

Innovative Mentoring Programs to Promote Gender Equity in Academic Medicine

Saralyn Mark, MD, Heather Link, MHS, Page S. Morahan, PhD, Linda Pololi, MB,BS, Vivian Reznik, MD, MPH, and Susanne Tropez-Sims, MD, MPH

ABSTRACT

The authors describe the history, characteristics, and goals of four innovative programs, each in a medical school, that were established in 1998 to help faculty members of both sexes obtain mentors and thereby facilitate their career advancement. The programs were established as the result of an initiative by the Office on Women's Health (OWH) within the U.S. Department of Health and Human Services. Specifically, the OWH convened the National Task Force on Mentoring for Health Professionals, which determined that two principles are paramount to the success of any mentoring relationship or program: institutional commitment and institutional rewards and recognition to mentors. In accordance with the task force findings, the OWH

created the National Centers of Leadership in Academic Medicine, one at each of four medical schools: MCP Hahnemann School of Medicine; the University of California, San Diego, School of Medicine; East Carolina University School of Medicine; and Meharry Medical College School of Medicine. The authors give highlights of each program's goals and progress, and note that, ideally, these programs will eventually serve as models for similar programs at other schools. Programs such as these foster the advancement of a diverse faculty, a more supportive academic environment, and the education of providers who are sensitive to the needs of all their patients, staff, and colleagues. *Acad. Med.* 2001;76:39–42.

In this article, we report on the histories, characteristics, and goals of four innovative mentoring programs, each in a medical school, that were established to help faculty members of both sexes obtain mentors and thereby facilitate their career advancement.

BACKGROUND

All faculty members in academic medicine, both men and women, often face challenges in career advancement that require in-depth understanding of the many complex organizational structures of academic medical institutions as well as the professional steps necessary for advancement from junior to senior faculty status. Combined with daily professional responsibilities—including teaching, research, and clinical practice—together with family responsibilities, successful career advancement may often appear to be a daunting path to junior faculty.

While more women join the medical profession each year, fewer women than men are able to advance through the ranks of academic medicine.¹ Participation by women in the medical professions has improved greatly over the last century.² Women are projected to constitute over 30% of the physician population by 2010, which is an increase from 7.7% in 1970.² Additionally, women represent approximately 44% of the entering medical students across the United States, an increase of over 23% since 1979, and there are currently eight women deans of medical schools.^{1,3–5} De-

Dr. Mark is senior medical advisor, Office on Women's Health (OWH), Department of Health and Human Services (DHHS), Washington, D.C.; **Ms. Link** is a program assistant, OWH, DHHS; **Dr. Morahan** is professor of microbiology and immunology, and co-director of Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women, MCP Hahnemann University School of Medicine, Philadelphia, Pennsylvania; **Dr. Pololi** is professor of medicine, East Carolina University School of Medicine, Greenville, North Carolina; **Dr. Reznik** is professor of pediatrics, University of California, San Diego School of Medicine, La Jolla, California; and **Dr. Tropez-Sims** is professor and chair, Department of Pediatrics, Meharry Medical College School of Medicine, Nashville, Tennessee. Dr. Morahan, Dr. Pololi, Dr. Reznik, and Dr. Tropez-Sims are also the directors of the National Centers of Leadership in Academic Medicine at their respective institutions.

Correspondence should be addressed to Dr. Mark, Senior Medical Advisor, Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue, SW, Room 730B, Washington, DC 20201; telephone (202) 690-7650; fax: (202) 260-6537; e-mail: (smark@osophs.dhhs.gov). Reprints are not available.

For an article on a related topic, see page 19.

spite this progress, women are underrepresented in the upper echelon of academic medicine.¹ In 1999, women accounted for 10.6% of full professors, compared with 30.9% for men.⁶ Additionally, women remain less likely to advance into tenure-track faculty positions due to professional demands as well as family time constraints.^{2,7} Clearly, gender equity has not yet been achieved in academic medicine.

