

# From "Pre-tending" to Attending: Mentoring Junior Faculty for Success

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## Disclosures

- Dr. Blake: None
- Dr. Jenkins: None
- Dr. Wilson: None

# Objectives

- Identify appropriate mentorship matches between new and experienced faculty
- Assess evolving mentorship needs for new faculty
- Implement the components of our toolkit to facilitate onboarding, evaluation, and career development of new faculty

# Background

- Roles
- Difficulty recruiting competent faculty
  - “Grow your own”
- From growth to harvest
  - Complicated
  - Lots of resources
  - Not standardized

# Background

- Reflection
- Appreciation of the mentorship process
- Validated link to academic success

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# A Wise One Once Said...

- Apprenticeship vs mentorship
- Mentorship
  - Physician does not mean teacher
  - We “know” medicine
  - More on our own/autonomy
  - Adult learning theory

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# Mentorship Foundations

- Trust
- Honesty
- Safety
- Accountability
- Transparency
- Confidentiality
- Feedback



Franko, J. STFM Resources. 2018.

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# Mentorship Types

## Formal

- Organized
- Intentional
- Career development
  - Outcome focused

## Informal

- “Natural”
- Loose
- Support
  - Wellbeing

- Can a mentor be both?

Franko, J. STFM Resources. 2018.

# Why Mentorship?

- Associated with academic productivity and promotion
- Junior faculty are more dissatisfied without a mentor
- Mixed results on job satisfaction



Riley M., et al. Fam Med 2014;46(10):792-796.

# Why Mentorship?

- Productivity  $\neq$  satisfaction
- Informal mentorship associated with satisfaction
- Formal mentorship associated with productivity
- Most benefit comes from having multiple mentors
- Key: Mentee satisfaction with relationship itself

Lynn, S. *et al.* Academic Medicine. 2014; 89(9): 1267-1275.

# Selecting A Mentor

- Program needs assessment
  - Where are you as a program?
  - What are you trying to accomplish?
  - People are resources
    - Align them
  - Part of our toolkit

# Selecting A Mentor

- Formal, Informal, Network
- Consider:
  - Chronological connection
  - “Speak the same language”
  - Unity in common values

Steele, M., *et al.* Medical Teacher. 2013; 35(5); 1130-1138.

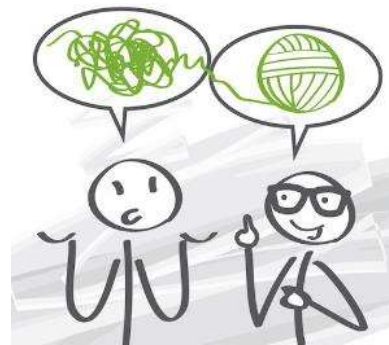
# Selecting A Mentor

- Example strategies
  - Bielak/Kemmet: Sports Medicine
  - Jeter/Wright: Obstetrics
  - Wilson/Jenkins: Academics

# Selecting A Mentor

A good mentor...

- “Understands what the mentee is trying to accomplish in their career, what their limitations are.”
- Identify strengths/weaknesses
- Sincerity, honesty, experience
- Provide emotional support



Straus, S., et al. Academic Medicine. 2013; 88(1): 82-89.

## Needs Assessment: Faculty Skill Sets and Goals

- Board Certification
  - Family Medicine
  - Preventive Medicine
  - Occupational Medicine
  - Hospice and Palliative Care
  - Disaster Medicine
  - Psychiatry



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## Needs Assessment: Faculty Skill Sets and Goals

- Added Qualifications
  - Sports Medicine
  - Geriatrics
- Medical Licensure
  - Allopathic
  - Osteopathic



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## Needs Assessment: Faculty Skill Sets and Goals

- Certifications
  - ACLS
  - PALS
  - ALSO
  - ATLS
  - AWLS
  - Hypertension
  - Wound Care and Hyperbaric Medicine
  - ADLS

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## Needs Assessment: Faculty Skill Sets and Goals

- Procedural Skills
  - Obstetrics
    - Vaginal delivery
    - C-section
    - Forceps delivery
    - Vacuum extraction
    - Ultrasound
    - Amniotomy
    - Internal monitors
    - Episiotomy and repair



