

# Office of Faculty Development

## Strategies for Mentors 2022–2023



**Boston Children's Hospital**

Where the world comes for answers



**HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL**

## **Mission**

The mission of the Office of Faculty Development (OFD) is to facilitate the career advancement and satisfaction of Harvard Medical School (HMS) faculty at Boston Children's Hospital, fostering careers particularly of junior faculty, and increasing leadership opportunities for women and faculty underrepresented in medicine (UIM).

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The OFD works in collaboration with the:

Department of Education: Alan Leichtner, MD, MSHPEd, Chief Education Officer and Director

Office of Health Equity and Inclusion: Valerie Ward, MD, MPH, Senior Vice-President and Chief Equity and Inclusion Officer

This booklet was written in the spring of 2022 after over two years of adjustment to the restrictions imposed by the COVID pandemic. Faculty, fellows, trainees, clinicians, teachers, researchers, and others have had to deal with professional and personal challenges, isolation, and loss. Mentoring relationships have been disrupted at a time when the guidance and support they provide are needed the most, including the uncertainty of scheduling in-person meetings. We are grateful for the extra care that our dedicated faculty have shown in addressing these issues. BCH investigators are at the cutting edge of innovative projects to elucidate the causes of the pandemic, the role of antibodies in protection, the development of vaccines and therapies, and strategies to move forward. We are grateful for the efforts of our faculty and many others to address these challenges and dedicate this booklet to the first responders and BCH faculty, trainees, nurses, and staff.

The Office of Faculty Development strongly supports Boston Children's efforts to promote social justice, inclusion and health equity. We plan to continue to actively collaborate with other BCH Offices and Departments, particularly the Office of Health Equity and Inclusion and the Department of Education, in these endeavors.

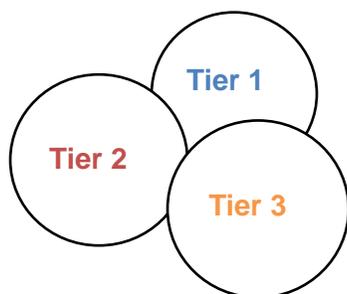


## Office of Faculty Development (OFD)

### 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.<sup>1</sup> The BCH framework includes resources, one-to-one mentoring, and the creation of mentor teams and "Developmental Networks."<sup>2</sup> 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](http://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** – Logistics

**Tier 2** – Content and Expertise

**Tier 3** – One-to-One Mentoring and Mentor Teams

**Tier 1:** Communication: *Perspectives*, OFD website, OFD Twitter page, Email  
Orientation for new faculty: Introduction to the OFD, Department of Education, Faculty Career and Family Network, senior leadership, and other resources  
Childcare, eldercare and wellness 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 Healthcare Professional Educators (Appendix B)  
Bibliographies of articles and programs on mentoring  
Career Development Collection 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 Education at Boston Children's Hospital  
Women in Medicine and Science Month; Pediatric Health Equity Symposia

**Tier 3:** Chairs' commitment to mentoring and Developmental Networks, Diversity and Inclusion  
Hospital Leadership including: President and CEO, Senior and Executive Vice-Presidents and the Chief Scientific Officer's 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 consultations on mentor training, promising practices such as appointing a Mentoring Facilitator<sup>3</sup> 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.<sup>4</sup> 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*<sup>5</sup> 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*,”<sup>6</sup> 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 (in person or virtually) 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.

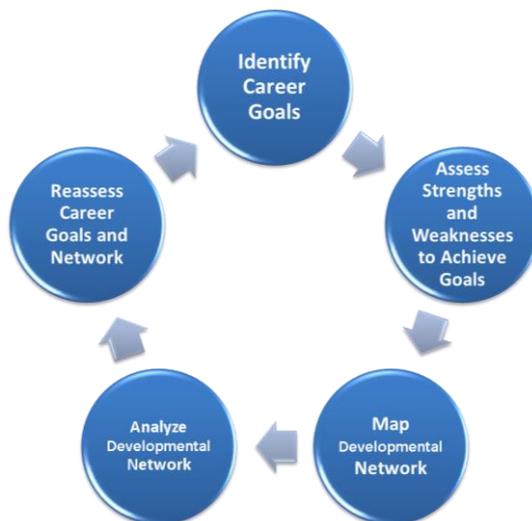
*Team mentoring* refers to a multidisciplinary group of mentors each with a specific role. The lead mentor traditionally would have expertise in the mentee’s research or scholarly interest, while one or more additional mentor’s (co-mentors) interests and skills would complement, but not duplicate, the 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. With the COVID pandemic, faculty may have all their communication with mentors or advisors using Zoom and other platforms.

