# Promoting Faculty Development Through Structured Mentoring

## Dear Editor:

Mentorship plays a crucial role in facilitating professional development and career advancement. Engaging in mentorship can be mutually beneficial for mentors and mentees.<sup>1</sup> Various models of mentorship exist, including peer mentoring and apprenticeship. Peer mentoring offers a collaborative platform for individuals with shared interests and similar levels of training to exchange knowledge, experiences, and learning resources. Conversely, apprenticeship models involve mentors with more professional experience than their mentees.<sup>2</sup>

The Division of General Internal Medicine (GIM) at the Medical College of Wisconsin has 2 formalized mentoring programs: peer mentoring affinity groups and structured mentor-mentee programs. Affinity groups include research, medical education, quality improvement, and case report groups; and more than 100 faculty and advanced practice providers (APP) are part of them. To assess the effectiveness of the affinity groups, we surveyed 85 assistant professors in GIM, resulting in a response rate of 42%; 17 out of 20 faculty members (85%) who attended affinity groups indicated that they are valuable in promoting scholarship activity and faculty development.

The structured mentor-mentee program (apprenticeship model) implemented by our division enables junior faculty to choose mentors based on their area of interest and meet their mentors twice a year to discuss short-term and long-term career goals. The program has 12 mentors and 20 mentees, totaling 32 participants. The results from a survey conducted at the end of 2022 to evaluate the program's effectiveness were quite encouraging: a majority (83% of mentors and 100% of mentees) recommended the program to others. Participants noted a range of benefits, including promotion, increased scholarly productivity, greater collaboration, and leadership development. We are pleased to report that our division recently has introduced a similar mentorship model for APPs.

We have observed an exponential increase in peer-reviewed publications and presentations at regional and national meetings since the implementation of these programs. Additionally, faculty members who have participated in these programs have been appointed to several committees and have assumed leadership roles at regional and national levels. Notably, we have observed an increase in faculty members promoted to associate and full professor.

While mentorship programs cannot be onesize-fits-all and need to be tailored to address local needs, our findings underscore the feasibility of combining 2 distinct programs and their potential to foster academic excellence and success for GIM faculty. Further research is needed to identify specific factors that contribute to success of these programs and to determine their applicability in other medical disciplines.

—Sanjay Bhandari, MD; Trisha Jethwa, MD; Pinky Jha, MD, MPH

### REFERENCES

1. Jha P, Quinn B, Durbin S, Bhandari S. Perceptions of junior faculty in general internal medicine regarding mentoring medical students and residents in scholarly projects. J Gen Intern Med. 2019;34(7):1098-1099. doi:10.1007/s11606-019-04937-4.

**2.** Hernandez-Lee J, Pieroway A. Mentorship for early career family physicians: Is there a role for the first five years in family practice committee and the CFPC? *Can Fam Physician.* 2018;64(11):861-862.

#### • • •

Author Affiliations: Division of General Internal Medicine, Medical College of Wisconsin (MCW), Milwaukee, Wisconsin (Bhandari, Jethwa, Jha).

**Corresponding Author:** Pinky Jha, MD, MPH; Section of Hospital Medicine, Division of General Internal Medicine, Medical College of Wisconsin HUB for Collaborative Medicine, 7th Floor, 8701 W Watertown Plank Road Milwaukee, WI 53226; phone 414.955.0356; email pjha@mcw.edu; ORCID ID 0000-0002-7893-188X

Funding/Support: None declared.

Financial Disclosures: None declared.

# Post Roe v Wade's Overturn

### continued from page 89

Continued on page 85 8. Riley M, Ahmed S, Reed BD, Quint EH. Physician knowledge and attitudes around confidential care for minor patients. *J Pediatr Adolesc Gynecol*. 2015;28(4):234-239. doi:10.1016/j.jpag.2014.08.008

**9.** Duncan RE, Vandeleur M, Derks A, Sawyer S. Confidentiality with adolescents in the medical setting: what do parents think? *J Adolesc Health*. 2011;49(4):428-430. doi:10.1016/j. jadohealth.2011.02.006

**10.** Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE Jr. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. *JAMA*. 1997;278(12):1029-1034. doi:10.1001/jama.1997.03550120089044

**11.** Grilo SA, Catallozzi M, Santelli JS, et al. Confidentiality discussions and private time with a health-care provider for youth, United States, 2016. *J Adolesc Health*. 2019;64(3):311-318. doi:10.1016/j. jadohealth.2018.10.301

12. Maslyanskaya S, Alderman EM. Confidentiality and consent in the care of the adolescent patient. *Pediatr Rev.* 2019;40(10):508-516. doi:10.1542/ pir.2018-0040

**13.** High School Youth Risk Behavior Survey Data. Centers for Disease Control and Prevention. Published 2017. https://nccd.cdc.gov/youthonline/ App/Default.aspx

14. Stablein T, Loud KJ, DiCapua C, Anthony DL.

The catch to confidentiality: the use of electronic health records in adolescent health care. *J Adolesc Health.* 2018;62(5):577-582. doi:10.1016/j. jadohealth.2017.11.296

**15.** Sharko M, Wilcox L, Hong MK, Ancker JS. Variability in adolescent portal privacy features: how the unique privacy needs of the adolescent patient create a complex decision-making process. *J Am Med Inform Assoc.* 2018;25(8):1008-1017. doi:10.1093/jamia/ ocy042

**16.** Covelli I, Ahrens K, Onchiri FM, Inwards-Breland D, Boos MD. Influence of gender and sexual identity on adolescent skin health. *Pediatr Dermatol.* 2021;38 Suppl 2:65-72. doi:10.1111/pde.14686

**17.** Bayer R, Santelli J, Klitzman R. New challenges for electronic health records: confidentiality and access to sensitive health information about parents and adolescents. *JAMA*. 2015;313(1):29-30. doi:10.1001/jama.2014.15391

**18.** Society for Adolescent Health and Medicine; American Academy of Pediatrics. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process. *J Adolesc Health.* 2016;58(3):374-377. doi:10.1016/j. jadohealth.2015.12.009

**19.** Alderman EM. Confidentiality in pediatric and adolescent gynecology: when we can, when we can't, and when we're challenged. *J Pediatr Adolesc Gynecol.* 2017;30(2):176-183. doi:10.1016/j. jpag.2016.10.003





*WMJ* (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

 $\ensuremath{\mathbb{C}}$  2023 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

# Visit www.wmjonline.org to learn more.