental Medicine

Walter Duran, PhD, Rutgers New Jersey Medical School

Lisa Dever, MD, Rutgers New Jersey Medical School

Sangeeta Lamba, MD, MBBS/M, Rutgers New Jersey Medical School

Edmund C. Lattime, PhD, Rutgers Cancer Institute of New Jersey

Michael Lewis, PhD, Rutgers Robert Wood Johnson Medical School

M. Maral Mouradian, MD, Rutgers Robert Wood Johnson Medical School

Kathleen J. Pottick, PhD, MSW, Rutgers Institute for Health, Health Care Policy and
Aging Research, and School of Social Work

Kenneth R. Reuhl, PhD, Rutgers Ernest Mario School of Pharmacy and Rutgers
Environmental and Occupational Sciences Institute

Anita Siu, PharmD, BCPPS, Rutgers Ernest Mario School of Pharmacy

Charlotte Thomas-Hawkins, PhD, RN, Rutgers School of Nursing

Riva E. Touger-Decker, RD, PhD, Rutgers School of Health Professions

Special recognition to:

Robert Wieder, MD, PhD, RBHS – Newark Provost

Jeffrey Carson, MD, RBHS – New Brunswick Provost

Venita Nankoo, MPH, for collecting and analyzing needs assessment survey data

Executive Summary

Faculty Mentoring Committee Report and Recommendations

Mentorship of faculty in academic medicine and health sciences is an important part of faculty development, engagement, and success for both faculty members and the institution. Long held to be a critical component of academic success, there is little data to support one type of mentoring over another, nor a consensus on what metrics reflect quality mentoring, or faculty success.

Despite this, there is strong evidence that mentoring junior faculty is an important factor in improving faculty retention and promotion, as well as research productivity especially for underrepresented groups such as minorities and women. There is also evidence that mentoring enhances the more intangible factors of institutional engagement, faculty wellness, and prevention of burnout, all of which support long-term institutional success and advancement.

Following the RBHS Strategic Planning process, the Chancellor and Provosts formed the RBHS Faculty Mentoring Committee to study and develop recommendations on faculty mentoring across the schools of RBHS. The committee brought together faculty representatives from each of the schools and was charged in March of 2015 to perform a needs assessment, identify gaps and opportunities and identify best practice in faculty mentoring across academic health science institutions. In addition, the committee members facilitated the creation of Faculty Mentoring Committees at their respective schools to integrate further programming and assessment at each school. By the time of this report, each RBHS school has addressed faculty mentoring, some in the form of standing committees and others in an advisory capacity. (see Appendix IV for list of each school committee) During 2016-2017 the RBHS Committee conducted two highly successful symposia on mentoring and leadership development and completed a faculty survey on mentoring needs and attitudes. These three activities provided platforms for a broad representation of faculty to be engaged in developing recommendations for faculty mentoring programs at RBHS.

Recommendations:

- **Integrate Mentoring into the Strategic Plan of each of the schools and institutes**

Faculty mentoring should be integrated across RBHS vertically and horizontally to create an institutional culture of *developing others* that is aligned with the strategic goals and priorities of RBHS. Each school mentoring committee should be charged with integrating mentoring into the strategic plan of each of the RBHS schools and institutes.

- **Instill faculty development as core institutional culture and responsibility**

To accomplish this goal, we recommend:

- Develop robust Mentor Training Programs across all levels of faculty with the engagement of senior leadership and Chairs in the process.
- Develop criteria for Mentor best practice, evaluation of faculty mentors, and awards and recognition for mentoring achievement in RBHS.
- Create *Mentor Cohorts* who will receive longitudinal mentor training and development in a model of “train the trainer” over a year-long period. Each cohort will develop a network to foster continuing education, professional development in best practice, training and scholarship around mentoring. Each year cohorts (20 faculty each) will be selected.
- Create *Mentee Cohorts* in a similar fashion, to enter into a longitudinal Mentoring Network. Each faculty cohort will be assigned senior mentors, as well as placed in a peer mentoring group, and attend a yearlong mentoring and coaching program. Mentee Cohorts will include both new faculty and current RBHS faculty. Junior faculty will be grouped together, and mid-career faculty will be grouped together.

- **Create an RBHS infrastructure for faculty mentoring**

Create an organizational structure that supports faculty development and mentoring throughout the organization.

- ***Establish an RBHS Vice Chancellor for Faculty Development and Mentoring***, to oversee the development of interdisciplinary mentoring programs, mentor training, leadership development, symposia and continuing education on faculty development across all RBHS schools and institutes. The Vice Chancellor will be supported by the Office of Faculty Affairs.
- Each school will appoint a Director and Office of Faculty Development and Mentoring, with the larger schools to appoint an Associate Dean for

Faculty Mentoring, to develop mentoring programs at the local school level in collaboration with the RBHS Vice Chancellor.

- Create an Advisory Board of RBHS faculty from all schools to support and advise the Vice Chancellor in mentoring programs.
- **Create an RBHS-wide website for faculty development and mentoring**
The website will increase visibility through newsletters, announcements and provide mentoring opportunities, resources, and toolkits for mentoring and coaching best practice, and will make online training modules accessible to the faculty.
- **Adopt flexible and multiple models of effective mentoring**
Faculty mentoring needs vary depending on individual professional goals and faculty track and focus.

- **General Mentoring Approach**

The mission and professional development needs of the specific track should guide the mentoring program of each RBHS school and each track. In this document, the general mentoring approach is provided with the goal to complement RBHS school-specific mentoring program and existing university policies. Each RBHS school will have the flexibility to adopt the general approach as it fits each school and faculty track within the school.

The RBHS Faculty Mentoring Committee recommends that each faculty in any of the tracks should have one “lead mentor” who is expected to have prominence and scholarship in the school. The lead mentor will assume overall responsibility for guiding and supporting the development of the mentee towards her/his career development goal. A one-on-one mentorship approach is recommended and should address professional and leadership development, inter-professional team building skills, building a scholarship portfolio and balancing competing missions. Creation of interdisciplinary peer mentoring networks to foster longitudinal success is strongly recommended. The lead mentor may or may not have expertise in the scientific and/or methodologic or educational area that the mentee has chosen to pursue. When necessary the lead mentor may add a coach for the performance of a specific task related to research and other activities as appropriate. The lead mentor in consultation with the mentee may also form a mentoring committee and add other co-mentors with expertise in various areas as necessary. While the recommendation provided in this document is general, each school should develop the most appropriate model that works well for the school and the specific track.

- **Establish criteria for selection and recruitment of mentors**

The RBHS Mentoring Committee recommends that:

- Lead Mentor should be Associate Professor, Professor or Distinguished Professor rank
- Each faculty member should not have his/her Department chairs, division directors or institute directors serve as the primary mentor, to avoid the influence of the mentoring process in the annual evaluation of the faculty member.
- The mentee should be given an opportunity to select their mentors from across RBHS, Rutgers, or outside the University.
- In addition to the above criteria, mentors should have a) a commitment to mentoring, b) a successful track record, c) good communication skills, d) the capacity to provide networking opportunities, e) institutional knowledge and f) a match in professional needs of the mentee.

- **Establish criteria for selection and recruitment of mentees**

All faculty at the rank of Associate Professor and below including RBHS Lecturers, RBHS Instructors, Assistant Professors and Associate Professors in both tenure and non-tenure track positions should have a “lead mentor” with or without a mentoring committee.

Mentees have the following expectations:

- (i) scheduling regular meetings with the mentor and members of the mentoring committee;
- (ii) setting goals with the mentor in their **Individual Development Plan (IDP)**;
- (iii) making available draft grant applications and manuscripts in advance of deadlines to obtain mentor’s feedback;
- (iv) Working with the mentor on strategies to improve mentees annual performance evaluation and her/his chance of obtaining external funding and promotion.

- **Establish strategy for matching mentors with mentees**

The Department Chair, Division Director or mentee’s immediate supervisor will work with the mentee in identifying the mentor(s).

- **Incorporate the unique needs of women and under-represented minority faculty in mentoring program across RBHS schools and institutes**

Identify mentoring as a critical component of the success, engagement, and promotion of women and under-represented minority faculty members.

Development of mentoring programs that address the unique needs of women and minority faculty are essential. Ensure the collaboration of the Vice Chancellor Office of Diversity and Inclusion with the Vice Chancellor Office of Faculty Development and Mentoring.

- **Establish procedures for mentoring activities**

Establishing a structure for the mentoring relationship is vital to the success of mentoring. One of the first steps in the structure of the mentoring relationship is the development of an explicit outline of fully developed expectations and evaluation process. This includes:

- a) Development of **Mentoring Agreement** between the mentor and mentee (Appendix V) and
- b) Development of **Individual Development Plans (IDP)**—see Appendix VI.

