UMDNJ Master Educators’ Guild
Faculty Mentoring Recommendations

Overview

What is Mentoring?
Mentoring is an advisory role in which an experienced ‘master’ professional guides another individual in their professional development (Council of University Teaching Hospitals, 2003). The relationship is dynamic and reciprocal, with the mentor taking personal interest in helping the mentee or protégé develop into a successful professional (National Academy of Sciences, National Academy of Engineering, Institute of Medicine, 1997). Mentoring is also a way to help new employees learn about organizational culture, to facilitate personal and career growth and development, and to expand opportunities for those traditionally hampered by organizational barriers, such as women and minorities (Educational Resources Information Center, 1998).

Types of Mentoring
Mentoring can be structured or unstructured. In the classic, informal or self-initiated model, two parties are drawn together naturally by their personal characteristics, attributes and common values. In a structured mentoring program, the mentor and protégé usually are assigned to one another, typically for a specified amount of time. In some cases, protégés are assigned to a mentoring committee instead of a single individual (Sorcinelli, 2000; University of Texas, 1997). Alternatively, some mentoring programs (referred to as semi-structured) provide for matching or self-selection between mentor and protégé (Council of University Teaching Hospitals, 2003). Although most commonly implemented at the Department or Division level, some mentoring models are institution-directed. In these cases, mentor/protégé pairs may cross department or even School boundaries. Another approach is called layered mentoring, in which protégés can chose a number of mentors in different areas of professional development, i.e., one mentor for a specific research project, another for a teaching project, etc. Last is the rolling mentor model in which mentees start with one mentor and “roll” over to several others as their careers advance (University of Kansas - Wichita, n.d.).

Mentor Roles and Responsibilities
The roles assumed by academic mentors fall within the general responsibilities of faculty. Such responsibilities do not occur in isolation, but rather in collaboration with academic administrators (deans, division heads, chairs, program directors) and other peer faculty. Some of the key roles and responsibilities commonly assumed by mentors, as defined by the Council of University Teaching Hospitals (2003) are listed in the following document.
Mentor Roles and Responsibilities  
(Council of University Teaching Hospitals, 2003)

Role Model
- Demonstrate and personify skill and competence in personal, professional and career matters
  - Model ethical and professional behavior
  - Demonstrate skill in self-learning and commitment to learning of others
  - Support and encourage protégé learning on an ongoing basis

Socializer
- Facilitate in the socialization of the protégé into their role through a collaborative collegial relationship
- Orient protégé to: the culture and value systems of the institution, profession and community
  - Help identify resources for learning and career socialization

Coach and Counselor
- Discuss expectations of the relationship with the protégé at the beginning
- Establish mutually agreed intended outcomes
- Facilitate protégé’s self-direction to set his/her own agenda for working and learning
- Provide a safe environment for protégé to critically reflect on his/her personal and professional capabilities
- Encourage creativity and risk taking in learning and practicing
- Assist the protégé to learn through their accomplishments and challenges
- Recognize and support the protégé’s strengths and areas to be developed
- Develop capabilities by offering constructive feedback
- Evaluate own effectiveness as mentor

According to the US Department of Health and Human Services (n.d.), successful mentors are respected in the academic community, and well established and secure in their careers, thus not threatened by success of a more junior person. Mentors should be committed to helping their mentees formulate their own specific goals, be respectful of both their personal and professional roles and be willing to help them identify barriers to and strategies for success. Mentors should be able to listen effectively, provide constructive criticism, clearly articulate suggestions and have a good understanding of the milieu of the institution. In addition, mentors should demonstrate the ability and a commitment to (modified from US Department of Health and Human Services, n.d.):
  - Obtain and share knowledge about the institution’s environment and politics
  - Define expectations for different career tracks (e.g., clinician, teacher, investigator)
  - Guide mentees toward successful scholarship and research
  - Provide advice regarding career advancement
  - Assist with grant writing
  - Establish an environment which maximizes the mentee’s opportunities for advancement
  - Encourage mentee to ask questions and get feedback
  - Introduce the mentee to other key resource people both in/outside the institution
• Help identify opportunities for the mentee
• Provide emotional support and encouragement