## 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,<sup>7-13</sup> includes mentors from our “Community of Mentors” model<sup>1</sup> 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)<sup>2,7</sup> 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.

*The Office of Faculty Development, Directors Jean Emans, MD, and Maxine Milstein, MBA, received the 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.*

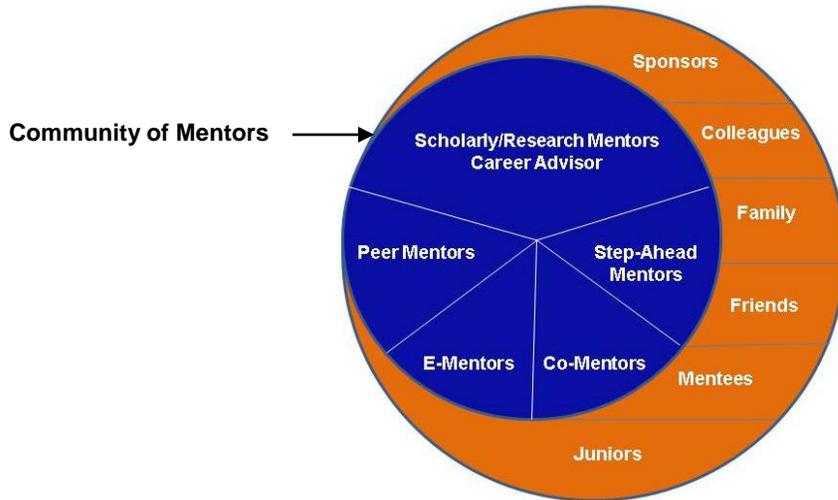
*“The process of identifying the mentor begins with an understanding of exactly what they are looking for – career mentor, research mentor, or a faculty advocate.”*

Richard Bachur, MD  
2020 HMS A. Clifford Barger  
Excellence in Mentoring Award Recipient

*“I think the best mentors are good listeners and don’t just tell their mentees what to do. Instead, the good mentor helps mentees realize their options and then helps them choose the best one for them.”*

Alan Leichtner, MD, MSHPEd  
2020 HMS William Silen Lifetime Achievement in Mentoring Award Recipient

**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

Recent studies have underscored the importance of "sponsorship"<sup>14</sup> for career success. Sponsorship involves the advocacy of a senior, influential person in the organization for the junior person. The senior person provides the junior person high profile opportunities by opening doors to challenging assignments and key committee memberships and increasing visibility and networking. The senior person can also contribute to workforce diversity by highlighting the talents of women. Disparities between the level of sponsorship of men and women in academic medicine have persisted. According to research from the Center for Talent Innovation (CTI), "the vast majority of women (85%) and multicultural professionals (81%) need navigational support to advance in their careers but receive it less often than Caucasian men."<sup>15</sup> Patton and colleagues<sup>16</sup> surveyed all the recipients (n=1708) of NIH K08 and K23 grants (awarded January 2006 to December 2009) who remained in academic positions by 2014; 995 responded to the survey and met inclusion criteria. Recipients were asked about their experience(s) with sponsorship (invitation to serve on a panel at a national meeting, write an editorial, serve on an editorial board or national committee including a grant review panel) and their academic success (defined as accomplishing at least one of the following: serving as a PI of a R01 or grants totaling >\$1 million, publishing  $\geq 35$  peer-reviewed publications and/or appointment to a high-level leadership

*"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."*<sup>14</sup>

position such as dean, department chair or division chief. The study found that sponsorship was significantly associated with success; 72.5% of men and 59.0% women who reported sponsorship were successful compared to 57.7% of men and 44.8% of women with no sponsorship reported. Men with male mentors were most likely to self-report experiences with sponsorship followed by men with female mentors, women with male mentors, and females with female mentors.

