

Communication

Enhancing Mentorship in Psychiatry and Health Sciences: A Study Investigating Needs and Preferences in the Development of a Mentoring Program

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Abstract: Preferences for the delivery of department-led mentorship programs are important to understanding and closing the gap between mentorship need and mentorship actualization. The objective of this paper is to, therefore, describe the perceived needs and barriers to mentorship in a postgraduate psychiatry program through separate mixed-methods surveys for psychiatry residents and health sciences faculty at a Canadian University. The surveys explored (1) the prevalence of mentorship, (2) barriers to adequate mentorship, and (3) program initiatives that could address these barriers. Qualitative responses were analyzed using an inductive analytic approach. The results of both surveys revealed that while psychiatry residents and faculty believed mentorship to be important for career success, fewer than half of residents (33%) or faculty (47%) reported receiving mentorship in the department. Residents and faculty ranked lack of exposure to mentorship, and lack of time as their top barrier to mentorship, respectively. The following components of a mentorship program were described as ideal: (1) the ability to choose one's own mentor, (2) training sessions for mentors, and (3) faculty mentoring webpage profiles to facilitate the matching of interests. Respondents suggested that mentoring program developers should foster a culture encouraging mentorship, seek mentors outside of regular program-related supervision, allow mentees to choose a mentor, and establishing structure, through aligning expectations and goal setting in mentoring relationships. There is a gap between desire for mentorship and actualization. Program developers in psychiatry medical education may choose to incorporate these findings to enhance mentorship.

Keywords: mentorship; psychiatry; faculty; medicine; mentor; mentee; mentorship program

1. Introduction

Mentorship is important to the career success and personal development of psychiatry residents and early to mid-career psychiatrists [1,2]. For example, physician mentees report enhanced psychosocial support and career development compared to those without mentors [3]. While mentorship provides important opportunities for networking, skill building, and enhancing confidence for mentees, mentors also benefit by gaining professional expertise, intellectual stimulation, and personal satisfaction from giving back and reflecting on their career and skill set [4,5]. Despite the importance of mentorship to

career success and productivity, fewer than half of medical students and one in five faculty reported having a mentor [6].

Some studies elucidated that mentorship in healthcare may be particularly beneficial to female learners who face a number of unique challenges during their professional careers [7,8]. With increasing demands at work and consequently greater difficulties in maintaining work-life balance, females reported career progress at a slower pace and lower career satisfaction than their male counterparts [9,10]. Compared to female physicians, male physicians occupy most leadership positions in all areas of academic medicine, as well as work in higher paying institutions [11–13]. Establishing a productive and meaningful relationship with a mentor may assist with many current and upcoming challenges faced by healthcare professionals.

There are a number of barriers to residents and other medical trainees actively seeking out mentorship in the literature that should be addressed. First, mentors report lack of compensation for their time in mentoring trainees, which affects both recruitment and retention of mentors [5]. Essentially, most mentors do not get compensated with financial incentives or recognized by the academic institute for the time they spend with their mentee. Second, there is lack of recognition of mentorship as a formally recognized part of annual activity review [5]. While some healthcare and educational institutions try to encourage formal and informal mentorship, research remains the fundamental criteria when being considered for tenure [14]. Therefore, a mentoring relationship may not be prioritized when there is greater demand in research and clinical work for promotion. Third, junior faculty may have doubts about their abilities to mentor, if they underestimate their personal knowledge and skills [8]. Healthcare institutions should act as an active participant in addressing these concerns surrounding mentorship and provide necessities to maximize mentorship within the healthcare community.

Department-led mentoring initiatives have been advocated as a means of ensuring access to mentorship to learners in psychiatry [15]. Promoting effective mentoring could assist physicians and health sciences faculty in increasing career satisfaction while decreasing risk for burn-out [16]. However, the barriers to natural mentor-mentee pairings and preferences for a formal program from more senior members in the department (i.e., faculty) and learners (i.e., psychiatry residents) need to be assessed to assist program developers to better understand the gap between mentorship need and actualization. Thus, the aim of this present study is to investigate the need and barriers to mentorship within an academic psychiatry department, surveying both psychiatry residents as mentees, and faculty members as mentors.

