

Office of Faculty Development

Strategies for Mentors 2018–2019



Boston Children's Hospital
Until every child is well™



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

Mission

The mission of the Office of Faculty Development (OFD) is to recruit and retain the best faculty at Boston Children's Hospital, to facilitate the career advancement and satisfaction of all junior faculty, and to increase leadership opportunities, particularly for women and minorities.

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Office of Faculty Development (OFD)

Mentoring at Boston Children's Hospital (BCH)

Boston Children's Hospital Office of Faculty Development (OFD) and the Department/Division and Program Chairs are committed to high quality mentoring and access to opportunities for career advising and faculty development.¹ The BCH framework includes resources, one-to-one mentoring, and the creation of mentor teams and "Developmental Networks."² The three tiers of OFD resources include logistical information with print and electronic media such as the OFD newsletter *Perspectives* and website (www.childrenshospital.org/research/ofd) with links to the HMS materials in *Tier 1*, skills building courses and research fellowships in *Tier 2*, and committed personal and professional relationships in *Tier 3*.

Figure 1. The Three Tiers of Resources for Mentoring



- Tier 1:** Communication: *Perspectives*, OFD website, OFD Twitter page, Email
Orientation for new faculty: Introduction to the OFD, Department of Medical Education, Faculty Career and Family Network, senior leadership, and other resources
Childcare and eldercare resources
HMS Office for Diversity Inclusion and Community Partnership
HMS promotion criteria, linked on OFD website
- Tier 2:** Workshops, CV templates, guidelines, and tips
Promotion seminars with HMS Office for Faculty Affairs
Research fellowships for faculty
OFD booklets for Mentors and Junior Faculty
Developmental Networks Exercise (Appendix A) and PowerPoint Presentation (OFD website)
Resources for Medical Educators (Appendix B)
Bibliographies of articles and programs on mentoring
Career Development Center in the Library
Appointments with S. Jean Emans, MD, Director, OFD
Diversity resources, seminars and events, with an emphasis on cultural awareness, respectful interactions and minimizing implicit bias, through the Office of Health Equity and Inclusion at Boston Children's Hospital
Teaching and education resources, including certificate programs and peer observation of teaching, through the Department of Medical Education at Boston Children's Hospital
Faculty Development Month, Women in Medicine and Science Month
- Tier 3:** Chairs' commitment to mentoring and Developmental Networks
Hospital Leadership including: President and CEO and EVP of Health Affairs and COO support for faculty development
Cross-departmental and cross-institutional support
Training of mentors and mentees: Mentoring courses
Annual Career Conference form on OFD website (Appendix C)
Identification of scholarly/research mentors and career advisors, and facilitation of matches

The OFD supports the goal of each new faculty member having an appointed or selected Mentor or Career Advisor. The Mentor or Career Advisor can provide guidance on career development and on building a mentor team. The OFD helps direct junior faculty to establish their mentor team and inform them of special interest networking sessions, courses, workshops, and panel presentations. In addition, the OFD provides departments with workshops and consultation on mentor training, promising practices such as appointing a Mentoring Facilitator³ in each department or program, and developmental networks.

Beyond the dyadic model of mentoring to Developmental Networks

In the past, the focus of mentoring was only on the single Mentor and Mentee – a dyadic relationship.⁴ Because mentors are often better at one area, we encourage faculty to seek out mentor teams and create “Developmental Networks.” Each mentor provides part of the needed coaching and career development; one professional may provide scientific critique and expertise, another advice on family/work juggling, and another advice on grantsmanship, scholarly writing, or networking in professional societies. Some mentors are good at providing both career guidance and psychosocial support; others are better at one or the other. At the same time, junior faculty need to acknowledge that the relationship is bidirectional and should benefit both.

A spectrum of mentoring models

Junior faculty should be aware of the many types of mentoring that can help broaden their network and increase the diversity of input and perspectives. *Collaborative peer mentoring*⁵ allows faculty to work together at a regularly scheduled time, sometimes facilitated by a senior faculty member, and often combining a curriculum (scholarship, teaching, grant writing, career development) along with a scholarly product. Peer-mentoring can also create an opportunity to share information, strategize about careers, and provide each other feedback, friendship, and emotional support. A variation of peer mentoring, coined a “*pyramidal system of mentoring*,”⁶ is structured with a small group of mentees at the foot of the pyramid seeking out advice from peers located slightly higher in the pyramid, with senior mentors at the top of the pyramid providing guidance and oversight. A structured peer mentoring group may meet together for an agreed upon length of time, such as 2-6 hours per month, from September – April, to address common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of 1-2 mentors, 3-5 mentees, and an ombudsperson (“Connector”) for mediation are clearly defined (Appendix D). The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group.

Project-based mentoring, often referred to as “functional mentoring” in the literature, pairs junior faculty with mentors who have the skills, expertise, and interest required for a specific project, either one on one or as part of a group. The mentoring relationship may cease when the project is completed or it may continue and possibly evolve into a more traditional mentoring relationship.

Team mentoring refers to a multidisciplinary group of mentors each with a specific role. The lead mentor traditionally would have expertise in the mentee’s research or scholarly interest, while one or more additional mentor’s (co-mentors) interests and skills would complement, but not duplicate, the lead mentor’s.

E-mentoring typically builds on an existing traditional mentoring relationship that because of time, location or other constraints, continues primarily via electronic communication, but may include two professionals who have never met in person.

