PEOPLE ENRICHING PEOPLE (PEP)

MENTORING GUIDE



The UW Department of Ophthalmology and Visual Sciences (DOVS) and UW Health Ophthalmology in conjunction with the Office for Faculty Affairs and Development of the School of Medicine and Public Health (SMPH), affirms that DOVS clinical and research faculty, administrative, education, and research staff, learners, and trainees (including but not limited to post-doc, T-32, graduate students, and other trainees) and UW Health Ophthalmology staff (including but not limited to opticians, technicians, schedulers, and other colleagues), regardless

and mission of the department.
We also understand that medical school,
residency training and graduate programs, as
well as professional development and training,
do not adequately prepare faculty, optometric
providers, staff, learners, and trainees with
all of the skills that they need to meet
requirements for advancement and maximum
career satisfaction. Mentoring is seen as a
way to supplement and support training gaps

of their roles and responsibilities,

contribute to fulfilling the vision

needed for career success.¹⁵ The objective of this mentoring guide is to provide an overview of the mentoring functions and structures to engage all DOVS and UW Health Ophthalmolgy members interested in mentorship. Internal and external mentoring relationships will be cultivated and encouraged. The guide also provides strategies and tools that can be used to assess mentoring needs and select

the right mentors to fulfill these needs. The resource section of the guide includes links to training opportunities, mentoring resources, and tools useful for both mentees and mentors.

This Mentoring Guide is designed intentionally for the DOVS and

UW Health Ophthalmology community at all career stages who can benefit from strategies that promote and sustain productivity and foster joy in their careers. For the purpose of this document and People Enriching People (PEP) mentoring program, we use DOVS and UW Health Ophthalmology community to be inclusive of all faculty, staff, learners, and other trainees.

WE DEFINE THE DOVS AND UW HEALTH OPHTHALMOLOGY COMMUNITY AS:

FACULTY

DOVS clinical and research faculty, including optometric providers and clinical adjunct faculty, at various stages of their career.

STAFF

DOVS and UW Health Ophthalmology community's administration staff, technicians, research staff, opticians, schedulers, and others.

LEARNERS

Medical students, doctoral candidates, post-docs, residents, and clinical fellows who are trained through DOVS.

OTHER TRAINEES

Wisconsin Reading Center (WRC) pre-residency fellows, pathology fellows, visiting learners and faculty, at all career stages.

BENEFITS OF MENTORING

One of the most important of those strategies is to seek out appropriate career mentoring.

Studies of mentoring in the health professions find measurable benefits at all career stages.¹⁰ For example, compared to those without mentors, those with mentors demonstrate higher levels of:

- Teaching effectiveness evidenced by declines in teaching anxiety and improved student ratings of teaching effectiveness¹⁶
- Research productivity¹

- Professional socialization and interactions with colleagues⁶
- Salaries
- Satisfaction with salary and promotion

The literature also demonstrates formal mentoring relationships, in which the mentor and mentee have defined and aligned roles and responsibilities, are more effective than informal mentoring relationships.

DEFINITION OF MENTORING

The following expectations are central to the achievement of a successful mentoring partnership through DOVS and UW Health Ophthalmology community:

- Supports all faculty, staff, learners and trainees at all stages of their careers to achieve full potential in their respective areas.
- 2. Accomplishes goals set during the partnership by both the mentor and mentee.

3. Increases overall engagement in teaching, research, and service.

Mentors who participate in the PEP mentoring program will be recognized for their commitment and engagement in it.

We draw a distinction between the functions of oversight and supervision versus mentoring. Departmental committees typically meet with probationary faculty members once or twice a year to monitor progress toward promotion and to prepare faculty for their annual review.

Although <u>pre-promotions oversight (PPO)</u>
<u>committees</u> and staff supervision can also
provide some mentoring functions, many DOVS
and UW Health Ophthalmology community
members benefit from mentorship that requires
more frequent input and different expertise. In
this guide, we review the mentoring functions
that can benefit individuals and describe

different formats that can be implemented to meet these mentoring needs.

We also offer recommendations for how earlycareer employees can assess their mentoring needs, find mentor(s) to meet these needs, and make the best use of mentorship through this program.

RESPONSIBILITIES AND EXPECTATIONS

In order to achieve the goal of offering mentoring to the entire DOVS and UW Health Ophthalmology community, leadership needs to be strategic about how to use limited resources. For example, senior faculty cannot

provide frequent, individual mentoring to all early-career faculty, nor do all early-career faculty require intensive mentoring. This may also be said of staff as well as learners and trainees.