Mentors who are not in influential positions can still play an important role in sponsorship by introducing junior faculty to leadership at conferences and in the home institution and by helping junior faculty to expand their developmental networks. Mentors can involve mentees in these introductions by asking “Tell me three people you want to meet at this national meeting.” Mentors should be aware of the role of implicit bias and informal networking opportunities in order to enhance success for the mentee.

### **The role of Allies in Mentorship**

Allyship has been defined as “a strategic mechanism used by individuals to become collaborators, accomplices, and coconspirators who fight injustice and promote equity in the workplace through supportive personal relationships and public acts of sponsorship and advocacy. Allies endeavor to drive systemic improvements to workplace policies, practices, and culture.”<sup>17</sup> Male and female faculty as well as organizations (e.g. the Physician’s Organization) are an important component of gender and UIM parity support and should be enlisted to take a no-male/manference pledge (no all male panels and conferences), sponsor/mentor Women and UIM faculty, acknowledge Women and UIM faculty input at meetings (amplification), especially if that input is ignored and then met with positive response from a white male faculty member, etc.

### **Awareness of Imposter Syndrome**

Mentors should be alert to evidence of imposter syndrome in their mentees. “Imposter syndrome is a psychological term that refers to a pattern of behavior wherein people (even those with adequate external evidence of success) doubt their abilities and have a persistent fear of being exposed as a fraud.”<sup>18</sup> A by-product of imposter syndrome is subtle forms of professional self-sabotage: not speaking up at meetings, not negotiating for salary, space or resources, not lobbying for promotion or leadership roles, etc. “There are invisible gates or wormholes to better career possibilities. Having imposter syndrome means you will miss the gate when someone asks you if you’re ready or interested in something.”<sup>18</sup>

### **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.<sup>19</sup> 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*,<sup>20</sup> 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.”<sup>20</sup>

Strategies to address unconscious bias include<sup>20-22</sup>

- Accepting that we all have biases
- Taking the Implicit Association Test (<https://implicit.harvard.edu/implicit/>) to gain awareness of your automatic associations in relation to certain social categories
- Being aware of how your own life experiences and background influence your 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
- Using perspective-taking to consider the situation from your mentee/mentor's position
- Discussing your assumptions about your mentee and vice versa early in the relationship

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

### **The Boston Children's Hospital Office of Health Equity and Inclusion**

The Office of Health Equity and Inclusion is a resource for both mentors and mentees and offers innovative programming focused on health equity, diversity, and inclusion across the areas of Boston Children's four-part mission: clinical care, research, teaching, and community service. The mission of the Office of Health Equity and Inclusion includes working collaboratively to recruit, develop and retain a diverse workforce and is designing trainings to promote respectful interactions and interventions against bias in the delivery of pediatric health care.

### **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.

***“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

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.<sup>19</sup>

*“I take mentoring seriously and always try to do the best for my mentees. To achieve this goal, I prefer to mentor individuals with whom I have a shared professional interest, as I can feel confident that my advice will be useful. Also, I make sure that I have sufficient bandwidth, because a rapid response to requests from mentees for meetings or reviews of grants and manuscripts is essential to the process. Serving as a mentor has been one of the high points of my academic career.”*

Gary Fleisher, MD  
2018 HMS William Silen Lifetime Achievement in Mentoring Award Recipient

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: <sup>23</sup>

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
13. Sponsorship
14. Wellness and resilience resources

### **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.<sup>24,25</sup>

## 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 the impact of work/life integration on career progress.
6. Understand HMS Promotion criteria for Areas of Excellence: Clinical Expertise and Innovation, Teaching and Educational Leadership, and Investigation.
7. 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.
8. Be a role model, exhibiting the highest professional standards.
9. Introduce you to leaders and influencers (sponsorship).