- **Establish Program Evaluation procedures for process and outcomes**

- Establish evaluation metrics of the Mentoring Program to evaluate the level of success in achieving its goals. Determine specific measures of participation, activity, process, and outcomes.
- Establish Evaluation Criteria of Mentors that includes quality and quantity that is integrated into faculty evaluation process.

1. Background on Faculty Mentoring

Early career faculty are a significant investment for academic institutions. Inherently, the future of these institutions relies on the extent to which they are successful in promoting the career development of their early career faculty.¹ Early in their academic career, faculty members face many challenges including developing skills to prioritize competing responsibilities of grant writing, manuscript preparation, provision of clinical and university services, teaching and keeping up with advances in their field while balancing career and family life.²⁻⁴ The realities of these challenges create the need for academic institutions to understand factors essential for career success of junior faculty.

There has been a growing interest in understanding the role of mentoring in career development. Riley and colleagues⁵ conducted a career development needs assessment in a Medical School department of family medicine and found that faculty believed mentorship is valuable and early career faculty without mentors were more dissatisfied with the lack of mentorship.⁵ In a survey of faculty mentees at a large Health Sciences University, having a mentor was found to be associated with greater satisfaction with time allocation at work and with higher academic self-efficacy scores.⁶ Mentoring was significantly and positively associated with academic productivity^{5,7} and the absence of mentoring was identified as one of the predictors of the intent to leave academic medicine.²

Underrepresented minority faculty face additional challenges in academia and may have restricted access to mentors and are prone to face bias and prejudice. Racial and ethnic minority faculty in the health sciences often feel isolated and endure pressure and stress associated with serving in many committees and providing support and mentorship for a higher number of minority students.⁸ Moreover, mentors of minority faculty may not feel they have the tool to adequately address the role of bias and discrimination issues in their mentees' career development.⁹

Although the career needs of women faculty in the health sciences are similarly shared with men, women faculty face additional challenges and have career needs specific to their gender and often family responsibilities. Female faculty are at risk for gender discrimination, sexual harassment, gender insensitivity and gender stereotypes and are more likely to have slower career progression to promotion and tenure.¹⁰⁻¹² A survey of women faculty at one institution revealed that women faculty reported less interest in academic health sciences as they feel that balancing their academic career with family obligations poses a significant challenge.¹³ Moreover, women faculty reported that the gender climate of many institutions including sexual harassment, discrimination, and lack of mentoring impedes their career progression.¹⁴

As a result, various institutions have attempted to develop mentoring programs for faculty at all levels of career development.^{6,15,16} These programs target a variety of health professions and address a diverse body of mentees and mentors.¹⁷⁻²¹ Most of these programs faced long-term sustainability challenges due to lack of strong institutional support and were informally organized.^{22,23}

Following the RBHS Strategic Planning process, the Chancellor and Provosts formed the RBHS Faculty Mentoring Committee in March 2015 consisting of faculty representatives from each of the eight RBHS schools, select RBHS centers and institutes and other schools in Rutgers outside RBHS. The Provosts charged the committee with the following tasks:

- Conduct a literature review and identify best practices in faculty mentoring
- Perform faculty development and mentoring needs assessment for RBHS faculty
- Study and evaluate existing mentoring programs across the country in other institutions
- Identify existing mentoring programs and mentoring resources within Rutgers University
- Design and provide recommendations on mentor and mentee selection and matching strategies
- Design and provide strategies to develop a training program for mentors and mentees
- Establish mentoring committees in each of the eight RBHS schools and
- Design and provide recommendations on strategies to evaluate the mentoring program

2. Organizational Readiness

Immediately after its establishment, the RBHS Mentoring Committee designed and conducted a faculty-wide needs assessment to evaluate the readiness of Rutgers RBHS for a formal mentoring program.

2.1. Faculty Needs Assessment

The RBHS Faculty Mentoring Committee developed an electronic survey to be administered online to eligible faculty. The questions were developed by the committee after reviewing the related literature. Seven domains were used for the survey framework including (i) job satisfaction, academic rank, and productivity (job domain), (ii) career development needs, (iii) mentor characteristics, (iv) mentoring success, (v) mentoring resources, (vi) mentoring program models, and (vii) demographics.

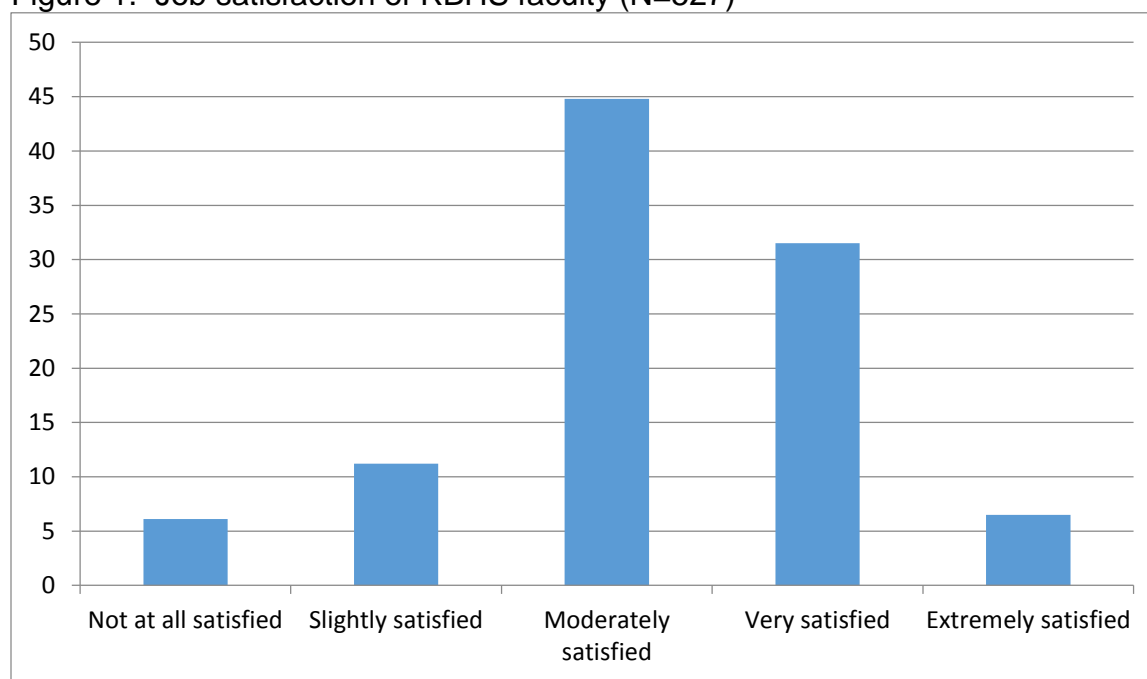
The committee administered an *anonymous* online survey to all faculty across RBHS with appointments of at least 50% full-time equivalent (FTE). Faculty members with a primary academic appointment in each of the eight RBHS schools, some of whom were also members of the seven RBHS institutes or the Rutgers Graduate School of Biomedical Sciences were invited to participate in the survey. Among the 1,753 full-time faculty members from the eight schools and seven institutes, 595 faculty members

responded, a 34% response. Fifty-nine percent were female and 75% were white (please see Tables in Appendix I and II).

Job Satisfaction

Most faculty members (82.7%) reported moderately satisfied, very satisfied or extremely satisfied with their job (please see Figure 1 below). The survey did not find significant differences in job dissatisfaction by gender or age, but not having a mentor was found to be an important predictor for job dissatisfaction (Odds Ratio: 2.48, 95% Confidence Interval: 1.00, 6.13).

