

## AAIM Perspectives

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# A Roadmap for Creating a Successful Peer Mentorship Group for Medical Educators



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### INTRODUCTION

Many medical educators do not fully realize their leadership potential, achieve their desired productivity, or develop their teaching expertise due to a lack of mentorship in academic medicine.<sup>1-3</sup> Given that academic institutions are often unable to meet the need for senior mentors in a traditional dyad model,<sup>4,5</sup> peer mentorship is one solution to fill this need and offer a complementary perspective. A thoughtfully created peer mentorship program allows for candid discussions focused on content most relevant to members, creates a support network, and encourages scholarly productivity.<sup>6-10</sup> In this article, we present a roadmap for creating a successful peer mentorship group for medical educators.

### STEP 1. DEFINE "PEER"

Medical educators may define their peers as colleagues who all share the same institution, department, or division; promotion track or rank; or clinical interests, research skills, or administrative responsibilities. They may choose to create a group based on an age range,

sex, or minority status, among many other possibilities and combinations.

In the literature, peer mentorship groups have included junior clinician educators who felt marginalized in a research-focused department of psychiatry<sup>11</sup> and mid-career department of medicine faculty with a variety of academic interests seeking to clarify career goals.<sup>8</sup> Other models brought together women in junior faculty positions to improve academic achievement.<sup>9,12</sup> Another successful program assembled a mix of MD and PhD junior investigators in a center for research on aging.<sup>7</sup>

### STEP 2. DECIDE ON A MEMBERSHIP PROCESS

Peer mentors should determine the ideal number of members in the group. This number will be informed by the group's definition of peer as well as by their goals. Groups described in the literature range from 4 to 12 members. From a practical standpoint, members should consider the logistics of coordinating the schedules of multiple individuals who likely have different clinical, educational, and research commitments across different locations.

Group membership may be time-limited if the group has a specific goal with a defined endpoint, for example, promotion. Alternatively, if the group's mission is ongoing professional development, membership may be indefinite. Members may consider an annual opt-in or opt-out and should plan for membership turnover, deciding how to recruit new members in advance of group openings.

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### STEP 3. DEFINE GOALS AND CREATE A MISSION STATEMENT

When designing a peer mentorship group, members should identify goals for the group as a whole and for individual members—both short-term and long-term goals. Identifying goals using prompts such as the SMART framework—goals that are Specific, Measurable, Achievable, Realistic, and Time-limited<sup>13</sup>—sets benchmarks to help determine if peer mentorship has been successful. A short-term goal may be to submit a first-author systematic review for publication within 1 year. A long-term goal may be to become a program director. While groups tend to work best when members are working toward the same overarching goals, accomplishing specific individual goals can help the group attain its larger goals.

A mission statement summarizes these group goals and defines the benefits of the group for its members. For example, a group might craft a mission statement identifying that its objective is “to increase the number of women in leadership positions at our institution” or “to create a network of academically productive junior faculty.” Members should revisit the goals and mission statement on a regular basis, no less frequently than annually. A peer mentorship toolkit offers a checklist and worksheet to prompt discussion of mission and goals.<sup>14</sup>

### STEP 4. SET MEETING LOGISTICS AND MEMBER EXPECTATIONS AND COMMIT TO THEM

Clear logistics create sustainable routines to maximize attendance and participation. The peer mentorship group should define the frequency and length of meetings, depending on the goals and competing priorities of the members. Some groups meet monthly, while others meet a few times a year. For some groups, 1 hour is the optimal length of a meeting; others prefer half a day. Balance the priority of peer mentorship with other responsibilities (at home and at work), and time the meetings to best fit the members’ schedules.<sup>15</sup> This flexibility may mean arranging a prework breakfast meeting or a mid-workday meeting, when members are already at the same location. Groups should identify 6 months of meeting dates in advance, mark their calendars, and commit to attending. An administrative

assistant can help prevent clinical or administrative duties from interfering with attendance (eg, scheduling the first patient of the day an hour later than usual).

In addition to attendance, all group members should have clear expectations about communication among group members (during and between meetings), agenda-setting, and participation in group activities. The group should clearly define specific responsibilities and tasks related to roles and projects. As various roles (eg, general leadership, discussion or project leadership, correspondence) may emerge during the development of a peer mentorship group, finding an equitable way to distribute responsibilities leads to engaged participation.

