

Commentary: Mentoring—Benchmarks for Work Performance

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Across all specialties of medicine, there is increasing attention to developing and using benchmarks to evaluate productivity and to establish compensation plans, that is, “pay for performance.” Psychologists have to balance the unique aspects of their professional responsibilities with the need of administrators to have systems that are equitable across faculty members. Thus, psychologists need empirical data to develop equitable benchmarks that are applicable to psychological practice and understandable to physician colleagues and administrators. The article by Opiari-Arrigan and colleagues (in press) provides initial guidelines; however, it does not include benchmarks for mentoring, an important area of professional activity. Measuring productivity may be necessary if mentoring is to be sustained at high levels of excellence.

Mentoring as a Professional Activity

The importance of mentoring to pediatric psychologists is evidenced by the Martin P. Levin Mentorship Award which has been awarded annually since 2000 and by the *Mentoring Connections* program sponsored by the Society of Pediatric Psychology. The Martin P. Levin Mentorship Award is given to faculty who mentor “students in an exemplary way, providing professional advice and guidance through the various phases of the graduate program” (<http://www.apa.org/about/division/div54awards.html>) (American Psychological Association, 0000). As noted by Drotar (2003) when he reflected on receiving this award, mentoring takes place at all levels of professional development. The second activity (*Mentoring Connections*) connects mentors and mentees, regardless of their physical location (<http://www.apa.org/divisions/div54/mentoringproject.html>). Again, people can participate as mentees, regardless of their level of training or

years of professional development. Many medical and other professional schools have active faculty development programs, some of which require junior faculty to identify mentors. However, on closer inspection, mentorship, although desirable, is often not available uniformly (Roberts & Turnbull, 2004). In addition, there are few guidelines for mentoring or criteria to evaluate the effectiveness of mentoring relationships (Morin & Ashton, 2004).

If mentoring is to be sustained as a professional activity of medical school faculty, including psychologists, in an era of benchmarking clinical, teaching, and research productivity, then mentoring benchmarks will be needed. The development of benchmarks begins with clarity about what is considered mentoring, how it is supported financially, and how the quality and quantity are measured. These steps have not been accomplished to date as evidenced by LaGreca’s statement “...our current system, at least in academia (but certainly in other settings as well), does little to value and reward mentoring” (La Greca, 2004).

Definitions

Mentoring has not been well defined. LaGreca (2004) noted that she was not even sure that she knew what mentoring was until she was several years into her academic career. The word mentor came from the story of Mentor, who was a friend of Odysseus and responsible for the education of Odysseus’ son Telemachus in Odysseus’s absence. Webster’s definition is “a trusted counselor or guide”; however, Drotar provided a more complete definition: “the privilege and opportunity to teach and learn together with a student/junior colleague in the context of a relationship of mutual respect, trust, and coordinated goals” (Drotar, 2003). Mentoring also

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has been defined as a relationship “that may vary along a continuum from informal/short term to formal/long term in which the faculty with useful experience, knowledge, skills and/or wisdom, offers advice, information, guidance, support, or opportunities to another faculty member or student for that individual’s professional development. (Note: This is a voluntary relationship initiated by the mentee)” (Berk, Berg, Mortimer, Walton-Moss, & Yeo, 2005). However, what none of these definitions address is the variance in scope of the content of mentoring. Mentoring relationships may include a focus on work-life balance, professional citizenship, strategies to obtain grant funding, academic skill development, and other areas of professional development. These variances in perception and practice are consistent with recent findings highlighting the importance that mentees’ place on the psychosocial aspects of mentoring (Benson, Morahan, Sachdeva, & Richman, 2002) and noting the qualities that mentees seek in a mentor: professional standing, scientific knowledge, and support and interest in the mentee (Bakken, 2005; Jackson et al., 2003). Integrating the multiple aspects of mentoring may be a challenge in developing benchmarks.

Compensation

The average salary recovery expected of psychology faculty varies but often exceeds 50% (Opipari-Arrigan et al., in press). The National Institutes of Health (NIH) has implemented stringent guidelines to ensure that faculty are not committed more than 100% based on the number of hours typically worked. Although the NIHs emphasis on K awards, Mentored Career Development Awards, emphasize the mentoring process, there is no provision for mentor compensation. Mentors must commit to work with the mentee and must document their time together. If the mentee’s work is closely aligned with the mentor’s funded work, then there may be some legitimate justification for the mentoring time. However, in many cases, the time the mentor spends with the mentee cannot be charged to the mentor’s funded work, thereby raising questions regarding mentor compensation. In some cases, the mentor’s time may be covered by institutional funds that are available because the mentee’s salary is supported by the NIH. However, the mentor and mentee may not be paid from the same cost center or even the same institution. The situation may be even more complex for pediatric psychologists, who are often in the position to offer their medical colleagues guidance in measurement, research design, and psychosocial issues (areas often not well covered in medical

school training) and thus, may serve as mentors on grants not directly related to their funded activity. Similarly, colleagues from other disciplines (e.g., physicians or statisticians) may serve as mentors to psychologists without being directly involved in the substantive issues of the project.

The link made by Drotar of good mentoring to good parenting may apply to teaching and scholarly activities when mentoring faculty (Drotar, 2003). As with parenting, it may be appropriate for a senior faculty to encourage and support a junior faculty to assume responsibility for an activity that the senior faculty may do more efficiently. For example, it may take the senior faculty as long to mentor the junior faculty through the preparation of a lecture or a manuscript, as it would have taken for the senior faculty to do it independently. Over time the junior faculty will gain experience and confidence, but it is not clear how the senior faculty is to be compensated for the time spent.