2. Methods

2.1. Participants and Surveys

To understand the mentoring relationship dynamics and improve the prevalence of mentorship in the department, individualized surveys for both residents and faculty members were created to identify the perceived needs and barriers to mentorship and preferences for the components of a department-initiated mentoring program. The two separate cross-sectional surveys were distributed to postgraduate psychiatry residents (PGY-1 to PGY-5) of a Canadian University's Psychiatry Residency Program and faculty members in the psychiatry program respectively at a Canadian Research and Teaching University. Faculty members of all ranks were invited to participate in the survey. The Department of Psychiatry and Behavioral Neurosciences is a department within the Faculty of Health Sciences that conducts research, as well as provides clinical care within the university and regional communities with support agencies. The department consists of over 300 full- and part-time faculty members who provide clinical care and conduct research on improving mental health care and outcomes.

The initial drafts of both surveys were revised and approved by the department's mentorship committee, a group of 10 faculty members committed to developing a formalized mentoring program.

Items of the survey were developed through intensive literature review, and feedback from the mentorship committee panel. The online surveys were distributed to the department over email using the LimeSurvey platform (www.limesurvey.com). The resident survey consisted of 30 questions that are assessing: (1) demographics and prevalence of mentorship (6 items) (2) psychiatry residents' experiences as a mentee throughout their residency (3 items), (3) barriers to mentoring (14 items), and (4) preferences for mentorship and program initiatives to address these barriers (7 items). The faculty survey consisted of 43 questions that gathered information on (1) demographics and prevalence of mentorship (10 items), (2) faculty members' experience as a mentor and mentee (7 items), (3) barriers to mentoring from those without mentors (7 items), and (4) program initiatives to address these barriers (20 items). Both surveys consisted of qualitative and quantitative components. Responses regarding prevalence and experiences were scored on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), while barriers and program initiatives were ranked (e.g., choosing top 3 of 8 barriers to mentorship) or selected (i.e., select all that applies). This work was deemed a program evaluation project by the local Research Ethics Board and was therefore exempted from formal review.

2.2. Quantitative Analysis

Descriptive statistics (i.e., mean, percentage) were used to summarize findings on demographics and responses in residents and faculty. Chi-square statistics were used to compare differences for categorical variables between groups. For all statistical tests, a p value of ≤ 0.05 was considered statistically significant.

2.3. Qualitative Analysis

A total of 10 psychiatry residents and 22 faculty respondents provided suggestions for department mentoring initiatives. Responses were analyzed using an inductive analytic approach, a data-driven form of thematic coding used to identify patterns within the data [17]. Content analysis began after data collection and written responses were read by three authors (CL, JF, RM). Several themes were freely generated at this stage to represent recurring and salient issues. Once the authors completed open coding, a list of categories were grouped under higher order groupings and the number of categories were reduced through collapsing similar themes into broader higher order categories to summarize the overarching themes found in the text.

3. Results

3.1. Participant Demographics

Table 1 shows details on demographics. A total of 30 (67%) of 45 psychiatry residents completed the survey. One-third of residents ($n = 10$; 33%) reported having a faculty member as a mentor in the department. Of the two-thirds of residents without mentors, almost all ($n = 19$; 95%) wanted to receive mentorship from faculty. Given the literature acknowledging the needs for mentorship for female trainees, differences between males and females in terms of self-reported prevalence for mentorship were analyzed. In this sample of psychiatry residents, there were no significant gender differences in report of having a mentor or satisfaction with their mentor.

A total of 93 (27%) of 350 total faculty members completed the surveys. Of the 93 faculty respondents, most ($n = 69$; 73%) agreed or strongly agreed that mentorship is an important component for career success. However, less than half ($n = 44$; 47%) reported having been mentored by a more senior faculty member in the department. In this sample of faculty members, more female faculty respondents than male respondents reported having been mentored by senior faculty [$X^2(1, N = 93) = 4.60, p < 0.05, \phi = 0.22$]. Male faculty members were more likely to express a lack of interest in having a mentor compared to female faculty [$X^2(1, N = 93) = 4.31, p < 0.05, \phi = 0.30$]. Of those faculty members who were not mentored, approximately half of respondents ($n = 23$; 47%) wanted mentorship from a more senior faculty member within the department.