Figure 1. Job satisfaction of RBHS faculty (N=527)

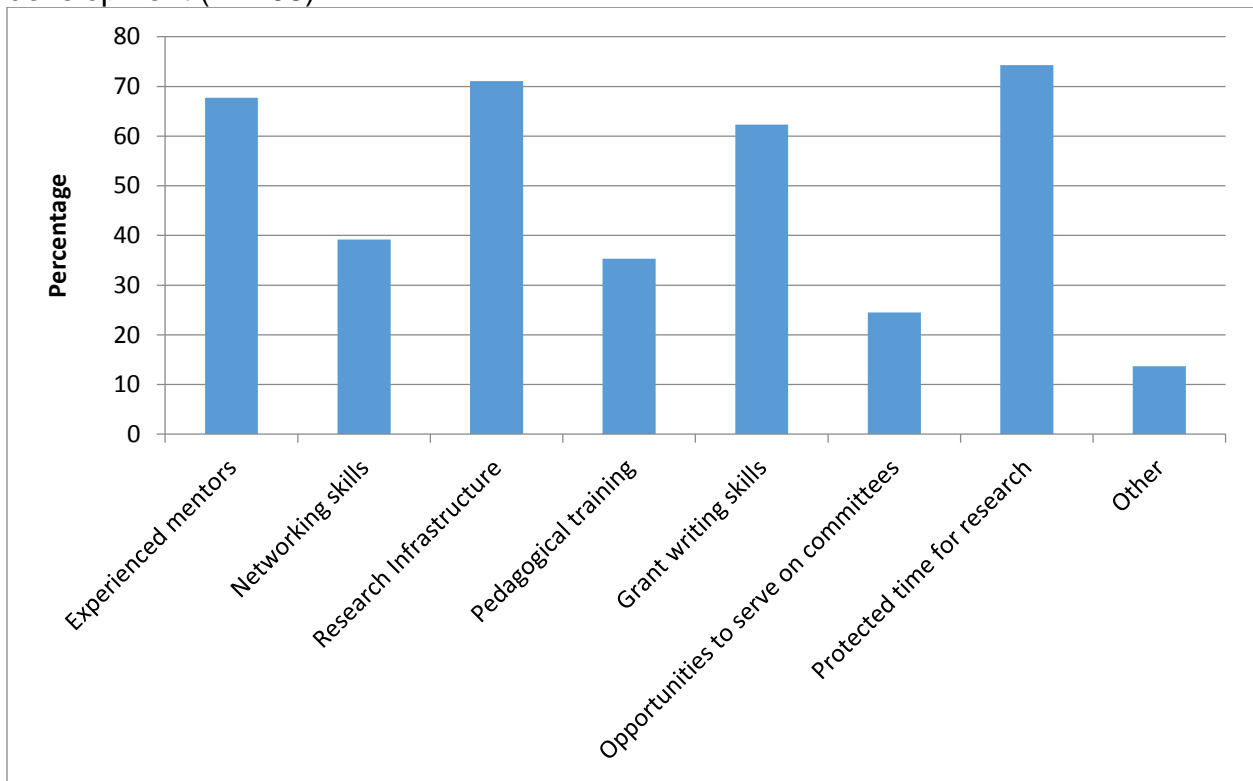


Career Development Needs

The majority of faculty respondents (75%) reported that it is either moderately or very important for them to have a mentor and fewer than 25% indicated that they have a formal mentor or mentoring committee. When asked to indicate reasons for not having a formal mentor, respondents most frequently selected “No mentoring program in the department” and “I was not encouraged or persuaded to have a mentor”.

Research related skills were highly valued among the health sciences faculty. The respondents reported that what the faculty members in their department lack the most was “protected time to do research”, followed by “research infrastructure” and “experienced faculty to serve as mentors” and “grant writing skills” (Figure 2 below).

Figure 2. The faculty members' view of what their department lacks for career development (N=408)



The items considered most important for mentoring were research ideas, writing for publications, grant writing, and networking and collaborating as well as discussing the promotion and tenure process (Table 1 below).

Table 1. Career Development Needs of the Health Sciences Faculty

	25 th Percentile	Median	75 th Percentile
How important is the following in mentoring ^a :			
Research ideas	6.0	8.0	10.0
Writing for publication	6.0	8.0	10.0
Grant writing	6.0	8.0	10.0
Professional service	3.0	6.0	8.0
Community service	3.0	5.0	8.0
Effective teaching	5.0	7.0	9.0
Academic politics	5.0	7.0	9.0
Time management	3.0	6.0	9.0
Promotion and tenure process	6.0	8.0	10.0
Curriculum and course development	4.0	7.0	8.0
Presentation skills	3.0	6.0	8.0
Negotiation skills	5.0	8.0	9.0
Ethical behavior in research	2.0	6.0	8.0
Networking and collaborating	6.0	8.0	10.0
Clinical skills	1.0	5.0	8.0
How important is the following for a mentor to do with a mentee ^b :			
Meet regularly	7.0	9.0	10.0
Develop a formal evaluation process	6.0	8.0	10.0
Set goals	7.0	9.0	10.0
Monitor agreed-upon milestones	7.0	9.0	10.0
Create networking opportunities	7.0	9.0	10.0
Create opportunities for serving on review panels	6.0	8.0	10.0
Provide interpersonal bonding	5.0	7.0	9.0
Provide social support	5.0	6.0	8.0
Provide guidance for patient management	1.0	5.0	8.0
Be accessible to the mentee	8.0	9.0	10.0

^a Participants were asked to rate how important each item is for mentoring (1 = not at all important; 10 = extremely important).

^b Importance of mentoring activities in a mentorship rated from not at all important (1) to extremely important (10).

Selecting a Mentor

Most respondents (71%) agreed or strongly agreed that mentees should choose their mentors. The most important characteristics for junior faculty in selecting a mentor were the mentor's trustworthiness, personality/interpersonal qualities, overall accomplishments, and professional expertise in the line of work with the mentee (Table 2 below). The three least important characteristics in selecting a mentor were having the same sexual orientation, ethnicity/racial match or gender match with the mentee. A

subgroup analyses on this question among White non-Hispanic, Hispanic and Asian faculty members and separately by gender, contrary to our expectation, did not identify same race- and ethnicity-match or gender to be important factors in the selection of a mentor.

Table 2. Selecting a mentor

	25 th Percentile	Median	75 th Percentile
The importance of the following in selecting a mentor:			
Personality/interpersonal qualities	8.0	9.0	10.0
Gender match	1.0	2.0	5.0
Ethnicity/racial match	1.0	1.0	4.0
Sexual orientation match	1.0	1.0	3.0
Professional expertise in line of work of the mentee	8.0	9.0	10.0
Mentor's funding history	5.0	7.0	9.0
Mentor's active projects	6.0	8.0	9.0
Mentor's overall accomplishment	8.0	9.0	10.0
Mentor's position/title	5.0	7.0	8.0
How respected the mentor is	7.0	8.0	10.0
Mentor's national and international reputation	6.0	8.0	9.0
Trustworthiness of the mentor	9.0	10.0	10.0
Prior mentorship experience	6.0	8.0	9.0
Someone with networks of collaborators	7.0	8.0	10.0
Someone tenured	1.0	5.0	8.0

- Participants were asked to rate the importance of each characteristic in selecting a mentor on a scale from not at all important (1) to extremely important (10).

Mentoring Model

Faculty respondents were asked to select all mentoring models that best fit their needs and most selected the dyad relationship (57%), which is the pairing of a mentee with a senior or more experienced mentor. Functional (39%), defined as pairing a mentee with a mentor for a particular project development of either a new research project, course or clinical service, and cross-disciplinary (24%), defined as multiple mentors from different disciplines and mission areas for one mentee, were also selected. Peer (17%), distance (19%), and group (19%) mentoring were less frequently selected.

Views of Faculty on Successful Mentoring

Mutual respect for mentor-mentees time, effort, and qualifications was the most important factor for successful mentoring while required mentoring activities was the least important factor (Please see Table 3). Faculty respondents reported that poor communication and lack of commitment were the two most likely factors to contribute to a failed mentoring relationship.

Table 3. View of participants on successful mentoring

	25 th Percentile	Median	75 th Percentile
Important factors for successful mentoring ^a :			
Reciprocity mutually rewarding)	8.0	9.0	10.0
Mutual respect (time, effort and qualifications)	9.0	10.0	10.0
Clear expectations	8.0	9.0	10.0
Personal connection	7.0	8.0	9.0
Shared values	7.0	8.0	10.0
Required mentoring activities	4.0	6.0	9.0
Important factors for failure of a mentoring relationship ^b :			
Poor communication	9.0	10.0	10.0
Lack of commitment	9.0	10.0	10.0
Personality differences	7.0	8.0	10.0
Perceived (or real) competition	7.0	9.0	10.0
Conflict of interest	7.0	9.0	10.0
Mentor's lack of experience or expertise	7.0	8.0	10.0

^a Important factors for successful mentoring rated from not at all important (1) to extremely important (10).

^b Important factors for failure of a mentoring relationship rated from not at all likely (1) to extremely likely (10).

Mentor Characteristics and Needs

Almost a third (29%) of respondents were currently serving as mentors and 53% were at the rank of full Professor. About 41% of the mentor respondents were tenured. Notably, a mentoring relationship that advances a mutual interest between the mentor and mentee (83%) was most frequently cited as a motivating factor to serve as a mentor than percent effort coverage (72.2%) and whether it improves the mentor's annual performance evaluation (59%). An achievement award (29%) was rated as the least motivating factor to serve as a mentor among survey participants (in rank order).

