

The Women in Emergency Medicine Mentoring Program: An Innovative Approach to Mentoring

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Abstract

Background Women in medicine report many gender-specific barriers to their career success and satisfaction, including a lack of mentors and role models. The literature calls for innovative strategies to enhance mentorship for women in medicine.

Objective To describe the content, perceived value, and ongoing achievements of a mentoring program for women in emergency medicine.

Methods The program offered mentoring for female faculty and residents in an academic emergency medicine department. Volunteers participated in group mentoring sessions using a mosaic of vertical and peer mentoring. Sessions focused on topics specific to women in medicine. An anonymous, electronic survey was sent to women who participated during 2004–2010 to assess the perceived value of the program and to collect qualitative feedback. Preliminary

achievements fulfilling the program's goals were tracked.

Results A total of 46 women (64%) completed the survey. The results showed a positive perceived value of the program (average, 4.65 on a 5-point Likert scale) in providing mentors and role models (4.41), in offering a supportive environment (4.39), in providing discussions pertinent to both personal (4.22) and professional development (4.22), while expanding networking opportunities (4.07). Notable achievements included work on the creation of a family leave policy, establishing lactation space, collaboration on projects, awards, and academic advancement.

Conclusion This innovative model for mentoring women is perceived as a valuable asset to the academic department and residency. It offers the unique combination of expanding a female mentor pool by recruiting alumni and using a mosaic of vertical and peer mentoring.

Editor's Note: The online version of this article contains samples of qualitative feedback obtained in this study.

Background

Mentoring in academic medicine is crucial and often requires a variety of mentors to achieve the multidimensional guidance needed. Mentoring has been positively linked to career satisfaction, perceived success, networking

opportunities, stress management, and a more productive academic career.^{1–10} Mentorship during medical school and residency can have a meaningful effect on career choice and professional development.^{2,8,11,12}

Women in medicine report many gender-specific barriers to their career success and satisfaction, including a lack of mentors and role models.^{13–17} Studies reveal that a lack of mentorship is higher among female faculty and residents than it is among their male counterparts.^{8,12,18,19} Women not only report having fewer mentors than their male colleagues, but also report having a more difficult time identifying mentors,^{8,19–22} which may contribute to lower rates of retention, promotion, and advancement into leadership positions.^{16,21–23}

The literature finds that female residents and faculty seek female mentors more often than men do,^{5,12} placing a greater demand on female mentors, who are underrepresented in faculty ranks and leadership positions.²⁴ In 2009–2010, the percentage of female medical school faculty was 35%, representing only 19% of full professors and 13% of department chairs.²⁴ These faculty were serving a steadily increasing number of female medical students (48%) and female residents (46%).²⁴

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In 2006, a systematic review of mentoring in academic medicine proposed that a main theme for future research be “the effect of strategies to enhance mentorship for women.”⁸ In addition, recent surveys of residency program directors acknowledge the importance of resident mentoring, report that female residents may have specific mentoring needs, and call for structured approaches to facilitate mentoring.^{25,26} There have been relatively few studies describing programs designed specifically to mentor female residents and faculty in academic medicine.^{10,27–30} The purpose of this study is to describe an innovative women’s mentoring program, assess its perceived value, and report its achievements.

Methods

Program Design

The “Women in Emergency Medicine Mentoring Program” began as an effort to meet the growing demand for quality female mentors in an emergency medicine department and residency. From 2004 through 2010, female faculty and female residents participated on a voluntary basis, with a ratio as high as 1:3. Additional mentors were recruited from academic and community physician alumni via an established e-mail listserv. To address the issues of female physicians at different stages in their careers, a multidimensional mentoring approach was taken. This group structure used 3 processes: vertical mentoring, peer mentoring, and role modeling.

Initially a biannual gathering, in 2004 the program evolved into scheduled group mentoring sessions under the voluntary direction of a female faculty member. Structured 2-hour sessions were scheduled in advance every other month in a relaxed environment, often a café or faculty member’s home. At most meetings, children and guests were welcomed. To enhance opportunities, additional events included 4-hour wellness workshops and an annual statewide breakfast with a national female emergency medicine leader.