In terms of faculty respondents' experiences as mentors, only 11% ($n = 10$) of faculty were currently mentoring a psychiatry resident. Half of faculty respondents who reported having never mentored a resident ($n = 33$; 59%) expressed interest in mentoring a psychiatry resident.

Table 1. Summary of characteristics of participating residents and faculty.

Characteristic		Number of Respondents (% of Sample)	
Resident Survey	Gender	Male	8 (27)
		Female	22 (73)
	Years of Training	First	5 (17)
		Second	6 (20)
		Third	8 (27)
Fourth		7 (23)	
	Fifth *	4 (13)	
Faculty Survey	Gender	Male	36 (39)
		Female	57 (61)
	Current Position	Full-Time Faculty	31 (33)
		Part-Time Faculty	62 (67)
	Years in Current Profession	Less than 5	18 (19)
		6–10	14 (15)
		11–15	14 (15)
		16–20	16 (17)
		More than 20	31 (33)
	Years in Department	Less than 5	33 (35)
6–10		19 (20)	
11–15		13 (14)	
16–20		12 (13)	
More than 20		16 (17)	
Professional Discipline	Psychiatry	44 (47)	
	Psychology	26 (28)	
	Social Work	10 (11)	
	Other **	13 (14)	

* Psychiatry residency programs in Canada are 5 years in duration; ** Other disciplines include researchers (e.g., Neuroscience, Pharmacology; $n = 4$), Statistics and Epidemiology ($n = 3$), Psychiatric Rehabilitation ($n = 1$), Law ($n = 1$), and Unspecified ($n = 4$).

3.2. Barriers to Mentees Seeking Mentorship

Residents without mentors ranked the top barriers to actively seeking out a mentor as: (1) no previous experience with mentorship ($n = 9$; 45%) and (2) lack of a formal program to match mentees with a mentor ($n = 7$; 35%). Since there appears to be a gap between mentorship desire and actualization, faculty who were not mentoring, and residents who were not receiving mentorship, ranked the top barriers of mentorship in their experience (see Figure 1).

Approximately half of faculty respondents ($n = 23$; 47%) who were not receiving mentorship wanted mentorship from a more senior faculty member or department leader. These faculty members reported (1) lack of time ($n = 26$), (2) lack of a formal program matching mentees with mentors ($n = 17$), and (3) not being aware of available mentors ($n = 14$), as the top barriers to actively seeking a mentor.

One interesting finding was that part-time faculty were less likely to be involved as mentors and mentees in the department. Part-time faculty reported that they were less likely to be mentored (as mentees) by a senior faculty member or department leader compared to full-time faculty [$X^2(1, N = 93) = 7.786, p < 0.01, \phi = 0.289$]. Moreover, part-time faculty members were less likely to report having mentored a psychiatry resident [$X^2(1, N = 63) = 4.399, p < 0.05, \phi = 0.217$] but expressed equal interest, compared to full-time faculty, in mentoring a psychiatry resident [$X^2(1, N = 56) = 1.992, p > 0.05$].