Two-thirds of the respondents (68%) were interested in a mentor training program with preferences for methods in the following rank order: workshops and seminars (87.5%), webinars (56.5%), books and manuals on mentoring (33%). Respondents indicated that a website would be useful for identifying available mentors (85.6%), identifying mentor expertise throughout RBHS (84.9%), connecting mentees and mentors (76.6%) and for online mentor training (65.7%).

Stratified Analyses by Academic Rank

The mentoring and faculty development needs, as well as their perception on various aspects of mentorship, may differ between early stage and senior faculty members. Analyses that stratified the data by early stage (lecturers, instructors, assistant professors and associate professors) versus senior faculty (professors and distinguished professors) showed similar findings to the overall analyses (please see some examples of the findings below in Figures 3 and 4).

Figure 3. The faculty members' view of what their department lacks for career development.

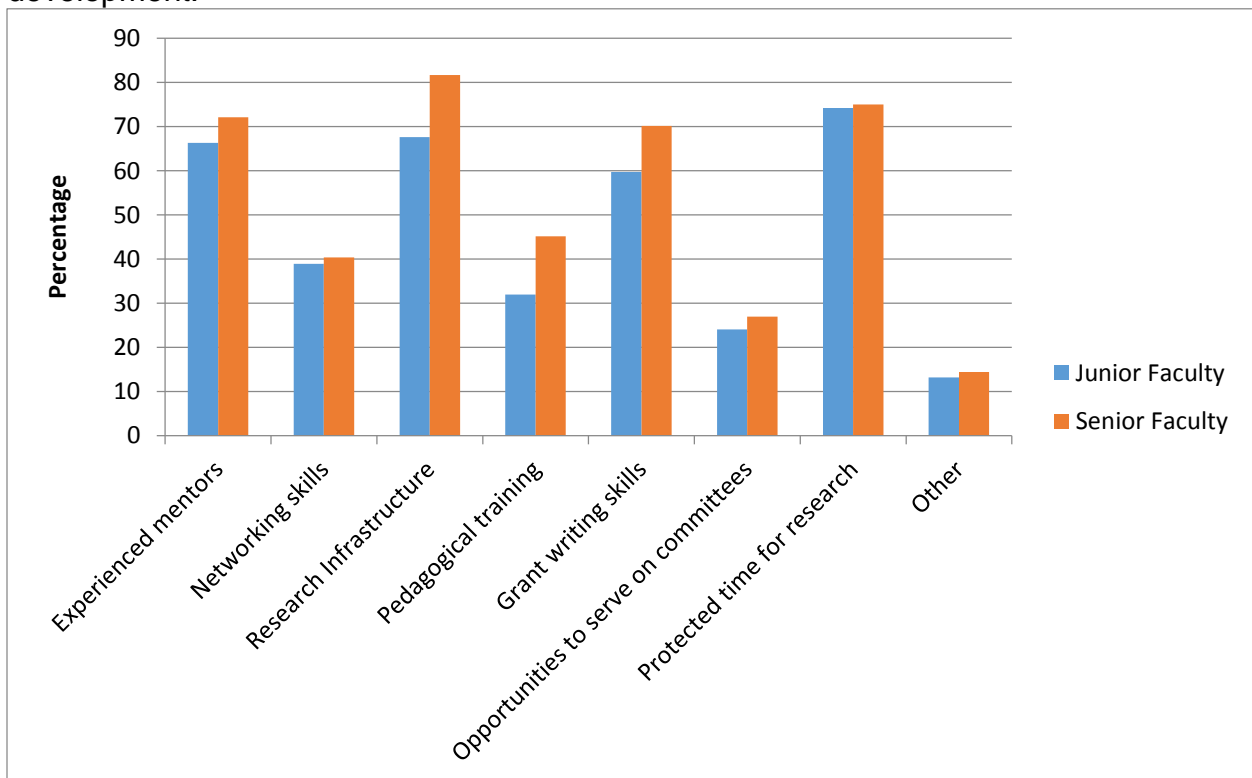
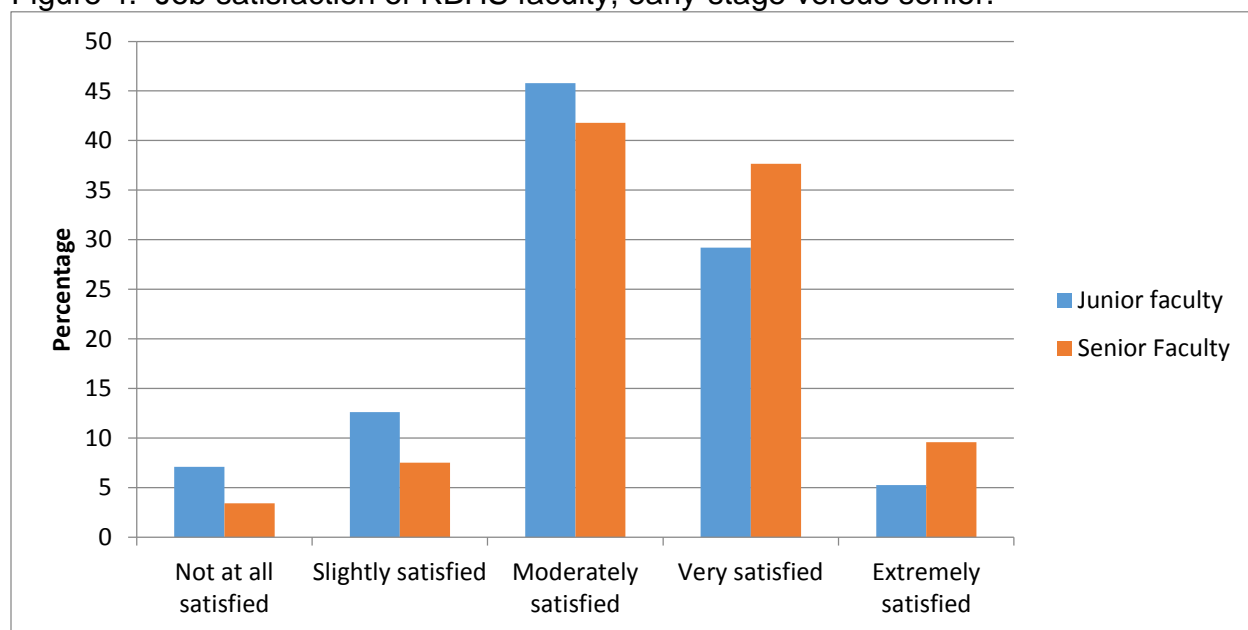


Figure 4. Job satisfaction of RBHS faculty, early-stage versus senior.



3. The RBHS Mentoring and School Level Mentoring Committees, Events to Date

The RBHS Mentoring Committee has been holding regular meetings to provide an overall framework for mentoring to all RBHS schools and institutes. The first task of the committee was to evaluate the readiness of RBHS for a formal mentoring program and to assess the career needs of the RBHS faculty. To that effect, the committee developed a faculty development needs assessment survey and introduced the survey to all faculty members across RBHS. The findings of the survey are summarized in section 2.1 of this report. The committee utilized the findings of the survey in conjunction with the existing literature to provide best practice recommendations for faculty development through formal mentoring. The survey findings were also utilized to design an effective mentoring program across the RBHS schools and institutes.

The RBHS Mentoring Committee also conducted a thorough literature review on mentoring to identify best practice recommendations and discussed the various mentoring programs available in academic programs of major universities. The names of these universities and the website links are provided in Appendix III.

The committee identified the following seven programs within Rutgers that support mentoring: (i) Sciwomen Faculty Leading Change (FLC) – <http://sciwomen.rutgers.edu/node/715>; (ii) Rutgers Connection Networking Mentoring Program sponsored by the Office of the Senior Vice President for Academic Affairs--- <https://rcn.chronus.com/about>; (iii) Objective Analysis of Self and Institution Seminar (OASIS) Leadership and Professional Development Programs— <http://sciencewomen.rutgers.edu>; (iv) Preparation for Research Excellence Program (PREP) sponsored by the Office of Research and Economic Development at Rutgers,

(v) Program for Faculty Excellence (PFE) sponsored by the Office of the Chancellor, Rutgers – New Brunswick, (vi) Faculty Leading Change Program, and (vii) Human Resources Learning and Development—<https://uhr.rutgers.edu/learning-and-development>.

The RBHS Mentoring Committee formed four Working Groups to share the committee's task and each working group was charged with specific tasks. The Working Groups are: (i) Mentor and Mentee Criteria, (ii) Survey on Existing RBHS Mentoring Program, (iii) Evaluation and Data Collection, and (iv) Workshop to Train Mentors and Launch the RBHS Mentoring Program. Each group met separately and brought their discussion to the larger monthly mentoring committee meeting.