Setting career goals and mapping Developmental Networks

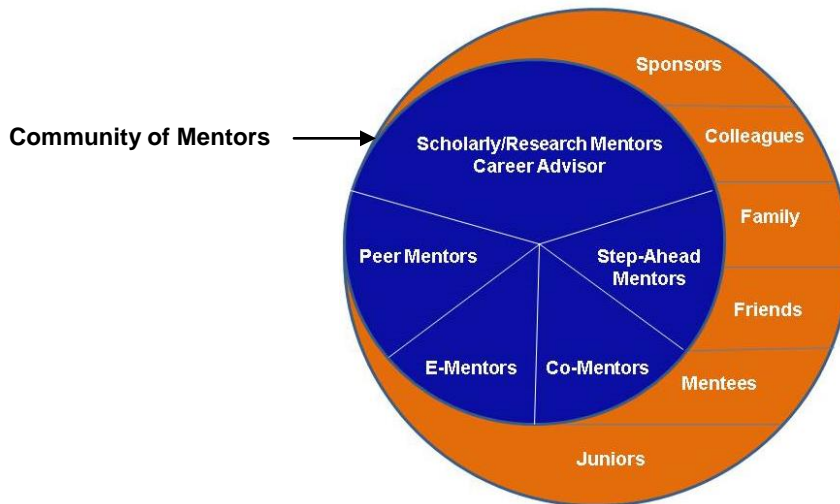
The first step for the Mentor is to encourage junior faculty to identify career goals and assess strengths and weaknesses and gaps in knowledge and skills (Figure 2). The next step is for them to map and analyze their Developmental Network and mentor team (Figure 3 and Appendix A).

Figure 2. Identifying Career Goals and Mapping Developmental Networks



The “Developmental Network,” a framework defined by Kathy Kram, Monica Higgins, David Thomas and others,⁷⁻¹³ includes mentors from our “Community of Mentors” model¹ such as traditional scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors and step-ahead mentors (colleagues one level ahead of mentee or peers who have higher levels of skills or experience)^{2,7} and reverse mentors (juniors in the same organization who possess knowledge, such as technical skills that their mentors may lack) (Figure 3) as well as colleagues, juniors, mentees, friends, and family.

Figure 3. Identifying Mentors and Other Supports in a Developmental Network



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These relationships, drawn both from the faculty member's own organization as well as external organizations and communities, provide access to knowledge, opportunities, and resources and career guidance. Developmental Networks can thus offer diverse viewpoints, experiences, and two-way learning more readily than those dyadic relationships that draw only on the experience of a single senior faculty member. In addition, Developmental Networks can change in parallel with a faculty member's career trajectory and work/life needs and should be assessed and re-configured, at least annually. Although individuals may change within a Developmental Network, maintaining contact, even if it is just an occasional email or phone call, can be an important support.

Identifying Sponsors for Mentees

Increasingly there is an emphasis on the importance of "sponsorship"¹⁴ which requires a senior, influential person in the organization to perform specific career-related functions for junior faculty such as advocating for them; opening doors to challenging assignments and key committee memberships; and increasing visibility, networking, and high-profile advancement opportunities. The senior person can also contribute to workforce diversity by highlighting the talents of women and minorities. Senior level mentors can play a similar role introducing junior faculty to leadership at conferences and in the home institution. Mentors can involve mentees in these introductions by asking "Tell me three people you want to meet at this national meeting."

The Office of Faculty Development, Directors Jean Emans, MD, and Maxine Milstein, MBA, received the 2017 Program Award for a Culture of Excellence in Mentoring (PACEM) from the HMS Office for Diversity Inclusion and Community Partnership. The PACEM recognizes efforts to foster innovation and sustainability in mentoring. The OFD was recognized for its Developmental Networks Mapping Exercise and other mentoring initiatives.

"Although mentors may act as sponsors, mentors' and sponsors' roles are very different. First and foremost, sponsors must be highly placed in an organization and have significant influence on decisions regarding advancement. In contrast, mentors can be at any level in the organization."¹⁴

Addressing Implicit/Unconscious Bias in the Mentor-Mentee Relationship

Implicit biases can be either positive or negative and can unknowingly impact expectations and the level of support and sponsorship in the mentoring relationship, as well as letters of recommendation.¹⁵ Mahzarin Banaji, PhD, one of the developers of the Implicit Association Test, (<https://implicit.harvard.edu/implicit/>) and co-author of *Blindspot, Hidden Biases of Good People*,¹⁶ defined implicit bias as "hidden biases that we all carry from a lifetime of experiences with social groups: age, gender, race, ethnicity, religion, social class, sexuality, disability status, or nationality."¹⁷

Strategies to address unconscious bias include¹⁶⁻¹⁹

- Accepting that we all have biases
- Taking the Implicit Association Test (<https://implicit.harvard.edu/implicit/>)
- Being aware of how our own life experiences and background influence communication, body-language and decision-making
- Asking for strategies to address micro-inequities as they occur
- Sharing what you feel makes you unique such as interests and talents, family structure, cultural beliefs and languages spoken
- Giving an example of a situation or setting where you felt like an outsider, and how you handled that situation
- Discussing your assumptions about your mentee and vice versa early in the relationship

Engaging in a dialogue about commonalities and dissimilarities, instead of avoiding the topic, will enhance the mentor-mentee relationship.

The Boston Children’s Office of Health Equity and Inclusion (OHEI)

The OHEI is a resource for mentors and mentees, offering innovative programming focusing on health equity, diversity, and inclusion across the 4 BCH missions: clinical care, research, teaching, and community service. The OHEI is committed to recruiting, retaining and promoting a diverse workforce and will play a key role in designing and implementing a framework to promote respectful interactions.