The appropriate mentoring guidance must meet the needs

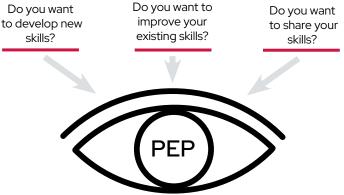
of those engaging in such a relationship. The mentoring relationship should be seen as a mutually beneficial partnership. The amount and type of mentoring will be tailored to the member's specific roles, responsibilities and expectations for advancement in their career. For example, research-intensive faculty, staff, trainees or learners may need to meet weekly

or biweekly with one or more mentors to plan and execute their research program. In contrast, those with heavy clinical responsibilities may not have the time nor the need to meet regularly with a mentor. They may need a "just-in-

> time" approach to mentoring in specific areas such as clinical care conundrums or advancement in rank.

Effective mentoring can be achieved through intentionality, a variety of mentoring structures (e.g. dyads, triads, group mentoring, peer

mentoring), and with varying degrees of input from different members of the DOVS and UW Health Ophthalmology community. Mentoring may be specific to various content areas (e.g., clinical education, research, outreach, administrative advancement, new knowledge, etc.) or address topics like how to become a recognized leader in your field.



TYPES OF MENTORING FUNCTIONS

The mentoring literature identifies two overarching mentoring functions: technical or instrumental career functions, and psychosocial or expressive career functions.

For example, technical career functions for a mentor include being an advisor for development of a specific professional area. This may include advising on the development of academic scholarship, research grants, leadership skills, or other skills that focus on advancement and career growth.

A variation on technical mentoring is functional mentoring, defined as short-term, project-oriented mentoring. For example, an individual or small group of early career professionals may identify an area where skill development would be warranted. They may seek a mentor who has expertise in the particular skill set that is needed.

Mentors can also fulfill a psychosocial or expressive function with their mentees. In this role, mentors become an advocate for the mentee within the department, school and profession. They serve in a supportive role and model positive collegial interactions. Mentors can assist the mentee with navigating political issues in the workplace and promote scholarly and professional values and integrity. The psychosocial mentor would be the person to go to for discussing issues of work life balance and should be a resource to help the DOVS and UW Health Ophthalmology community navigate minority status in the workplace.

Sometimes the same individual or group can

serve technical and psychosocial mentoring needs. Alternatively, a mentee may seek out these two types of mentoring from different individuals or groups.

It should be noted that there is a difference between mentorship and sponsorship. Mentorship involves career guidance, feedback and support, whereas sponsorship involves advocacy by someone who can influence decision-making processes or structures. For example, a DOVS or UW Health Ophthalmology community member with a leadership position in a national organization may suggest a junior colleague for an important position or committee within the organization. The senior colleague recognizes the unique skills and talents of the junior colleague and makes opportunities for career advancement available that would not have been available without sponsorship.

Sponsorship is a very important skill for senior DOVS and UW Health Ophthalmology community members and leaders to acquire and develop. It is important to look for opportunities to sponsor those who come from demographic groups that are often underrepresented in medicine, academics, research, and administration as the literature indicates that they may have a more difficult time advancing in their careers. Importantly, mentors can provide sponsorship, but sponsorship can also be provided by individuals who do not have an ongoing mentoring relationship with the person whom they sponsor.

ASSESSING MENTORING NEEDS

Assessing mentoring needs is an important first step to discern the types of mentor functions and expertise that match career goals. Then mentees can consider which mentoring structures fulfill those needs and identify potential mentors. Information gained

from this assessment can be used to determine whether all the mentoring needs can be met by one mentor or if more than one mentor will be needed. There are several useful tools designed to guide mentees through this self-assessment process, briefly described here.

Individual Development Plans (IDP). The IDP is a tool to help in the career and promotion planning process. IDPs include sections for self-assessment and reflection; career choices and pathways; short- and long-term goals; and ways to achieve and implement those goals. The IDP also facilitates communication between mentees and mentors and can help align expectations for the mentoring relationship.

IDP Template

Mentee Self-Assessments. Self-assessment tools assess one's skills, abilities, strengths and weaknesses across a variety of domains (e.g. mentoring relationship skills, research knowledge and skills, teaching knowledge and skills, leadership expertise). Knowing their level of proficiency in each area can help mentees identify appropriate mentors. The mentee could also share the self-assessment with their current mentors to develop a plan to strengthen skills in certain areas. (See Mentoring Resources for example.)

Mentee Self-Assessment Worksheet

Mentoring Maps. A mentoring network mapping exercise highlights the value of self-reflection to help articulate one's academic and career goals and identify unmet mentoring needs. Employees may have multiple mentors, both formal and informal, throughout their careers. A mentoring map identifies the various professional and personal domains (e.g., sponsorship, professional development, emotional support, role models, intellectual community) key to career advancement and the roles that mentors can play.

Mentoring Map

Mentoring Plans. Preparing a mentoring plan could be useful for discerning the roles of multiple mentors. A mentoring plan specifies short- and long-term objectives and may include specific competencies and expertise the mentee would like to achieve. An example of one template, below, structures the mentoring plan by aligning specific learning objectives and outcomes with individual mentors.