The Committee facilitated the creation of Faculty Mentoring Programs at their respective schools to integrate further programming and assessment at each school. By the time of this report, each RBHS school has created a Faculty Mentoring Program and school committees have met at least once since their establishment. It should be noted that although each RBHS school has a mentoring program, the Rutgers Ernest Mario School of Pharmacy has a formal mentoring program within its Department of Pharmacy Practice and Administration since 2008. Recently, the Rutgers Ernest Mario School of Pharmacy formed its school-wide faculty mentoring committee and created a mentorship faculty development program on December 21, 2017. The list of the members of each school's mentoring committee is presented in Appendix IV. The findings of the mentoring needs assessment survey for RBHS faculty was provided to each school representative on the RBHS mentoring committee to use it for designing and implementing the school-specific mentoring program. The survey results were incorporated in the Rutgers Robert Wood Johnson Medical School Mentoring Report that was prepared by Dr. Maral Mouradian.

During 2016-2017, the RBHS Faculty Mentoring Committee organized two highly successful symposia on mentoring and leadership development. The First Annual RBHS Symposium on Faculty Mentoring was held on May 4th, 2016 with a theme of "Building a Culture of Mentorship". The learning objectives of the symposium were to: (i) discern the differences between the roles of coach, mentor, and advisor; (ii) learn the key components of developing a mentoring program in RBHS environment, and (iii) demonstrate how to apply a coach approach to mentoring through asset-based thinking, role play, and skill development. The symposium was attended by 102 faculty members from all RBHS schools and institutes. The Harvey Ozer Memorial Keynote Address ("Preparing Healthcare Leaders of Tomorrow") was delivered by James Stoller, MD, MS who is the Chairman of the Education Institute at the Cleveland Clinic in Ohio. The morning session provided an opportunity to present the findings of the RBHS Faculty Mentoring Survey to participants. In the afternoon, Drs. Elain Schulte, MD, MPH, Co-Director of the Center of Excellence in Coaching and Mentoring at the Cleveland Clinic and Andrea Sikon, MD, Director of the Cleveland Faculty Mentoring Program and Chair of the Department of Internal Medicine conducted a workshop on "Translating Best Practice into Action". The workshop focused on the coach approach to mentoring with role play, asset-based thinking, communication skills and feedback and was highly

interactive. Participants of the symposium voiced the need for advocacy and recognition of mentors, mentor training, protected time for training and mentorship, incorporation of mentorship into promotion and evaluation, dedicated staff, coordinator, and integration into administrative structure of each school, and for distinguishing mentoring for research-oriented and clinical faculty.

The RBHS Women Leadership Symposium was held on June 1st, 2017. The symposium brought together a diverse mix of successful RBHS women leaders who discussed their experience in order to inspire and motivate women faculty members in advancing their careers. The symposium used an interprofessional collaborative approach to design a multi-institutional Women's Leadership training to inspire and engage interprofessional women faculty in building leadership skills. The overall goal of the symposium was to cultivate a community of women faculty that thrives through expanded mentoring and peer network opportunities. In this symposium, the Harvey Ozer Memorial Keynote Address for the symposium was delivered by Dr. Dorothy Cantor, who serves as a member of the Rutgers Board of Governors and in the past served as the President of the American Psychological Association and President of the American Psychological Foundation. As part of the symposium, a workshop was held on creating individual development plans (IDP) and on building leadership skills. The symposium attracted over 175 participants for the morning and 75 women faculty nominees who attended the afternoon workshops. An overwhelming majority of participants responded that the symposium was "extremely" to "mostly" successful in "motivating" (92%); "recognizing own strengths and weaknesses" (89%); "identifying goals for an Individual Development Plan" (86%) and "self-assessing leadership abilities" (93%). Participants found the event "amazing", "terrific", "inspirational", "impactful" and listed the authenticity/guidance from panelists, networking opportunities and workshops as most valuable. Faculty expressed a desire for more faculty women administrators (e.g., directors of research or other programs) and expressed a need for such opportunities targeted to their development. Attendees identified conflict resolution, negotiation, and strategies for life-work balance topics to be of most interest for future workshops.

BEST PRACTICE RECOMMENDATIONS

3.1. Integrate Mentoring into the Strategic Plan of each of the schools and institutes

Faculty mentoring should be integrated across RBHS vertically and horizontally to create an institutional culture of *developing others* that is aligned with the strategic goals and priorities of RBHS. Each school mentoring committee should be charged with integrating mentoring into the strategic plan of each of the RBHS schools and institutes.

3.2. Instill faculty development as core institutional culture and responsibility

Select three – four *Mentor Cohorts per year for the first five years*, with 20 faculty mentors from across all RBHS schools in each cohort. Formal evaluation and assessment of the program would occur in the fourth year. Mentors of clinical educators, faculty on teaching tracks and mentors of clinical, social and translational researchers will be trained with modules specific to their tracks. The first cohort of mentors of clinical educators and teaching track faculty and mentors of clinical, social, translational and basic researchers will be trained over two full-days by two Master Facilitators from the National Research Mentoring Network and by four Rutgers University Trained Facilitators of Research Mentor Training. Rutgers has 24 trained facilitators of research mentor training who have engaged in facilitator preparation through the National Research Mentoring Network (NRMN) pilot program at Einstein as well as through the NRMN-CIC Academic Network project (Big 10 Academic Alliance NRMN-CAN). After completing the initial formal training, each cohort of mentors will maintain a regular meeting every two months over a course of a year with formal seminar sessions and presentations. In these sessions, mentors will discuss encountered challenges and potential solutions. Following the first training, Rutgers facilitators will be utilized in training the remaining cohorts. Training should be conducted quarterly starting in June 2018.

It is the recommendation of the RBHS Mentoring Committee to establish similar *Mentee cohorts* with a plan to enroll newly hired faculty to the initial cohorts. Again, the plan is to select three-four cohorts per year with 20 faculty mentees, half of whom are clinical educators and faculty on teaching track and the remaining half are mentees from clinical, social, translational and basic researchers. The cohort selection and training will continue for five years with a plan to evaluate its success in the fourth year. The training will be conducted quarterly and training facilitators will be recruited from Rutgers. After the initial formal training, mentees will meet regularly every two months. In these meetings, mentees will receive formal trainings on topics related to successful grant writing and strategies for publications in high impact journals. These training meetings may also include discussions of encountered challenges and potential solutions in mentoring relationships and other topics that are relevant to the mentees.

3.3. Create an infrastructure for faculty mentoring

Create an organizational structure that supports faculty development and mentoring by establishing a position of RBHS Vice Chancellor for Faculty Development and Mentoring to be supported by the RBHS Office of Faculty Affairs, to oversee the development of interdisciplinary mentoring programs, mentor training, leadership development, and continuing education on faculty development across all RBHS schools and institutes.

Each school will appoint a Director and Office of Faculty Development and Mentoring, with the larger schools to appoint an Associate Dean for Faculty Mentoring, to develop

mentoring programs at the local school level in collaboration with the RBHS Vice Chancellor.

The RBHS Faculty Mentoring Committee will continue to serve as an advisory body to the office of Vice Chancellor of Faculty Development on mentoring policies and guidelines.

Department chairs and Division Chiefs, as well as immediate supervisors as appropriate, will serve as “**Connectors**”. Connectors play the role of pairing mentees with lead mentors as well as with coaches and sponsors.^{24,25} The role of a **coach** is different from the role of a mentor. Coaches provide guidance on the performance of a single specific task or issue^{24,25} and provide feedback to a large number of mentees at the same time. Examples of coaches include a design methodologist, an outstanding writer, and a skilled negotiator.²⁴ **Sponsors**, on the other hand, are committed to the development of a mentee and often use their influence to promote the visibility of a mentee by recommending the mentee for various national and international scholarly activities including participation in grant review panels and serving as a discussant on major national and international conference meetings.

3.4. Create an RBHS-wide website for faculty development and mentoring

The website will provide mentoring opportunities and will make training modules accessible to the faculty.

3.5. Increase faculty mentoring program visibility

Increase the visibility of the faculty mentoring program through formal announcements in the school newsletter and at department and school faculty meetings. Provide the faculty a link to the RBHS Faculty Mentoring website for identifying various mentoring resources including a description of faculty expertise as well as mentor training modules.

3.6. Adopt different mentoring program models

Solutions to faculty mentoring needs are not one size fits all and need to be tailored to each track. Faculty mentoring needs vary depending on individual professional goals and faculty track and focus.