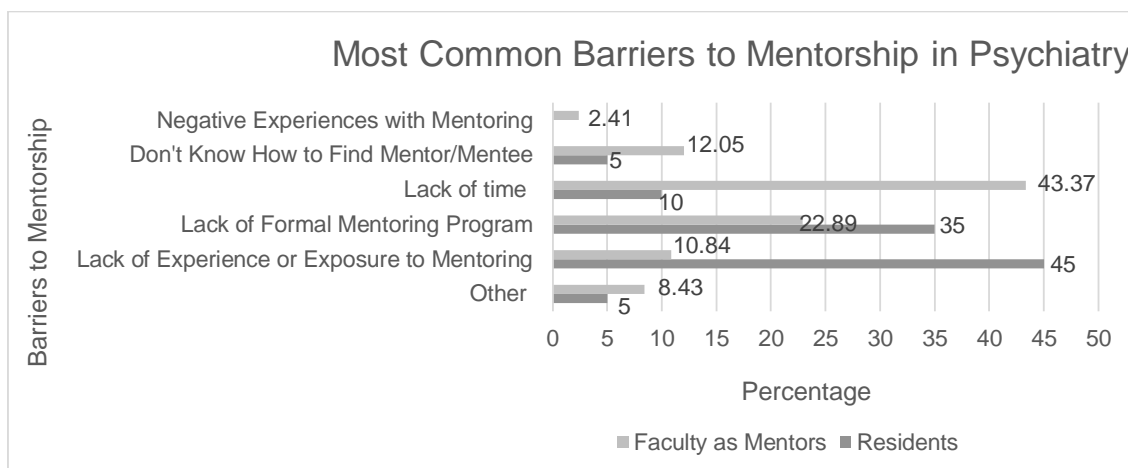


Figure 1. Most common barriers identified for faculty not mentoring ($n = 83$) and residents not being mentored ($n = 20$). * For those who answered “other”, answers included “no appropriate mentor”, “too late in my career”, “already have a couple of mentors”, “never been offered to me”, “don’t want to use up other people’s time”, and “don’t know a mentor who can help at midcareer stage”.

3.3. Preferences in Mentorship

Residents and faculty ranked the same components of a mentorship program as preferential: (1) the ability to choose your own mentor ($n = 9, 30\%$; $n = 28, 32\%$, for resident and faculty, respectively), (2) training sessions for all mentors ($n = 7, 23\%$; $n = 20, 23\%$), and (3) faculty mentoring profiles being available on a webpage to facilitate matching interests ($n = 7, 23\%$; $n = 11, 13\%$).

Most faculty members ($n = 64; 69\%$) indicated that they would be interested in participating in mentor training. Female faculty respondents were significantly more likely to express interest in participating in mentoring workshops than were male participants [$X^2(1, N = 93) = 7.04, p < 0.01, \phi = 0.28$]. If mentoring training was implemented, most faculty members ($n = 64; 69\%$) indicated that they would be interested in participating. Faculty respondents selected (1) “skills and competency, effective ways to be a good mentor/mentee” ($n = 67; 29\%$), (2) “helpful tools and resources mentors can turn to” ($n = 44; 20\%$), and (3) “maximizing mentorship with limited time” ($n = 43; 19\%$) as the top three areas of focus in a mentoring training curriculum.

3.4. Qualitative Data Results

A number of qualitative themes emerged in the analysis of responses from psychiatry residents and faculty. The themes were summarized below and qualitative data is supplied in Appendix A.

3.4.1. Fostering a Culture That Encourages Mentorship

Several residents and faculty identified a paucity of programs for facilitating mentoring and they highlighted the importance of fostering a culture that encourages mentorship and psychosocial support in the department. The following quote from a resident highlights this theme:

“I think creating a culture where mentorship is encouraged is already a big step”.

Another faculty member also expressed the importance of mentorship in the department:

“I did not have [a mentor] and think it has negatively affected my entire academic career. I know now I should have done a lot of things differently”.

3.4.2. Seeking Mentors Not Directly Involved in Supervision

Faculty and residents identified several benefits of having mentors who are not directly involved with day-to-day clinical supervision. Reasons identified by the respondents included bringing a

different learning perspective, different areas of clinical interest, and less conflict of interest. To illustrate this theme, one faculty member commented:

“Matching residents . . . with mentors who will have no implications on their performance and future career standing so as to minimize power struggle”.

3.4.3. Mentor-Mentee Pairings

Many respondents were concerned that a pre-arranged pairing in a formal mentorship program would present a barrier to forming a meaningful relationship. Some faculty members commented that they would unlikely participate in a program that assigns mentorship pairings and their preference is for personal selection for a mentor.

One faculty respondent suggested developing faculty mentoring profiles, as a platform to help mentees identify and seek out mentors within the department whose research, clinical, and personal interests fit the mentee’s needs.

“I think that a sort of ‘catalogue’ of interested mentors who describe the knowledge, skills and opportunities that they bring would be helpful to allow individuals who are seeking mentorship to find someone of interest.”