Mentee Roles and Responsibilities
Given the reciprocal nature of the relationship, mentees also play a crucial role in its success. For mentoring to be effective, mentees should demonstrate a commitment to the following (Council of University Teaching Hospitals, 2003; US Department of Health and Human Services, n.d.):
  • assuming responsibilities for their own career development, e.g., by identifying individual needs and seeking out relevant experiences
  • actively maintaining the mentor relationship, to include seeking and providing feedback
  • being proactive in the development and maintenance of a constructive relationship with their mentors, using the mentor as both a personal and professional role model
  • participating in evaluating the mentor program, as required

Conditions for Successful Mentoring
Because each institution or unit has its own ethos and structure, mentoring programs can look different from place to place (Race, n.d.). Nonetheless, a variety of stakeholders must be linked and committed to any mentoring program in order for it to be successful. Similar commitments are required to foster a mentoring culture. The key stakeholders are:
  1. Mentor
  2. Mentee/protégé
  3. Division Heads/Department Chairs/Program Directors
  4. School and University Administration
  5. Others (e.g., Master Educators’ Guild)

All aspects of the organization’s culture must be supportive and the roles, responsibilities, goals, and expectations of all the key stakeholders should be clearly defined, communicated and understood (Council of University Teaching Hospitals, 2003). Only in this way will the key participants feel a sense of ownership over the program, a critical aspect for success (Race, n.d.).

Characteristics of Quality Mentoring Programs
A quality structured mentoring program is characterized by the following key elements: 1) a sensible matching process designed to link mentor/mentee according to shared teaching, research and/or clinical and research interests; 2) jointly-established and realistic expectations, and timelines which are understood clearly by both parties; 3) a written contract or agreement between the mentor/mentee that identifies key skill development needs and objectives; 4) the allocation of specific time for regular mentor/mentee meetings; 5) an ongoing evaluation/feedback process that serves both parties; 6) respect for gender and/or ethnic differences (US Department of Health and Human Services, n.d.).

Current Status of Mentoring at UMDNJ
In the fall of 2002, members of the UMDNJ Master Educators’ Guild reviewed the mentoring activities and practices being conducted in the University’s eight schools. Based on this review, it
was determined that only one school had in place a formal program whereby new faculty were assigned to mentors. Several departments within a few schools did indicate that mentoring was occurring, but primarily using either informal or semi-structured processes. Most schools and departments had no written policy or procedures on mentoring. Moreover, Guild members observed that in some schools opportunities for mentoring, even the informal variety, were limited.

These findings indicate a large discrepancy in how mentoring is officially handled by the various UMDNJ schools. The existence of informal mentoring opportunities in some schools and departments is to be commended; however, when mentoring is left to an informal system some mentors and mentees have excellent experiences, while others may not be so fortunate.

**Recommendations**

A growing body of knowledge indicates that well-designed mentoring programs are highly useful in developing faculty, particularly women and minority faculty (see bibliography). UMDNJ’s continued reliance primarily on informal processes appears inconsistent with the needs of the University’s schools and their faculty. In response to this situation, and based on our review of what other universities are doing, the Master Educators’ Guild is proposing a series of recommendations. Although the Guild’s focus is on enhancing the educational mission of UMDNJ, these recommendations address the broader scope and need for mentoring across the spectrum of faculty activities, to include not only teaching, but also research and service. These recommendations are not meant to replace current informal mentoring processes, but rather to enhance the development and continued productivity of the UMDNJ faculty. Finally, these recommendations are limited to faculty mentoring and thus do not address the issue of mentoring students, post doctorates or residents.

**General Recommendation**

UMDNJ and its schools should establish formal mentoring procedures for both junior and senior faculty. For junior faculty, the goal should be to help develop them into successful, mature faculty. For the senior faculty, the goal should be to maintain and enhance their productivity and effectiveness as scientists, educators, administrators and/or clinicians.

