

# Using Survey Data to Design Mentoring Programs in a Large Academic Health Center Julia Andrieni, Bruce Barton, Judith Ockene, Joanna Cain, Luanne Thorndyke, Robert Milner University of Massachusetts Medical School, Worcester, MA, 01655

### Question

The University of Massachusetts Medical School (UMMS) and its clinical partner, UMass Memorial Health Care, employs 1800 faculty.

How can mentoring be made available strategically across a large and diverse academic health center?

## Strategy: Mentoring across the Continuum

Mentoring within an academic health center touches multiple groups: not just faculty but also students and trainees in a continuum of mentoring across the stages of academic development. Faculty play the central role in this mentoring continuum.

#### Faculty are Mentors for



Students



Trainees medical, graduate, nursing postdocs, residents, fellows



basic, clinical, nursing

### Implementation: Mentoring Advisory Board

We established the UMMS Mentoring Advisory Board, consisting of senior leaders with responsibilities for mentoring students, trainees, or faculty. The Board works closely with the Office of Faculty Affairs (OFA) and reports to the Provost. The Board advised on the design of the Mentoring Survey to assess the mentoring environment and the needs for mentoring across the institution.

Dr. Julia Andrieni, the Joy McCann Professor for Women in Medicine, was the founding chair of the Board. She conceived the Mentoring Survey and led its development and implementation.







# Strategy: Target Selected Faculty Groups

The Office of Faculty Affairs (OFA) used data from the Mentoring Survey to identify groups of faculty with specific needs for mentoring.

# Implementation: Targeted Mentoring

Several programs were designed and implemented by the OFA to meet the needs of targeted groups of faculty.

### **Peers for Promotion**



**Mentoring Gap** Female Assistant Professors who had been in rank for greater than six years showed an increased need for mentoring and identified career guidance as their greatest need. The OFA developed a facilitated peer mentoring program to assist these faculty in achieving promotion.

### Pathway to Tenure



Mentoring Gap Despite the investment in our tenure track faculty and the high expectations for their success, onethird stated that they needed mentoring. To meet their needs the OFA established a comprehensive program that includes individual consultations, peer mentoring, and more frequent feedback.

### **Minority Faculty**

The mentoring needs of faculty appeared related to a sense of isolation from the academic community. "Microcommunities"

Access to Resources **Professional Network Skills** 



Important Somewhat Important Not Important

will be established to address these needs by engaging a mentee with a selected group of junior and senior faculty.





We have extended the mentoring resources of the OFA by forming partnerships with departments to develop mentoring programs.

Implementation: Departmental Mentoring The OFA is partnering with individual departments to design, implement and evaluate departmental mentoring programs using data from the Mentoring Survey to match the program to the needs and structure of the department.

### **Department A: Balanced Structure**

One-third of the faculty need mentoring. The department has similar numbers of junior, mid-career and senior faculty and is able to match mentees with suitable mentors within the department.



#### **Department B: Predominance of Young Faculty**

Almost half of the faculty need mentoring but the department has too few senior faculty to match with the faculty requiring mentoring.



This work was supported in part by the Joy McCann Professorship for Women in Medicine and a Faculty Career Flexibility Award from the Alfred P. Sloan Foundation.