

# Office of Faculty Development

## Successful Mentoring for Early Career Faculty 2023–2024



**Boston Children's Hospital**

Where the world comes for answers



**HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL**

## **Mission**

The Office of Faculty Development (OFD) is dedicated to facilitating the career advancement and satisfaction of Boston Children's Hospital faculty, fostering careers particularly of early-stage 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 2023 after over three 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.

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.

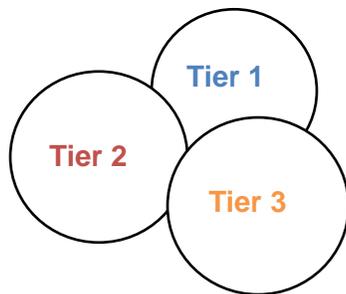


## Office of Faculty Development (OFD)

### Mentoring at Boston Children's Hospital (BCH)

BCH (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 for mentoring are delineated below:

**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 Early Career 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 Hans Oettgen, MD, PhD, Director, OFD and Nicole Ullrich, MD, PhD, MMSci  
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

HMS and the OFD expect that each faculty member will have a mentor and can assist faculty members who need advice on mentor selection. The Mentor or Career Advisor can provide guidance on career development and on building a mentor team. The OFD helps direct early career 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 a “Developmental Network.” 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, early career faculty need to acknowledge that the relationship is bidirectional and should benefit both the mentor and the mentee.

### **A spectrum of mentoring models**

Early career 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 early career 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.

## Setting career goals and mapping Developmental Networks

The first step for the Mentor is to encourage early career 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, Jean Emans, MD, Founder and former Director and Maxine Milstein, MBA, Program Director, 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**



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 source of 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 knowledgeable and/or influential person in the organization for the junior person. The sponsor provides the junior person high profile opportunities by opening doors to challenging assignments and key committee memberships and increasing visibility and networking. The sponsor 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 persist. 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 ≥35 peer-reviewed publications and/or appointment to a high-level leadership 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 early career faculty to leadership at conferences and in the home institution and by helping early career 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> Men, Women and non-binary 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-manels/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**

Mentees and Mentors should be aware of imposter syndrome. “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
- Discussing your assumptions about your mentor and vice versa early in the relationship
- Using perspective-taking to consider the situation from your mentor’s position

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

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

The Office of Health Equity and Inclusion is a resource for both mentees and mentors 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. Your first step as an early career faculty member is to define your career goals in clinical innovation, teaching, administration, and research and then meet with your current mentor, Lab Director, Division, Department or Program Chief. Bring your CV and Annual Career Conference Form (and Academic and Professional Development Plan, if requested), and together decide the best mentor team. If you are new to Boston Children’s Hospital, your Department, Division or Program Chief may have already assigned you a primary mentor and/or career advisor. In small departments, divisions and programs, the Chief may serve as a primary mentor for some early career faculty or you may have selected a different mentor.

*“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

As you begin to recognize your colleagues’ strengths, you can decide who might be the right personal and professional matches for your needs. Be open to signals that others may be expressing an interest in a mentoring relationship and follow through. Since the mentoring process requires a commitment and a willingness to devote time and energy, we recommend a minimum one-year commitment, which could be formal or informal. Over time, you should supplement and change your mentor team with “no fault” assigned. Mentoring thrives in such a broad, developmental culture.

With increasing professional demands, there is no “one-size-fits-all” mentor. Successful mentoring is a dynamic process whereby each learns to respect and trust the other’s commitment and expertise, but individual choice and style play important roles. This individuality creates unique mentor pairs or teams. The principle applied is that you receive sustained support, whether from one “supermentor,” a team of mentors, or an evolving, developmental mentor composite.

*“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

To gain the most from your experience, you need to be active in defining your needs and in choosing the best mentors to assist you 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

\* Adapted from Blood et al. Academic Women Faculty: Are They Finding the Mentoring They Need?

Choosing mentors creates a strong basis for your professional growth, and so being active in the process is a good starting point. Faculty members are truly approachable. At least one mentor should be in your field of scholarship and be able to support your career trajectory with critical feedback and resources. Your Developmental Network should include senior faculty, as well as peer mentors, juniors, family, and friends who can support your career advancement and/or psychosocial development.