**Specific Recommendations**

I. Administrative Oversight & Support

I-A. Oversight of the mentoring process, including financial and related resource support, should be provided by the Deans of each UMDNJ school, via the appropriate office (e.g., Faculty Affairs, Academic Affairs, etc). This office would be responsible for:

1. In collaboration with the applicable division heads, chairs or program directors, initiating and maintaining all formal communications regarding assignments of mentors for faculty;
2. Creating, distributing and regularly updating a reference document that outlines and describes the school’s mentoring program, its resources and procedures, and the roles and responsibilities of both mentors and mentees;
3. Providing financial support for mentor training and related mentoring activities;
4. Coordinating school-wide mentoring activities, e.g., seminars and workshops;
5. Providing a space for mentoring resources and small group mentoring meetings; and
6. In collaboration with a Faculty Mentoring Committee, evaluating, reviewing and tracking
the mentoring program.
I-B. Procedures and documentation should be as simple and concise as possible.

II. Mentoring Process

II-A. Each school and department should develop a mentoring process consistent with its needs
and expectations. To provide guidance to both current and future efforts, we recommend that
these processes include at least the following key elements, as identified by the United States
Department of Health and Human Services (n. d.):
1. a sensible matching process that links mentor/mentee according to shared teaching,
   research, clinical and/or research interests;
2. jointly-established and realistic expectations and timelines that are understood clearly by
3. a written agreement between the parties that identifies key skill development needs and
   objectives;
4. the allocation of specific time for regular mentor/mentee meetings;
5. an ongoing evaluation/feedback process that serves both parties; and
6. respect for gender and/or ethnic differences

II-B. Division heads/ department chairs/program directors should provide routine oversight of
the mentoring program, as well as the normal ‘chair faculty’ mentoring. Their
encouragement of meetings between the new faculty and designated mentor are essential to
establishing the system.

II-C. All new faculty should be assigned one or more mentors, identified by name on their initial
contract. These mentors should be appropriate to supporting the new faculty member’s key
roles and functions. If a teaching role is assigned, the new faculty member should be linked
with either a Master Educator or a division, department or program faculty member
recognized for their teaching effectiveness.

II-D. In collaboration with their mentors, mentees should formulate and regularly update a
“personal academic development plan” that includes both short and long-term career and
professional goals.

II-E. For senior faculty the chairperson may suggest mentoring in specific areas, such as, service,
research and teaching to aid the faculty member in addressing their specific situations, e. g,
seeking new sources of funding, changing one’s focus of research, taking a sabbatical leave,
attending new courses or becoming more involved in teaching, mentoring or other activities
that would contribute to the division, department, school or university.

II-F. Department chairs should encourage and support faculty attendance at appropriate research
or other seminars and meetings that promote professional development.
III. Resources for Mentoring

III-A. Material resources for mentor training and development, including bibliographic references, copies of appropriate literature and videotapes for use in mentoring should be provided by the Dean’s offices at each UMDNJ School.

III-B. Departments, Schools and, where applicable the University should regularly sponsor seminars and workshops on topics such as mentoring skills, teaching, preparing a teaching portfolio, research funding, and senior faculty renewal.

III-C. A confidential teaching peer review network should be established whereby faculty in need could be coupled with experienced educators to help them review, evaluate and improve their teaching skills. Videotaping of lectures to evaluate teaching performance should support this effort.

III-D. The Master Educators’ Guild online Center for Teaching Excellence should serve as the University’s source for mentoring resources and activities.

IV. Mentor Development

IV-A. Each school should establish a Faculty Mentoring Committee. These committees should assume responsibility for (1) establishing the specific goals and objectives for that school’s mentoring program; (2) overseeing mentor training and development and (3) regularly evaluating and improving the program over time. Members should include division heads/chairpersons, Master Educators, and both senior and junior faculty. The committee should be staffed and supported by the Dean’s office.