3.4.4. Establishing Structure in Mentoring Relationships

Faculty respondents emphasized the importance of goal setting to ensure productivity is achieved at different time points in the relationship. Some faculty respondents reported previous experiences with a mismatch of expectations in the mentoring relationship and provided numerous suggestions to align expectations, including identifying the mentor and mentee’s needs and limitations, defining progress and frequency of meetings, and ensuring both parties are aware of appropriate mannerisms (e.g., timeliness, responsibilities in each meeting). Some faculty members and residents have expressed that in developing a mentoring program, one should consult existing models to gain additional ideas for improvement. Moreover, some faculty members expressed the concern that time is limited and the clear setting of goals and expectations during mentorship sessions should be made clear.

4. Discussion

This study identified barriers and needs for mentoring from the perspectives of psychiatry residents and faculty in one academic psychiatry department. While a substantial number of psychiatry residents and faculty members perceived mentorship as an important component of career success, less than half reported being mentored. Furthermore, a substantial number of faculty members expressed interest in mentoring a resident, highlighting the need for academic departments to facilitate mentorship pairings. These results, along with suggestions provided in the qualitative section, suggest the demand for a list of available mentors for mentees to reach in order to allow natural pairings to occur. Multiple initiatives were identified as a potential means of facilitating mentor pairings. The development of faculty mentoring profiles addresses multiple needs of mentees in the department, as they may be useful to facilitate natural pairings and allow mentees to choose a mentor.

Interestingly, this study showed that female faculty were more likely to report an ongoing mentoring relationship with a mentor in the department than were male faculty, and female faculty were less likely to express a lack of interest in mentorship than males. Female faculty were also significantly more likely to express interest in participating in a mentoring workshop than were male faculty members. Taken together, these results suggest mentorship may be more highly valued by female faculty in the department.

The results of the faculty survey revealed that part-time faculty were less likely to be mentors for learners and less likely to be mentored by a more senior faculty member in the department. Academic healthcare institutions may benefit from recruiting a greater number of part-time faculty as active mentors in the department for psychiatry residents. These mentors may represent experts in the field

who have less direct supervision over the resident's work. As Straus and colleagues [5] suggested, providing financial remuneration and annual review may promote both full-time and part-time faculty members to be more directly involved with mentorship.

This paper uniquely surveyed faculty as both mentors and mentees to identify reasons for not actively seeking out a mentor and mentoring a learner. One of the main barriers identified was a lack of time to engage in mentoring. This finding is consistent with previous literature that also suggests that time constraints are increasing and allocating time for mentoring is increasingly difficult [5]. A formalized curriculum that recognizes mentoring as a part of annual review may allow faculty members to address the barriers of providing more free time and aiding their professional advancement. Furthermore, the majority of faculty members would participate in mentor training. Mentor training can also be implemented as a part of the educational curriculum, which serves as both a source to increase mentoring competency and promotes a culture in which mentoring is valued [9].

The importance of fostering an environment where mentorship is encouraged within a department would influence mentees to seek out mentors. Some of these mentoring initiatives may include mentor training, providing faculty mentoring profiles that list potential mentors for residents and junior faculty, initiating a mentoring program where mentees can choose their mentor, and formally recognizing mentorship as part of the educational curriculum for annual review. Residents and faculty member also suggested that mentoring initiatives should encourage mentors to align expectations early on and allow mentees to seek mentors not directly involved in supervision.

While informative, this study is not without limitations. Unfortunately, the faculty response rate was lower than expected. However, as completion of both surveys was voluntary, respondents may represent a group of individuals who have greater interest and preferences for mentorship.

This study shows the needs, preferences, and recommendations for mentorship in a psychiatry department of a large, academic healthcare institute. Program initiatives that foster mentorship could be economical, as a three-hour department-initiated mentoring workshop may enhance mentoring competency [18]. Overall, the recommendations in this study can help inform the building of a department-initiated mentoring curriculum for psychiatry residents and faculty members.

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Author Contributions: C.L., J.F. and R.M. developed the research question and conceived of the approach to analyze the data, and C.L. conducted the primary research and literature review. C.L. conducted all statistical analyses in the study and R.J.V.L. and M.M. gave feedback on analyses. All authors collected the data as part of a larger research initiative. C.L. wrote the first draft of the paper, which was then reviewed by all co-authors who provided additional support and reviewing support for the article and conducted additional research as required.

Conflicts of Interest: On behalf of all authors, the corresponding author states that there is no conflict of interest. The views expressed in this article do not reflect the official policy or position of the Department of Psychiatry and Behavioral Neurosciences at McMaster University.

