A Peer Mentoring Group for Junior Clinician Educators: Four Years' Experience

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Abstract

Purpose
To study the effect of a peer mentoring group (PMG).

Method
Six junior clinician educator faculty and one senior faculty at the University of Washington Medical Center's Department of Psychiatry formed a PMG in 2006. The PMG had 30 meetings during 2006–2010. Group format, goals, and meeting agendas were determined solely by participants. Feedback about positive and negative outcomes of participation in the PMG was determined by open-ended response to three sets of questions; qualitative analysis was performed by an outside research consultant.

Results
Program evaluation revealed benefits and undesirable or unintended outcomes. Reported benefits were increased workplace satisfaction; improved social connection; increased professional productivity and personal growth/development through accountability, collaboration, mutual learning, support, and information sharing; synergy, collaboration, and diversity of thought; increased involvement in professional activities; opportunity for peer discussions in a safe environment; and increased accountability and motivation. Undesirable or unintentional outcomes were exclusivity, lack of hierarchy, scheduling of meetings, absence of an intentional curriculum, diverse and competing interests, personal–professional enmeshment, and occasional loss of focus due to overemphasis on personal matters. Every member of the PMG was retained, and scholarly productivity increased, as did collaboration with other group members.

Conclusions
Participants in this PMG experienced qualitative benefits and perceived advantages in career advancement and scholarly productivity. Negative consequences did not deter participation in the PMG or outweigh benefits. The self-sufficient and low-cost structure makes it particularly portable.

The high attrition rate for first-time assistant professors suggests a need for support and mentoring for junior faculty. In fact, a survey of full-time medical school faculty across tracks reported that 43% of first-time assistant professors leave their positions.[1] Lack of mentoring has been identified as one of the most significant factors hindering successful academic career development.[2] In traditional dyadic mentoring, a mentor helps to advance a mentee's professional development by encouraging, advising, coaching, role modeling, assessing, and sponsoring.[3,4] General benefits to the mentee include personal development, career guidance, career choice, faculty retention, and research productivity, but rigorous study of mentoring has been limited.[5]

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Clinician educator (CE) faculty may be in particular need of mentorship.[6] "Networking and collaborating" and "being mentored" were rated as the two highest perceived needs for career advancement in an assessment of junior CE faculty.[7] However, research has shown that CEs are less adequately mentored than their peers in clinical scientist roles,[8,9] and some authors indicate that CEs need to more proactively seek mentorship.[6] One survey of junior medical school faculty across tracks showed that CEs lacked mentorship, with only 8% to 18% having a mentor.[8] Another survey of junior faculty found that those who spent more time in patient care and teaching were statistically less likely to have a mentor than researchers.[9]

Peer mentoring groups (PMGs) can be an alternative or complement to traditional dyadic mentoring. In peer mentoring, individuals at a similar level of professional development meet regularly to mentor and support each other. The group may be facilitated by a more experienced mentor or self-facilitated.[10] PMGs described in the literature range from highly structured faculty development programs with formal curricula designed by senior faculty[11–13] to junior faculty-driven "grassroots" programs with goals and structure determined by the peer members themselves.[4,14,15] Many of these programs have focused on the development of specific groups, such as research-oriented faculty or women/minority faculty.[7,10–12] Overall, PMGs seem to increase participants' job satisfaction, sense of belonging to a supportive community, and academic productivity.[4,11–18]

Background

Here, we describe the development, implementation, and evaluation of a low-cost, peer-driven PMG specifically for CE junior faculty during 2006–2010. Aside from one report of a group of peers using regular "check-ins" to support academic productivity,[19] there are no other reports of PMGs composed exclusively of CEs, to our knowledge. The primary purposes of this study were to determine the degree to which CE junior faculty benefited from the PMG and to identify advantages and disadvantages of PMG participation.

In 2006, The University of Washington (UW) Department of Psychiatry and

Behavioral Sciences had 118 academic faculty members, including 27 CEs. At the time, all senior leaders and most midcareer faculty members were physician scientists or faculty scientists. The department has a traditional "up or out" promotion structure. All junior faculty are assigned a mentorship committee when they reach assistant professor. The committees meet annually with mentees and write letters describing the individual's progress to the department chair.

