

Working With a Mentor Effective Strategies During Fellowship and Early Career



Lisa K. Moores, MD, FCCP; Aaron B. Holley, MD, FCCP; and Jacob F. Collen, MD, FCCP

CHEST 2018; 153(4):799-804

Mentorship is a symbiotic relationship in which a typically highly regarded experienced person (the mentor) guides a less experienced individual (the mentee) in their professional development. Mentors provide two main sources of support, career advancement and psychosocial support. In the former, the mentor acts as a sponsor, coach, and protector, in addition to providing exposure and visibility. In the latter, the mentor acts as a role model for the mentee and provides counseling, friendship, and advice.

Mentorship is an important aspect of professional development in academic medicine. Effective mentorship has been shown to have positive effects on career advancement, satisfaction, and faculty retention. It facilitates career selection, clinical and academic promotion, publication productivity, and achievement of grant funding. A good mentor can also help mentees avoid burnout. A lack of mentoring, on the other hand, has been shown to hinder career progress and can often lead to the mentee leaving the institution or practice. Finding a mentor or mentors is one of the most important career decisions a trainee or junior faculty can make. We therefore review several important aspects of mentoring relationships, focusing on the role of the mentee.

AFFILIATIONS: From the Office for Student Affairs (Dr Moores), F. Edward Hebert School of Medicine, The Uniformed Services University of the Health Sciences, Bethesda, MD; the Pulmonary, Critical Care and Sleep Medicine Service (Drs Moores and Collen), Walter Reed National Military Medical Center, Bethesda, MD; and the Pulmonary, Critical Care and Sleep Medicine Service (Dr Holley), San Antonio Military Medical Center, San Antonio, TX.

CORRESPONDENCE TO: Lisa K. Moores, MD, FCCP, The Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine, Office for Student Affairs, 4301 Jones Bridge Rd, Bethesda, MD 20814; e-mail: lisa.moores@usuhs.edu

Published by Elsevier Inc. under license from the American College of Chest Physicians.

DOI: https://doi.org/10.1016/j.chest.2018.02.016

Finding a Mentor or Mentors

Finding a mentor may be one of the most difficult and important steps. Good mentors are competent, confident, and committed. They are honest and sincere, able to listen actively, and have a well-established position in the academic community. They are altruistic, understanding, patient, responsive, trustworthy, nonjudgmental, accessible, knowledgeable, and experienced. Successful mentors are also ones who can open doors for the mentee, introducing them to other potential mentors and career advancing opportunities. Mentors serve many roles—advisor, sponsor, coach, confidant, promoter, and role model. Each role is important to a successful mentoring relationship; therefore, good mentors are able to seamlessly transition among these roles.

Before seeking a mentor, a mentee should clarify his or her own goals, values, motivation, and communication style. One should determine if there are personal preferences (race, sex, personality, or work habits) that are important. Most importantly, the mentee should clarify their gaps and needs. Mentees may need help with professional development, academic advancement, establishing a research portfolio, grant writing, networking, skills development, or work-life balance. Having an explicit list of expectations and actually writing down short- and long-term goals can help narrow down potential mentors.

The next step will be to approach potential mentors. Mentees should begin with considering people they already know, then ask peers and colleagues for recommendations. The mentee can also ask potential mentors for additional recommendations. It may be necessary to look for mentors in many places, including outside of the institution. It is helpful to have an initial conversation to discuss things broadly before committing to a long-term relationship. Is the mentor available and accessible? Do they have prior mentoring experience? Do they have a record of encouraging

chestjournal.org 799

mentees and providing opportunities? Do they focus on the mentee's agenda, rather than their own? One recommended strategy for initiating a relationship is to begin by asking for specific advice, and based on this, assess whether the relationship is likely to be beneficial in the long term.

Once the mentee selects a mentor, it is vital that the mentee come to the introductory meeting with a plan. The mentee should be prepared to share their background, values, and needs. As the mentee seeks potential mentors, he or she should attempt to identify shared interests, goals, strengths, and interpersonal communication styles. A good personal fit is important because differences in core values can undermine the effectiveness of the relationship.