How can mentors be helpful to faculty career development?

The mentoring relationship is a dynamic process requiring active participation and flexibility on both sides. The acquisition of knowledge should be mutually beneficial, with mentees as well as mentors acting as teachers. By mentoring the next generation of leaders, mentors contribute to the climate of success at Boston Children’s Hospital. When you initially meet with a junior faculty member, your first step is to listen to his/her career goals in clinical innovation, teaching, administration, and/or research. After reviewing his/her CV, you can discuss Developmental Networks and decide who might be added. Some mentoring relationships are short-term, while others are long term and collegial. It is important for mentors to know when to let go and help the mentee make the transition to another mentor(s).

“A mentor should help the mentee achieve his/her maximum potential by having high expectations, giving frequent feedback and leading by example.”

Arin Greene, MD
2013 HMS Young Mentor Award Recipient

To help junior faculty find their niche in research, clinical care, teaching, or program development, the mentor should focus on their strengths and goals. Allowing mentees to assist in projects and being generous with credit will convey that they are high achievers. Constructive criticism and advice are best served by providing “mid-course corrections” and specific examples. Encourage junior faculty to develop and customize their “elevator speech,” a thirty to sixty second networking pitch that showcases their personal “brand” and their career goals.

Figure 4. Mentoring Concepts in a Children’s Book



“It is good I have some one
To help me,” he said.
“Right here in my hat
On the top of my head!
It is good that I have her
Here with me today.
She helps me a lot.
This is little Cat A.

And then Little Cat A
Took the hat off HER head.
“It is good I have some one
To help ME,” she said.
“This is Little Cat B.
... I keep him about,
And when I need help
Then I let him come out.”

The Cat in the Hat Comes Back™
©Dr. Seuss Enterprises, 1958.
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The Mentor should be a protector and guard mentees' time, teaching them when and how to say "No" and "Yes," ensuring that most "Yes" decisions reflect departmental citizenship and simultaneously further their career trajectory and reflect their area of interest. If mentees take on a major new responsibility, help them to give up some other activity or readjust schedules. Mentors can counteract stereotypical assumptions and confront those who make unjust remarks. This is particularly true for faculty who have experienced cumulative professional disadvantages.¹⁹ Advocates can help define and redefine expectations and resolve inequities for women and minorities, ensuring that they ask for the necessary resources when negotiating for space, salary, career advancement, etc. It is important to consider the right timing and strategy for advancement and define expectations of career path, advising on the development and maintenance of an academic CV and plan.

Junior faculty may ask your assistance in areas such as:²⁰

1. Refining career goals, guidance on resources
2. Scientific writing and critique, grant writing
3. Issues of authorship, publication, and integrity
4. Time-management, pace of career, workload, and work/life balance
5. Teaching and presentation skills, curriculum development, teaching portfolios
6. Clinical practice strategies, quality improvement methodologies
7. Program development, scientific innovations
8. HMS promotion criteria, reorganization of CV, advancement
9. Enhancing professional visibility, locally and nationally; joining professional societies
10. Understanding the organizational culture: structure, politics, and management
11. Strategic planning, leadership skills, negotiation and conflict resolution techniques, personnel supervision, budgets
12. Advocacy

"It's important to look for mentors who have a track record of recognizing their mentees' capabilities and accomplishments and of supporting their growth and development, not ly as researchers and clinicians, but also as people."

Sara Toomey, MD, MPhil, MPH,
MSc
2016 HMS Young Mentor
Award Recipient

"Mentors should provide a very rigorous scientific environment, where lab members are constantly challenged to think about and justify their work, but at the same time promote a friendly and open environment where collaborative work and active discussion are constantly encouraged."

Frederick W. Alt, PhD
2016 HMS William Silen
Lifetime Achievement in
Mentoring Recipient

The Role of Retired Faculty in Mentoring

Retired faculty can be a valuable mentoring resource. At UC Berkeley's retirement center, retirees serve as mentors for students and junior faculty. They also provide formal and informal guidance to faculty considering and transitioning into retirement. Similarly, retired faculty are utilized as mentors at the University of Massachusetts, the University of Pennsylvania, the University of Utah, the University of Michigan, Dartmouth College, the University of Vermont and the University of Mississippi Medical Schools, among others.^{21,22}

Mentorship – What do Junior Faculty expect the Mentor will do?

It is essential that mutual expectations and responsibilities be agreed upon at the onset of the relationship, including the time frame of the mentoring relationship. Junior faculty expect that the Mentor will:

1. Meet or make contact in accordance with the agreed-upon plan.
2. Ask mentees to set the agenda for each meeting.
3. Help in formulating realistic short- and long-term goals, including identifying values and a timeline for acquisition of skills and completion of tasks such as: writing a paper, joining a professional society, applying for a grant, initiating a new clinical or teaching activity or learning new leadership skills, etc.
4. Provide career-planning advice and advocacy.
5. Understand HMS Promotion criteria for Areas of Excellence: Clinical Expertise and Innovation, Teaching and Educational Leadership, and Investigation.
6. Respect and accept gender, racial/ethnic, generational, and other differences. Be sensitive to how other cultures view hierarchy and authority, particularly if it impacts communication and feedback.
7. Be a role model, exhibiting the highest professional standards.

“As a mentee, it’s important to think through and plan for how you will work with your mentor most effectively. A mentee should communicate clearly with the mentor about goals and objectives and the dilemmas or challenges she or he would like guidance on.”