Mentoring Plan

PEP highly encourages the use of all of these tools:

- The IDP is especially useful during the initial stages of relationship building between the mentor and mentee.
- The self-assessment tool is a relatively quick way to understand the mentee's experience and comfort level with an area of interest.
 The tool provides information for mentor

- discussion and areas of improvement.
- Mentoring maps provide awareness of the mentee's current influences.

PEP expects that many mentees will need multiple mentors during their career depending on individual interests and the mentoring plan will provide guidance for the long-term career goals of mentoring relationships.

TYPES OF MENTORING STRUCTURES

The table below gives examples of several mentoring structures and formats that can be implemented. Early-career faculty, staff, trainees and learners, either individually or in

groups, can also take it upon themselves to seek out mentoring to meet their needs through an individual or group mentoring format.

COMPONENTS OF MENTORING STRUCTURES

Adapted from Faculty Success Through Mentoring: a Guide for Mentors, Mentees and Leaders²

	TRADITIONAL	MENTORING NETWORKS	PEER GROUP MENTORING	GROUP WITH SENIOR OR NEAR-PEER LEADERSHIP	SPONSORSHIP
STRUCTURE	Hierarchical - one mentee with one mentor or group of mentors	May include any level of mentee; multiple relationships with a variety of advisors	Peer group meeting with each other or facilitated by a near-peer	Hierarchical - skills focused	Hierarchical
MENTOR MATCHING	Often assigned but can be selected by mentee	May be mentee or mentor initiated or facilitated by school or department	Often mentee initiated, may be facilitated by school or department	May be mentee or mentor initiated or facilitated by school or department	Often initiated by a senior community member, can be mentee initiated
ROLES	Mentee and mentor define roles and responsibilities of relationship	Variable - depends on group participants and needs	Peer support and holding each other accountable for goals	One or small number of mentors for specific skills, training, or information distribution	Provide key opportunities/ positions for early career employee
CONTENT COVERED	*Career development *Mentoring on area of primary scholarship *Other topics depending on needs	Variable - depends on group participants and needs	Determined by participants; can invite experts for topical discussions	Specific Skills: *How to put together a dossier *Improving teaching skill *Writing manuscripts	Focus of relationship will depend on the network of the senior employee and needs of early career employee
FREQUENCY AND DURATION	Usually meetings every 2 to 4 weeks until promotion to associate professor	Variable - depends on group participants and needs	Group meetings on schedule determined by the group	Often time limited, can be a series on a topic offered on a set schedule for a specified amount of time	Can be single or intermittent actions not associated with ongoing mentorship
CAREER STAGE OF MENTEE	Early career	Any career stage	Any career stage	Any career stage	Early career
CAREER STAGE OF MENTOR	Mid or senior career	Any career stage	Any career stage	Mid or senior career	Highly influential senior community member

Traditional Mentoring Model. The traditional mentoring format is the most time-intensive on the part of the mentor and the mentee. In this format, the mentor is most often a senior community member with expertise in the area of interest. Meetings are frequent, thus requiring a significant commitment of time and effort on the part of the mentor and the mentee.

Peer Mentoring Group Model. Another option is a group mentoring format with or without input from a senior or mid-career mentor. These can be initiated by the early-career employee or departmental leaders. For instance, a group of early-career faculty or administrative staff may meet to share with each other the challenges and successes on their career path and seek counsel from their peer colleagues. The group determines the size of the peer group, the frequency of meetings, format and content of the meetings.

The group can be a time-limited group or a longer-term group that meets both career and psychosocial needs. A senior community member or a guest expert can be invited to present on a topic of interest to the group or to give advice on challenges faced by the group. Peer groups can focus on sharing career goals, progress and challenges. They can hold each other accountable to these goals.

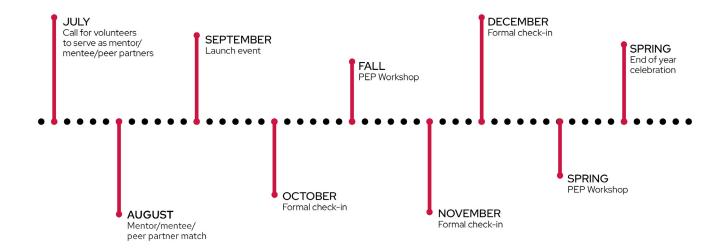
Group Mentoring Model with Senior or Near-peer Leadership. Additionally, department leadership may decide that having a senior faculty, staff member or alum convene a mentoring group would be the best method to meet the mentorship needs. Care should be taken in the selection of the group leader as it needs to be someone whom the faculty, staff, learners, and trainees trust and whom they believe will give advice based on their best interest and not simply based on departmental priorities or needs.