***“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 Award  
Recipient

***“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 only as researchers and clinicians, but also as people.”***

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

***“I want to emphasize the importance of mentoring in women’s careers and how effective mentors can help women select good projects, lessen the burdens of perfectionism, and focus on work by getting assistance at home.”***

Jane Newburger, MD, MPH  
2018 HMS William Silen  
Lifetime Achievement in Mentoring Award  
Recipient

***“Be accessible, not intimidating; reveal yourself and show your vulnerabilities. . . Permit/encourage/learn from bilateral flow of thought, especially from mentee to mentor. . . Encourage trainees through their initial stumbles – cheer them on.”***

Joseph Majzoub  
2019 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, clarify whether it will be in-person or virtual, 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 mentees to list their Developmental Network: colleagues, juniors, mentees, family and friends and Community of Mentors (scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors) whom they turn 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 are they leveraging social media (blogging, LinkedIn, Twitter, online groups, etc.) to broaden their network? At the same time, are there challenges with time management?
- Ask about institutional/departmental resources the mentee needs to achieve goals, and if applicable, to support working from home
- 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 Healthcare Professional 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 expectation.
- 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 is the mentee expected to do? 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, health equity, informatics, epidemiology, specific medical content or methodology, or statistics needed by the mentee? Is the person a member of professional clinical organizations? Are there other professional committees/organizations they 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 them 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? Are they members 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 they 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/life balance including wellness and pandemic stressors/concerns (isolation, financial challenges, illness, and loss). Has this been impacted by increased hours working from home? Are they aware of HMS and BCH work/life and wellness resources?

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 and let the mentee know about the resources of the both the Harvard and Boston Children's Ombuds Offices.

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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The OFD would like to acknowledge the following resources, from which the booklets on mentoring were developed in 2002 and subsequently revised in 2004, 2006, and annually 2008 through 2022.

#### **Acknowledgements**

- Boston Children's Hospital's recipients of the HMS/JCSW Joseph B. Martin Dean's Leadership Award for the Advancement of Women Faculty: Marsha Moses, PhD; Jane Newburger, MD, MPH; and S. Jean Emans, MD  
- Boston Children's Hospital's mentors, including recipients of the *HMS William Silen Lifetime Achievement in Mentoring Award*: Frederick Alt, PhD; David Clapham, MD, PhD; S. Jean Emans, MD; Gary Fleisher, MD; Richard Grand, MD; Stephen Harrison, PhD; Isaac Kohane, MD, PhD; Alan Leichtner, MD, MSHPEd; Joseph Majzoub, MD; John Mulliken, MD; Jane Newburger, MD, MPH; Alan B. Retik, MD; R. Michael Scott, MD; and Joseph Volpe, MD;  
the *HMS A. Clifford Barger Excellence in Mentoring Award*: Richard Bachur, MD; George Q. Daley, MD, PhD; Jessica Henderson Daniel, PhD; Henry Feldman, PhD; Jonathan Finkelstein, MD, MPH;

Gary Fleisher, MD; Isaac Kohane, MD, PhD; Joseph Majzoub, MD; Kenneth Mandl, MD, MPH; Marie McCormick, MD, ScD; Marsha Moses, PhD; Ellis Neufeld, MD, PhD; Benjamin Raby, MD, CM, MPH; Brian Snyder, MD, PhD; and Kimberly Stegmaier, MD; and the *HMS Young Mentor Award*: S. Bryn Austin, ScD; Diane Bielenberg, PhD; Ayna Chien, MD; Kathleen Conforty, MD; Arin Greene, MD; Ashwini Jambhekar, PhD; Caleb Nelson, MD, MPH; Lise Nigrovic, MD, MPH; Peter Nigrovic, MD; Peter Park, PhD; Wanda Phipatanakul, MD, MS; Mark Puder, MD, PhD; and Sara Toomey, MD, MPhil, MPH, MSc; and comments by their respective mentees.