Appendix A. Comments from Faculty Members and Residents across the Two Surveys *

* Please note that some responses were removed if the participant revealed identifying information about themselves or others.

Resident Survey

Question: Do you have any advice or suggestions for how the department should develop a mentorship program?

ID Response

- 17 Not in particular, but I think it's a worthwhile idea.
- 15 Needs to be flexible—don't just match people and expect it to work. Should review CAIR's work on mentorship—they did a session at ICRE—[EMAIL REMOVED FOR PRIVACY REASONS] is contact.
- 16 Not particularly. I had group mentoring at the undergraduate level previously, however if the group becomes too big, it becomes very tough to get everyone together given busy schedules. So I would suggest if a group format is used, that groups are kept small.
- 18 McMaster medical school implements a mentorship program throughout the training period, and may be a helpful model to consult.
- 23 I would be unlikely to participate if the program assigns pairings. I have had previous experiences with this method that didn't work out, and there is good research evidence to support that assigned pairings only works well when the method of pairing is highly sophisticated. Personal selection is far more likely to be successful, and is indeed my preference.
- 24 My personal experience has been that mentorship develops the best when it is a relationship that is developed from a natural transition within a working environment/relationship. My experiences of forced or assigned mentorship have been much less helpful.
- 30 Clearly identify role of mentor and limits therein.
- 31 No particular suggestions, but this is a wonderful project and I think could become a tremendous asset to the program! I would advocate for also encouraging faculty at the Waterloo Regional Campus to participate as potential mentors; however, keeping the opportunities open for residents to choose a mentor at either site (depending on interests and goals) would be appreciated!
- 38 Please do not make it mandatory—allow people to find their own mentors if they prefer.
- 46 I think creating a culture where mentorship is encouraged is already a big step. For myself, the mentor/ mentee relationship developed naturally with a supervisor I had done a rotation with. Although my clinical interests do not match those of my mentor, she provided me with guidance, support and took an interest in me as a whole person, and this is what really made the difference between seeing her as simply a 'supervisor' and developing more of a mentoring relationship. She helped me to identify my own strengths (which I would not have identified as being "strengths" had she not provided me with that feedback) and built a lot of my confidence in that I could pursue avenues in line with my strengths and interests. She was also very open and candid with me about her own career, work/life balance, etc., and this made me feel comfortable enough to open up to her. I think there has to be a comfort level between mentor/mentee where you feel safe opening up and asking questions without the fear of being judged or criticized, or jeopardizing future career opportunities. To a certain extent, in my case at least, a part of the connection had to do with personality and similar values, and feeling like this person understands me and my goals. Maybe for others that would be less important however—but I do think there is something intangible and relationship-based that makes a mentor/mentee relationship work or not. I also do think that the mentor should encourage connecting with other mentors for different areas—so for example because my clinical interests are not similar to what my mentor is doing, she gave me ideas of other mentors that I could connect with whose clinical interests were in keeping with mine, without making me feel like I'm disappointing her by not becoming her protégé.
- 47 I do think residents should be mentored from junior stages PGY1-2 throughout the 5 years.

Faculty Survey Question: Do you have any advice or suggestions for how the department should develop a mentorship program?