The group leaders could also be a "near peer." For instance, a faculty member who has been recently promoted, a learner who has recently graduated from training (alum), or a staff member given a new administrative responsibility. In this situation, the experience of the mentee would be more proximal to the experience of the group leader. These groups can be formed in a time-limited fashion to address a specific topic or even set up to be ongoing and address the concerns of the members on a rolling basis. The frequency and number of sessions can be decided by the group leader if the goal is to present information in a "just-in-time" manner or can be determined by the mentees based on their needs. Roles of mentors or near-peer group leaders can include: facilitation of the group meeting, reviewing goals and progress, directing scholars to internal and external resources such as other networks with specific expertise, and being available for consultation if the mentee is struggling or needs continued advice.

Mentoring Network Model. Mentoring networks usually include colleagues at multiple career levels. There may be one primary mentee who meets with other individual mentors to fulfill different mentoring needs. Alternatively, it can be a group of senior and junior colleagues with multiple intersecting mentoring relationships. The network may or may not have formal mentoring meetings. The mentee likely has dyadic or small group meetings around topics on which mentoring is required based on the expertise and function of different people in the group. This format can be particularly useful for groups that are underrepresented in medicine or for women. For instance, a mentee may have one or two mentors in their knowledge area and then another mentor or two with whom they can share their concerns about how their identity, as under-represented in medicine (URM) or female for example, is impacting their career progression.

Although all of these mentoring relationships are possible and encouraged during a mentee's career, the mentoring program put forth by PEP will focus on a hybrid mentoring model to fit the needs of the mentee. For example, initially the mentorship provided may be defined as more traditional, but will have flexibility to involve multiple mentors that are at various stages of their career or have an expertise in a focused area of interest for the mentee. All effort will be made to meet the mentee's current needs by the program.

ANTICIPATED PEP MENTORING PROGRAM TIMELINE



MENTOR SELECTION

The first step to establishing an effective mentoring relationship is selection of mentors. The overall goal for the mentormentee relationship is to engage in ongoing efforts to promote success in research, educational excellence and academic stewardship. Department chair, service chiefs, vice chairs, department administrators, supervisors and peer colleagues are good sources for mentor recommendations and should take responsibility to support mentees in identifying appropriate mentors. PEP also encourages mentees to seek mentors and allies outside of their field of knowledge and expand into other networks to support their personal and professional development.

Potential Mentors

The more information one can communicate about one's goals in meetings with potential mentors, the better the ultimate fit will be. Investing time to discern your mentoring needs and the mentor qualities that will best fit your needs is worthwhile. Mentors do not need to be limited to individuals within your department. A mentoring relationship with someone outside the division/department may help broaden the network of colleagues and provide a new perspective or approach to thinking about one's work. It is almost always best to have a mentor who is not the direct supervisor as the supervisor has multiple roles and responsibilities with regard to the clinic, division, and department that may be in conflict with the best interest of a particular DOVS or UW Health Ophthalmology community member. A mentor who is not a direct supervisor or superior will

provide an opportunity for you to explore career plans and discuss barriers and challenges one is facing without reservation.

Some general criteria for identifying potential mentors include:

- Interest in contributing to the mentoring process.
- Availability (time and distance) for planned meetings.
- Skill set of mentors, e.g., expertise pertinent to the needs of the mentee.
- Relevant research, clinical, education, admin and teaching interests.
- Personal characteristics, e.g. personality, approach, life experiences.
- Networking and diverse perspectives.

Questions to guide selection of mentors are provided here, acknowledging that often multiple mentors with varying roles are required.

- What skills and expertise do you need to successfully fulfill your personal and professional goals?
- Does this mentor have enough seniority/ clout in order to advocate for you within your own institution, division, department or external network?
- Has this mentor successfully launched previous mentees into careers that align with your own goals?
- Can this person help you navigate your advancement process in your department?

- Can this mentor help you identify other potential members of a mentoring team and help model effective methods of sharing knowledge and decisions across multidisciplinary teams?
- Can this mentor help translate institutional/ professional cultures and norms in a way that fosters your sense of inclusion and belonging?
- What are previous and current mentees saying about this mentor's work and mentoring style?
- Does this mentor have the time and motivation to provide you the guidance you need?

The <u>UW ICTR Mentoring</u> website has curated a collection of resources, tools and suggested readings for each phase of the mentoring relationship. With regard to the selection process and what to consider when identifying potential mentors and assessing fit, see Selection Phase Resources. There you will find information about:

- Individual Development Plans (IDPs)
- Finding a mentor
- Assessing fit (see "Assessing Fit Checklist" and "Interview Questions to Help Assess Fit")
- Building a mentor team

Additionally, strategies that peers have found helpful for finding a mentor have been compiled:

- Begin by clarifying your own goals, skills, and areas of interest. Use your IDP to begin a conversation with a potential mentor. Examples are found on the ICTR mentoring website but some departments have also customized their own IDPs.
- 2. Interview mentors. Set up an investigatory

- meeting where you can informally explore a potential relationship (e.g., interview questions you might consider asking).
- 3. Interview current and previous mentees.