Method

In 2006, we (J.A.L., D.S.C.) invited all six CE junior faculty in the Department of Psychiatry and Behavioral Sciences at the UW Medical Center via e-mail to voluntarily participate in the PMG. No incentives or protected time were offered. All invitees joined the PMG, and a senior faculty member (D.C.) agreed to be a mentor to the group. One member left the CE track just after the group formed, and a newly hired person joined six months into the study period. The ultimate group was six members (including J.L., K.M., S.M., R.K.), aged 33 to 39, evenly split between men and women. All had been on the faculty for six years or fewer with the following faculty ranks: one assistant professor, one clinical faculty member, and four acting assistant professors.

In the initial meeting, the PMG members set six specific goals (List 1) and a meeting structure (List 2). The PMG was self-directed and self-regulated. The senior faculty mentor provided advice, support, and opportunities, rather than official departmental oversight or monitoring. She did not set the structure or agenda for the group. The PMG had a flat organizational structure, but individuals acted as leaders of specific collaborative projects. No members had special expertise in mentoring or groups.

The study period was 2006–2010. The PMG and their faculty advisor had 30 meetings across four years—18 two- to three-hour evening meetings (average cost of $125 for participants' dinners) and 12 one-hour lunchtime meetings. Evening meetings occurred approximately every one to three months, and topics included career development, planning, and career "trouble shooting." Average attendance was 80%. Noon meetings devoted to scholarly group projects were added during the third year.

An outside research consultant (E.M.) qualitatively evaluated the program. He was not compensated and had no prior relationship with any participants. He was recruited because of his experience with qualitative methods and higher education. The program was evaluated using interview, observation, and document analysis methodologies to identify trends, themes, and outlier responses. A pattern identification method of analysis was implemented to identify emerging themes and trends.[20–22]

In addition to observing and interviewing the group, the researcher solicited written responses from the participants. The researcher and PMG members collectively determined three prompt questions to elicit the participants' written perceptions. To derive the prompt questions, participants suggested potential questions in writing. The suggested questions were classified, coded, and analyzed for commonalities, yielding three recurring themes for the prompt questions:

- Describe the degree to which you perceive the PMG contributing to your personal growth and professional development that otherwise wouldn't have occurred without the PMG. Describe some of those "added" outcomes.
- Describe the successful characteristics and functions of the PMG (corporate, both professional and personal). How did the PMG meet and exceed its original goals?
- Describe the drawbacks and barriers to success of the PMG (corporate, both professional and personal). How did the PMG fail to meet its original goals?

All PMG members responded to the prompt questions via anonymous surveys. The faculty mentor also responded to similar questions with her perceptions of the PMG's behaviors, making seven total respondents. The research consultant presented preliminary aggregated findings to the PMG. Though atypical, the purpose of this phase was for the research consultant to assess the PMG's overall degree of concurrence with the findings, seeking validation of the consultant's observations and analyses. Ethical

List 1

Group Goals for the Clinician Educator Junior Faculty Peer Mentoring Group, 2006–2010*

- Providing mutual support
- Supplying collective mentoring by the senior mentor and peers
- Fostering accountability in working toward individual goals
- Encouraging group momentum on projects/collaboration
- Learning about promotions/faculty development/educational research
- Hosting guest speakers to teach members about topics of interest to the group

* From a study of six peer mentors at the University of Washington Medical Center, Department of Psychiatry and Behavioral Sciences. The original goals were determined by group consensus during the first group meeting in 2006.

List 2

Meeting Format and Structure for the Clinician Educator Junior Faculty Peer Mentoring Group, 2006–2010*

- Members were welcome to discuss any career-related topic. Typical topics included anxiety about promotion, finding a career direction/niche, navigating professional relationships, ideas for scholarship, and updates on individual activities.
- Each member did a career "check-in," discussing his or her current concerns and progress. Members typically had the floor for 10 to 30 minutes.
- After the check-in, the senior faculty advisor and peers provided support, feedback, and advice to the member. The individual then committed to an action plan of specific steps to be taken before the next meeting.
- One member took minutes which included each member's action plan. The minutes were distributed via e-mail. Minutes were reviewed at subsequent meetings to monitor individual progress and allow the group to troubleshoot barriers to successful action.
- Discussion of sensitive topics was kept confidential and omitted from the minutes.