S. Bryn Austin, ScD
2008 HMS Young Mentor
Award Recipient

“One must have a supporting learning relationship between a caring individual (mentor) who shares knowledge, experience and wisdom with another individual (mentee) who is ready and willing to benefit from this exchange to enrich their professional journey.”

Alan B. Retik, MD
2017 HMS William Silen Lifetime
Achievement in Mentoring
Award Recipient

The Mentor's Checklist

Preparation (if the mentee is not already known to you)

- Introduce yourself by phone, brief letter, or email, but still give the mentee ample opportunity to arrange the first meeting and set forth the agenda.
- Consider sending a copy of your CV or NIH biosketch to your mentee in advance of your first meeting.
- Ask the mentee to send an updated CV and to begin to think about short- and long-term goals.

First and second meetings

- Initiate an introductory discussion of your respective backgrounds and current academic roles.
- Outline what the mentee can expect from a mentoring relationship with you. Suggest that the mentee may wish to speak to prior mentees to set realistic expectations.
- Express interest in the mentee's career at your hospital/lab/department/program. Ask open ended questions such as "what are you looking for in career guidance and mentorship?" Listen to answers with follow-up questions and reflection – "What would you like to see happen as a result of our meeting? How important is that? It sounds to me that the thing you most want to happen is Is that true?"
- Review mentee's CV. Ask "What type of position in academic/clinical medicine/research is your ultimate goal? How long do you think it will take?"
- Make sure that the mentee has had a Career Conference with his/her department head/division or program chief within the past year. Discuss feedback from the Career Conference. Ask about short- and long-term goals, including identifying a timeline for acquisition of skills and completion of tasks such as a project or manuscript, getting feedback on teaching, joining a professional society, applying for a grant, designing an evaluation for other faculty or trainee clinicians, formulating a QI project, developing educational materials for patients and families, creating an interdepartmental initiative or clinic, writing a review paper, a practice guideline, or blog, etc.
- Ask the mentee to list his/her Developmental Network: colleagues, juniors, mentees, family and friends and Community of Mentors (scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors) whom he/she turns to regularly for career advice and support, both inside and outside the mentee's lab/division/department/program/school. (An exercise to help junior faculty map and analyze their Developmental Network is included in Appendix A).
- How well is he/she leveraging social media (blogging, LinkedIn, Twitter, online groups, etc.) to broaden his/her network? At the same time, are there challenges with time management?
- Ask about institutional/departmental resources the mentee needs to achieve goals.
- Use a checklist or timeline for tracking of progress.
- Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week in research labs to once every month or two. Mentoring thrives on informal, continuous guidance. Interactions may range from brief email to a phone "check-in" to lengthy follow up.
- Decide together on the best means of communicating and make sure that responses are timely.
- Ask the mentee to send a short written agenda to you at least a day before your meetings.

Some Topics for Discussion for Mentors of Researchers, Clinicians, and Medical Educators

(Note there is no set order for addressing these topics).

Research

- Discuss the proposed research project – what are the aims? Hypotheses? Project design and methods? Sample size? Pilot data, if any? Collaborators? Authorship? Findings?
- Discuss challenges openly (for example, pros and cons of mentee's independent project v. the mentor's project), and clarify.
- Give suggestions to your mentee on how to approach different grant funders and communicate with project officers. Review examples of successfully funded proposals and discuss key elements.
- Review the mentee's Developmental Network and mentor team. Are other mentors needed? For example, are mentors with expertise in basic science, translational research, clinical trials, community-based research, ethics, genetics, epidemiology and/or public health needed?

Clinical Care

- Discuss clinical expectations and goals for continuous learning. How many sessions or inpatient weeks? Does some clinical time involve teaching or precepting trainees? Are there areas of clinical focus and innovation for scholarship (review articles, case reports, research and collaborations, teaching)?
- Discuss the proposed QI project – what are the aims? Project design and methods? Assessment? Collaborators?
- Assess the mentee's need for specific skills and how the plan can be actualized over time.
- Review the mentee's Developmental Network and mentor team. Are other mentors or collaborators needed? For example, are mentors with expertise in QI, health care reform, billing and coding, informatics, epidemiology, specific medical content or methodology, or statistics needed by the mentee? Is he/she a member of professional clinical organizations? Are there other professional committees/organizations he/she should be joining or taking on more of a leadership role?
- Are there courses at HMS or medical student rotations at Children's related to clinical expertise? Are there opportunities to be a tutor or give community presentations or Grand Rounds? Are there teaching skills needed for the mentee to achieve national recognition?

Medical Education

- Discuss courses and lectures taught and evaluations/ratings. Was the mentee responsible for any innovative teaching methods? How can you assist him/her in being invited to speak at strategic venues such as Grand Rounds or conferences? Are there opportunities to give community presentations at local hospitals and practice groups?
- Review the mentee's Developmental Network and mentor team. Are mentors with expertise in medical education or the specific educational project the mentee is working on needed? Is he/she a member of The Academy for Teaching and Educational Innovation and Scholarship at Boston Children's Hospital and/or The HMS Academy? Are there other professional educational committees/organizations he/she should be joining or taking on more of a leadership role?
- Are there courses at HMS that the mentee should consider being a tutor or medical student rotations at Children's that would be rewarding? Are there teaching skills needed to achieve national recognition? Would the mentee benefit from participation in Children's medical education certificate program, peer observation and feedback of teaching sessions, the Harvard Macy Institute or HMS Medical Education Grand Rounds?

Promotion

Discuss career trajectory and skills/deliverables needed to progress to next level. Is the mentee familiar with the HMS Guidelines for Promotion in his/her specific Area of Excellence?