- **Translational Science Investigator Faculty**

Clinician-investigators or physician-scientists provide critical knowledge and perspectives that benefit both basic science and population and clinical science research as they possess insight into disease mechanisms and biology and

therapeutic approaches. Clinician-investigators also face unique challenges as they are expected to achieve clinical and research competencies with dual obligations. They also face competition for research funding and protected time. NIH has created several mechanisms to provide funding to clinician investigators including K-awards, loan repayment programs and different pay-lines for early career investigators. Mentorship is a key element for clinician-investigators to realize and seize these opportunities.

- **Research Faculty**

Tenure Track and Research Faculty should have a mentoring program that creates professional development goals, with emphasis on grant writing, publication, and promotion and tenure. In addition, the creation of interdisciplinary peer mentoring networks to foster research productivity and grant writing is strongly recommended.

- **Clinical Educator and Professional Practice Faculty**

Clinical Educator and Professional Practice Faculty – represent over 60% of the RBHS faculty and have unique mentoring needs. The main goal of the clinical educator mentoring program is to facilitate professional growth and achievement in

- 1) clinical practice,
- 2) education mission and
- 3) engagement in innovative and scholarly work around healthcare delivery and to enrich the educational programs of RBHS.

- **Faculty in Teaching Track**

In allied health professions, faculty in teaching track represent the majority of the academic faculty. The main goal of the mentoring program for faculty on teaching track is to facilitate professional growth and development on leadership in teaching and scholarship in the field of education.

- **General Mentoring Approach**

The mission and professional development needs of the specific track should guide the mentoring program of each RBHS school and each track. In this document, the general mentoring approach is provided with the goal to complement RBHS school-specific mentoring program and existing university policies. Each RBHS school will have the flexibility to adopt the general approach as it fits each school and faculty track within the school.

The RBHS Faculty Mentoring Committee recommends that each faculty in any of the tracks should have one “lead mentor” who is expected to have prominence and scholarship in the school. The lead mentor will assume overall responsibility for guiding and supporting the development of the mentee towards her/his career development goal. A one-on-one mentorship approach is recommended and should address professional and leadership development, inter-professional team building skills, building a scholarship portfolio and balancing competing missions. Creation of interdisciplinary peer mentoring networks to foster longitudinal success is strongly recommended. The lead mentor may or may not have expertise in the scientific and/or methodologic or educational area that the mentee has chosen to pursue. When necessary the lead mentor may add a coach for the performance of a specific task related to research and other activities as appropriate. The lead mentor in consultation with the mentee may also form a mentoring committee and add other co-mentors with expertise in various areas as necessary.

3.7. Establish criteria for selection and recruitment of mentors

The RBHS Mentoring Committee recommends that faculty members who are at the academic rank of Associate Professor, Full Professor, or Distinguished Professor should serve as the “Lead Mentor”. It is the recommendation of the committee that department chairs, division directors, and institute directors should not serve as the lead mentor for the faculty mentee. This recommendation is to avoid the influence of the mentoring process in the annual evaluation of the faculty member which is often conducted by the department chair or the division chief or the institute director. It is the recommendation of the RBHS Faculty Mentoring Committee that the mentee should be given an opportunity to select their mentors either from their own or outside of their school.

In addition to the above criteria, mentors should have a) a commitment to mentoring, b) a successful track record, c) good communication skills, d) the capacity to provide networking opportunities, e) institutional knowledge, and f) a match for emotional and professional needs of the mentee.

3.8. Establish criteria for selection and recruitment of mentee

It is the recommendation of the RBHS Faculty Mentoring Committee that **all** faculty members who are at the rank of Associate Professor and below including RBHS Lecturers, RBHS Instructors, Assistant Professors and Associate Professors in both tenure and non-tenure tracks positions should have a “Lead Mentor” with or without a mentoring committee. The specific mentoring model varies on the specific school and faculty track.

Mentees with formal mentor or mentoring committee are expected to have the following responsibilities: (i) scheduling regular meetings with the mentor and/or members of the

mentoring committee; (ii) setting goals with the mentor in their **Individual Development Plan (IDP)**; (iii) making available draft working plans, grant applications and/or manuscripts (as appropriate) in advance of deadlines to obtain mentor's feed-back; and (iv) working with the mentor on strategies to improve mentees annual performance evaluation and her/his chance of promotion.

3.9. Establish strategy for matching mentors with mentee

Matching the appropriate mentor to the mentee is an important aspect of excellence in best practice mentoring. Mentor-mentee pairing can be achieved in a variety of ways and no clear evidence exists which method works best. It is the recommendation of the RBHS Faculty Mentoring Committee that mentees should be paired with mentors of their choice. This approach is likely to achieve the best outcome. As a result, the RBHS Faculty Mentoring Committee recommends that department chairs and division directors should work with the mentee in identifying the appropriate mentor.

3.10. Incorporate unique needs of women and under-represented minority faculty mentoring program across RBHS schools and institutes

Identify mentoring as a critical component of the success, engagement, and promotion of women and under-represented minority faculty members. Development of mentoring programs that address the specific needs of women and minority faculty is essential. Ensure the collaboration of the Vice Chancellor Office of Diversity and Inclusion with the Vice Chancellor Office of Faculty Development and Mentoring.

3.11. Establish procedures for mentoring activities

Once the mentor-mentee match is accomplished and the mentee selects her/his mentor (s), establishing a structure for the mentoring relationship is vital to the success of mentoring. One of the first steps in the structure of the mentoring relationship is the development of an explicit outline of fully developed expectations and monitoring process.

The following are important components of the formal mentoring activities:

- a) Development of Mentoring Agreement between the mentor and mentee (Appendix V), and
- b) Development of Individual Development Plans (IDP)—see Appendix VI (originally developed for RWJMS faculty by RWJMS Mentoring Committee): An IDP is an important planning tool and is useful to assess current skills and strengths of early-stage faculty members and assist them to make a concrete plan for developing the required skills to achieve their professional goals.

3.12. Establish program evaluation procedures for process and outcomes

Consider establishing an evaluation metric to understand if the mentoring program is successful in achieving its goals. Determine specific measures of participation, activity, process, and outcomes (see Table 4)

Table 4. Measuring Success

Type of Measures	Specific Measures
Participation Measures	<ul style="list-style-type: none"> • Number of mentor-mentee pairings by school, institutes, gender and race/ethnicity
Activity Measures	<ul style="list-style-type: none"> • Regularity of meetings • Time spent on mentorship activities both by the mentee and mentor
Outcome Measures	<ul style="list-style-type: none"> • Retention of Faculty • Peer reviewed publications (quantity and impact) • Extramural funding (federal and foundations) • Promotion • Award of tenure, as applicable • Inclusion • Job satisfaction
Perception of Mentor and Mentee Relationship Success Self-Assessment	<ul style="list-style-type: none"> • Separate focus groups with mentees and mentors

APPENDIX-I: Eligible and respondent faculty for each RBHS School

RBHS Schools	Eligible [n]	Survey responses (n)	Percent (%)
Robert Wood Johnson Medical School	673	100	14.9%
New Jersey Medical School	469	94	20.0%
School of Nursing	168	39	23.2%
School of Health Professions	157	67	42.7%
School of Dental Medicine	130	47	36.2%
Ernest Mario School of Pharmacy	99	16	16.2%
School of Public Health	57	30	52.6%
Total	1,753		

Appendix II: Characteristics of Respondents

Characteristics of Participants	Number	Percentage
Age in years (N=330)		
25 to 34	18	5.45
35 to 44	77	23.3
45 to 54	81	24.6
55 to 64	113	34.2
65 to 99	41	12.4
Gender (N=345)		
Male	204	40.9
Female	141	59.1
Transgender	0	0.0
Race/Ethnicity (N=296)		
Non Hispanic White	222	75.0
Non Hispanic African American	12	4.1
Hispanic	24	8.1
Asian	34	11.5
Other	4	1.4
Rutgers Primary Academic Affiliation (N=396)		
New Jersey Medical School	94	23.7
Robert Wood Johnson Medical School	100	25.3
School of Dental Medicine	47	11.9
School of Health Related Professions	67	16.9
School of Nursing	39	9.9
School of Public Health	30	7.6
Ernest Mario School of Pharmacy	16	4.0
Other	3	0.76
Academic Rank (N=588)		
Lecturer or Instructor	39	6.6
Assistant Professor	224	38.1
Associate Professor	165	28.1
Professor	154	26.2
Distinguished Professor	6	1.0
Faculty Track (N=574)		
Tenured	124	21.6
Tenure Track	58	10.1
Non-Tenure, Teaching Track	81	14.1
Non-Tenure, Clinical Scholar Track	55	9.6
Non-Tenure, Clinical Educator Track	103	17.9
Non-Tenure, Professional Practice Track	35	6.1
Non-Tenure, Research Track	23	4.0
No Track	16	2.8
Unsure	79	13.8
Familiar with the evaluation and promotion criteria current track (N=569)	382	67.1