* From a study of six peer mentors at the University of Washington Medical Center, Department of Psychiatry and Behavioral Sciences.

approval was not required by the UW human subjects division.

Results

Analysis of participants' responses resulted in the emergence of observable factors, yielding an understanding about the benefits and potential detriments associated with participation in the PMG. These factors are summarized in Lists 3 through 5. Key themes are illustrated below.

Common positive experiences and attributes

All seven respondents identified three common positive attributes of their experience as a member of the PMG (compared with their prior professional experience and/or perceptions of non-PMG colleagues).

The first of these attributes was increased workplace satisfaction, as this participant's comment shows:

> [As a result of the PMG], I feel more grounded and surefooted which makes coming to work much more enjoyable and less anxiety provoking. It has also made me closer to my colleagues…. Professionally I feel we are now better able to be supportive of one another.

Second was a universal sense of improved social connection among participants, shown by these responses:

> The UW is a big place and I think for clinicians in particular it is easy to become more isolated. So the group reduced this sense of scholarly isolation and provided validation and support.

> The support and encouragement, from people who know me and want to see me be successful, has been really important in my professional development.

Finally, all participants recognized increased professional productivity and personal growth or development through accountability, collaboration, mutual learning, support, encouragement, advice, and/or information sharing, as these comments reflect:

> The accountability has been a major impact of the group on my own productivity. I had ideas, but had not been very productive in developing those ideas prior to involvement in the PMG. The process of revealing the idea, having it go into the meeting minutes, creating a "to-do" list before the next meeting, and knowing that the group will ask about it is a huge motivator. Even if the idea is eventually abandoned, it's an active decision rather than a result of inactivity.

> We share information informally, too. This includes things like good resources, reading each others' written work, proofreading/editing submissions for meetings, etc. Talking about the promotions process has been especially helpful.

List 3

Key Factors Describing Individual Benefits From Group Participation, Reported by the Seven Participants in the Clinician Educator Junior Faculty Peer Mentoring Group (PMG), 2006–2010*

- Synergy and diversity of thought and perspective
- Opportunity for peers at the same professional level to dialogue in a safe environment
- Increased professional connection in a large institution
- Increased social connection
- Increased workplace satisfaction
- Opportunities for improved self-awareness
- Reduced intimidation and increased confidence of involvement in professional activities
- Increased opportunities for mutual learning, support, encouragement, advice, and information sharing, resulting in personal growth and development
- Additional opportunities to receive critical feedback, resulting in personal and professional growth
- Increased opportunities for professional collaboration
- Heightened accountability

* From a study of six peer mentors plus their senior faculty mentor at the University of Washington Medical Center, Department of Psychiatry and Behavioral Sciences. Themes were elicited by the following prompting question: "Describe the degree to which you perceive the PMG contributing to your personal growth and professional development that otherwise wouldn't have occurred without the PMG. Describe some of those added outcomes."

List 4

Key Factors Describing Successful Peer Mentoring Group Characteristics and Functions, Reported by the Seven Participants in the Clinician Educator Junior Faculty Peer Mentoring Group, 2006–2010*

- Synergy, professional collegiality, networking, and collective resources
- Structure of group resulted in convenient and frequent opportunities for interactions
- Homogeneous group characteristics, yet diversity of membership differences
- Education (personal and professional learning)
- Motivation and accountability
- Professional comparison and benchmarking
- Senior guidance, mentorship, and support
- Collective mentoring
- Peer group leadership
- Positive cycle of productivity
- Group development

* From a study of six peer mentors plus their senior faculty mentor at the University of Washington Medical Center, Department of Psychiatry and Behavioral Sciences. Themes were eliciting by the following prompting question: "Describe the successful characteristics and functions of the PMG (corporate, both professional and personal). How did the PMG meet and exceed its original goals?"