Balance and Negotiation

- If OK with mentee, ask about and discuss work/family balance.
- Discuss preferred timing of milestones in mentee's career trajectory and changes desired in the balance of activities and career/academic workload and pace.
- Provide opportunities to learn about negotiation strategies.
- Advise mentee on discussions with supervisor/Division Chief/Program Director and the importance of understanding the Chief's perspective.

Follow-up Meetings

- Set mutual expectations and responsibilities at the onset of the relationship.
- Meet or make contact in accordance with the agreed-upon plan.
- Use the checklist and timeline to track progress. Be caring and non-judgmental, when giving honest feedback about progress and productivity, not just on successes, but also analyzing failures and how to minimize them in the future. Always ask for the mentee's reflection on progress.
- Suggest other resources or mentors. Recognize that a Developmental Network needs to adapt in synchrony with career and psychosocial development, by strengthening some existing relationships, relying less on others, and adding new sources of support.
- Try to maintain the relationship for at least one year. Reevaluate the mentoring relationship as needed, but at least annually. Agree on confidentiality and no-fault termination.

"I've been fortunate to be able to guide young scientists who have a lot to learn but also a lot to teach – whose knowledge and skills are often highly complementary to my own. This keeps the process interesting, fresh and evolving."

Kenneth Mandl, MD
2008 HMS A. Clifford Barger
Excellence in Mentoring
Award Recipient

"Mentoring relationships are priceless as you watch mentees move over potential paths. For the mentor, each relationship is a time to grow as well. Such win-win bonds are special."

Jessica Henderson Daniel, PhD
1998 HMS A. Clifford Barger
Excellence in Mentoring Award
Recipient

The BCH Strategies for Mentors and Successful Mentoring for Junior Faculty booklets are endorsed by the OFD Advisory Committee, Senior Administration, and the Department, Division and Program Chairs.

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- Joint hospital mentoring course Program Directors

Handouts and presentations from the joint HMS hospital mentoring courses

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21. Wise Guys: Programs that acknowledge the wisdom of retired faculty and allow them to contribute to the academic community. *Women in Cell Biology, ASCB Newsletter* June 2015. http://www.ascb.org/newsletters/2015/ASCB_Newsletter_June_2015.pdf
22. New England Network on Faculty Affairs (NENFA) email survey, <https://www.nenfa.org/>

Other Resources

1. Boston Children's Hospital Office of Faculty Development Developmental Networks Exercise and PowerPoint Presentation <http://www.childrenshospital.org/research/ofd> (Click on Community of Mentors link on the left)
2. HMS Task Force on Faculty Development and Diversity Recommendations http://hms.harvard.edu/sites/default/files/assets/Sites/Acad_Clin_Aff/files/FDD%20Full%20Report_FINAL.pdf
3. Consortium of Harvard Affiliated Offices for Faculty Development and Diversity (CHADD) mentoring website <https://mfdp.med.harvard.edu/mentoring/chaddmentoring>
4. Brigham & Women's Hospital Mentoring Curriculum and Toolkit, <http://bwhmentoringtoolkit.partners.org>
5. Guidelines from Mentoring Programs at the following academic medical centers: Harvard Medical School, Eastern Virginia Medical School; UCLA School of Medicine; Medical College of Wisconsin; the University of Michigan's ADVANCE Program, and the University of California, San Francisco.

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Appendix A. Mapping Your Developmental Network Exercise

Developmental Networks are comprised of people who provide you with professional and/or personal support. A Developmental Network may include traditional scholarly/research mentors, advisors, peer mentors, e-mentors, colleagues, juniors, mentees, family, and friends. The following steps will help you assess your Developmental Network relative to your short and long term career goals. You are also encouraged to read “A New Approach to Mentoring” by Kathy Kram and Monica Higgins (<http://bit.ly/1o7s8lp>)

The table on page 15 helps you reflect and identify the people who assist you in 3 different ways: **1) People who help you get the job done; 2) People who help you advance your career; 3) People who provide personal support for you**

People with whom you have more than one kind of relationship should be listed more than once (i.e. one person could be in two or three categories). Place them in the column that best describes the type of relationship you have with them. **Close** relationships are ones where there is a high degree of trust, liking and mutual commitment. **Distant** relationships are ones where you don't know the person very well. **Moderate** relationships are in the middle, neither very close nor distant. The length of the line connecting each person back to you represents the relative closeness of your relationship. Superiors, peers and juniors are placed above, at the same level, or below you, based on their relationship to you. Indicate by a star (★) those people whom you see as very well connected in your department, hospital or professional circle, including someone who “sponsors” you. A sponsor is a senior/influential person who actively advances your career trajectory. Write “mentor” or “mentee” inside the shape (square, triangle, or circle) of anyone you consider in that role. See example below.

Example of a Developmental Network Map

My Career Goals: To become a funded researcher focused on health disparities and access to care

Getting the Job Done: People who help you fulfill your work requirements. They may work directly with you, and/or have provided leads to others who helped you with important information, scientific or technical advice, expertise or resources.



Close Relationship	Moderate Relationship	Distant Relationship
NS, research assistant (Mentee)	JD, PI of grant ★	CJ, administrative assistant

Advancing Your Career: People who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, serve as “sponsors” to help you get important assignments, and advocate on your behalf.