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## Needs Assessment: Faculty Skill Sets and Goals

- Procedural Skills
  - Soft Tissue Orthopedics
    - PRP
    - Ultrasound
    - Joint injection
    - Casting
    - Strapping
    - OMT



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## Needs Assessment: Faculty Skill Sets and Goals

- Procedural Skills
  - Women's Health
    - Colposcopy
    - LEEP
    - Endometrial biopsy
    - IUD placement
    - Ultrasound

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## Needs Assessment: Faculty Skill Sets and Goals

- Procedural Skills
  - General Family Medicine
    - Toenail removal
    - Colonoscopy
    - EGD
    - Vasectomy
    - Lump/bump excision
    - Laceration repair
    - Bone marrow biopsy
    - Nasopharyngoscopy



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## Needs Assessment: Faculty Skill Sets and Goals

- Procedural Skills
  - Occupational Medicine
    - FAA exams
    - DOT exams
    - Audiograms
    - Medical review officer
    - Travel medicine
    - Independent medical examiner

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## Needs Assessment: Faculty Skill Sets and Goals

- Academic Certifications
  - Faculty Development Fellowship
  - Program Director's Institute
  - CITI

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## Needs Assessment: Faculty Skill Sets and Goals

- Academic Rank
  - Professor
  - Associate Professor
  - Assistant Professor

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## Needs Assessment: Faculty Skill Sets and Goals

- Academic and clinic goals
  - What clinical/academic areas do you want to participate in during the upcoming academic year?
  - What strengths do you currently bring to the department?
  - What are your professional growth needs?
    - Upcoming academic year
    - Next three academic years

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## Goals For New Faculty

- Patient care
  - Solidify care of acute and chronic problems
  - Link patients with community resources
  - Address psychosocial issues
- System based practice
  - Lead care teams in ambulatory and inpatient settings
- Practice-based learning
  - Develop self-learning plan
  - Participate in quality improvement

# Challenges For New Faculty

- Medical knowledge
  - Convey effectively medical knowledge
  - Initiate scholarly activity
- Systems-based practice
  - Develop relationships with faculty
    - Former supervisors
  - Participate in hospital governance

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# Intermediate Goals For New Faculty

- Medical knowledge
  - Develop practice guidelines
  - Present a lecture at a conference
- Systems-based practice
  - Develop leadership skills
    - Lead QI project within program
    - Chair committees within program
  - Apply ACGME/LCME academic standards

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# Intermediate Goals For New Faculty

- Practice-based learning
  - Design and analyze research projects
- Communication
  - Build rapport with learners
  - Guide difficult learners

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# Career Trajectory Planning

- Instructional skills
  - Lecturing
  - Curriculum development
  - Precepting

Roberts, LW. The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. Springer, 2013.

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# Career Trajectory Planning

- Scholarly activity
  - Finding a research-worthy clinical question
  - Navigating the IRB process
  - Performing literature search
  - Research design
  - Identify presentation/publication opportunities

Roberts, LW. The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. Springer, 2013.

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# Career Trajectory Planning

- Leadership
  - Local department
  - Graduate medical education
  - Hospital
  - University
  - Community

Roberts, LW. The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. Springer, 2013.

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# Career Trajectory Planning

- Networking
  - Local contacts
    - Faculty
    - Hospital
    - Parent university
  - Outside institutions
    - National meetings
    - Collaborative efforts



Roberts, LW. The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. Springer, 2013.

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# Career Trajectory Planning

- Navigating the promotion process
  - Requirements for academic promotion
  - Timeline



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# Pairing of Mentor and Mentee

- Mentor is invested in mentee's growth
- Balance constructive feedback and praise
- Shared value system in leadership and management
- Similar career goals
- Comfortable rapport

Falon N. Need a Good Mentor? Here's How To Find One. *Business News Daily*, February 10, 2016.