 Doing so will help you understand the mentor's philosophical and practical approaches to mentoring.
- Seek advice broadly. This includes getting suggestions from department chairs, peers, deans, co-workers, team members and web resources.
- 5. Don't be afraid to look for a mentor outside of your department. While the literature tends to recommend your primary mentor's area overlap with your own, scholars also advocate for successful partnerships with mentors outside of their department, especially given the interdisciplinary nature of clinical and translational research.
- 6. Think team. It is difficult for one person to meet all of your mentoring needs, especially when your research is exploring new areas of investigation or when your research is engaged with specific communities inside and outside the university.
- 7. Chemistry matters. A mentor is not only someone who will provide you with information and resources, but the person you will turn to when things are not going according to plan. Finding someone whom you trust and has your best interest at heart will make navigating those difficult times easier.
- 8. Give yourself time. Finding a good mentor match will likely mean meeting first with multiple people until you find "the one."

 Don't rush the process or sell yourself short by saying "yes" to the first person who expresses interest in you and your work.
- 9. If you have not yet identified a mentor, the department will aid you in a match.

ESTABLISH EXPECTATIONS FOR THE MENTORING RELATIONSHIP

Once a mentoring relationship has been established, an important next step is communicating and aligning expectations between mentors and mentees. A

clear understanding of respective roles, responsibilities and expectations will promote effective communication. Taking the time early in the relationship to share your goals and the roles you would like your mentor to play and to learn what the mentor is expecting from you sets the stage for a productive mentoring relationship. This is an opportunity to also discuss what the process will be when there is a misalignment in expectations. Recording the mentor and mentee expectations in a

written document (e.g., mentoring compacts or agreements) provides a useful reference going forward. These documents can be reviewed periodically to assess if expectations are still in alignment (see Alignment Phase Checklist).

See examples of mentoring compacts and agreements and other helpful information such as signs of misalignment within the <u>Alignment</u> <u>Phase Resources</u> on the ICTR mentoring website. As a guideline, PEP encourages a one-hour commitment per month from each mentor and mentee. Progress toward this goal will be discussed during check-in.

MAINTAINING AN EFFECTIVE MENTORING RELATIONSHIP

Attributes of effective mentoring. These include:

- Interpersonal skills (listening actively, aligning expectations, building trusting relationships)
- Psychosocial skills (providing motivation, developing mentee career and research self-efficacy, developing sense of belonging, developing science identity)
- Diversity/culturally-focused skills (advancing equity and inclusion, being culturally responsive, reducing the impacts of bias and stereotype threat)
- Sponsorship skills (fostering independence, promoting professional development, establishing and fostering mentee

professional networks, and actively advocating)

Attributes for effective research mentoring relationships include developing disciplinary research skills, teaching and learning disciplinary knowledge, developing technical skills, accurately assessing understanding of disciplinary knowledge and skills, and valuing and practicing ethical behavior and responsible conduct of research.¹²

Maintain regular and effective communication. Two types of communication are nonverbal and verbal, both of which can be expressed positively or negatively.

	POSITIVE	NEGATIVE	
NONVER- BAL	 Eye contact Open or relaxed posture Nodding or other affirmation Pleasant facial expressions 	 Averted eyes Crossed arms Pointing fingers	
VERBAL	 Asking openended questions Active listening Reflective listening Self-disclosure Summarizing 	 Moralizing Arguing Preaching Storytelling Blocking communication Talking too much 	

Mentors should be cognizant of engaging in positive communication and minimizing negative communication. Face-to-face meetings (including virtual meetings with video) can provide opportunities for nonverbal expression, which can help minimize negative feelings and miscommunication arising from solely verbal or written feedback.

Strategies for preparing for an effective mentoring meeting.

- It is beneficial for mentor and mentees to discuss the frequency of meetings and level of detail of mentoring discussions that might vary from one meeting to another.
- It is helpful to ask mentees to email an agenda to mentors in advance of a meeting so that mentors can be prepared to discuss the issues. Mentors can be invited to contribute additional items to the agenda.
- Close the meeting by summarizing main points and action items for both the mentor and mentee.

 Both the mentor and mentee should discuss if they would want to keep a record of the meetings as a measure of progress and for reference. These records can potentially be used for performance reviews and other recognitions.

Metrics of productive mentoring relationships. Metrics can be at the individual or organizational level.