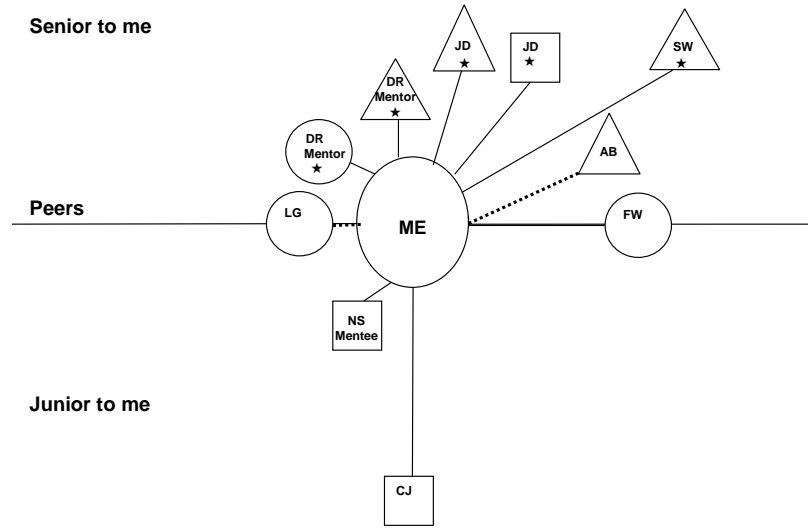
Close Relationship	Moderate Relationship	Distant Relationship
DR, senior faculty member in your division (Mentor) ★	JD, PI of grant ★	SW, Department Chair ★
	AB, faculty at another institution	

Getting Personal Support: People you go to for your emotional well being and psychosocial support.



Close Relationship	Moderate Relationship	Distant Relationship
LG, spouse	FW, friend at work	
DR, senior faculty member in your division (Mentor) ★		

- Getting the Job Done
- Advancing Your Career
- Getting Personal Support



Intra-organizational ———
 Extra-organizational - - - - -
 ★ well connected and/or “sponsors”

My Career Goals are: _____

Your Developmental Network Table and Map:

Getting the Job Done: People who help you fulfill your work requirements. They may work directly with you, and/or have provided leads to others who helped you with important information, scientific or technical advice, expertise or resources.



Close Relationship	Moderate Relationship	Distant Relationship

Advancing Your Career: People who contribute to your professional development and career advancement. They provide career guidance and direction, advice on funding, serve as “sponsors” to help you get important assignments, and advocate on your behalf.



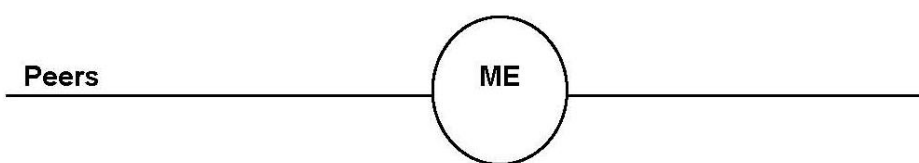
Close Relationship	Moderate Relationship	Distant Relationship

Getting Personal Support: People you go to for your emotional well being and psychosocial support.



Close Relationship	Moderate Relationship	Distant Relationship

Senior to me



Junior to me

Intra-organizational _____
 Extra-organizational -----
 ★ well connected and/or “sponsors”

Analyzing and Maintaining Your Network

Theme	Description
Diversity	How similar or different are these individuals (in terms of gender, race, function, geography, organizations) to each other and to you?
Redundancy	How much overlap is there? Does one person serve every function? Do you have many people helping you get the work done but no one providing personal support?
Interconnectivity	How closed is the network in the sense that most of the people know each other?
Strength of Connection	What is the spread of people in terms of closeness and distance to you?
Balance	Is your network balanced or in danger of tipping? Do you have too many mentors and no mentees? Or for more senior faculty, do you have too many mentees but no longer have mentors?
Connections to Power/Influence	How many individuals would you characterize as influential in the department or hospital or field?
Size	How large or small is your network? Does the size fit your goals? Is the network a size that you can maintain?

Developmental Network: Range

Kram differentiates between high range and low range social systems in Developmental Networks. In the figure below, each Developmental Network consists of 6 people, but how they are grouped differs:

Low Range – small number of social systems, most advantageous for individuals who want to advance within their current field and organization.

High Range – multiple levels of social systems, most advantageous for individuals who seek to change fields and/or to move to a different organization or work across multiple sites. The choice depends on short and long term career goals which may evolve over time.

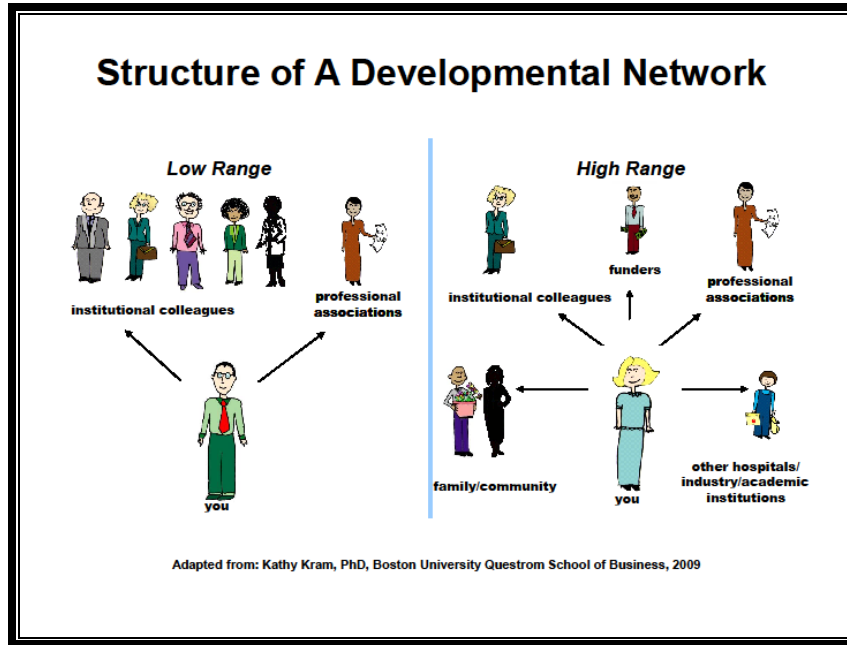


Figure. Range of a Developmental Network

What's Next?