The initial meeting should be used to establish guidelines. When, where, and how often will the pair meet? What is the best or preferred method of communication? The mentee and mentor can also determine if there will be fixed agenda items each meeting. The pair should also discuss how they will exchange feedback, and how they will measure success. It may also be useful to set a structure for meetings. For example, the first 10 minutes might be used for a professional and/or personal check-in. The middle portion of the meeting might focus on shortterm goals and a progress check on ongoing projects. The final minutes of the meeting might then be spent on more long-term goals. Each meeting should conclude with a summary of the discussion, a clarification of tasks, and a planned date for the next meeting. Setting clear expectations from the beginning can help avoid potential miscommunication and frustration in the future.

Mentoring Networks

Mentees will likely need to develop several mentoring relationships over the course of their careers, sometimes having several at once. Mentoring is a personal relationship, but it is not mutually exclusive. One mentor may have many mentees at any given time. Likewise, each mentee may have several mentors. Establishing a complement of multiple mentors who can contribute in diverse ways can be very useful for mentees. The numerous roles and behaviors required of mentors, and the ever-increasing demands on their time, makes it exceedingly unlikely that a single person can fulfill all the mentoring needs of the mentee. Mentees therefore benefit from a network of mentors, allowing them to be exposed to a variety of strengths, styles, opinions, and experiences. The National Center for

Faculty Development and Diversity has created a tool for creating a mentoring network and may help the mentee frame their multiple needs and the mentors, advisors, coaches, family members, and friends that can support those needs.

Having multiple mentors can also be one way of addressing differences in sex, race, ethnicity, or background. For instance, women may prefer a female mentor to discuss work-life balance and particular challenges that women face in academic medicine, but a male mentor who is established in research in their area of interest. Similarly, mentees from traditionally underrepresented minorities may want to ensure that at least one of their mentors is of similar race and cultural background. Building a network of mentors provides access to differing expertise, academic rank, race, and sex. A network also allows assistance from mentors with varying experience and areas of interest, creates a mentoring portfolio that is personalized and comprehensive, safeguards against ineffective or bad mentoring, and allows for the mentee to change the composition of the network over time as their needs change. Mentorship can be viewed as a series of many relationships that allow the mentee to evolve and progress.

Finally, a mentee may want to consider horizontal, or peer mentorship. Peer mentoring optimizes the benefits of sharing experiences with colleagues at a similar professional stage. This model can be a particularly useful tool in groups with a larger number of mentees and fewer senior mentors. The value of sharing, collaboration, and mutual support cannot be underestimated.

Role of the Mentee

Successful mentoring relationships are characterized by reciprocity, mutual respect, clear expectations, personal connection, and shared values. The mentee is not a sponge absorbing all of the mentor's advice and assistance. Rather, the mentee should at all times be an active participant and driver of the relationship. Mentees should take the initiative for cultivating the relationship. This means preparing for meetings, having an outline for discussion, being responsible, paying attention to timelines, and completing tasks that were previously assigned.

The mentee must frequently ask for, accept, and respond maturely and honestly to feedback; demonstrate a

positive attitude and be willing to learn; and be particularly careful not to get defensive when receiving constructive feedback. If the mentee must disagree, he or she should be respectful and ask for clarification to find out why the mentor is making certain suggestions or observations. Some of the most significant moments of personal and professional growth often stem from disagreement.

Mentees should aspire to honesty, receptivity, self-assessment, initiative, and appreciation of the mentor's talent and time. Ask directly about the preferred communication platform (in person, telephone, or e-mail) and frequency. Mentees should reflect on their personal work styles, strengths, weaknesses, and potential emotional triggers, and over time should learn these about their mentor(s). They should have the insight to know if a long, detailed e-mail might be better served with a phone conference or in-person meeting, be on time for meetings, and be willing to cancel meetings when there is not much to discuss. A mentee should be flexible and available and recognize that schedules may change because of the mentor's other significant responsibilities.