ID Response

- 108 I would work selectively, identify prospective mentors based on their track record and seek to match them with a small group of learners (students to faculty) who are likely to benefit from the process. I would start small (pilot) and move towards scale. The best results in my view come from 'natural pairings' which can be facilitated by providing opportunities for mentee/mentors to meet... Good luck.
- 110 (1) All new faculty should be assigned a mentor immediately upon being appointed. This may be informal for new senior people, but definitely formalized for new junior faculty. (2) There should be a way of vetting mentors. Not all people who want to be mentors would necessarily be good mentors. The Chair may want to have a small group of senior people make this decision.
- 130 —assuming there's enough interest from the residents, there should be guidelines given to the mentors outlining the goals/responsibilities of a mentor—there should be some process to try and match mentees and mentors so that there are common interests.
- 143 McMaster already has a mentorship program—would be useful to review this course and see what may be transferable to Psychiatry mentorship program.
- 168 Matching residents, including senior residents and junior faculty / staff with mentors who will have no implications on their performance and future career standing so as to minimize power struggle, to encourage openness in communication and to enhance effectiveness in fulfilling purposes of mentorship.
- 177 I like the idea of a mentorship training program which would provide a pool of potential mentors. I recognize that I have the potential to provide mentorship but could also benefit from receiving it. A list mentors who have completed training would be a good starting place to developing a matching system. I believe that goodness of fit is of relatively high importance in forming a useful mentoring relationship.
- 179 yes a workshop with clear objectives.
- 180 I think that a sort of 'catalogue' of interested mentors who describe the knowledge, skills and opportunities that they bring would be helpful to allow individuals who are seeking mentorship to find someone of interest. I think that you should consider building relationships with folks outside of the department because having a mentor who works outside of your immediate work/learning environment and who brings a different perspective is so beneficial (I personally have an internal and external mentor).
- I don't think the role of mentoring should become overly prescribed as, frankly, the relationship should be much more fluid than that; however, it is important for both mentors and mentees to understand what the higher level purpose of the relationship should be and how it is different than other similar roles such as coaching or supervision.
- 181 No
- 191 Informal mentorships occur spontaneously and depend on each party bringing interest and enthusiasm to the role. A structured program should not set limits or too much structure on the process. Each dyad must come to their own understanding of what should take place, but obviously there have to be some general goals and processes.

- 195 When there is so much that needs to be done to move the educational curriculum (e.g., CBE) forward, not sure about the timing of a mentorship program (unless they are tied together to some degree!). Seems hard enough to get people to do anything more within their work!
- 201 Faculty interests and mentorship are necessarily idiosyncratic, but may be optimized if structured toward a common endpoint (e.g., submitting a grant). This has worked well in my experience.
- 203 I am just a little worried that people don't have the time, therefore, what gets started may not be possible to finish. I would recommend very clear and operationalized definitions of mentorship, so that expectations are clear to all. Solution-focused therapy and motivational interviewing techniques would be very helpful in keeping the mentorship short, goal-oriented, and focused, with clear guidelines as to how to evaluate its effectiveness. In my opinion, mentors should be there to help empower the mentee to find solutions and make informed decisions; not to make the decisions or solve the problems for the mentee.
- 213 There needs to be more focus on mentoring of GPTs and the different trajectories that their careers can take. In my 20 years in the Department, I think I have only had 3 conversations about promotion, etc.
- 222 Have clear expectations for both the mentor and mentee regarding what they can expect. I don't necessarily mean a very formalized program, but clear expectations so all are on the same page. Identify the areas that different groups of mentees would like mentorship on—and link them with mentors who can support them in these areas. Not all mentees will have the same needs, so it would be helpful to target the response to these needs.
- 225 I think it is important to recognize the importance of the networks of informal, content or problem specific mentors available here.
- 226 being a community psychiatrist in [REMOVED TO PROTECT IDENTITY], and part time faculty, and wanting to have a research focus, I would love the opportunity to have such mentor, so would strongly support your idea of developing such a program.
- 231 Just a thought. I am a social worker and initially did not response to the survey because I wasn't sure that it was meant for me. I may have different needs and different things that I can offer. It is a great opportunity for drawing on the skills of allied health Faculty.
- 234 I think you should just start. Every new faculty member should have a mentor to work with in the first year of their appointment. I did not have this and think it has negatively affected my entire academic career. I know now I should have done a lot of things differently.
- 236 Not sure about idea of assigned mentors and mentees—there is a chemistry to this relationship that has to work and can't be forced. As a resident though I think a mentor would have been incredibly helpful, particularly in years 4 and 5.
- 242 See what else is available as models at McMaster and elsewhere.
- 250 encourage development of clinician–scientist program encourage learning of mechanisms involves in disease process.