By asking for advice and welcoming constructive criticism, you create a dynamic relationship with your mentor(s). As the relationship progresses, it will be easier to be more specific in your requests. As part of your responsibility, you should stimulate and engage your mentor with articles and discussions on research or other topics. If your interest crosses disciplines, it will be useful to seek advice from someone who has successfully bridged these fields. Develop and customize your “elevator speech,” a thirty second to one minute networking pitch that showcases your personal “brand” and your goals.

Accepting challenges willingly suggests a desire to progress. Even if your initial reaction to a mentor's advice is skeptical, you should still consider it seriously. While it may seem irrelevant at the time, often the advice will become an important opportunity for you over time. If so, let your mentor know, by providing a specific example of how you followed their advice and how it proved helpful. Show appreciation for the time and assistance of your mentor. Because one of their greatest rewards is your success, mentors may be very generous with their time. Along the way, you should reciprocate with even small measures of appreciation. These include returning phone calls, e-mail messages and other communications promptly.

Through a relationship similar to a friendship, mentoring supports your professional growth, and you may be comfortable discussing "thorny" issues, including cultural, race, and gender concerns. Your mentor may ask you questions about your personal life to get to know you as a whole person. Knowing something about your mentor's life outside the institution can help you both communicate better. Make only positive or neutral comments about your mentor to others. If, after a period of time, you don't believe that either you or your mentor are able to contribute to an effective mentoring relationship, the OFD or your Chair can assist in finding or selecting different mentors. If a relationship ends, do so on good terms, keeping the lines of communication open with your mentor.

### **The Role of Retired Faculty in Mentoring**

James Kasser, MD, is spearheading the Transition Project for Retiring BCH faculty that includes the OFD on planning transitions to retirement for senior faculty, to address email, insurance, ongoing mentoring, and choice of trajectory. Semi-retired faculty in some departments have also provided mentoring and CV review<sup>24,25</sup>

***"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

***"A mentor should help the mentee achieve . . . maximum potential by having high expectations, giving frequent feedback and leading by example."***

Arin Greene, MD  
2013 HMS Young Mentor  
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

## Setting Expectations – What do Mentors expect Early Career Faculty will do?

It is essential that mutual expectations be agreed upon at the onset of the relationship, including the time frame of the mentoring relationship. Mentors expect that early career faculty will:

1. Meet or make contact in accordance with the agreed upon plan
2. Formulate 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.
3. Set the agenda for each meeting
4. Be prepared for meetings and follow through on recommendations and commitments
5. Ask for advice and listen thoughtfully
6. Interact in a positive, proactive manner
7. Take responsibility for their own development
8. 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.
9. Be a role model, exhibiting the highest professional standards.

*“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

*“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

*“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

*“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

## The Mentee's Checklist

### Preparation

- Ask yourself – What are my goals? How can a mentor assist me in meeting these goals? What are my competency levels and skill sets?
- Introduce yourself by phone, brief letter or email. Invite a meeting, clarify whether it will be in-person or virtual, and set forth the agenda. Be ready to ask for advice and listen thoughtfully.
- Update your résumé/CV and send a copy to your mentor in advance of your first meeting.
- Ask for and review a copy of your mentor's résumé/CV in advance of your first meeting. Look at some of your mentor's publications.
- Think about your Developmental Network (colleagues, juniors, mentees, family and friends) including your Community of Mentors (scholarly mentors, career advisors, educators, co-mentors, peer mentors, e-mentors) who you turn to regularly for career advice and support, both inside and outside your division/department/school. (An exercise to help you map and analyze your Developmental Network is included in Appendix A).

