## VIEWPOINT

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# Will You Be My Mentor?—Four Archetypes to Help Mentees Succeed in Academic Medicine

The origins of mentoring date back to Odysseus, who entrusted care of his son to Mentor when he set off to fight the Trojan wars. Mentor became a trusted advisor, teacher, and friend to Telemachus, epitomizing the attributes that we look for even today when discussing a mentor. Many textbooks and articles in multiple disciplines have been written about the art of mentorship.<sup>1</sup> For example, in medical education, advising programs and professional development during clerkships provide mentoring.<sup>2</sup> In a collaboration of mentee and mentor, Straus and Sackett,<sup>3</sup> a pioneer in evidence-based medicine, highlighted the following evidence-based reasons why academic clinicians benefit from mentoring: they publish more papers, get more grants, are promoted faster, and are more likely to stay at their academic institutions with greater career satisfaction and self-reliance. More recently, an effort to distill what the best mentors do has also emerged as a question of particular interest in the fast-paced world of management.<sup>4</sup>

As academic physicians, we have sought to develop this body of work, because we believe it is a key ingredient for success in academic medicine.<sup>5-8</sup> Our mentees often hear us say, "If you want to find a good mentor, find someone who is busy." Ideal mentors are busy for a reason: they are often highly successful in their field and recognize that mentoring warrants substantial commitment. Collectively, they embody the type of person who a mentee wishes to become.

Although mentoring is commonly viewed as a longitudinal relationship between a junior colleague and seasoned faculty, it may not always take this form. For example, we have each helped individuals outside a formal mentor-mentee relationship with one-time needs such as advice on a paper or a job. Similarly, we are regularly approached by individuals asking us to be their mentor when what they really need is one-time strategic advice or guidance for promotion or a specific project. These situations represent alternative mentorship models that are important given the paucity of experienced mentors. Although we have often served in these roles, little has been written about these unique archetypes, how mentees may incorporate them, or how they might be structured to their benefit. We define 4 archetypes of mentorship, highlighting how mentees can maximize the yield of each.

### Archetype 1: The Traditional Mentor

The traditional mentor is defined by a "formal, dynamic and reciprocal relationship in a work environment between themselves and a novice (mentee) aimed at promoting the career growth of both."<sup>1(p17)</sup> Traditional mentoring usually takes the form of frequent hour-long meetings in which mentors provide feedback on papers, projects, scholarship, and career milestones. The best mentor-mentee relationships are characterized by mutual respect, trust, shared values, and effective communication. Successful mentors use a core set of practices,<sup>6</sup> including the following:

- Choosing mentees using a series of small tests (eg, review an article, summarize findings from a study, or outline a paper) to assess responsiveness;
- Creating a mentorship team to support growth while inoculating against mentor malpractice (ie, engagement in behaviors that hinder mentee success)<sup>5</sup>;
- Setting expectations about communication and productivity; and
- 4. Dealing with rifts.

Good mentoring thus more often resembles a professional parenting bond rather than a boss-employee relationship.

## Archetype 2: The Coach

A coach teaches people how to improve in a particular skill or subject. Although some use the terms coach and mentor interchangeably, coaches are distinct because they focus on performance related to a specific issue rather than growth in multiple dimensions. Unlike mentors, coaches spend less time with mentees and can thus provide feedback to a larger number of individuals. Mentees who work with coaches should understand that (1) they will receive less time from a coach than a traditional mentor, (2) a focused question or set of questions are critical for success, and (3) the strategic advice from a coach is best suited to a single issue. Coaches come in various forms, such as methodologists with deep statistical expertise, gifted writers, and senior department leaders renowned for navigating career decisions or job negotiations. Coaching can also occur in group sessions in which multiple mentees may converge to discuss specific issues with an advisor. Although coaches play critical roles in mentee growth, they rarely serve as a primary mentor. They may be transient during a mentee's career but are often vital to their success.

