



Anatomy of Mentoring

STEPHEN LUDWIG, MD AND RUTH E. K. STEIN, MD

Mentoring is a term often heard in the halls of academic medical centers. Although there are requirements from the Accreditation Council for Graduate Medical Education¹ and recommendations from other national organizations²⁻⁴ that physicians receive effective mentoring, little has been written defining the specific roles and responsibilities of the mentor, and even less about the duties of a junior person engaged in the mentoring relationship.

Mentoring is a special type of relationship between 2 people—1 senior and 1 more junior—that is both a personal and professional bond. Its primary purpose is to advance the career of the more junior person and to help that person realize his or her career goals. But, as in any other human relationship, there are deeper levels of need—fulfillment, trust, and expectation—essential to the success of that relationship.

We conducted focus groups to define the structure and operation of the mentor–mentee relationship at a Leadership Meeting of Academic General Pediatricians sponsored by the Ambulatory Pediatric Association. Our premise was that better appreciation of the nuances of this relationship would help improve the mentoring skills of academic leaders. We are particularly interested in the perceived contributions to the junior member challenges that threaten mentoring relationships. Herein we summarize the focus group participants' comments and provide a review of the literature.

We considered several possible terms for the individual whose career was being guided (“protégé,” “apprentice,” and “preceptee”), but rejected each. The junior individual should not be following in the mentor’s footsteps, as suggested by the term “protégé.” The individual is not simply a student or apprentice, nor are he or she being taught by precepting. Thus, we chose the term “mentee.”

Goals of a Mentoring Relationship

In most institutional settings, trainees and junior faculty seek help in developing their careers. Senior faculty members

see mentoring as a responsibility. Although the ostensible purpose of the relationship is to foster the mentee’s career, when the relationship works well, it is mutually beneficial. Mentoring creates a bond that can bring rich personal rewards to the mentor related to the joy of enabling others and imparting knowledge, advice, experience, and hopefully some wisdom, and in watching the mentee’s personal growth. At times, it can even help advance a field of study. These are ultimate rewards for a teacher and are especially germane for pediatricians, who are professionally committed to promoting individual growth and development.

Characteristics and Qualities of Mentor and Mentee

The focus groups discussed and developed lists of the mentor and mentee characteristics (Table; available at www.jpeds.com). Although the lists were generated separately, there is synergy between them.

Roles and Responsibilities of a Mentor

Whether the mentor is chosen or assigned, the mentor is committed to helping the mentee to meet his or her own career goals and become a mature professional. This cannot be accomplished without significant listening skills and understanding of the individual mentee’s needs and aspirations. At the same time, the mentor brings a great deal of experience and expertise to the relationship and offers a realistic perspective on how the mentee can achieve his or her goals and on the professional development necessary to move along the desired career trajectory. Key components are the ability to help develop new skills and strengths, set realistic and attainable goals, and monitor progress toward those goals. The mentor must help keep a long-term view while also setting targets and holding the mentee accountable for staying on track to achieve intermediary targets.

A mentor must be able to assess the personal characteristics of the mentee, provide constructive feedback on the mentee’s strengths and weaknesses, and provide guidance and advice without being too prescriptive. This requires striking a delicate balance. Trust is a key component in the ability to stretch the mentee to grow in important ways that may be initially challenging. All of this requires excellent communication and interpersonal skills.

From the Department of Pediatrics, University of Pennsylvania School of Medicine, Children’s Hospital of Philadelphia, Philadelphia, PA (S.L.) and Albert Einstein College of Medicine and Children’s Hospital at Montefiore, Bronx, NY (R.S.)

Reprint requests: Steven Ludwig, Department of Pediatrics, University of Pennsylvania School of Medicine, Children’s Hospital of Philadelphia, 34th St and Civic Center Blvd, Philadelphia, PA 19104. E-mail: ludwig@email.chop.edu.

(*J Pediatr* 2008;152:151-2)

Besides acting as a role model and instrument for helping the mentee grow, another important aspect of mentorship is helping the mentee learn to navigate within the professional community. In this respect, the mentor plays 2 key roles: (1) protecting the mentee, keeping him or her from unreasonable demands and from pitfalls and helping navigate any conflicts that arise, and (2) advocating for the mentee and providing introductions, opportunities for development, and exposure that might not otherwise be available (eg, asking the mentee to serve as a co-author, nominating the mentee for an activity). The advantages of this relationship to the mentee are obvious, but there are well-documented reports about the value to the mentor as well.⁵⁻⁷

Roles and Responsibilities of the Mentee

Little has been written about the mentee's roles and responsibilities that promote successful achievement of his or her goals.^{8,9} The mentee is responsible for, for example, making and keeping appointments for meetings, showing up on time, and preparing to advance the work. If there are materials that need to be reviewed by the mentor, then the mentee should get them to the mentor in a timely way. The mentee must demonstrate a sincere motivation to meet with the mentor, even when both have busy schedules.

