

## What's a Mentor?

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*Are You My Mother?* by P.D. Eastman<sup>1</sup> is a favorite children's book I would repeatedly read to our children. This is a story of a baby bird who falls from the nest and then goes on a search for its mother, approaching all varieties of animals until a kindly bulldozer lifts it back to its nest, where mother and baby are reunited. Although there are many iconic themes in this book, I recall it as emblematic early in my career as I was asking, "Are you my mentor?"

Mentoring is an essential feature of medical career development and one for which there is often a lack of clarity for both mentee and mentor. As a resident, I was assigned a faculty member but wondered if they were only someone who signed papers, reviewed feedback, and documented my progress or someone I could turn to for advice. As a new faculty member, I was assigned a mentee and asked myself, "Am I someone who only documents progress, or provides information, or offers direction?" The paper last year by Seehusen et al, "Coaching, Mentoring, and Sponsoring, as Career Development Tools,"<sup>2</sup> and the paper in this current issue by Al Achkar et al, "How to Sponsor, Coach, and Mentor: A Qualitative Study with Family Medicine Department Chairs,"<sup>3</sup> help clarify aspects of mentorship in family medicine.

Dr Seehusen surveyed family medicine department chairs about how they had both received and provided career development via coaching, mentoring, and sponsorship. While these 193 chairs reported the significant role of mentoring in their professional development, they had not experienced sponsorship or coaching to the same extent. In this current issue, we have a follow-up paper. Three of the authors from Dr Seehusen's paper join with two additional authors to explore how coaching, sponsoring, and mentoring were employed by a purposeful sample of 20 department chairs. In semistructured interviews, these chairs described their experiences receiving or providing career development, and the actions characterizing sponsoring, coaching, or mentoring emerged. This specificity provides a structure for training and clarity for both those giving and receiving career development. Particular actions can be assessed for frequency of use and evaluated

for what is effective in what setting and why. Specificity may also reveal what is missing or unclear. For example, how are these three components of career development integrated and complementary? Mentorship is essential, and its goals are broad and deep. Coaching and sponsoring are more bounded behaviors and are often time limited. Are coaching and sponsorship helpful but not essential?

Only recently have coaching and sponsorship been defined separately or as a subset of mentorship,<sup>4-6</sup> giving rise to the aphorism "A mentor talks with you. A coach talks to you. A sponsor talks about you" (attribution unknown). The traditional mentor relationship, usually longitudinal, is characterized as one in which a respected senior clinician invests in both the professional and personal development of a junior clinician.<sup>5</sup> It may include not only coaching and sponsoring but commonly advising, teaching, and role modeling. It may be deeply personal,<sup>7</sup> or task focused.<sup>3</sup> Formal mentoring is often assigned by institutional leaders while informal mentoring is typically initiated by the mentee. Mentors may be multiple, transient, or lifelong and may become friends.<sup>5,8</sup> The descriptors of effective mentors can be daunting, describing the perfect professional parent.<sup>5</sup>

While variable, mentoring is almost universally recognized as important. Successful individuals attribute career satisfaction and achievement to their mentorship.<sup>5,9,10</sup> Mentorship has been correlated with faculty retention, scholarly production, career satisfaction, better developed professional identities, and balance between professional and personal lives.<sup>5,11</sup>

Mentoring is especially important for those who have been systematically disenfranchised. The most well-studied group is women followed by individuals underrepresented in medicine (URiM). These individuals are not only disproportionately missing from leadership positions, but they also have higher attrition rates, lack role models, are stereotyped, and experience conscious and unconscious bias, harassment, and frequently lower salaries. These obstacles are magnified with the consideration of intersectionality of race or ethnicity, sexual orientation, age, or disability.<sup>9,12</sup> A recent scoping review focused on mentoring for women found that

mentoring can both uncover inequalities and help mentees negotiate success but also revealed sexual harassment within mentoring relationships and continued difficulties reporting sexual harassment.<sup>10</sup> Sponsorship has been cited as especially key to opening doors for women and those URiM.<sup>6,13,14</sup>

Challenges and failed mentor relationships were characterized by poor communication, lack of commitment by either mentee or mentor, lack of experience, personality differences, competition, conflicts of interest, and at worst, abuse of power by the mentor.<sup>15</sup> Even with a high level of satisfaction, both mentors and mentees call for clear communication of expectations, and possible contracting.<sup>5,11,15,16</sup>

The lack of clear, consistent definitions of mentoring makes it difficult to direct, evaluate, and establish training programs and improve mentorship.<sup>11,15,17</sup> While the specificity elaborated by Al Achkar is helpful,<sup>3</sup> there is little empiric evidence for the value of one type or characteristic of mentoring versus another. Research about who and what makes for good mentorship requires consideration of its content and developmental context.<sup>15,17</sup> In a systematic review and thematic analysis, Radha Krishna et al conceptualize a mentoring continuum while Coe describes a multidimensional mentoring team.<sup>12,18</sup> Both models incorporate relationships changing over time to meet the evolving needs of the mentee. Since career growth is dynamic and leadership growth is developmental, successful mentorship is a complex, adaptive process.

Less has been written about the value of mentoring for the mentor, although it is often part of a senior faculty's job description. Mentorship is not a one-way street. I have had the privilege and pleasure of sponsoring family physician colleagues. It is a great joy. Junior faculty may need to be reminded that they are offering their mentors a valued experience. They become part of one's legacy. Moreover, reverse mentoring, initially focused on research integrity, presents the potential for two-way skill building and information transfer and may mitigate intergenerational gaps and power imbalances.<sup>19</sup> My coaches now are usually more junior than I in years but have skills that I do not.

What do I tell junior faculty about mentorship? First, it's a good thing! Second, be clear about what you hope for and need from your mentor and continue to communicate throughout the relationship. Unclear expectations cause disappointment. Finally, have multiple mentors who offer different strengths for your multiple and changing roles and needs. One size does not fit all. Moreover, you will change over time, and the advice, direction, and support you need will also change. When I was a junior faculty member with young children doing full-scope family medicine, the greatest mentors were those who could talk to me about breast feeding while working, managing child care disasters, and how to speak up as the only woman at the table.

Who should be a mentor/coach/sponsor? All of us. One can certainly be a mentee and mentor at the same time. Mentorship in the broadest sense is defined as support for another's professional development. It is both deeply personal

in the moment and adaptive over time. Fortunate among us are those who have been a mentee and a mentor, a coach and a sponsor, or an advisor or role model. We can all aspire to build those trusting relationships<sup>8</sup> that will also, sometimes, lead to lifelong friendships.

I will conclude with what I consider closest to my personal sense of mentorship:

We're here for a reason. I believe a bit of the reason is to throw little torches out to lead people through the dark.

Whoopi Goldberg

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