To optimize the chances of success, the mentee should take the time to define specific, measurable goals and a work plan and timeline to achieve them. The mentor and mentee should periodically review concrete measures of progress and success. Creating a mentormentee expectation document can be helpful. This should be a written document because it more clearly and explicitly defines goals (personal, clinical, educational, research, career, or financial) and expectations. This also allows for a more objective way to assess the relationship should the mentor or mentee fail to adhere to expectations. The Association of American Medical Colleges, and several formal mentoring programs (University of California, San Francisco and University of Kansas Medical Center), offer toolkits with templates for these documents. It may also be useful to keep a mentoring meeting journal, which documents meeting dates, a recap of current issues discussed (eg, urgent issues, personal issues, upcoming opportunities), a discussion of progress toward goals, action items, and the next meeting date. Whether the mentee chooses to use a formal template or informal journal, it is helpful to layout timelines for each project or goal as a means of holding themselves and their mentors to explicit expectations. Several dos and don'ts for a mentee are listed in Table 1.

TABLE 1 Dos and Don'ts for Mentees

Dos	Don'ts
Listen actively	Criticize or argue
Take initiative	Be passive
Openly and honestly share your thoughts	Have a hidden agenda
Be open to feedback and self-assess	Place blame on others
Respect your mentor's time	Ask for advice at the last minute
Show your gratitude	Compete with the mentor
Follow through on tasks	Overcommit
Have a positive attitude and enthusiasm	Stay in the relationship out of obligation
Be respectful and polite	Burn bridges
Take risks	Stay in the comfort zone
Actively seek out different perspectives	Have a closed mind

Establishing Boundaries: How to Say No

Sometimes the toughest challenge for a mentee is knowing when, and how, to say no. Overcommitting is something that all mentors and mentees struggle with, but failing to rein in this tendency can lead to burnout, harm the relationship, sabotage productivity, and derail a project. There is tremendous pressure, both external and internal, to take on more. The mentee must discern if they are overcommitting to take on tasks that represent a unique opportunity in a subject they truly like, or are just afraid to disappoint the mentor (saying yes to avoid saying no). Typically, the mentor is someone who has power and stature in the area of medicine in which the mentee hopes to excel. The mentor is also usually someone that the mentee genuinely admires and at a personal level does not want to disappoint. The mentee may fear that if he or she declines an opportunity, they will not get another! Often, this is not the case. Most mentors understand that clinical responsibilities and evolving struggles with work-life balance can, at times, prevent participation on a project.

Certainly, saying no too often, to the wrong mentor, or to projects that are linked to the mentee's area of passion and expertise, can be detrimental. However, saying no can be positive: it gives the mentor a chance to find a replacement sooner and gives the mentee more time for other interests, which can improve work-life balance. Ultimately, both mentees and mentors need a structured approach for saying no. Examples of when and how to say no are listed in Table 2.

chestjournal.org 801

TABLE 2 When to Say No and How to Say No

When You May Consider Saying No

- The mentor does not have an integral role in your career development
- The mentor cannot adversely affect your career trajectory
- Saying no does not exclude you from future opportunities
- The mentor is from another institution, and you have mentors in your own institution
- The topic is outside your field of interest
- You have other obligations (family, teaching, or patient care) that provide legitimate grounds to decline the
- You are not confident in the mentor
- You receive an offer to finish an easy paper or research project outside your area of interest that was previously started (and not finished) by someone else
- You receive an offer from someone with limited research experience
- You receive an offer to prepare a grant application or research submission that has a low chance of acceptance
- You receive an offer to provide last minute assistance on an application or research project
- You receive an offer to write a book chapter or review article in an area where you have no interest and/or no experience with the literature
- · You receive an offer to participate in a group project with colleagues that you do not know or have confidence in

How to Say No

- Thank you for the opportunity but I have too much on my plate to take on another project at this time
- Thank you for thinking of me, but I am trying to narrow my research focus, and this project falls outside of my interests
- I have some family obligations at present that limit me from taking on extracurricular projects outside the immediate scope of my work
- I have a major deadline coming and I am the primary point person on that project
- You are someone that I definitely want to work with, but I am obligated to another project/mentor right now that I need to honor. I hope I can work with you in the future
- I am sorry but I am just not interested in research at this time... I am focusing more on...being a clinician, teaching medical students, teaching house officers, pursuing leadership opportunities in the organization
- For X reason(s) I cannot take this on right now...and I want to be very direct with you because it is an important project, you are an important mentor, and I want you to be able to move this forward (unfortunately without me)
- This project is outside my area of expertise and I will not be able to help you effectively

Evaluating the Mentoring Relationship

The mentee should evaluate their prospective and current mentors, both before selection and during the relationship. Research on tests used to evaluate mentors and the mentor-mentee relationship is evolving, and several authors have reviewed metrics used in business, health-care, and academic settings. Over time, these tests are becoming increasingly specialized.