### First and second meetings

- Discuss your short- and long-term professional goals and proposed project. Work together to develop steps toward these goals with a timeline.
- Consider the skill sets that require additional mentors: What skills do I need to learn or improve? Who can help me navigate the organizational culture? What do I want to change about my work style? List the people in your Community of Mentors and Developmental Network who can provide career advice, coaching, or support; review gaps. Are there other mentors or collaborators needed?
- Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week to once every month or two. Interactions may range from brief email to a phone "check-in" to lengthy follow up. Either member can initiate a meeting; do not wait for your mentor.
- Consider drafting a mentoring agreement/contract to outline mutually agreed upon expectations.<sup>26</sup>
- Send a written agenda to your mentor at least a day before your meetings.

### Some Topics for Discussion for Early Career Faculty with a focus on Research, Clinical Care, and Healthcare Professional Education

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

#### **Research**

- Discuss proposed research project and how to develop aims and hypotheses.
- Do you need to add mentors with expertise in the specific research project you are working on to your Developmental Network?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed research.
- Assess skills/resources needed for projects and timeline.
- Ask about funding opportunities and how to interact with project officers.
- Meet frequently to ensure progress in meeting original project goals, developing new projects, writing manuscripts or grants.

#### **Clinical Care**

- Discuss clinical expectations and goals for continuous learning. Are there areas of clinical focus and innovation for scholarship (review articles, case reports), research, collaborations, and teaching?
- Discuss the proposed QI project – what are the aims? Project design and methods? Assessment? Collaborators?
- Assess skills/resources needed for projects and timeline.

- Do you need to add mentors with expertise in QI, health care reform, billing and coding, health equity, informatics, epidemiology, specific medical content or methodology, or statistics to your Developmental Network?
- Discuss your membership in professional clinical organizations. Are there other professional committees/organizations you 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 you to achieve national recognition?

### **Healthcare Professional Education**

- Discuss courses and lectures taught and evaluations/ratings. Were you responsible for any innovative teaching methods? What strategic venues such as Grand Rounds or conferences have you been invited to speak at? Who has observed you during teaching? What type of feedback have you received? What are your strategies for improvement?
- Discuss courses/presentations that you have attended, such as those offered by the Harvard Macy Institute or HMS Medical Education Grand Rounds. Would you benefit from participation in Children's medical education certificate program, peer observation and feedback of teaching sessions?
- Are you a member of The Academy for Teaching and Educational Innovation and Scholarship at Boston Children's Hospital and/or The HMS Academy? Are you a residency or fellowship program director? Do you teach at HMS? Are there other professional educational committees/organizations you should be joining or taking on more of a leadership role?
- Do you need to add mentors with expertise in medical education or the specific educational project you are working on to your Developmental Network?
- Discuss a proposed educational project – what are the aims? Hypotheses? Project design and methods? Sample size? Assessment? Publications on the topic? Pilot data, if any? Collaborators? Authorship? What professional networks and online communities can facilitate your project?
- Write out a 2 page concept paper with brief background, aims and hypotheses, and analysis plan of your proposed project.
- Assess skills/resources, including funding, needed for projects and timeline.

### **Promotion**

- Discuss career trajectory and skills/deliverables needed to progress to next level. Familiarize yourself with the HMS Guidelines for Promotion in your specific Area of Excellence.

### **Balance and Negotiation**

- Ask your primary mentor to identify key steps in their career path that seem valuable.
- Ask about HMS and BCH resources for family, child care, and work/life balance.
- Learn about successful negotiating styles and skills including resources and training provided by the both the Harvard and Boston Children's Ombuds Offices.

### **Follow-up Meetings**

- Set mutual expectations and responsibilities at the onset of the relationship and follow through.
- Investigate need for specific mentors and skills and how the plan can be actualized over time.
- Use the checklist to track progress. Keep an ongoing portfolio of activities and works in progress, and check your timeline.
- Suggest potential topics for future meetings, such as meeting goals, time management, work/life balance, negotiation, manuscript completion, etc.
- Continue to assess the skill sets that require additional mentors: What skills do I need to learn or improve? What do I want to change about my work style? What professional networks and online communities are important?
- Try to maintain relationship for at least one year. Reevaluate mentoring relationship as needed, but at least annually. Agree on confidentiality and no-fault termination.