The voluntary program supplemented formal academic mentoring and focused on gender-specific issues. The mission was to provide a supportive environment for the personal and professional development of women in emergency medicine, while initiating and cultivating mentoring relationships. The goals and objectives of the program aimed to fulfill the roles of mentorship, while addressing the challenges unique to women in medicine:

1. To provide mentors and role models for inspiration and guidance.
2. To offer career advice and support in establishing goals and recognizing opportunities.
3. To promote work-life balance and integration.

What was known

Women in medicine still report gender-specific barriers to career success and satisfaction, prompting calls for innovative approaches for mentoring that contributes to overcoming these barriers.

What is new

An innovative mentoring program for female faculty and residents in an academic emergency medicine department used group mentoring sessions by senior faculty and peers.

Limitations

Single-site, and single-specialty intervention limits generalizability.

Bottom line

A group mentoring program for female residents and faculty expanded the pool of mentors by using alumni and a combination of vertical and peer mentoring, and has shown success in results that address some barriers and sources of dissatisfaction for women in medicine.

4. To provide emotional support, facilitate insight, and offer paths to sustain personal enrichment.
5. To address the challenges of gender bias.
6. To encourage participation in networking.
7. To facilitate nominations of qualified women for honors and awards.
8. To encourage collaboration in scholarly activities.

Curricular topics were derived from the literature on women in medicine and rotated on a yearly cycle.^{3,4,6,14,15} Topics were presented by faculty in an interactive manner, with time for small group discussions. Resources were provided during the session and e-mailed to the department listserv. Preparation time averaged 4 hours. A needs assessment and periodic feedback were gathered to ensure the curriculum addressed the needs of the participants.

In August 2009, a website and an Emergency Medicine Women’s listserv were created by a volunteer faculty member to enhance communication and access to resources.³¹

As of June 2010, besides a one-time workshop grant, there was no designated departmental or institutional full-time equivalent faculty support or funding.

Program Evaluation

An anonymous, voluntary, electronic survey (Survey Monkey, Palo Alto, CA) was sent in June 2010, via established e-mail Listservs, to female emergency medicine residents, faculty, and alumni who participated in the mentoring program from 2004–2010. Indiana University’s Institutional Review Board approved this study.

The survey was modified to our program goals and assessed the perceived value and benefits of the program using a 5-point Likert scale (5, strongly agree; 4, agree; 3, neutral; 2, disagree; 1, strongly disagree). Additional questions collected demographics and qualitative feedback. Two authors analyzed the qualitative written answers for

themes and came to a consensus. Additionally, preliminary achievements were tracked that directly fulfilled the program goals and objectives.

Results

Forty-six of 72 participants completed the entire survey (64% response rate), whereas 50 (69%) completed the demographics portion only. Most respondents were married (72%; 36/50); 46% were mothers (23/50) and had an average of 2 children; and 50% of respondents (25/50) attended 1 to 3 mentorship program events. Meeting attendance ranged from 6 to 35 participants.

Eighty-seven percent of participants (40/46) reported that the program provided mentors and role models for inspiration and guidance, whereas more than 60% (28/46) reported benefitting from a peer-mentoring relationship.

Survey respondents reported that the program was valuable (average, 4.65 on a 5-point Likert scale) and that the program provided mentors for inspiration and guidance (4.41). Most agreed that the program offered an emotionally supportive and encouraging environment with pertinent discussions for professional (4.37) and personal (4.22) development. Most reported that the program expanded their networking opportunities (4.07) and that they had benefitted from a peer-mentoring relationship (3.96).

Common themes emerged from qualitative analysis. The features participants liked best about the mentoring program related to the social networking, inclusiveness, and the supportive nature and camaraderie of the group. A second theme emerged that emphasized the appreciation of connecting with women of similar experience who provided mentorship and served as role models at different stages of life and career. The theme of addressing barriers specific to a woman's career was a common thread, with respondents rating the work-life balance session as most appreciated. Suggestions for change were minimal without themes; samples of qualitative feedback are provided as online supplemental material.