Wadhwa et al have devised a mentoring quiz that may be helpful to evaluate the relationship over time. They propose 14 questions that all have a possible response on a scale of 0 to 5, with 0 being strongly disagree and 5 being strongly agree. Scores > 50 are thought to represent strong, healthy relationships, whereas those \leq 30 suggest that adjustments should be made (Tables 3, 4).

Regular, bidirectional feedback is important to the success of traditional mentoring relationships. Areas to discuss may include the professional environment, leadership support, training, resources, and protected time. The mentee can reflect on specific behaviors of the mentor, such as availability, listening skills, their ability to give actionable guidance and feedback, and their ability to assist the mentee in establishing relationships and networks to further their career advancement. The

UCSF Faculty Mentoring Toolkit previously mentioned has a nice template for both the mentee and the mentor to use for this purpose.

The Difficult or Failed Relationship

Both mentors and mentees should anticipate that the relationship will evolve. As mentees progress along their career paths, they will become more independent and less reliant on their mentor, or their needs may change in a way that leads them to seek a new mentor. It is therefore natural for a mentoring relationship to end, and this should be regarded as a success of the original relationship.

A more difficult situation is when the relationship has not progressed, but has become dysfunctional or even toxic. Consequences of a failed relationship can be significant: higher levels of work stress, lower self-esteem, failure to obtain a grant or promotion, reduced faculty retention, and lack of collegiality moving forward. Occasionally, this can be related to common missteps of the mentee (Table 5). Other factors that can lead to ineffective mentoring relationships include poor communication, lack of commitment, personality differences, perceived (or real) competition, conflicts of interest, inappropriate delegation and credit taking, and the mentor's lack of

TABLE 3 Mentoring Quiz

Question	Score
Having a mentor has helped build my confidence and satisfaction with my professional career	
I feel that my mentor is equally focused on my performance, career development, and personal well-being	
My mentor's interactions with me are driven by a specific learning agenda identified by me, and not the organizational or his/her own needs	0-5
I feel that the content of our conversations is completely confidential	0-5
I am able to give my feedback to my mentor in an honest, direct, and respectful manner	0-5
We practice active listening skills and agree to disagree on some points	
I can openly share my concerns, insecurities, and doubts with my mentor	0-5
I am free to admit my mistakes and errors without the fear of being penalized	0-5
We meet on a regular basis, being thoughtful about each other's time	0-5
I consistently follow through on commitments made in this relationship	
My mentor is open to hearing new ideas and perspectives	0-5
I openly show appreciation and gratitude toward my mentor	
I have identified an action plan in consultation with my mentor with realistic objectives and measurable outcome	
My mentor encourages and motivates me to move beyond my comfort zone	

Questions are scored on a scale of 0 to 5 where 0 is strongly disagree and 5 is strongly agree. (Reprinted with permission from Wadhwa V, Nagy P, Chhabra A, Lee CS. How effective are your mentoring relationships? Mentoring quiz for residents. *Curr Probl Diagn Radiol.* 2017;46(1):3-5.)

experience. Competition between the mentor and mentee is one of the most common causes of a failed relationship. Both mentors and mentees need to reflect on their own labels, assumptions, and emotions, and be willing to reverse roles with one another.

If a mentoring relationship is not working out, it is important to move on. The mentee should not waste their own time—or their mentor's time. Neither party should feel badly about this. Both the mentee and mentor should be honest and transparent about the need to part ways. One of the most effective ways to begin the separation is with gratitude. Thank the mentor for their time and commitment. The mentee should give specific feedback about what was learned and how it helped his or her career. The mentee can then outline how their needs have changed. Keeping the focus on the mentee's reasons for moving on, rather than outlining all of the ways in which the mentor may have failed to meet expectations, can lead to an amicable split. The mentee will want to avoid burning bridges because they may want to approach that mentor again in the future for advice on something else.