- A key individual metric is self-efficacy: an individual's belief in their ability to execute a behavior. High self-efficacy in one domain does not imply high self-efficacy in another domain. For example, a mentee may have high self-efficacy to perform clinical duties but not perform research tasks. Similarly, a mentee may have high self-efficacy to perform some research tasks and not others.
- Organizational-level metrics include retention rates (e.g., at the institution or in research), promotion rates, productivity (e.g., grants, publications, patients seen), engagement, and performance ratings (e.g., patient satisfaction scores, resident teaching ratings).

Utilize tools. Each mentor and mentee brings to a relationship different preferences for communication, thinking, and teaching/learning. Tools can be used to assess these preferences, serving as a basis for conversations in which these preferences are recognized and strategies are developed to capitalize on these preferences. For example, various inventories can be used to assess mentor and mentee communication styles. Mentors and mentees may wish to complete a Myers-Briggs type inventory to provide insight to dimensions such as introversion/extroversion.

Addressing mentoring challenges. Challenges can arise for a variety of reasons: misalignment of expectations between mentee and mentor, poor communication or misalignment of mentor expertise with mentee needs. Effective communication skills can enable honest conversations between mentors and mentees about areas of misalignment. Mentors and mentees can seek advice from third parties while maintaining confidentiality. Such individuals include but are not limited to senior colleagues, vice chairs for research, or division or department chairs.

Fostering independence. With effective mentoring, mentees will gradually be able to conduct all aspects of personal development independently. To promote independence, mentors should continuously assess mentees' development and assign increasingly challenging tasks and projects, offering assistance with only the skills that are beyond the mentee's proficiency level. Mentees should

push themselves to increase responsibility and ownership of projects while still asking for support when needed. Mentors and mentees should engage in direct conversations about transitioning to independence and develop shared expectations about meeting frequency and extent of input from the mentor. As mentees develop independence, the quality and quantity of input from mentors decreases. For example, in a research mentoring relationship weekly meetings may transition to biweekly and then monthly. The extent of input on study design and execution and editing documents should decrease as well. Authorship positions should change as well, with mentors gradually appearing less often as senior author and not being included on all of the mentee's publications. This is particularly salient for tenure-track faculty, who will need to demonstrate independence from the mentor to earn tenure.

MENTORING COMPETENCIES AND EDUCATION

Mentorship education helps mentors at all experience levels develop and refine their mentoring abilities. The Entering Mentoring (EM) curriculum for example has proven to be effective in training mentors in research training environments to be more proficient mentors.¹³ Mentoring knowledge and skills have been organized into key competency areas within research mentoring relationships. While the EM curriculum has focused on research mentoring, it serves as a basis that can be applied to other types of mentoring.¹⁰ Examples of the core

competency areas include the following. Each competency area comprises a specific set of knowledge and skills.

- Maintaining Effective Communication
- Aligning Expectations
- Assessing Understanding
- Addressing Equity and Inclusion
- Fostering Independence
- Promoting Professional Development

RESOURCES

<u>UW Academic Staff Mentoring Committee</u>. The Mentoring Committee promotes professional and personal development among academic staff by documenting and communicating campus mentoring programs, activities and resources for academic staff; working with current university resources to provide available mentors for incoming academic staff; developing and delivering campus presentations and workshops on mentoring; and partnering with campus groups and committees, like CASIs, to develop mentoring opportunities for professions or title series. Additionally, all UW-Madison employees are welcome to join the committee's <u>LinkedIn group</u> to read relevant articles and participate in timely discussions about mentoring.

<u>UW-Madison Information Technology Mentoring</u>. UW-IT Mentoring connects newer UW-Madison employees with experienced colleagues in peer relationships that enhance skills, knowledge and experience. Enjoy the freedom to choose a mentor from anyone on campus.

University of Michigan developed Giving and Getting Career Advice: A Guide for Junior and Senior Faculty for <u>tenure track faculty</u> and <u>research track faculty</u>

The Association for Research in Vision and Ophthalmology (ARVO)'s Global Mentorship Program is a virtual program that supports early career members through monthly, guided topics related to non-scientific career development, general work-life balance and steps to actively engage with ARVO. The program pairs Members-in-Training and junior principal investigators with senior-level members in a sixmonth cohort.

ARVO Diversity Initiatives Committee monitors the issues facing ARVO members of minority groups, women and those with special needs. It develops initiatives to address these concerns and recommends ways for ARVO to respond. The Diversity Initiatives Committee works with the Members-in-Training Committee and the Global Members Committe to identify possible mentors and role models for fledgling minority/women investigators. The Committee also supports ARVO educational and membership initiatives, including outreach to schools and expansion of mentoring for junior minority/women scientists.

ARVO Members-in-Training Committee (MIT) monitors the issues facing members-in-training and recommends ways for ARVO to respond. Comprised of regular ARVO members as well as MITs (pre- and post-doc students, fellows, and residents), the Committee's goals are to enhance the experience of MITs at ARVO and help provide avenues to learn about ways they can build successful careers in ophthalmology and vision research. The Committee identifies possible mentors and role models for students in addition to those encountered in the regular course of their training.