The mentee is responsible for setting clear goals for individual meetings and having a sense of the kind of help that he or she needs. Because the mentor-mentee relationship is based on advancing the mentee's career, the mentee must articulate career goals and objectives or, when these are uncertain, discuss the choices and sources of confusion. Although the mentor may take responsibility for defining overall professional expectations, setting time frames, and breaking up large challenges into attainable goals, the mentee needs to be actively engaged in seeking assistance and defining needs. The mentee should prioritize and modify goals, based on advice about the sequence of steps or the implications of choices that the mentor outlines.

It is the mentee's responsibility to report on work accomplished and difficulties encountered, including failures and barriers that keep he or she from accomplishing goals. This is where the qualities of honesty, integrity, and self-understanding come into play.

Challenges to Successful Mentoring

Various factors may interfere with the success of a mentor-mentee relationship. First, there may be a poor fit between the needs or the personalities of the 2 individuals. If this occurs and the individuals are not able to work things out, then a different pairing may be needed. More often, there may be certain needs that cannot be met within an overall good relationship, and supplemental arrangements may be needed for specific kinds of expertise or help from other individuals. The wise mentor is quick to identify such situations and help the mentee identify others who can help

accomplish specific goals. This may result in shared mentoring for long-term or shorter-term needs.

Finding the time for mentorship on a regular basis may be another challenge. The groups recommended that regular meetings be set, although the frequency of these may vary during the course of the relationship and the stage of the mentee's career. These meetings should address a mix of short-term and long-term planning and tasks. It also may be helpful to schedule sessions to formally assess how things are going and to provide periodic feedback for each member of the dyad. Especially when the 2 individuals like one another and have formed a personal bond, it can be difficult to provide negative feedback, even though such feedback may be necessary for the growth of one or both. This is especially difficult when the mentor is seen as a role model, parent figure, or elder, or when the mentor is seen as holding power in the department or discipline.

Substantial strain also can arise in the feedback component of the relationship when the mentor is also the mentee's administrative supervisor, such as when a division director serves as a mentor. This situation may necessitate some separation of the different roles and types of discussions so as to maintain trust in the mentoring relationship. When conflicts of interest arise, such as when the supervisor needs the mentee to take on work that is not in the mentee's best interest, it is important to clarify roles (eg, "Are you talking now as my mentor or as my boss?"). Clarifying roles and responsibilities, which are not always concordant, is an important aspect in maintaining trust and effective communication.

Another type of tension that can arise is when the mentor loses sight of the goal of the relationship: to help the mentee become what the mentee wants to be, not to have the mentee follow in the mentor's footsteps. A mentor unwilling or unable to give the mentee sufficient credit for his or her own accomplishments can create a competitive situation within the dyad that can undermine the relationship.

Finally, various personal and emotional issues can strain the mentor-mentee relationship. Examples include lack of mutual trust, fear of failure on either individual's part, lack of focus or time, or inadequate skills.

The focus groups articulated many important details of the mentor-mentee relationship. Despite the many challenges, the groups' insights and our personal experiences, both as mentees and as mentors, provide convincing evidence that mentorships can be wonderful and rewarding experiences. The mentor's and mentee's awareness of their respective roles and responsibilities will increase the likelihood that the relationship will flourish and be mutually rewarding.

References available at www.jpeds.com.

0022-3476/\$ - see front matter
Copyright © 2008 Mosby Inc. All rights reserved.
10.1016/j.jpeds.2007.10.022

REFERENCES

1. Accreditation Council for Graduate Medical Education. Common program requirements. Available at www.acgme.org. Accessed November 1, 2007.
2. Association of American Medical Colleges. Compact between postdoctoral appointees and their mentors. Available at www.aamc.org. Accessed November 1, 2007.
3. Association of Professors of Medicine. Mentoring in medicine: keys to satisfaction. *Am J Med* 2002;112:336-41.
4. Sambunjak D, Straus SE, Marušić A. Mentoring in academic medicine: a systematic review. *JAMA* 2006;296:1103-15.
5. Allen TD, Poteet ML, Burroughs SM. The mentor's perspective: a qualitative inquiry and future research agenda. *J Vocat Behav* 1997;51:70-89.
6. Pololi LH, Knight SM, Dennis K, Frankel RM. Helping medical school faculty realize their dreams: an innovative, collaborative mentoring program. *Acad Med* 2002;77:377-84.
7. Bhagia J, Tinsley JA. The mentoring partnership. *Mayo Clin Proc* 2000;75:535-7.
8. Chew LD, Watanabe JM, Buchwald D, Lessler DS. Junior faculty's perspectives on mentoring. *Acad Med* 2003;78:652.
9. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui T. "Having the right chemistry": a qualitative study of mentoring in academic medicine. *Acad Med* 2003;78:328-34.

Table. Important characteristics and qualities in mentoring relationships

Mentor	Mentee
Inspirational	Motivated
Empathetic	Self-reflective
Honest/credible	Honest
Available/approachable	Organized/persistent
Role model	Active
Resourceful	Creative
Listener/communication	Receptive
Modesty/humble	Humble
Flexible	Resilient