- Our thanks to Lynda Means, MD, for the “Blueprint” for Professional Development in the Department of Anesthesia, Perioperative and Pain Medicine and to Rosemary Duda, MD, for initiating a mentoring course at BIDMC; Ellen Seely, MD, and Audrey Haas, MBA, for insights from the mentoring course at BWH; the Joint Committee on the Status of Women (JCSW) for its mentoring survey and ongoing efforts to improve the quality of mentoring; and Kathy Kram, PhD, for her expertise on Developmental Networks.

- Joint hospital mentoring course Program Directors and especially Miriam Bredella, MD, for her leadership role

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### Other Resources

1. Boston Children’s Hospital Office of Faculty Development Developmental Networks Exercise and PowerPoint Presentation <http://www.childrenshospital.org/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](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.

***“It all comes down to trust. You can have all the experience in the world and provide great advice and coaching, but if your trainees do not have complete trust in you – that you have their interests at heart and that you will “say it like it is” when necessary – it is very difficult for that person to fully embrace your guidance or approach. This is particularly true when the feedback you need to give is negative or critical. Your mentees will only take it to heart if they know it is coming from the right place.”***

Benjamin Raby, MD, CM, MPH  
2021 HMS A. Clifford Barger Excellence in Mentoring Award Recipient

## 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 Mindset on Mentoring” by Kathy Kram and Monica Higgins ([https://www.bumc.bu.edu/facdev-medicine/files/2009/12/Kram-Higgins\\_A-New-Mindset-on-Mentoring.pdf](https://www.bumc.bu.edu/facdev-medicine/files/2009/12/Kram-Higgins_A-New-Mindset-on-Mentoring.pdf))

The table on page 16 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 Goal:** (such as Academic Advancement, or to be a Clinical or Educational Leader, or PI of a lab)

**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. □

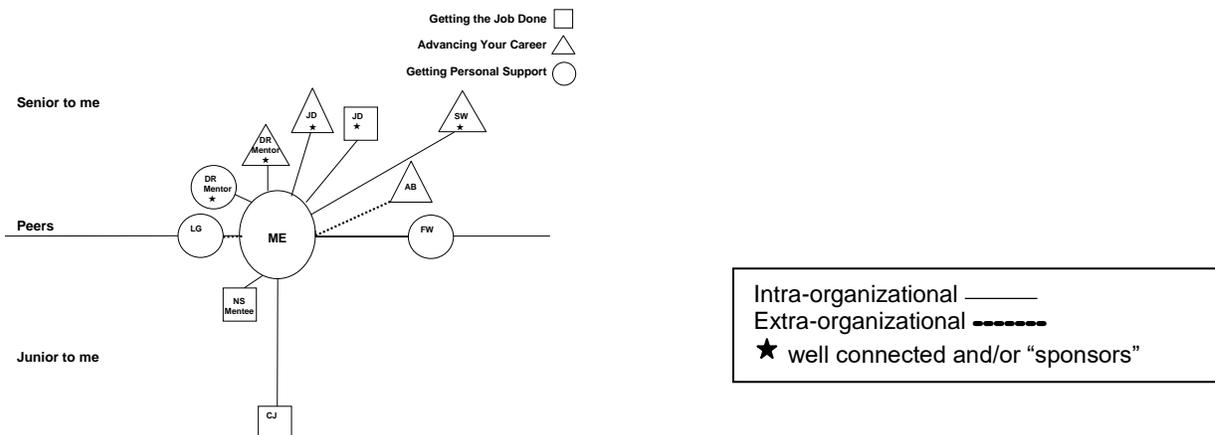
Close Relationship	Moderate Relationship	Distant Relationship
NS, research assistant (Mentee)	JD, PI of grant ★	CJ, administrative assistant

**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) ★		



## Your Developmental Network Table and Map:

**My Career Goals are:** \_\_\_\_\_

**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.



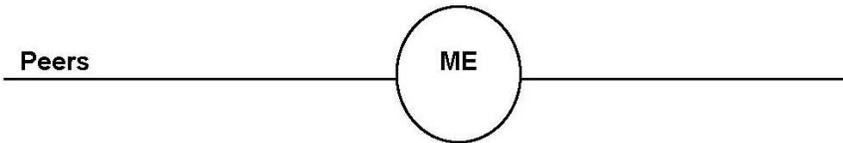
Close Relationship	Moderate Relationship	Distant Relationship