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# Departmental Support During Transition


- New faculty precepted while precepting
  - The “Pretending”
- One month of waived RVU requirements
- RVUs credited to the new faculty’s preceptor
- Salary of new faculty guaranteed for an initial period of time

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**Presentation Evaluation**

Lecturer \_\_\_\_\_ Presentation Evaluator \_\_\_\_\_ Date \_\_\_\_\_

	Evaluation Criteria	Points (circle)	Comments	
Skills (30%)	Prepared, avoids reading	1 2 3 4 5 6 7		
	Uses proper eye contact	1 2		
	Easy to hear and understand, maintains energy	1 2 3 4 5		
	Avoids mispronunciation	1 2 3 4		
	Avoids distracting mannerisms	1 2 3		
	Engages the audience	1 2 3 4 5		
	Uses visual aids to enhance oral presentation	1 2 3 4		
	<b>Total</b>	<b>/30</b>		
	Content (50%)	Evidenced-based and appropriately referenced		1 2 3 4 5 6 7 8 9 10
		Clearly stated objectives		1 2 3 4 5
Appropriately condenses and summarizes primary literature		1 2 3 4 5 6 7 8 9 10		
Includes clinical practice implications		1 2 3 4 5 6 7 8 9 10		
Summarizes important “take-home points” based on objectives		1 2 3 4 5 6 7 8 9 10		
Content matches needs of audience		1 2 3 4 5		
<b>Total</b>	<b>/50</b>			
Design/ Organization (20%)	Visual aids easy to read (font size, not too busy)	1 2 3 4 5		
	Avoids grammatical/spelling errors	1 2 3 4 5		
	Has logical flow	1 2 3 4 5		
	Has appropriate length	1 2 3		
	References cited appropriately	1 2		
<b>Total</b>	<b>/20</b>			
<b>Composite Total</b>		<b>/100 (    %)</b>		

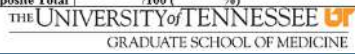
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**Precepted Preceptor Evaluation**

Preceptor \_\_\_\_\_ Evaluator \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_ Date \_\_\_\_\_

	<b>Evaluation Criteria</b>	<b>Points (circle)</b>	<b>Comments</b>
<b>Professionalism (20%)</b>	Demonstrates professional Demeanor	1 2 3 4 5 6 7 8 9 10	
	Exhibits Professional Appearance	1 2 3 4 5 6 7 8 9 10	
	<b>Total</b>	<b>/20</b>	
<b>Feedback (60%)</b>	Allows resident to present without interruptions	1 2 3 4 5 6 7 8 9 10	
	Allows for appropriate autonomy in patient care	1 2 3 4 5 6 7 8 9 10	
	Gives evidence-based feedback including areas of strength and areas of opportunity	1 2 3 4 5 6 7 8 9 10	
	Includes clinical practice implications	1 2 3 4 5 6 7 8 9 10	
	Summarizes important "take-home points"	1 2 3 4 5 6 7 8 9 10	
	Feedback matches needs and level of training for each resident	1 2 3 4 5 6 7 8 9 10	
<b>Total</b>	<b>/60</b>		
<b>Documentation/ Billing (20%)</b>	Adequate attestation and documentation	1 2 3 4 5 6 7 8 9 10	
	Appropriate category and level of billing	1 2 3 4 5 6 7 8 9 10	
<b>Total</b>	<b>/20</b>		
<b>Composite Total</b>	<b>/100 (   %)</b>		



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# Take Away Points

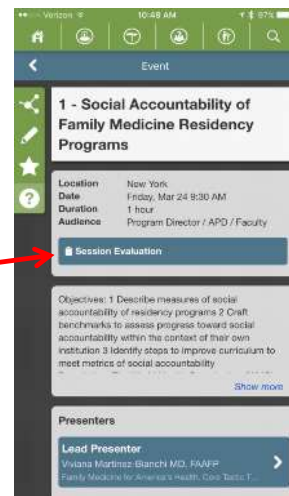
1. Residency programs should take steps to identify candidates early
2. Match junior faculty member with an appropriate mentor
3. Seek opportunities for mentorship growth based on evolving needs
4. Utilize resources for onboarding, mentorship, and career development

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Please  
complete the  
session evaluation.

Thank you.



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