One major barrier to the advancement of women as well as men at academic medical institutions is a lack of role models and mentors. Mentoring may be a critical step in the promotion from junior to senior faculty membership. Mentoring relationships have been shown to be important in obtaining further funding for research projects and recognition for work-related achievements; ultimately the lack of mentors may halt the advancement of individuals into significant leadership positions.²

CENTERS OF LEADERSHIP IN ACADEMIC MEDICINE

The Office on Women's Health (OWH) within the Department of Health and Human Services (DHHS) recognized a need to address the issue of mentoring in academic medicine as part of its mission to foster the recruitment, retention, and promotion of women in scientific careers and in the health professions. This mission also acknowledges the critical need to establish gender equity throughout all health care professions. To address this need, the OWH convened in 1998 the National Task Force on Mentoring for Health Professionals, which determined that two principles are paramount to the success of any mentoring relationship or program. The first is institutional commitment. The second is institutional reward and recognition to mentors, such as financial incentives, development of a criterion for promotion based on mentoring excellence, and mentoring awards. Furthermore, it was strongly felt that both men and women require equal access to mentoring programs that may facilitate their successful career advancement.

In 1998, in accordance with the findings of the Task Force, the OWH created the National Centers of Leadership in Academic Medicine (hereafter, "Centers"), which launched a nationwide effort to develop model demonstration mentoring programs for men and women in academic medicine in a wide variety of medical school organizational contexts. These programs have two goals: (1) to foster gender equity in medicine, and (2) to promote the leadership advancement of junior faculty, both women and men, into senior faculty positions. The following four sites for Centers were selected through a national solicitation for demonstration projects: MCP Hahnemann School of Medicine, Philadelphia, Pennsylvania; University of California, San Diego, School of Medicine, La Jolla, California; East Carolina University School of Medicine, Greenville, North Carolina; and

Meharry Medical College School of Medicine, Nashville, Tennessee. Each of these four medical schools demonstrated an existing institutional commitment to faculty development and proposed strategies to overcome the institutional, economic, and organizational barriers to mentoring programs for all faculty.

MCP Hahnemann's Center

The Center at MCP Hahnemann features two pathways in its mentoring program, each focused on their new and junior faculty members.⁸ The first pathway is a preceptoring program for first-year instructors and assistant professors, who are invited to choose one or more senior faculty preceptors who have volunteered to provide organizational information and career planning advice during a junior faculty member's first year at the university.⁹ The second pathway is a mentoring program designed for junior faculty in the middle of their assistant professorships. This program invites junior faculty mentees to select senior faculty mentors who have volunteered to help prepare them for promotion to senior faculty positions. Each pathway is supported by an information-rich Web site used to facilitate the partnerships. MCP Hahnemann is thoroughly evaluating these two programs using an institutional report-card approach to concisely assess changes in the numbers of women and men in leadership positions, and to evaluate the participants' satisfaction and degrees of learning and networking.¹⁰ An advisory committee of internal and external leaders reviews the program annually.

East Carolina's Center

East Carolina University has a tradition of supporting the professional and personal advancement of its faculty through faculty development programs.¹¹ The Center at East Carolina has designed and implemented three different programs, described below, to provide two alternative paths to the same goals of advancing junior faculty members' careers and fostering gender equity in academic medicine.

Senior and leadership faculty members participate in the school's Mentoring Skills Program, which explores and promotes effective mentoring skills within a collaborative senior learning group. The Personal Mentoring Program pairs a junior faculty member with a trained senior mentor to assist the junior faculty in making career development decisions and in aligning personal and institutional goals. Finally, the Collaborative Mentoring Program convenes a group of junior faculty for facilitated collaborative career planning, together with structured experiential sessions designed to develop skills in areas important for career advancement. The Collaborative Mentoring Program is intended to foster personal

growth and awareness of values and priorities and their congruence with academic and professional goals. These three programs, in addition to the development of a computerized faculty tracking system to monitor the success of the program, form the core activities of the Center at East Carolina.

University of California, San Diego's Center

The cornerstone of the Center at the University of California, San Diego, School of Medicine (UCSD) is a mentoring program tailored to the management style of the university and to the managed care environment present in Southern California.¹² The Center at UCSD created programs of faculty performance development to meet the professional needs of all junior faculty. This type of program, emphasizing an understanding of the institution's mission as well as the work environment, selects interventions to improve each individual's academic performance with the goal of improving the efficiency and efficacy of the overall institution.

The Center at UCSD has established several goals, including designing a formal mentoring system for junior faculty, to provide increased connection between senior faculty, campus, and organizational resources.¹² The following seven program activities were chosen for the first class at the UCSD Center:

- training and education, including faculty development workshops;
- a formal mentoring program;
- the establishment of a faculty leadership council;
- special events for the community;
- academic performance counseling;
- the creation of a Web site for the Center; and
- extensive resource development.