Summary

The profession of medicine requires a commitment to lifelong learning and continual improvement. Therefore, all can benefit from good mentors. The mentee should be thoughtful in finding mentors that share similar backgrounds, values, and communication styles. In addition, the mentee should be prepared to be the driver of the relationship and establish clear, specific, and measureable goals that

TABLE 4 How to Interpret Your Score

Score	Interpretation	Suggestions for Future Improvement
51-70	Excellent! You are in an effective mentoring relationship and have fully benefited from this relationship in personal and professional development.	Keep up the great work and read on for some more thoughts about maintaining an excellent mentoring relationship.
31-50	Strong work! You are a good mentor or mentee, but you sometimes experience problems understanding each other's needs.	Take some time to rethink your communication method and focus on sharing accurate feedback in a timely fashion.
0-30	You need to work on this. You are not benefiting from this relationship and should consider improving the existing or finding a new mentoring relationship.	Read on for some great tools for improving existing and identifying new mentoring relationships.

(Reprinted with permission from Wadhwa V, Nagy P, Chhabra A, Lee CS. How effective are your mentoring relationships? Mentoring quiz for residents. *Curr Probl Diagn Radiol.* 2017;46(1):3-5.)

chestjournal.org 803

TABLE 5 Mentee Behaviors That Can Stress the Mentoring Relationship

- Becoming overcommitted (saying yes to everything)
- Taking on the role of the doormat, spending too much time performing menial tasks
- Becoming overdependent on the mentor (sending countless e-mails, text messages, phone calls, or meeting requests)
- Ignoring the advice and guidance of the mentor
- Becoming defensive and pointing blame elsewhere for

will allow the mentor to provide actionable guidance and feedback. With good communication and frequent feedback on both sides, the relationship should flourish and lead to enhanced personal and career satisfaction.

Acknowledgments

Financial/nonfinancial disclosures: None declared.

Additional information: All opinions should be considered as those of the authors, and do not represent official opinion of the US Army, the Uniformed Services University of the Health Sciences, or the Department of Defense.

Suggested Readings

Melanson MA. Mentors and proteges: simple rules for success. US Army Med Dep J. 2007:29-36.

Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: a guide for mentees. Acad Med. 2009;84(1):140-144.

Melanson MA. Qualities of the ideal protege. US Army Med Dep J. 2009: 44-46.

Sambunjak D, Straus SE, Marusic A. A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. J Gen Intern Med. 2010;25(1):72-78.

Bickel J, Rosenthal SL. Difficult issues in mentoring: recommendations on making the "undiscussable" discussable. Acad Med. 2011;86(10): 1229-1234.

Gillespie SM, Thornburg LL, Caprio TV, Medina-Walpole A. Love letters: an anthology of constructive relationship advice shared between junior mentees and their mentors. J Grad Med Educ. 2012;4(3):287-289.

Oxman AD, Sackett DL. Clinician-trialist rounds: 14. Ways to advance your career by saying 'no' - part 2: When to say 'no', and why. Clin Trials. 2012;10(1):181-187.

Sanfey H, Hollands C, Gantt NL. Strategies for building an effective mentoring relationship. Am J Surg. 2013;206(5):714-718.

DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. Mentor networks in academic medicine: moving beyond a dyadic conception of mentoring for junior faculty researchers. Acad Med. 2013;88(4):488-496.

Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. Acad Med. 2013;88(1):82-89.

O'Hara C. How to break up with your mentor. Harvard Business Review. 2014. https://hbr.org/2014/05/how-to-break-up-with-yourmentor. Accessed March 8, 2018.

McBurney EI. Strategic mentoring: growth for mentor and mentee. Clin Dermatol. 2015;33(2):257-260.

Wadhwa V, Nagy P, Chhabra A, Lee CS. How effective are your mentoring relationships? Mentoring quiz for residents. Curr Probl Diagn Radiol. 2017;46(1):3-5.

Vaughn V, Saint S, Chopra V. Mentee missteps: tales from the academic trenches. JAMA. 2017;317(5):475-476.