Appendix III

Links to Academic mentoring Programs of Major Universities

1) University of California, San Francisco

http://academicaffairs.ucsf.edu/ccfl/faculty_mentoring_program.php

2) Georgetown University Medical Center

<https://gumc.georgetown.edu/evp/facultyaffairs/mentoringprogram>

3) American Heart Association

http://www.medschool.lsuhs.edu/cardio_center/American_Heart_Handbook.pdf

4) University of Massachusetts Medical School

<http://www.umassmed.edu/ofa/mentoring/>

5) University of Minnesota

<http://www.academic.umn.edu/provost/faculty/pdf/PELMentorReport.pdf>

6) University of California, San Diego

<https://academicaffairs.ucsd.edu/faculty/programs/faculty-mentoring-program.html>

7) Stanford Medical School

<https://med.stanford.edu/academicaffairs/professoriate/FacultyResources/counseling/mentoring.html>

8) University of Wisconsin Women Faculty Mentoring Program

<http://provost.wisc.edu/mentor.htm>

9) University of Pittsburgh Faculty Mentoring Program

<http://www.provost.pitt.edu/mentoring/>

APPENDIX IV: List of Faculty Mentoring Committee in each RBHS Schools

1. Rutgers Ernest Mario School of Pharmacy Faculty Mentoring Committee

Name of Faculty Member	Academic Rank	Contact Information
Anita Siu, PharmD, BCPPS (Chair)	Clinical Associate Professor	anitasiu@pharmacy.rutgers.edu
Lauren Aleksunes, PharmD, PhD, DABT	Associate Professor	aleksunes@eohsi.rutgers.edu
Edmond LaVoie, PhD	Professor	elavoie@pharmacy.rutgers.edu
Kenneth Reuhl, PhD	Professor	reuhl@eohsi.rutgers.edu
Patric Sinko, PhD, Rph	Professor II	sinko@pharmacy.rutgers.edu
Marc Sturgill, PharmD	Associate Professor	marc.sturgill@pharmacy.rutgers.edu
Chung Yang, PhD	Distinguished Professor	csyang@pharmacy.rutgers.edu
Renping Zhou	Professor	rzhou@pharmacy.rutgers.edu

2. Rutgers Robert Wood Johnson Medical School Faculty Mentoring Committee

Name of Faculty Member	Academic Rank	Contact Information
M. Maral Mouradian, MD (Chair)	Professor	m.mouradian@rutgers.edu
David August, MD	Professor	augustda@cinj.rutgers.edu
Marc Gartenberg, PhD	Professor	gartenbe@rwjms.rutgers.edu
Celine Gelinias, PhD	Professor	gelinas@cabm.rutgers.edu
Arnold Rabson, MD	Professor	rabsonab@rwjms.rutgers.edu
Thomas Scanlin, MD	Professor	scanlitf@rutgers.edu
David Swee, MD	Professor	swee@rwjms.rutgers.edu
John Walker, MD	Professor	jwalker@rutgers.edu

3. Rutgers School of Nursing Faculty Mentoring Committee

Name of Faculty Member	Academic Rank	Contact Information
Charlotte Thomas-Hawkins, PhD (Chair)	Associate Professor	charlot@rutgers.edu
Tony Forrester, PhD	Professor	tony.forrester@rutgers.edu
Edna Cadmus, PhD	Clinical Professor	ednacadm@sn.rutgers.edu
Kathleen Patusky, PhD	Associate Professor	patuskkl@sn.rutgers.edu
Ann Marie Mauro, PhD	Professor	annmarie.mauro@rutgers.edu

4. Rutgers School of Public Health Faculty Mentoring Committee

Name of Faculty Member	Academic Rank	
Cris Delnevo (Chair)	Professor	delnevo@sph.rutgers.edu
Kitaw Demissie	Professor	demisski@sph.rutgers.edu
Pamela Strickland	Professor	ohmanpa@sph.rutgers.edu
Howard Kipen	Professor	hk475@eohsi.rutgers.edu

5. Rutgers School of Health Professions Faculty Mentoring Committee

Name of Faculty Member	Academic Rank	Contact Information
Riva Touger-Decker, PhD (Chair)	Professor	decker@rutgers.edu
Alma Merians, PhD	Associate Professor	merians@shp.rutgers.edu
Kenneth Gill, PhD	Professor	kgill@shp.rutgers.edu
Elizabeth Leibach, PhD	Professor	Elizabeth.leibach@rutgers.edu
Jill Reichman, PhD	Professor	reichmji@shp.rutgers.edu
Barbra Gladson, PhD	Professor	Barbara.Gladson@rutgers.edu
Ann Tucker, DEd	Professor	tuckeraw@shp.rutgers.edu
Gwendolyn Mahon, PhD	Professor	mahongm@shp.rutgers.edu

6. Rutgers School of Dental Medicine

Name of Faculty Member	Academic Rank	Contact Information
Rafael Benoliel, BDS (Chair)	Professor	benolira@sdm.rutgers.edu
Narayana Ramasubbu, PhD	Associate Professor	ramasun1@sdm.rutgers.edu
Glen Rosivack, DMD, MS	Professor	rosivarg@sdm.rutgers.edu
Steven Singer, DDS	Professor	singerst@sdm.rutgers.edu
Heba El kasaby		hte9@sdm.rutgers.edu
Craig Hirschberg, DDS	Professor	hirschcs@sdm.rutgers.edu
Roger Johansen, DMD	Associate Professor	johansre@sdm.rutgers.edu
Gayathri Subramanian, DMD, PhD		subramqa@sdm.rutgers.edu

7. Rutgers New Jersey Medical School

Name of Faculty Member	Academic Rank	Contact Information
Carol Newlon, PhD, Chair	Emeritus Professor	newlon@njms.rutgers.edu
Joshua Berlin, PhD	Professor	berlinjr@njms.rutgers.edu
Lisa Dever, MD	Professor	deverll@njms.rutgers.edu
Walter Duran, PhD	Professor	duran@njms.rutgers.edu
Patricia Fitzgerald-Bocarsly, PhD	Professor	bocarsly@njms.rutgers.edu
Valerie Fitzhugh-Kull, MD	Associate Professor	fitzhuva@njms.rutgers.edu
Sangeeta Lamba, MD	Professor	lambasa@njms.rutgers.edu
Petros Levounis, MD	Professor	PetrosLevounis@njms.rutgers.edu
Anne Mosenthal, MD	Professor	mosentac@njms.rutgers.edu
John Paul Sanchez, MD, PhD	Associate Professor	jps304@njms.rutgers.edu
Maria Soto-Greene, MD	Professor	sotogrml@njms.rutgers.edu
Christin Traba, MD	Assistant Professor	morancm@njms.rutgers.edu

APPENDIX V. Mentoring Agreement between the Mentor and Mentee

We, both mentee and mentor, are voluntarily engaging in this mentoring agreement to advance the career development of the mentee. We both believe that this is a rewarding experience for both parties and we agree to the following:

- 1) The mentoring agreement will last for at least one year (s) with annual renewal occurring and the relationship will be evaluated at least annually.
- 2) Both parties agreed to meet regularly every month for the purpose of mentoring. This meeting should be considered very important and each party should take responsibility for respecting this meeting. The meeting should only be cancelled in situations beyond the control of each party. In the event the meeting is cancelled, it should be immediately rescheduled within few days of the original meeting date.
- 3) It is the responsibility of the mentee to set up the monthly regular meetings through doodle poll or emails.
- 4) The mentee is also responsible to set up the regular quarterly mentoring committee meeting where the primary mentor serves as chair of the mentoring committee.
- 5) In between the regularly scheduled meetings, the mentor and mentee will work together through telephone, email and other means of communication at least every other week
- 6) The main purpose of the mentorship relationship is to achieve the following goals:
 - a)
 - b)
 - c)
- 7) It is agreed that the role of the mentor is to:

- 8) It is agreed that the role of the mentee is to:

- 9) Both mentee and mentor agree to keep meeting contents confidential

Date: _____
Mentor's signature: _____
Mentee's signature: _____

APPENDIX VI. Faculty Individual Development Plan

Faculty Individual Development Plan

The **Individual Development Plan (IDP)** provides a planning process that identifies career goals, objectives necessary for achieving career goals, professional development needs, and progress toward achieving the career goals for Rutgers faculty. Each faculty member should complete and submit an IDP within six months of his or her initial appointment. Subsequently, each faculty member should complete and submit a renewed IDP at the time of reappointment or when necessary based on a change in career direction.