An ongoing evaluation continues to measure participant satisfaction, degree of learning, performance, and the impacts of the mentoring program on the careers of both the men and women junior faculty and on the institution.

Meharry's Center

Meharry Medical College School of Medicine, a leading medical institution among historically black colleges, has made great strides with its mentoring program.¹³ Meharry created a one-on-one mentoring program and has focused on this as the central activity of its Center. The mentor-mentee pairs set goals for career advancement and sign a contractual agreement, endorsed by the mentee's chairperson. Mentor-mentee pairs, selected through an application process, attend brown-bag luncheons on topics identified from the needs assessment made by the faculty. Meharry's

Center collaborates with the college's faculty development office to facilitate the senior faculty workshop, which was designed to improve the mentor's mentoring skills prior to initiating the mentoring relationship. One major accomplishment of the Center is the provision of protected time in the contracts of faculty members, which allows faculty members to participate in important career development efforts such as the mentoring program. An ongoing evaluation and close monitoring of the mentor-mentee pairs are included in the central functions of the Center.

ASSURING GENDER EQUITY THROUGH EQUAL MENTORING OPPORTUNITIES

The designation of the four National Centers of Leadership in Academic Medicine is the first public/private effort to help foster the institutionalization of mentoring programs. These four programs represent a targeted approach to establish gender equity in academic medicine. Ideally, as these programs continue to develop and evaluate their efforts, they will be replicated or used to amplify current mentoring efforts at other academic medical institutions across the nation.

This type of program fosters an environment that assists medical schools in recruitment, development, retention, and advancement of junior faculty, and recognizes the efforts of the senior faculty in this process. An important expectation is that mentoring programs such as these, which promote the advancement of a diverse faculty, will foster academic medical center environments that support a new generation of providers who are sensitive to the needs of all their patients, staff, and colleagues. By ensuring that gender equity and equal opportunities for mentoring are available for all members of academic medicine, this scenario can be realized.

REFERENCES

1. Nonnemaker L. Women physicians in academic medicine. *N Engl J Med.* 2000;342:399-405.
2. Health Resources and Services Administration. Fifth Report: Women and Medicine. Publ No. HRSA-P-DM-95-1. Washington, DC: HRSA, 1995.
3. Barzansky B, Jonas HS, Etzel SI. Educational programs in U.S. medical schools, 1998-1999. *JAMA.* 1999;282:840-6.
4. Bickel J, Clark V, Lawson RM. Women in U.S. Academic Medicine: Statistics 1998-1999. Washington, DC: Association of American Medical Colleges, October 1999.
5. Bickel, Janet, associate vice president, Institutional Planning and Development, Association of American Medical Colleges, Washington, DC. Personal communication, May 24, 2000.
6. Association of American Medical Colleges. Medical School Faculty, 1999. Washington, DC: AAMC, 1999.
7. Morahan PS, Voytko ML, Abbuhl S, et al. Ensuring the Success of Women Faculty at AMCs—Lessons Learned from the National Centers of Excellence in Women's Health. *Acad Med.* 2001;75:19-31.

8. Morahan PS, Sachdeva AJ, Richman RC, Benson CA. National Center of Leadership in Academic Medicine: Final Technical Report to the Office on Women's Health, Department of Health and Human Services. Philadelphia, PA: MCP Hahnemann University School of Medicine, 1999.
9. Sachdeva AK. Preceptorship, mentorship, and the adult learner in medical and health sciences education. *J Cancer Educ.* 1996;11:131-6.
10. AAMC Project Committee on Increasing Women's Leadership in Academic Medicine. Increasing women's leadership in academic medicine. *Acad Med.* 1996;71:799-811.
11. Pololi L. National Center of Leadership in Academic Medicine: Final Technical Report to the Office on Women's Health, Department of Health and Human Services. Greenville, NC: East Carolina University School of Medicine, 1999.
12. Reznik V, Garman K. National Center of Leadership in Academic Medicine: Final Technical Report to the Office on Women's Health, Department of Health and Human Services. La Jolla, CA: University of California, San Diego, School of Medicine, 1999.
13. Tropez-Sims S, Estrada J. National Center of Leadership in Academic Medicine: Final Technical Report to the Office on Women's Health, Department of Health and Human Services, Nashville, TN: Meharry Medical College School of Medicine, 1999.