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



Close Relationship	Moderate Relationship	Distant Relationship

**Senior to me**



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

**Junior to me**

### 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?

## Appendix B. Resources for Healthcare Professional Educators

### BCH Department of Education

The centralized Department of Education (DE) 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>

- **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 educational innovations. All members are invited to the biannual education retreats, monthly professional development seminar series, and workshops. The Academy provides members with networking opportunities, teaching consultations, educational grants, and scholarly mentorship. [BCHAcademy@childrens.harvard.edu](mailto: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 refinement of their teaching skills through individualized practice and feedback. Certificate members join a community of like-minded individuals who strive for educational excellence. In addition to the biannual BCH Academy retreat and Academy seminar offerings, teaching certificate members focus on core teaching skills. All members reflect and discuss how they have applied the knowledge and skills learned during the certificate seminars. In addition, certificate members engage in master clinician observations, peer observation of teaching, and one-on-one coaching with a senior educator. Certification is attained over a two-year cycle in which members learn best teaching strategies across professions. Division Chairs and Department Supervisors nominate physician and healthcare professional educators to participate in the Teaching Certificate Program. [MedicalEducation@childrens.harvard.edu](mailto:MedicalEducation@childrens.harvard.edu)

### The Academy at Harvard Medical School

The Academy is responsible for professional development of faculty who teach in the MD program. Its role is also to develop and support a community of leaders in education and a culture of excellence in teaching and learning, to provide programming to improve the skills of teachers, to stimulate and support the creation and implementation of innovative approaches to learning and assessment, and to support educational research in medical and graduate education. For more information, please contact [academy@hms.harvard.edu](mailto:academy@hms.harvard.edu)

### Fellowships

- **Rabkin Fellowship for Medical Educators:** This highly-regarded, one-year fellowship provides opportunity for HMS faculty to develop the expertise and skills needed to launch or further their careers in medical education. BCH faculty who participate in the fellowship must secure 20% of their time from their department/division. Rabkin graduates have credited the program for providing them with the knowledge, skills, and confidence to become local and national educational leaders, medical school deans, and noted scholars in academic medicine. <https://www.bidmc.org/medical-education/rabkin-fellowship>

- **HMS Academy Fellowships in Medical Education and Scholarship**

This two-year funded program is for Harvard Medical School faculty and senior clinical or curriculum fellows. It is a rigorous and comprehensive training program that prepares participants for an academic career as leaders, innovators, and scholars in academic medicine. Each fellow applies with a project that is focused on areas in undergraduate medical education. Participants are expected to devote 10% of time to project and Fellowship activities. <https://meded.hms.harvard.edu/academy-fellowships>

**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; Transforming your teaching for the Virtual Environment; Program for Post-Graduate Trainees: Future Academic Clinician-Educators; Art Museum-based Health Professions Education Fellowship.* The Harvard Macy Institute brings together healthcare 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 degree-granting program is specifically designed for educators in the health professions to:

- Build skills in teaching and assessment of learners in the health professions
- Generate scholarship to address gaps in current literature supporting health professions education
- Develop skills to assess and advance change in education across the health professions

More information may be found at: <https://www.mghihp.edu/mshped>

**Masters of Medical Sciences in Medical Education at Harvard Medical School:** The mission of this MMSc-Medical Education granting-degree program is to give those who already excel in one of the health sciences disciplines an opportunity to turn their specialized knowledge and skill towards the advancement of health professions education. Through research, skill building, and innovation, the HMS MMSc-Medical Education seeks to transform health professions education in the service of advancing the health sciences and healthcare nationally and internationally. Graduates of the program are well positioned to lead progress and make transformative change.