Mentoring is seen as a critical element of professional development and faculty retention (Benson et al., 2002; Bickel & Brown, 2005). Junior faculty often benefits from advice regarding professional activities that may extend beyond their immediate job responsibilities, such as reviewing manuscripts, assuming a role in a professional organization, or serving on a study section. For these activities, the cost-benefit or who should be responsible for covering this time is often not at all clear. Opipari-Arrigan and colleagues (2005) reported that institutional salary was “most frequently committed for administrative activities.” Perhaps, some of this was viewed as time for mentoring. However, mentoring often extends beyond division heads and department chairs, particularly when the discipline of the mentee differs from that of the division head or department chair. Although mentoring may be included within the administrative tasks of a division head or department chair, it often extends beyond those formal roles.

Evaluation

If mentoring should be financially supported and rewarded in terms of promotion, there must be strategies to evaluate the quantity and quality of the mentoring. One metric can be the success of the mentee but that alone is not sufficient. Mentees vary in the amount of time and type of assistance they need to reach the similar levels of success. Little systematic or empirical data has been published to address this issue. A recent article from the nursing literature described the development of a scale to assess the effectiveness of faculty mentoring

relationships, but information was not provided about its actual practical use (Berk et al., 2005). The success of faculty development and mentoring programs vary (Tracy, Jagsi, Starr, & Tarbell, 2004). In addition to lack of time and competing commitments, both mentors and mentees have raised concerns about the lack of guidelines or benchmarks for mentoring, along with varying institutional commitment (Morin & Ashton, 2004; Roberts & Turnbull, 2004).

This commentary is focused on methods for acknowledging and rewarding quality mentoring, but sometimes mentoring can be worse than mediocre. Any benchmark system also will need methods for addressing mentoring that is destructive (Drotar & Avner, 2003).

Next Steps

Pediatric psychologists may be uniquely situated to further this field and to help in the development of benchmarks for mentoring. First, the theoretical constructs that underlie effective mentoring should be drawn and adapted from theories that are often familiar to psychologists, such as developmental and learning theories (Drotar, 2003). Second, pediatric psychologists have experience and skills determining the critical elements and outcomes of interventions that rely on interpersonal relationships, such as seen in the psychotherapy outcome literature. Thus, pediatric psychologists have the skills and potentially the motivation to develop the empirical base to develop benchmarks for mentoring.

It may be helpful to begin by assessing how different institutions are handling mentoring and by determining whether there are unique issues for psychologists. Examples of questions that might help develop a further understanding of current practices include

1. Are mentoring programs included within faculty development? If so, are there training programs for mentors? Who is doing the mentoring and to whom? How are mentoring relationships established? How much cross-discipline (psychologist to physician, physician to psychologist) and cross-institutional mentoring is occurring?
2. How is mentoring evaluated? Is mentoring included in evaluation of senior faculty?
3. How is mentoring compensated? How has mentoring on K awards been accounted for when completing NIH time and effort reports?
4. Are there disciplinary differences in mentoring? Do psychologists and pediatricians in the same institutions devote similar amounts of effort to mentoring? Are their mentoring activities similar?

The answers to these questions could be used to develop a strategy to train mentors and evaluate the effectiveness of mentoring, so the privilege of mentoring is available to both senior and junior faculty.

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References

- American Psychological Association. *Division 54 awards*. Retrieved August 28, 2005, from <http://www.apa.org/about/division/div54awards.html>
- American Psychological Association. *Mentoring project*. Retrieved August 28, 2005, from <http://www.apa.org/divisions/div54/mentoringproject.html>
- Bakken, L. L. (2005). Who are physician-scientists' role models? Gender makes a difference. *Academic Medicine, 80*, 502–506.
- Benson, C. A., Morahan, P. S., Sachdeva, A. K., & Richman, R. C. (2002). Effective faculty preceptoring and mentoring during reorganization of an academic medical center. *Medical Teacher, 24*, 550–557.
- Berk, R. A., Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Academic Medicine, 80*, 66–71.
- Bickel, J., & Brown, A. J. (2005). Generation X: Implications for faculty recruitment and development in academic health centers. *Academic Medicine, 80*, 205–210.
- Drotar, D. (2003). Martin P. Levin distinguished mentorship award: Reflections on mentorship in pediatric psychology: Key issues and implications. *Journal of Pediatric Psychology, 28*, 309–314.
- Drotar, D., & Avner, E. D. (2003). Critical choices in mentoring the next generation of academic pediatricians: Nine circles of hell or salvation? *Journal of Pediatrics, 142*, 1–2.
- Jackson, V. A., Palepu, A., Szalacha, L., Caswell, C., Carr, P. L., & Inui, T. (2003). "Having the right chemistry": A qualitative study of mentoring in academic medicine. *Academic Medicine, 78*, 328–334.

- La Greca, A. M. (2004). Martin P. Levin award: Reflections on the mentoring process. *Journal of Pediatric Psychology, 29*, 403–404.
- Morin, K. H., & Ashton, K. C. (2004). Research on faculty orientation programs: Guidelines and directions for nurse educators. *Journal of Professional Nursing, 20*, 239–250.
- O'Pipari-Arrigan, L., Stark, L., & Drotar, D. (2005). Benchmarks for work performance of pediatric psychologists. *Journal of Pediatric Psychology*, doi:10.1093/jpepsy/jsj068.
- Roberts, K. K., & Turnbull, B. J. (2004). Nurse-academics' scholarly productivity: perceived frames and facilitators. *Contemporary Nurse, 17*, 282–292.
- Tracy, E. E., Jaggi, R., Starr, R., & Tarbell, N. J. (2004). Outcomes of a pilot faculty mentoring program. *American Journal of Obstetrics and Gynecology, 191*, 1846–1850.