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

#### **OFD Advisory Committee**

Elizabeth Armstrong, PhD  
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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. □

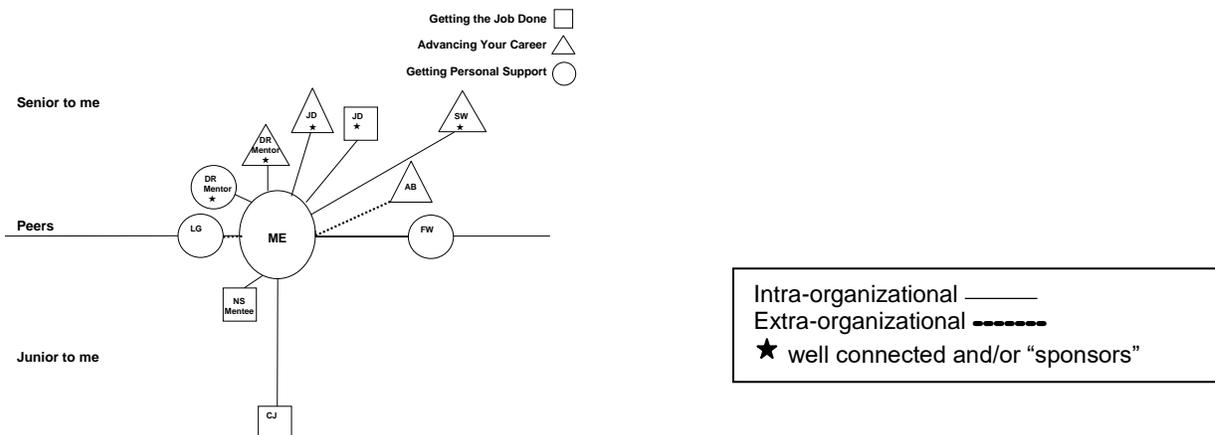
Close Relationship	Moderate Relationship	Distant Relationship
NS, research assistant (Mentee)	JD, PI of grant ★	CJ, administrative assistant

**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.



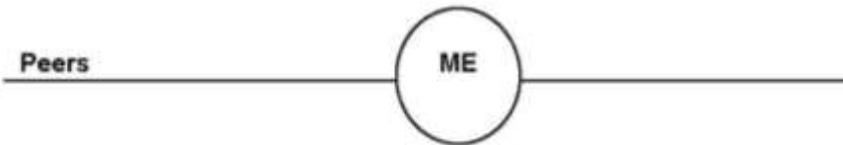
Close Relationship	Moderate Relationship	Distant Relationship

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



Close Relationship	Moderate Relationship	Distant Relationship

Senior to me



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?

## Appendix B. Resources for Healthcare Professional Educators

### **Boston Children’s Department of Education**

The Department of Education represents the educational mission of Boston Children’s Hospital: to provide outstanding clinical education in pediatrics and pediatric specialties across graduate, undergraduate, continuing education and professional development.

### **The Academy for Teaching and Educational Innovation and Scholarship:**

The Academy for Teaching and Educational Innovation and Scholarship at Boston Children's Hospital aims to foster health professionals as educators and scholars within the BCH community. Through various professional development initiatives, it promotes excellence and advancement of teaching and educational research across the hospital. These initiatives include opportunities for professional development, such as a series of monthly seminars and biannual education retreats, along with scholar groups led by experts that encourage educational research and innovation. The Academy also provides grants for education, clinical teaching awards, teaching consultations, as well as interprofessional, multidisciplinary, and cross-hospital education programs. The co-directors of the Academy are Dr. Alan Leichtner and Ms. Lori Newman, who collaborate with a team of associate directors. These directors oversee Interprofessional Education, Educational Inclusion, Professional Development, Education Scholarship, and Educational Consultation.

The Academy has experienced tremendous growth since its restructuring in 2015, with 400 members currently comprising the Academy, including 53 new members in 2022. Members choose between standard and scholar tracks and are divided into senior, standard, and trainee levels. The membership is diverse, representing over 50 divisions, departments, and hospital units across the institution, including physicians, nurses, social workers, psychologists, nutritionists, dentists, pharmacists, and PhD researchers.