Members accomplished the goal of promoting work-life balance and addressing the challenges of gender bias by working to create a new, paid family-leave policy for all of the more than 800 faculty physicians in our institution's practice plan, and the policy research performed resulted in a publication.³² Additionally, a core group of residents and faculty established dedicated lactation space in the emergency departments at 2 hospitals. Actively nominating women for awards has resulted in 2 departmental, 2 institutional, and 1 national award for female faculty and residents. Encouraging collaboration in scholarly activities and providing mentorship, career guidance, and recogni-

tion has helped the first 2 women achieve promotion to associate professor in our academic department.

Discussion

Our women's mentoring program has demonstrated success for its unique structure, notable preliminary achievements, and the positive, perceived value for the individual, residency, and department.

The novel aspect of our program is the combination of expanding our female mentor pool by recruiting alumni *and* using a mosaic of vertical and peer mentoring for residents and faculty. No other study, to our knowledge, describes this unique structure. By recruiting residency alumni as volunteer mentors, from both community and academic settings, we alleviate the mentoring demands on our female faculty. Unlike other successful women's mentoring programs, we broke away from the matched-pairing system,¹⁰ and expanded on the facilitated, faculty peer-mentoring model.²⁹ The qualitative comments highlight the appreciation of establishing mentoring relationships with female mentors and role models who have similar career and life experiences.

Our program's communication style, setting, and content were designed specifically for women. We acknowledged the inherent differences in communication styles between men and women, and our program follows the feminine style of communication (cooperative, focusing on similarities, togetherness, and harmony), thereby facilitating mentoring relationships and collaboration.³³

Few studies include female residents in their female-mentoring programs²⁸; however, mentoring women in academic medicine should begin early in residency training as an inclusive endeavor. Based on the significant number of residency alumni volunteers, we have been successful in transitioning mentees (residents) into mentors (alumni or faculty). The sustainability of this diverse group in levels of training and experience offers an expanded scope for guidance, connectivity, and networking, all of which were themes of the qualitative results. We are fortunate to have women who are committed to *generativity* or the concept of giving back and guiding the next generation.³⁴

Mentoring can improve career well-being and reduce work-family conflict.¹⁰ Our program, like others, focused on addressing the key gender barriers to career success and satisfaction that women in medicine have reported, including a lack of mentors and role models,¹³⁻¹⁷ work-life balance,^{3,4} the constraints of gender roles,^{5,17,35,36} sexism,^{4,17,37} and exclusion from networking.^{4,37,38} Our findings indicate that having female mentors available who have navigated these personal and professional challenges is a valuable resource to a female mentee. Furthermore,

developing a formal curriculum to facilitate effective mentoring on these topics is optimal.

Influencing departmental and institutional gender climate was a notable outcome, thereby validating many of our program's goals. Although we did not prospectively establish tracking parameters, we reported examples of accomplishments that greatly affected the daily lives and futures of our female residents and faculty, while also changing the institutional climate. Strong relationships were forged between women from our department and across the institution as they joined forces to challenge the flexibility of work-life policies and to champion for work-life balance and gender equity. These endeavors also align with the Taskforce for Women in Academic Emergency Medicine, which recommends "practical actions at multiple levels... to change the present culture of the academic environment" and "to ensure a stable, diverse, and talented workforce"³⁹ in academic emergency medicine.

Mentoring is expected at most institutions; however, formal mentoring programs, recognition, or financial support for mentors is variable and often lacking. With progressive efforts, this climate will change as institutions are charged to incentivize successful mentoring programs and provide recognition and financial support.^{39,40}

Conclusions

This mentoring program serves as an example of an innovative strategy to enhance the mentorship of female residents and faculty in medicine. It not only offsets the mentoring demands of faculty by recruiting additional alumni mentors but also uses a mosaic of vertical and peer mentoring. The program succeeds as a perceived valuable resource, is leading to promising achievements, and offers topics for a gender-specific curriculum for women in academic medicine.

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