#### Archetype 3: The Sponsor

A sponsor is an individual who is committed to the development of a program, project, or individual. With regard to mentorship, sponsors are distinct in several ways. First, sponsors use their influence in a field to make mentees more visible. In academic medicine, visibility may include recommendations to serve on national panels, to serve as a reviewer in study sections, or to deliver presentations at important meetings. Second, sponsors risk their reputations when recommending junior colleagues. Thus, unlike coaches who often take on mentees working on one issue or another, sponsors pursue

high-potential individuals that will not disappoint when given the opportunity. Third, sponsors may not be directly visible to the mentee; that is, mentees may not know when sponsors have supported them. Thus, sponsors are perhaps more selfless than other mentor types because they rarely directly benefit from a mentee's success. Instead, they use their position to grow the field and pipeline of talent. Consequently, mentees should know that sponsors (1) are most useful when a promising opportunity presents itself, (2) may not necessarily be in a mentee's field but know influential individuals within it, (3) are motivated by wielding their influence to showcase talent, and (4) expect success. Sponsorship is an especially important archetype for female mentees who may be less likely to have mentors who can act as sponsors or be overlooked when sponsorship opportunities exist.<sup>9</sup> Thus, female mentees should actively seek sponsorship from individuals such as a division chief, a department chair, or a dean early in their academic career. Moreover, institutional leaders should also mobilize sponsors for women and underrepresented minority mentees to ensure equity and diversity.

## Archetype 4: The Connector

Connectors pair mentors, coaches, and sponsors with mentees. In his bestselling book *The Tipping Point: How Little Things Can Make a Big Difference*, Gladwell<sup>10(p62)</sup> describes connectors as "multipliers that link us up with the world." Connectors are master networkers who have extensive social and political capital accrued

from years of academic success. Unlike mentors, coaches, or sponsors, connectors are less invested in individual mentees. Instead, their main interest lies in ensuring that the field attracts, retains, and grows promising faculty at all stages of development. Connectors are usually senior leaders such as deans or departmental chairs and consequently have affiliations that span professional societies, government, the private sector, and international entities. Connectors are motivated by legacy; that is, they seek to use their extensive network to promote growth of junior faculty within and across their specialty.

#### Conclusions

Although the traditional mentor-mentee model is vital, nurturing faculty requires more than the mentor-mentee dyad. Instead, input from all 4 archetypes—mentor, coach, sponsor, and connector—are necessary for success. Although some mentors are natural coaches or sponsors, others may simultaneously fulfill multiple roles for different individuals or serve in multiple roles for the same person at different times. We have each had the experience of serving as mentor to a junior faculty on a career development award, coach for a graduating fellow seeking a job, sponsor for gifted faculty colleagues, and connector for trainees seeking a mentor. Knowing that these archetypes exist and advising junior faculty to seek them can help mentees succeed in academic medicine. To put it simply, the mentor guides, the coach improves, the sponsor nominates, and the connector empowers, but always the mentee benefits.

#### ARTICLE INFORMATION

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#### REFERENCES

1. Healy CC, Welchert AJ. Mentoring relations: a definition to advance research and practice. *Educ Res.* 1990;19:17-21.

**2**. Dunnington GL. The art of mentoring. *Am J Surg.* 1996;171(6):604-607.

**3**. Straus SE, Sackett DL. Clinician-trialist rounds, 7: mentoring: why every clinician-trialist needs to get mentored. *Clin Trials*. 2011;8(6):765-767.

4. Tjan AK. What the best mentors do. *Harvard Business Review*. 2017; https://hbr.org/2017/02 /what-the-best-mentors-do. February 27, 2017. Accessed May 20, 2017.

5. Chopra V, Edelson DP, Saint S. A piece of my mind: mentorship malpractice. *JAMA*. 2016;315(14): 1453-1454.

**6**. Vaughn V, Saint S, Chopra V. Mentee missteps: tales from the academic trenches. *JAMA*. 2017;317 (5):475-476.

7. Chopra V, Woods MD, Saint S. The four golden rules of effective menteeship. *BMJ Careers*. http://careers.bmj.com/careers/advice/The\_four\_golden\_rules\_of\_effective\_menteeship. August 15, 2016. Accessed May 20, 2017.

8. Chopra V, Saint S. Six things every mentor should do. *Harvard Business Rev.* https://hbr.org /2017/03/6-things-every-mentor-should-do. March 29, 2017. Accessed May 20, 2017.

**9**. Patton EW, Griffith KA, Jones RD, Stewart A, Ubel PA, Jagsi R. Differences in mentor-mentee sponsorship in male vs female recipients of National Institutes of Health grants. *JAMA Intern Med*. 2017; 177(4):580-582.

**10**. Gladwell M. *The Tipping Point: How Little Things Can Make a Big Difference*. New York, NY: Little Brown; 2002.