### PERSPECTIVES VIEWPOINTS

- Through peer mentorship, medical educators achieve many of the benefits of a traditional dyad mentorship.
- A roadmap for successfully creating a peer mentorship group includes defining a peer group and identifying goals, members, roles, logistics, and topics for discussion.
- Troubleshooting common challenges, such as competing time commitments, lack of support or expertise, and evaluation of the group’s success, helps sustain peer mentorship groups.

### STEP 5. ASK FOR DEPARTMENTAL SUPPORT

Departmental support helps the group with both legitimacy and sustainability. Faculty are more likely

to commit to and to keep coming if they feel their department values peer mentorship groups. Support can be nonfinancial or financial.<sup>16</sup> Nonfinancial support could be designating peer mentorship as a goal during a faculty annual review. Financial support can be direct (eg, reimbursement for expenses, such as a breakfast meeting) or indirect (eg, reduction in clinical productivity requirements to account for the meeting times). Members should consider asking for support as part of their annual review, departmental retreat, or other forum in which the chair is responsible for addressing their needs.<sup>17</sup> Members should collect data, if needed, to convince their department chair of the importance of peer mentorship.

### STEP 6. GENERATE TOPICS FOR DISCUSSION

Selecting topics for meetings allows peer mentorship groups to accomplish their goals and ensure that meetings are productive. Some groups discuss different topics at each meeting and others work through a longitudinal curriculum; depending on the meeting length, a group could do both. If each meeting has a different topic, groups may set an agenda for each meeting in advance or allow for a more ad hoc approach. One group used a steering committee of senior faculty members to create a professional development curriculum for a peer mentorship group composed of junior faculty.<sup>6</sup> Even with a designated curriculum, a group that remains flexible can better account for a variety of interests.

Peer mentors can explore the following subjects, guided by a needs assessment of group members:<sup>15,18</sup>

- General career topics, such as preparing for promotion, negotiating salary, selecting new responsibilities, or navigating leave.
- Scholarly productivity, which might include collaborating on research projects, creating conference workshops, developing curricula, and critiquing each other's manuscripts.
- Navigating the complexities of academic medicine; for example, processing feedback from trainees, managing difficult personalities, and celebrating successes.
- Professional growth, such as discussing relevant articles or nominating members for awards.

### **STEP 7. RECOGNIZE WHEN OUTSIDE EXPERTISE IS NEEDED**

Much like consulting a subspecialist when practicing medicine, the group may need to ask for specific professional input. A group at Cornell invited an expert facilitator from another university to provide a framework for their peer mentorship program.<sup>8</sup> Another strategy is to invite experts who benefit the group through their knowledge of specific outside topics, for example, an institutional review board member to facilitate a research endeavor, a promotions committee member to discuss curricula vitae, or a psychologist to work through a difficult interpersonal situation. This expert could attend one meeting or several or provide input between meetings.

### **STEP 8. INCORPORATE REFLECTIVE PRACTICE**

Reflective practice is a powerful tool for peer mentorship. It has been defined in the context of academic medicine as “a process whereby practitioners ‘slow down’, and use an attentive, iterative, and exploratory approach to critically examine their thoughts, actions, and underlying conceptual framework.”<sup>19</sup> Reflective feedback helps participants seeking to prioritize career activities because it helps individuals better understand their own identity and core values, which then facilitates making career-congruent choices.<sup>8</sup> Reflective practice also helps participants be more authentic within their peer mentorship group, which makes the experience more valuable for the individual as well as for the group as a whole.<sup>8</sup>

How might a peer mentorship group incorporate reflective practice? One group reported performing narrative writing in response to prompts such as “What is the most meaningful part of what you are doing in academic medicine?”<sup>8</sup> A reflective practice intervention for medical students included blogging about clinical experiences, engaging in facilitated Web-based discussion groups, and sharing drawings or journal entries.<sup>20</sup>