<u>Women in Eye and Vision Research (WEAVR)</u> is an initiative of the ARVO Foundation to further develop and strengthen women who are pursuing careers in the visual sciences. WEAVR supports and promotes networking, career development, and access to research opportunities for female vision scientists. WEAVR raises philanthropic dollars to support the ARVO Foundation through its annual WEAVR Luncheon. The <u>WEAVR Leadership Committee</u> provides strategic direction for WEAVR's fundraising activities and leads WEAVR's initiatives for networking and career development for women. WEAVR promotes drop-in mentoring at annual meetings.

<u>American Academy of Ophthalmology (AAO)</u> offers a variety of resources. Please search their website for the latest information. The following provide a great starting point:

Minority Ophthalmology Mentoring for Physicians

Podcast for Residents: <u>Leadership and Mentoring</u>
Opinion Article: <u>The Power of Informal Mentoring</u>
Feature Article: <u>What I Learned from My Mentor</u>
Feature Article: <u>On the Subject of Mentors</u>

Advocacy Article: 6 Tips for Being a Successful Advocate

Integrated Science 660: Research Mentor Training

LinkedIn Learning on **Mentoring**

Mapping a mentoring roadmap and developing a supportive network for strategic career advancement

The <u>Guide to Best Practices in Faculty Mentoring</u> provides the evidence base and strategies necessary for schools and departments to develop new mentoring programs, or to assess and augment their existing programs.

Faculty members may want to be familiar with the UW School of Medicine and Public Health's Office of Faculty Affairs and Development and Faculty Policies and Procedures 7.05 and 7.06.

HOW THE OFFICE OF FACULTY AFFAIRS AND DEVELOPMENT CAN HELP

In the resources above, Faculty Policies and Procedures 7.05 and 7.06, on website: https://policy.wisc.edu/library/UW-807

7.05. GUIDANCE AND ANNUAL EVALUATION FOR PROBATIONARY FACULTY.

- A. The departmental executive committee shall establish procedures for the guidance and annual evaluation of each probationary faculty member and for the review of probationary appointments (see 7.06. of these rules). A written description of these procedures shall be filed with the relevant dean(s) and the provost. This must include specification of the voting rules of the departmental executive committee. A copy of this description and the departmental and divisional executive committee criteria for the granting of tenure (see 7.14.C. and D. of these rules) shall be given to each probationary faculty member at the time of his/her appointment.
- B. Primary responsibility for the guidance of the probationary faculty member shall be assigned to one or more members of the departmental executive committee. The departmental executive committee shall ensure that guidance of probationary faculty members includes implementation of 5.21.E.
 - It is desirable that the faculty member(s) assigned responsibility for the guidance of the probationary faculty member remain the same throughout the probationary appointment unless the probationary faculty member requests a change.

- In some circumstances it may be desirable to formally include tenured faculty from outside the department in the guidance of probationary faculty, for example in interdisciplinary fields in which no member of the department has expertise close to that of the probationary faculty member.
- 2. Guidance of probationary faculty should include information and advice on the areas of responsibility of tenure-track professors: research, teaching, service, and outreach. Experts outside the department who can provide specific information and advice on research, teaching and pedagogical effectiveness, and service and outreach should be consulted when appropriate as determined by the probationary faculty member and/ or the guidance committee. Guidance committees should monitor teaching responsibilities and service assignments for appropriateness of workload and match of assignment to the probationary faculty member's expertise.
- C. Responsibility for developing annual evaluations shall be assigned to a committee made up of members of the departmental executive committee. The probationary faculty member shall be informed of the membership of his/her oversight committee. In the case of joint appointments, executive committees shall establish procedures to coordinate the annual evaluations of probationary faculty members. At least once each year, one or more members of the

oversight committee and the department chair shall discuss with the probationary faculty member departmental and divisional committee expectations and his/her progress toward tenure. The oversight committee shall ensure that the probationary faculty member's file contains all material relevant to effective evaluation including teaching evaluations and copies of publications.

Membership of the oversight committee may change from year to year at the discretion of the department. This policy allows either for separate guidance and oversight committees or for a single committee.

D. Each year, the oversight committee shall provide the departmental executive committee with an annual evaluation of the progress of the probationary faculty member. When a probationary faculty member has been granted an extension(s) of the tenure

clock, the annual evaluation should be conducted in the context of the individual's progress toward a tenurable record given the time remaining on the adjusted clock. Following discussion of the evaluation by the executive committee, a written evaluation approved by the executive committee shall be given to the probationary faculty member. The probationary faculty member may respond to the evaluation in writing or may, upon request, address the executive committee regarding the evaluation.