Summarize the THEMES you see in your network, your STYLE of networking, and/or what you might want to do differently in the future. Think about how to maintain the strengths of your network, how to diversify, how to make sure relationships are bi-directional, and how with time to increase the number of mentees and advisees.

Appendix B. Resources for Medical Educators

BCH Department of Medical Education

The centralized Department of Medical Education (DME) coordinates educational programs and initiatives at BCH including the Academy for Teaching and Educational Innovation and Scholarship, Continuing Medical Education (CME), Graduate Medical Education (GME), and Undergraduate Medical Education (UME). <https://dme.childrenshospital.org>

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- **BCH Academy for Teaching and Educational Innovation and Scholarship**

The BCH Academy for Teaching and Educational Innovation and Scholarship was established to enhance teaching across the hospital, foster scholarship in education, and support career advancements for educators through an inter-professional and multi-disciplinary learning community that promotes educational collaboration and resource sharing. Members choose between two tracks – teaching and scholarship. Scholar members meet regularly with facilitated working groups where they present and receive feedback on their research projects and curricular innovations. Other offerings include biannual education retreats, monthly Professional Development seminar series, workshops, networking, teaching consultation, and scholarly mentorship. BCHAcademy@childrens.harvard.edu

- **BCH Teaching Certificate**

The BCH Teaching Certificate Program offers healthcare professionals a focused pathway to greater understanding of educational principles in clinical practice and to refine their teaching skills through individualized performance and feedback. Teaching Certificate sessions include the biannual BCH Academy retreat, Academy seminar offerings, and a lunchtime series focusing on core teaching skills. Certification is attained over a two-year cycle. Division Chairs and Department Supervisors nominate physician and healthcare professional educators to participate in the Teaching Certificate Program. MedicalEducation@childrens.harvard.edu

HMS Academy Seminars in Medical Education

Seminars are open to teachers in the HMS community

<http://hms.harvard.edu/departments/academy/academy-events>

Fellowships

- **Rabkin Fellowship for Medical Educators:** the one-year Fellowship (20% of time) is funded by BIDMC for their faculty. At BCH fellows are supported by their department/division. The Fellowship provides the opportunity for faculty to develop the expertise and skills needed for careers in medical education.

<http://www.bidmc.org/Medical-Education/Rabkin-Fellowship.aspx>

- **HMS Academy Fellowships in Medical Education**

This endowed, competitive program seeks to develop and enhance the fellows' analytical skills as medical education researchers and teaching skills as medical educators. Each fellow applies with a project to be completed during the fellowship year; participants are expected to devote 10% of time to project and Fellowship activities.

<http://hms.harvard.edu/departments/academy/academy-fellowships-medical-education>

Harvard Macy Institute Programs: Program for Educators in Health Professions; A Systems Approach to Assessment in Health Professions Education; Leading Innovations in Health Care & Education; Health Care Education 2.0 – Transforming Your Teaching for the Digital Age; Program for Post-Graduate Trainees: Future Academic Clinician-Educators.

The Harvard Macy Institute brings together health care professionals, educators, and leaders to discuss the critical challenges and design innovative solutions that have a lasting impact on the way medicine is practiced and students are educated. The goal is to foster transformative learning experiences that prepare the Harvard Macy scholars to lead institutional change and professional growth. Deadlines vary by program. <http://www.harvardmacy.org/>

Master's Programs in Medical Education

- **Master of Science in Health Professions Education at the MGH Institute of Health Professions:** This innovative master's program is designed for health professionals who wish to improve their teaching methods. The 33-credit program addresses core educator competencies. Students proceed through the program with a cohort of health professionals from across the health care spectrum. For questions or more information, please contact Deborah Navedo, PhD, CPNP, CNE, Director, (Phone: (617) 643-4899; Email: dnavedo@mghihp.edu, <https://www.mghihp.edu/mshped>
- **Masters of Medical Sciences in Medical Education at Harvard Medical School:** Their mission is to give individuals who already excel in one of the health professions or health sciences disciplines an opportunity to turn their specialized knowledge and skill towards the advancement of medical education itself. The HMS MMSc-Medical Education, through research, skill building, and innovation, seeks to transform medical education in the service of advancing the health sciences and healthcare here and abroad. That is, through advancing medical education. The Program seeks to advance science and its application to serve the ultimate goal of relieving human suffering. For questions or more information, please contact Program Director Jennifer Kesselheim, MD, EdM (MMSc_Med_Ed@hms.harvard.edu). <https://hms.harvard.edu/education/graduate-education/harvard-medical-school-masters-medical-education-program>

Appendix C. Annual Career Planning Conference Forms

HMS Faculty
Boston Children’s Hospital
Office of Faculty Development
Annual Career Planning Conference 2018–2019 Faculty Form

Each Faculty member should schedule a Career Planning Conference with his/her Department/Division/Program Chief, Faculty Mentor, or Departmental Designee and update the HMS CV before May 30th each year. The dialogue should address (1) career progress and goals for the coming year, as applicable, in clinical care, teaching, research, administration, membership and leadership in societies/professional organizations, work/life balance, and community outreach; (2) preferred timing of milestones in your career trajectory and changes desired in the balance of activities and career/academic workload; and (3) skills and resources needed to accomplish goals.