IV-B. The general aims for mentor development should be to (1) support and enhance the various functions of existing mentors (previously described), and (2) recruit and develop new mentors, while addressing the specific professional development needs unique to each school.

IV-C. New faculty orientation should provide current information that explains their role and responsibilities in the mentoring process.

IV-D. Mentor training should provide a mix of formal sessions as well as self-learning modules for individual use. In addition, there should be annual or biannual refresher sessions to provide mentors with new information and evolving technologies in their area of mentoring.

Note: It is acknowledged that mentor development activities may overlap with existing administrative and/or departmental efforts or functions in related areas. Each unit should address this potential for overlap and determine which activities are redundant and which are complementary. The Faculty Mentoring Committee could be instrumental in this regard.

V. Incentives & Rewards

V-A. Appreciation for mentoring should be made apparent to all by having each school establish an annual award program to honor outstanding faculty mentors. Depending on the school, these awards may reflect excellence in clinical service, research and/or teaching mentoring. If no such individual is identified in a given year, the award should not be made. Where appropriate, the naming of these awards after individuals renowned for their effective mentoring would offer an opportunity to honor them as well as to ‘put a name’ on excellence in mentoring.
V-B. Delegation of mentoring responsibilities should be incorporated into determination of workload or release time.

V-C. Mentoring activities should be weighted appropriately into the annual evaluation process and considered in promotion and tenure considerations.

VI. Evaluation

VI-A. An evaluation plan should be incorporated into all schools’ mentoring programs to provide ongoing assessment of each program’s progress toward achieving its goals and objectives.

VI-B. In collaboration with the Dean’s Office, each school’s Faculty Mentoring Committee should be responsible for developing and implementing the evaluation plan.

VI-C. Evaluation should involve both short- and long-term indicators and both qualitative and quantitative methods. Achievement of short-term objectives should be assessed annually. Evaluation of long-term objectives should coincide with the new faculty (~3 year) and the promotion/tenure (5-10 year) time frames previously described. Examples of data useful in evaluating short-term goals include, but are not limited to: the number of mentors recruited and trained; the quality of their training; the amount, quality and use of resource materials; mentee assessments of the effectiveness of their mentoring; and mentor satisfaction with the process. Long term assessment would focus more on mentees’ productivity (e.g., publications, grants, teaching effectiveness), and (for junior faculty) their success in achieving promotion and/or tenure.

VI-D. The results of evaluation should be used to reinforce or redefine the program and its applicable components. Special attention should be paid to addressing any problems that either mentors or mentees might encounter with the mentoring process. When appropriate, evaluation results and recommendations should be shared with the key stakeholders in the process.

VII. Role of Master Educators

VII-A. UMDNJ Master Educators should volunteer for assignment to new faculty who will be assuming teaching roles (supports Recommendation 11-C).

VII-B. UMDNJ Master Educators should serve locally as resources to help provide seminars and workshops on mentoring and teaching (supports Recommendations III-B and IV-D).

VII-C. UMDNJ Master Educators should create and promote the confidential teaching peer review network previously described (supports Recommendation III-C).

VII-D. UMDNJ Master Educators should take a lead role in their respective schools in helping establish and maintain the previously described Faculty Mentoring Committees (supports Recommendations IV A and VI).

References and Bibliography

Provided below are selected journal, text and Web resources related to academic mentoring in the health professions, including the citations in this report.


Doyle LL, Cooper G. (1996). *The mentor’s mentor: the mentoring handbook a guide to mentoring*. Women’s Faculty Development Caucus, College of Medicine, University of Arkansas for Medical Sciences.


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University of Ottawa Faculty of Medicine. Mentoring Handbook. Available at: http://www.familymedicine.uottawa.ca/postgE ad/pdf files/mentorin %20guide 02 03.pdf


Virginia Commonwealth University - School of Medicine. Faculty Mentoring Guide. Available at: http://www.medschool.vcr.edu/intranet/facdev/facultymentoringguide/index-2.html.


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