To learn about this program and other HMS master's degree programs see: <https://hms.harvard.edu/education-admissions/masters-degree-programs>

## Appendix C. Annual Career Planning Conference Forms

### HMS Faculty Office of Faculty Development, Boston Children's Hospital Annual Career Planning Conference 2022 – 2023 Faculty Form

Each Faculty member should schedule a Career Planning Conference with his/her Department/Division/ Program Chair/ Faculty Mentor, or Departmental Designee and update the HMS CV before April 1<sup>st</sup> each year. The dialogue should address (1) your 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 your goals.

Name of Faculty: \_\_\_\_\_ Division/Department/Program \_\_\_\_\_

**Part I** To be completed by the Faculty member BEFORE the conference. Take your CV highlighted with accomplishments during the past year. CV instructions: <https://fa.hms.harvard.edu/faculty-medicine-cv-guidelines>

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

Please put an X in the box 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 academy	<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"/>
Activities contributing to diversity	<input type="checkbox"/>
Activities contributing to wellness	<input type="checkbox"/>
Other, such as course work, degree (MBA, MS, MPH), or urban, community, global health project	<input type="checkbox"/>

1) a) \*What is your approximate allocation of work time at present? Please rank order activities in which you spend time (1 for most time spent during an average week, 5 least time).

Patient Care \_\_\_\_ Teaching \_\_\_\_ Research \_\_\_\_ Administration \_\_\_\_ Other \_\_\_\_ (specify) \_\_\_\_\_

b) \*Teaching Hours for the period 7/1/2022- 6/30/2023 were

Hours Teaching Students in Courses	Hours Formal Teaching Residents, Fellows, Post-Docs	Hours Clinical Supervision and Training	Hours Research Supervision and Training	Hours Formal Teaching of Peers (e.g., CME)	Hours of Local Invited Presentation(s)	Hours Mentoring Trainees and Peers	Hours Education Administration and Service

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

\* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

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

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

4. \*Do you understand the HMS promotion criteria for advancement in your career trajectory specified above? Select one.

- Yes       No       Somewhat      Comments:

**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?

Institution	Mentor Name	Role

2. If you have mentees, list, give your role, and any skills you need to mentor effectively.

Mentee Name	Your Role	Additional Skills You Need

**C. Career Trajectory and Timeline for Completion of Goals**

\* List your 2-3 goals for the upcoming year:

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/Service:
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?

**Signed (or typed name)**

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

\* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

**HMS Faculty  
Office of Faculty Development, Boston Children's Hospital  
Annual Career Planning Conference 2022 – 2023 Chair Form**

Name of Faculty Member \_\_\_\_\_

Name of Chair/Mentor/Designee for Career Conference \_\_\_\_\_ Date \_\_\_\_\_

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

**1) The most important goals to be achieved in this next year are:**

- Clinical Expertise and Innovation:
- Investigation:
- Teaching/Presentations, and Educational Leadership, Mentoring others:
- Grant writing/Funding:
- Scholarship:
- Recognition, Leadership Positions in Institutions, Professional Societies/Organizations:
- Administration and Institutional Service:
- Education of Patients and Service to the Community:
- Work/Life Balance:
- Other:

**2) Community of Mentors include:**

**3) \*Update on academic trajectory and progress or plans towards promotion;**

a) Check option that applies below. Please feel free to include additional descriptive text to this section.

- Unable to assess at this time; faculty member in first term at rank.
- Promotion anticipated over the course of the new term.
- No promotion anticipated in the upcoming term because: \_\_\_\_\_

b) \*Future Career Advancement and/or Promotion will require: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) \*Future support needed in the following area(s):**

- Additional Training:
- Re-allocation of time and effort to teaching, clinical, research, scholarship and/or service:
- Resources and/or development programs:
- Other

**5) \*Brief summary of your discussion with the faculty member. Describe action steps for mutually agreed upon goals** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed**

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Chair/Designee \_\_\_\_\_

\* Indicates Liaison Committee in Medical Education (LCME)-required Annual Career Conference topics

## 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) Mentoring Circle Program, <http://www.massawis.org/mentoring-circles>. 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 ombudsperson 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**