Name of Faculty: _____
 Division/Department _____

Part I To be completed by the Faculty member BEFORE the conference. Take your updated CV to the conference, highlighted with accomplishments during the past year. Use the CV template: <http://cv.hms.harvard.edu/> and read the detailed instructions: http://cv.hms.harvard.edu/docs/CV_instructions_full.pdf on HMS CV to ensure that each entry is in the correct category.

A. Academic and Career Accomplishments during this past year (Highlight on CV)

Please put an X under the “Yes” column if in the past year you have accomplishments in this area:	X
Publications, guidelines, web resources, syllabi	<input type="checkbox"/>
Abstracts accepted or presented	<input type="checkbox"/>
Member of any committees or editorial boards, ad-hoc reviewer	<input type="checkbox"/>
Member of BCH and/or HMS teaching academies	<input type="checkbox"/>
Honors and/or awards	<input type="checkbox"/>
Presentations, Visiting Professor lectureships	<input type="checkbox"/>
Courses taught	<input type="checkbox"/>
Grants, patents, support	<input type="checkbox"/>
Research or grant review panels, IRB	<input type="checkbox"/>
New diagnostic, surgical, technical skills	<input type="checkbox"/>
Administrative positions	<input type="checkbox"/>
Community service, outreach, or patient education	<input type="checkbox"/>
Other, such as course work, degree (MBA, MS, MPH), or global health project	<input type="checkbox"/>

2. What were your most important goals for this past year? Check which ones you feel you have met.

3. Are you familiar with HMS promotion criteria? Select one.

Yes No Not Sure Not Applicable

4. Which Area of Excellence most closely matches your career trajectory?

- Investigation
- Clinical Expertise and Innovation
- Teaching and Educational Leadership
- Not Sure

B. Mentoring

1. List your community of mentors/professional development support at Boston Children’s Hospital and other institutions. What role does he/she play in your career development or Developmental Network?

Institution	Mentor Name	Role

2. If you have mentees/advisees, please list and give your role. Do you need additional skills to mentor effectively?

Mentee Name	Your Role	Additional Skills Needed

C. Career Trajectory and Timeline

Describe your goals for the next 1- 2 years:

1. Clinical Expertise and Innovation
 Clinical care/Surgical techniques/Clinical innovation:
 Publications (reviews, chapters, books):
 Societies/professional organizations:
2. Investigation
 Grants, Grant writing (outline pending grants):
 Publications, abstracts:
 Review panels, editorial boards, societies:
3. Teaching and Educational Leadership:
4. Administration and Institutional Leadership:
5. Patient Education and Service to the Community:
6. Work/Life Balance:

D. Resources

1. What institutional/departmental resources have helped you to achieve your goals?
2. What challenges did you have?
3. What institutional/departmental resources and skills do you need to help you achieve your goals next year?

Signature of Faculty _____ Date _____

**HMS Faculty
Boston Children's Hospital
Office of Faculty Development
Annual Career Planning Conference 2018–2019 Chief Form**

Name of Faculty _____
Name of Chief/Mentor/Designee for Career Conference _____ Date _____

Part II. To be completed by Chief/Mentor/Designee at the end of the conference and signed by Faculty and Chief

A. The most important goals to be achieved in this next year are:

Clinical Expertise and Innovation:

Investigation:

Teaching and Educational Leadership, Mentoring others

Grant writing/Funding:

Scholarship:

Involvement in societies/professional organizations:

Administration and Institutional Service:

Education of Patients and Service to the Community:

Work/Life Balance:

Other:

B. Community of Mentors include:

C. Readiness and Metrics (specific accomplishments/activities) for Promotion to next rank, if applicable.

Review criteria for promotion and create a customized profile:
<http://facultypromotions.hms.harvard.edu/index.php?page=tool>

Scholarship (type, 1st author, senior last author)

Grants

Presentations

Mentees

Recognition, Leadership Positions

Innovations

Other

D. I have provided specific counsel regarding these goals and career development as follows:

Signature of Faculty _____ Date _____

Signature of Chief/Designee _____ Date _____

Appendix D. Structured Peer Mentoring

An example of a structured peer mentoring group is the Healthcare Businesswomen's Association (HBA), <http://www.hbanet.org/>, which served as a model for the MASS Association for Women in Science (AWIS) peer mentoring program, <http://www.mass-awis.org/mentoring>. Groups, meet together for an agreed upon length of time, typically from 2-6 hours per month from September – April, and are formed around common career aspirations and interests. Formal goals, minimum time commitments, and responsibilities of mentors, mentees and Connectors are clearly defined. Peer groups provide opportunities to build multiple mentoring relationships including those between mentor and mentees, as well as peer mentoring relationships among the mentees themselves. The role of Mentor is given to a more experienced person who acts as a role model, compatriot, challenger, guide or cheerleader for the group which consists of 3-5 peer mentees. Mentors help channel and promote productive discussions with a focus on career growth and problem solving within a supportive environment. A Connector is an ombudsmen for the mentoring group. If a mentor or mentee is experiencing conflict or frustration within the group, the Connector will step in to mediate the situation (See Figure and list of responsibilities for mentors, mentees and Connectors below).

Figure. Example of a Peer Mentoring Group