### **STEP 9. BE MINDFUL OF UNINTENDED CONSEQUENCES**

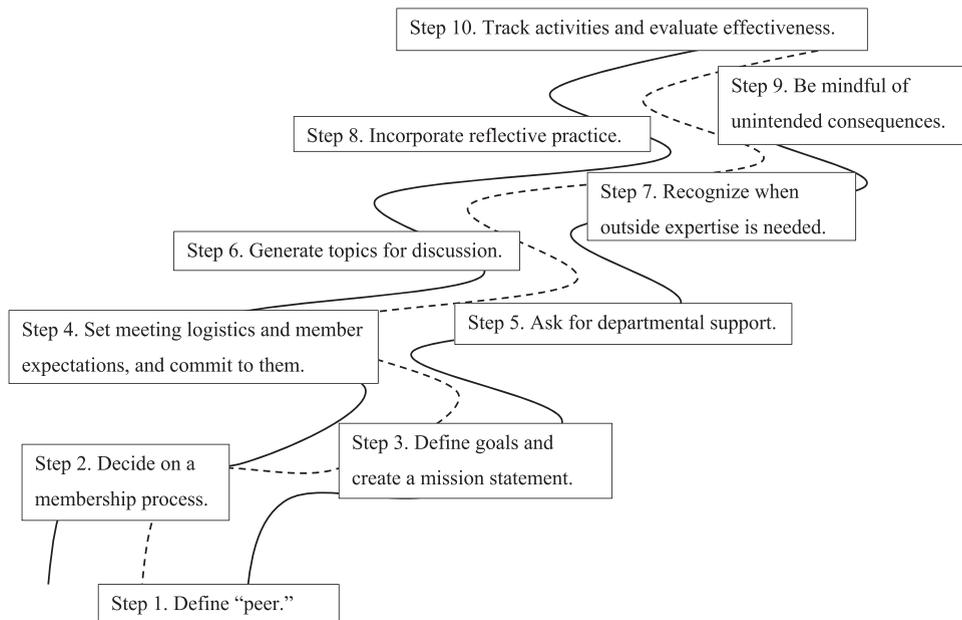
While most reported outcomes for peer mentorship groups are positive, they may also result in unintended negative consequences. One unintended consequence is personal and professional enmeshment.<sup>11</sup> Group members may be friends, in addition to colleagues, which could impede willingness to provide honest or corrective feedback. Members should strive to balance the personal and professional needs of the group. If there is too much overlap in areas of interest or projects, it may be difficult for members to create niches or distinguish themselves from peers. Group membership could also inadvertently lead to the appearance of exclusivity, which could negatively impact the members and institution. This problem can be mitigated by a clear membership process that defines the group size and when and how to recruit new members. Finally, time is a valuable resource. Time spent on peer mentorship takes away from other activities; it must be worth the investment.

### **STEP 10. TRACK ACTIVITIES AND EVALUATE EFFECTIVENESS**

Peer mentorship groups should keep a running list of meeting dates and topics covered and record meeting minutes. This accounting of peer mentorship activities may justify departmental support, provide data to encourage the expansion of peer mentorship groups, and serve as a reference source for members by facilitating accountability (eg, allowing for follow-up of tasks or interventions proposed at prior meetings). Tracking activities can also help with evaluation of the success of the group. To facilitate tracking, groups may assign a scribe role and store information so it is accessible to all members by using e-mail, a shared drive, or cloud document.

Medical educators have full calendars; it is important for their peer mentorship experience to add value to their careers. Systematically evaluating a group's effectiveness helps the members discern whether their group can continue as it is or whether adjustments are needed. Proposed outcomes for a peer mentorship group should reflect the group's goals and mission statement, while accounting for the time and expertise available to the members.

Peer mentorship groups have many ways to gather data for their identified outcomes. Some groups will perform a survey or focus group of participants or review meeting minutes. Possible evaluation outcomes from this approach include determining whether members clarified their career goals, their core values, and their strengths.<sup>8</sup> Members can also assess the proportion of their time spent on goal-related activities, whether they created an academic development plan, and if they collaborated on projects. Surveys and focus



**Figure** A roadmap for creating a successful peer mentorship group for medical educators.

groups also allow members to measure the degree of emotional support, workplace satisfaction, and faculty interconnectedness felt by the group.<sup>6,11,21</sup> Other measurement options include tallying curriculum vitae elements or reviewing data from the group's academic department or institution. Potential outcomes from these data sources include academic promotions, new leadership positions, teaching awards, publications, workshops, curricula, national presentations, and mentoring relationships.<sup>7</sup>

## CONCLUSION

Peer mentorship can be a useful adjunct to traditional mentoring dyads and can lead to increased academic productivity and sense of community. Peer mentorship allows for varied perspectives and topics and may facilitate more frank discussions of individual priorities. These 10 steps (summarized in the [Figure](#)) highlight a path to developing successful peer mentorship groups through thoughtful definitions of peers; clear goals, membership processes, expectations, roles, and time commitments; careful choice of topics for discussion and outside expertise; specific requests for departmental support; use of reflective practice; and evaluation of the effectiveness of the group. Together, these steps can serve as a guide for medical educators to foster professional growth by embracing the experiences of peer mentorship.

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