Benefits of the IDP

Faculty will have a clear process that assists in developing and achieving long-term career goals. Identifying short-term objectives will give faculty a clearer sense of their own expectations and help identify milestones along the way to achieving specific goals. The IDP provides a tool for communication between the faculty member and their mentors. It is a good idea to review your IDP on an annual basis to ensure you are on track and take the opportunity to revise your IDP as needed.

Career Goals and Objectives

Your long-term career goals should be achievable through a series of short-term and medium-term goals. You are advised to identify 3 short-term (6-12 months) and 3 long-term goals (3-5 years) and the specific steps you will take to achieve each of your goals. Your objectives (or sub goals) will vary in scale. Some might be relatively complex, while others might only require simple one-off actions. Feel free to add career development or learning activities to accommodate the specific action steps needed to achieve a goal.

Using “SMART” criteria can assist in creating more clear and focused goals. “SMART” goals are:

- Specific** – State the task(s) at hand
- Measureable** – Quantitative or qualitative, manage the expectation
- Achievable** – Scope and resources permitting—specify!
- Relevant** – Tie your goals to your overall Development Plan
- Time bound** – State the deadline

When articulating objectives to complete your goals, include both strengths to leverage and areas needing further development. A strength to leverage signifies a knowledge, skill or ability that, while already a strength, could be used more effectively, maintained, or further developed to optimize performance. A development need signifies what knowledge, skills or abilities should improve as a result of the learning activities.

Mentor or Mentorship Committee

Identify with your chair or division chief or institute director one lead mentor or a mentoring committee as applicable. The lead mentor should meet with you initially to review your plan and

make suggestions and recommendations. She/he should review your progress at least twice per year. It is the responsibility of the mentee to organize these meetings.

Outline of the IDP process

The development, implementation and revision of the IDP require a series of steps to be conducted by the faculty mentee and the mentor. These steps are an interactive effort whereby both parties must participate fully in the process.

How to complete the IDP

Basic Steps For Faculty Member For Mentor
Step 1	a) Write a draft IDP b) Share draft IDP with mentor and revise; attach a CV c) Submit your revised IDP	Review IDP draft and CV, and help revise
Step 2	a) Implement the plan b) Revise/update IDP yearly or at reappointment	Establish biannual progress
Step 3	Seek opportunities with your mentor	Discuss opportunities with

Date:

Mentee Name:.....

Mentor(s) Name(s):.....

TIME ALLOCATION AS ESTIMATED BY MENTEE:

% Education

% Research

% Clinical Care

% Administration/Service

How (if at all) would you like to change this commitment distribution?

CURRENT RESPONSIBILITIES:

--

ACADEMIC TRACK:

Do you understand your current academic track and the requirements for advancement in this track?

Yes_____ No_____

Explain:

--

Short Term Career Goals:

List three short-term goals, learning objectives, and activities to be completed over the next 6-12 months. Briefly discuss how these short-term goals integrate with your long-term career goals. Provide checkpoints, end dates, and a status update or progress toward each goal.

GOAL 1:
Learning Objectives and Activities
Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

GOAL 2:
Learning Objectives and Activities

Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

GOAL 3:
Learning Objectives and Activities
Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

LONG-TERM CAREER GOALS

List three long-term goals, learning objectives, and activities to be completed over the next 3-5 years. Briefly discuss how these long-term goals integrate with your overall career goals. Provide checkpoints, end dates, and a status update or progress toward each goal.

GOAL 1:
Learning Objectives and Activities
Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

GOAL 2:

Learning Objectives and Activities
Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

GOAL 3:
Learning Objectives and Activities
Resource/Support Needed
Expected (or achieved) Outcome
Mentor's Comments

PRIORITIZING ACTIVITIES

List how you plan to balance each of the goals listed above throughout the year. Provide a strategy for prioritization for clinical, research, teaching, service, and career development activities. When developing this strategy, consider the percent effort you anticipate spending on each of these activities. You are also encouraged to think about your goals outside of the workplace (though you might not wish to enumerate them) and how achieving those personal goals would affect your prioritization strategy.

Strategy for Prioritization of Goals

Cited References

1. Whitcomb ME. The future of academic medicine: career development of junior faculty. *Acad Med.* 2004;79(3):195-196.
2. Lowenstein SR, Fernandez G, Crane LA. Medical school faculty discontent: prevalence and predictors of intent to leave academic careers. *BMC Med Educ.* 2007;7:37.
3. Campbell EG, Weissman JS, Blumenthal D. Relationship between market competition and the activities and attitudes of medical school faculty. *Jama-J Am Med Assoc.* 1997;278(3):222-226.
4. Pololi LH, Dennis K, Winn GM, Mitchell J. A needs assessment of medical school faculty: caring for the caretakers. *J Contin Educ Health Prof.* 2003;23(1):21-29.
5. Riley M, Skye E, Reed BD. Mentorship in an academic department of family medicine. *Fam Med.* 2014;46(10):792-796.
6. Feldman MD, Areal PA, Marshall SJ, Lovett M, O'Sullivan P. Does mentoring matter: results from a survey of faculty mentees at a large health sciences university. *Med Educ Online.* 2010;15.
7. Steiner JF, Curtis P, Lanphear BP, Vu KO, Main DS. Assessing the role of influential mentors in the research development of primary care fellows. *Acad Med.* 2004;79(9):865-872.
8. Lewis V, Martina CA, McDermott MP, et al. A Randomized Controlled Trial of Mentoring Interventions for Underrepresented Minorities. *Acad Med.* 2016;91(7):994-1001.
9. Carnes M, Devine PG, Baier Manwell L, et al. The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial. *Acad Med.* 2015;90(2):221-230.
10. McGuire LK, Bergen MR, Polan ML. Career advancement for women faculty in a U.S. school of medicine: perceived needs. *Acad Med.* 2004;79(4):319-325.
11. Buckley LM, Sanders K, Shih M, Kallar S, Hampton C. Obstacles to promotion? Values of women faculty about career success and recognition. Committee on the Status of Women and Minorities, Virginia Commonwealth University, Medical College of Virginia Campus. *Acad Med.* 2000;75(3):283-288.
12. Morahan PS, Voytko ML, Abbuhl S, et al. Ensuring the success of women faculty at AMCs: lessons learned from the National Centers of Excellence in Women's Health. *Acad Med.* 2001;76(1):19-31.
13. Osborn EH, Ernster VL, Martin JB. Women's attitudes toward careers in academic medicine at the University of California, San Francisco. *Acad Med.* 1992;67(1):59-62.
14. Bickel J. Women in academic medicine. *J Am Med Womens Assoc (1972).* 2000;55(1):10-12, 19.
15. Levy BD, Katz JT, Wolf MA, Sillman JS, Handin RI, Dzau VJ. An initiative in mentoring to promote residents' and faculty members' careers. *Acad Med.* 2004;79(9):845-850.
16. Bickel J, Brown AJ. Generation X: implications for faculty recruitment and development in academic health centers. *Acad Med.* 2005;80(3):205-210.
17. Singletary SE. Mentoring surgeons for the 21st century. *Ann Surg Oncol.* 2005;12(11):848-860.
18. Byrne MW, Keefe MR. Building research competence in nursing through mentoring. *J Nurs Scholarsh.* 2002;34(4):391-396.
19. Wagner AL, Seymour ME. A model of caring mentorship for nursing. *J Nurses Staff Dev.* 2007;23(5):201-211; quiz 212-203.
20. Zeind CS, Zdanowicz M, MacDonald K, Parkhurst C, King C, Wizwer P. Developing a sustainable faculty mentoring program. *Am J Pharm Educ.* 2005;69(5).
21. Bibb CA, Lefever KH. Mentoring future dental educators through an apprentice teaching experience. *J Dent Educ.* 2002;66(6):703-709.

22. Hamel MB, Ingelfinger JR, Phimister E, Solomon CG. Women in academic medicine--progress and challenges. *N Engl J Med*. 2006;355(3):310-312.
23. Lewellen-Williams C, Johnson VA, Deloney LA, Thomas BR, Goyol A, Henry-Tillman R. The POD: a new model for mentoring underrepresented minority faculty. *Acad Med*. 2006;81(3):275-279.
24. Chopra V, Arora VM, Saint S. Will You Be My Mentor?-Four Archetypes to Help Mentees Succeed in Academic Medicine. *JAMA Intern Med*. 2017.
25. Zellers DF, Howard VM, Barcic MA. Faculty mentoring programs: Reenvisioning rather than reinventing the wheel. *Rev Educ Res*. 2008;78(3):552-588.