References

1. Shollen, S.L.; Bland, C.J.; Games, A.I.; Fitzgerald, D.A.; Taylor, A.L. Relating mentor type and mentoring behaviors to academic medicine faculty satisfaction and productivity at one medical school. *Acad. Med.* **2014**, *89*, 1267–1275. [[CrossRef](#)] [[PubMed](#)]
2. Posporelis, S.; Sawa, A.; Smith, G.S.; Stitzer, M.L.; Lyketsos, C.G.; Chisolm, M.S. Promoting careers in academic research to psychiatry residents. *Acad. Psychiatry* **2014**, *38*, 185–190. [[CrossRef](#)] [[PubMed](#)]

3. Kashiwagi, D.T.; Varkey, P.; Cook, D.A. Mentoring programs for physicians in academic medicine: A systematic review. *Acad. Med.* **2013**, *88*, 1029–1037. [[CrossRef](#)] [[PubMed](#)]
4. Buddeberg-Fischer, B.; Herta, K.D. Formal mentoring programmes for medical students and doctors—A review of the Medline literature. *Med. Teach.* **2006**, *28*, 248–257. [[CrossRef](#)] [[PubMed](#)]
5. Straus, E.; Chatur, F.; Taylor, M. Issues in the mentor–mentee relationship in academic medicine: A qualitative study. *Acad. Med.* **2009**, *84*, 135–139. [[CrossRef](#)] [[PubMed](#)]
6. Sambunjak, D.; Straus, S.E.; Marušić, A. Mentoring in academic medicine: A systematic review. *JAMA* **2006**, *296*, 1103–1111. [[CrossRef](#)] [[PubMed](#)]
7. Blood, E.A.; Ullrich, N.J.; Hirshfeld-Becker, D.R.; Seely, E.W.; Connelly, M.T.; Warfield, C.A.; Emans, S.J. Academic women faculty: Are they finding the mentoring they need? *J. Womens Health* **2012**, *21*, 1201–1208. [[CrossRef](#)] [[PubMed](#)]
8. Bickel, J. Women in academic psychiatry. *Acad. Psychiatry* **2004**, *28*, 285–291. [[CrossRef](#)] [[PubMed](#)]
9. Heiligers, P.J.; Hingstman, L. Career preferences and the work–family balance in medicine: Gender differences among medical specialists. *Soc. Sci. Med.* **2000**, *50*, 1235–1246. [[CrossRef](#)]
10. Limacher, M.; Zaher, C.; Walsh, M.; Wolf, W.; Douglas, P.; Schwartz, J.; Bodycombe, D. The ACC professional life survey: Career decisions of women and men in cardiology: A report of the Committee on Women in Cardiology. *J. Am. Coll. Cardiol.* **1998**, *32*, 827–835. [[CrossRef](#)]
11. The Association of Faculties of Medicine of Canada. Canadian Medical Education Statistics 2011. Available online: <http://www.afmc.ca/publications-statistics-e.php> (accessed on 21 March 2018).
12. Perna, L.W. Sex differences in faculty tenure and promotion: The contribution of family ties. *Res. High Educ.* **2005**, *46*, 277–307. [[CrossRef](#)]
13. Turner, J.; Tippet, V.; Raphael, B. Women in medicine-socialization, stereotypes and self perceptions. *Aust. Psychiatry* **1994**, *28*, 129–135. [[CrossRef](#)] [[PubMed](#)]
14. Pololi, L.; Knight, S. Mentoring faculty in academic medicine. *J. Gen. Intern. Med.* **2005**, *20*, 866–870. [[CrossRef](#)] [[PubMed](#)]
15. Taylor, C.A.; Taylor, J.C.; Stoller, J.K. The influence of mentorship and role modeling on developing physician-leaders: Views of aspiring and established physician-leaders. *J. Gen. Intern. Med.* **2009**, *24*, 1130–1134. [[CrossRef](#)] [[PubMed](#)]
16. Soklaridis, S.; López, J.; Charach, N.; Broad, K.; Teshima, J.; Fefergard, M. Developing a mentorship program for psychiatry residents. *Acad. Psychiatry* **2015**, *39*, 10–15. [[CrossRef](#)] [[PubMed](#)]
17. Kahlke, R. Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *Int. J. Qual. Method* **2014**, *13*, 37–52. [[CrossRef](#)]
18. Lau, C.; Ford, J.; Van Lieshout, R.J.; Saperson, K.; McConnell, M.; McCabe, R.M. Developing Mentoring Competency: Does a One Session Training Workshop Have Impact? *Acad. Psychiatry* **2016**, *40*, 429–433. [[CrossRef](#)] [[PubMed](#)]