The Academy's monthly seminar series is presented virtually, modeling how educators can best teach online. Examples of the 2022 seminar topics included: *Teaching and Learning with an Intersectional Lens*, *Exploring Individual and Team Resilience in Healthcare*, and *Using Educational Alliances to Improve Feedback Relationships*. The spring 2022 education retreat focused on *Every Teacher is a Leader: Tapping Into Effective Leadership Skills in Your Role as an Educator*.

For more information, please visit <https://dme.childrenshospital.org/>

### **Continuing Education**

The Continuing Education Department at Boston Children’s Hospital is passionately committed to improving patient care and safety by providing high-quality, interprofessional educational programs to healthcare professionals across the globe.

The department offers a wide range of accredited activities for healthcare providers to advance their professional development, education and training. Our in-person and online courses are designed and taught by leading pediatric medicine experts and span various healthcare topics, specialties, and innovations.

The Continuing Education Department provides a comprehensive catalog of on-demand courses for healthcare providers. We created this website to allow a self-guided learning pathway that brings the classroom to you.

Each course is designed to meet the learner’s needs, keeping them engaged and allowing them to complete the course at their own pace. Some of our highlighted courses include but are not limited to Food Intolerance and Food Allergies, Asthma, Problematic Interactive Media Use, COVID-19 Updates, Non-Medical Opioid and Opioid Use Disorders, Behavioral Health, and our new podcast Boston Children's Answers Raising Celiac. All courses are available for CE credit.

To view courses and learn more, visit <https://dme.childrenshospital.org/continuing-education>

## 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 <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 2023 – 2024 Faculty Form

Each Faculty member should schedule a Career Planning Conference with their 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 2023 – 2024 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 \_\_\_\_\_

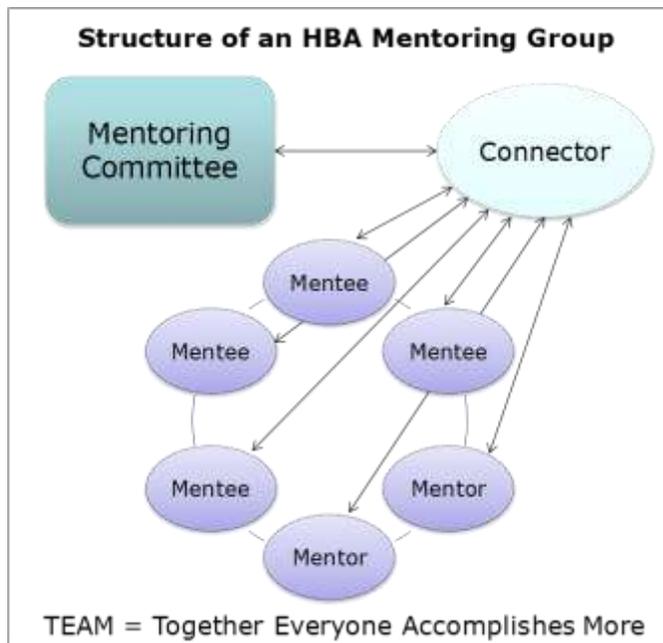
Chair/Designee \_\_\_\_\_

\* 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**



Source: Joanne Kamens, PhD, HMS/HSDM Joint Committee on the Status of Women Presentation 2013, with permission

### Peer Group Mentoring Roles:

#### Mentor Responsibilities

- Set up initial meeting and lay out expectations for remainder of the year
- Guide the discussion at all meetings and facilitate involvement of all members
- Flag issues, if necessary reach out to the Connector for help
- Provide resources and help create programs

#### Mentee Responsibilities

- Set personal and/or group goals
- Schedule meetings (plan at least 1 month ahead)
- Create agendas (what does group want to discuss?)
- Provide homework to group so that everyone is prepared for the discussion

#### Connector Responsibilities

- Monitor progress of assigned Mentoring Group
- Provide guidance on toolkits, best practices, and reference materials
- Be a contact for raising concerns, questions, and issues that cannot be resolved within the Mentoring Group