E. The oversight committee shall have primary responsibility, in consultation with the probationary faculty member, for the collection of supporting material and preparation of necessary documentation prior to executive committee review of the probationary appointment (see 7.06. of these rules).

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REFERENCES

¹Bland CJ, Schmitz CC. Characteristics of the successful researcher and implications for faculty development. J Med Educ. 1986 Jan; 61(1): 22–31. DOI: 10.1097/00001888-198601000-00003. PMID: 3941419.

²Bland CJ, Taylor AL, Shollen SL, Weber-Main AM, Mulcahy PA. Faculty Success Through Mentoring: a Guide for Mentors, Mentees and Leaders. 1st ed. Lanham, MD: Rowman & Littlefield Education; 2009.

³Beech BM, Calles-Escandon J, Hairston KG, Langdon SE, Latham-Sadler BA, Bell RA. Mentoring programs for underrepresented minority faculty in academic medical centers: a systematic review of the literature. Acad Med. 2013 Apr; 88(4): 541–9. DOI: 10.1097/ACM.0b013e31828589e3. PMID: 23425989; PMCID: PMC3835658.

⁴Byrne MW, Keefe MR. Building research competence in nursing through mentoring. J Nurs Scholarsh. 2002; 34(4): 391-6. DOI: 10.1111/j.1547-5069.2002.00391.x. PMID: 12501744.

⁵Choi AMK, Moon JE, Steinecke A, Prescott JE. Developing a Culture of Mentorship to Strengthen Academic Medical Centers. Acad Med. 2019 May; 94(5): 630-633. DOI: 10.1097/ACM.000000000002498. PMID: 31026234; PMCID: PMC6493700.

⁶Corcoran M, Clark SM. Professional socialization and contemporary career attitudes of three faculty generations. Res Higher Ed. 1984 June; 20(2): 131-153. DOI: 10.1007/BF00991464.

⁷Eby, L. T., T. D. Allen, S. C. Evans, T. Ng, and D. L. DuBois. Does mentoring matter? A multidisciplinary metaanalysis comparing mentored and non-mentored individuals. Journal of Vocational Behavior. 2008 Apr; 72(2): 254–267. DOI: 10.1016/j.jvb.2007.04.005. PMID: 19343074; PMCID: PMC2352144.

⁸Feldman MD, Steinauer JE, Khalili M, Huang L, Kahn JS, Lee KA, Creasman J, Brown JS. A Mentor Development Program for Clinical Translational Science Faculty Leads to Sustained, Improved Confidence in Mentoring Skills. Clinical and Translational Science 2012 Aug; 5(4): 362–7. DOI: 10.1111/j.1752-8062.2012.00419.x. PMID: 22883616; PMCID: PMC3582327.

⁹Montgomery BL. Mapping a Mentoring Roadmap and Developing a Supportive Network for Strategic Career Advancement. SAGE Open. 2017 April 1. DOI: 10.1177/2158244017710288

¹⁰National Academies of Sciences, Engineering, and Medicine. 2019. The Science of Effective Mentorship in STEMM. Washington, DC: The National Academies Press. https://doi.org/10.17226/25568

¹¹Pfund, C., Branchaw, J. L., and Handelsman, J. (2015) Entering Mentoring: A Seminar to Train a New Generation of Scientists, 2nd ed., Macmillan.

¹²Pfund C, Byars-Winston A, Branchaw J, Hurtado S, Eagan K. Defining Attributes and Metrics of Effective Research Mentoring Relationships. AIDS Behav. 2016 Sep; 20 Suppl 2(Suppl 2): 238-48. DOI: 10.1007/s10461-016-1384-z. PMID: 27062425; PMCID: PMC4995122.

¹³Pfund C, House S, Asquith P, et al., 2014. Training mentors of clinical and translational research scholars: A Randomized Controlled Trial. Acad Med. 2014 May; 89(5): 774-782. DOI: 10.1097/ACM.000000000000218. PMID: 24667509.

¹⁴Rodriguez JE, Campbell KM, Fogarty JP, Williams RL. Underrepresented minority faculty in academic medicine: a systematic review of URM faculty development. Fam Med. 2014 Feb; 46(2): 100-4. PMID: 24573516. Available from: https://www.stfm.org/FamilyMedicine/Vol46 Issue2/Rodriguez100

¹⁵Sambunjak D, Straus SE, Marusić A. Mentoring in academic medicine: a systematic review. JAMA. 2006 Sep 6; 296(9): 1103-15. DOI: 10.1001/jama.296.9.1103. PMID: 16954490.

¹⁶Williams LS. The effects of a comprehensive teaching assistant training program on teaching anxiety and effectiveness. Res Higher Ed. 1991; 32(5): 585-598. DOI: 10.1007/BF00992630.