Additional desirable outcomes

Six (86%) respondents' comments indicated the benefits of synergy, collaboration, and diversity of thought and perspective. Similarly, 5 (71%) PMG members indicated increased involvement in professional activities as an added benefit. This comment summarizes both notions:

> By doing projects together, we have figured out who is good at what (we can deploy our collective resources more efficiently) and learned skills that are transferable to the next project. We also figured out what we like and who else likes the same stuff or something related to it. Just talking about ideas stimulates my thought process—The "thinking partner" aspect of the group is critical for me.

Less commonly mentioned but still important was the notion of opportunity for peer discussions in a safe environment, noted by 3 (43%) participants. These comments are indicative:

> It felt validating and not intimidating to talk about struggles with projects or discuss one's naiveté and not feel completely demoralized. It helped create a

List 5

Key Factors Describing Drawbacks and Barriers to Success From Group Participation, Reported by the Seven Participants in the Clinician Educator Junior Faculty Peer Mentoring Group (PMG), 2006–2010*

- Exclusivity (personal and professional)
- Disrupted cycle of global growth and development (as a by-product of exclusivity)
- Potential loss of group focus (overemphasis on personal over professional)
- Lack of hierarchy
- Absence of an external catalyst
- Absence of intentional curriculum
- Diverse and competing interests
- Slow process of group development
- Group functionality, productivity, efficiency, and conflict resolution
- Personal–professional enmeshment
- Scheduling of meetings

* From a study of six peer mentors plus their senior faculty mentor at the University of Washington Medical Center, Department of Psychiatry and Behavioral Sciences. Themes were elicited by the following prompting question: "Describe the drawbacks and barriers to success of the PMG (corporate, both professional and personal). How did the PMG fail to meet its original goals?"

> smaller sense of community within the greater UW community.

> This group provided a safe, supportive venue for participants to discuss issues related to career development, negotiating job description and changes in this, exploring areas of personal development and growth, and general concerns about professional identity, professional role, and success as a clinician teacher in our department.

Finally, another 3 (43%) PMG members noted the benefit of increased accountability and motivation, as shown by this response:

> Accountability has been a huge part of [what] makes this group work. At the end of nearly every meeting, we all leave with a specific work plan and a deadline. The group provides pretty firm direction and structure, and we don't want to let each other down or be the person that holds things up.

Undesirable or unintended outcomes

Overall, participants reported positive gains that surpassed potential disadvantages. This finding was reiterated and reinforced during the postanalysis discussion with members of the PMG. Nonetheless, respondents generally agreed that undesirable or unintended outcomes ensued from their involvement in the PMG.

Among these, foremost was the exclusivity of the PMG, both personal and professional. This was noted by 6 (86%) participants and is demonstrated by this comment:

> We have not done the best job in introducing and integrating newer faculty into our group or help them navigate their own group formation.

A second set of negative outcomes were the lack of hierarchy and the absence of an external catalyst or internal curriculum, observed by 5 (71%) and 4 (57%) PMG members, respectively. This comment is reflective:

> Since we are a grassroots group we don't really have a curriculum about promotions, research and it might be nice to be told—"this is what you need [to] learn/do/experience next." However if it was too structured I'm not sure we would have met the first four objectives so I would prefer to error on the grassroots approach.

Five (71%) participants remarked on scheduling of meetings as an undesirable outcome, as this comment shows:

> Meeting in the evenings required an investment of personal time, time away from family life, and sometimes extra childcare costs.

Similarly, 4 (57%) members noted the diverse and competing interests of other participants as a potential negative, shown by this comment.

> [Having a PMG with multiple interests among members may] … create friction and slow things down, which could compromise the [efficiency] of projects and the group as a whole.

Finally, several participants observed these undesirable or unintended outcomes. Four (57%) reported personal–professional enmeshment, and 3 (43%) mentioned the occasional loss of group focus due to an overemphasis in personal matters over professional issues. One comment reflects both of these ideas:

> Our roles are intertwined, so confrontation about work habits is difficult on multiple levels. We are also friends, which makes it difficult when it feels like a member is letting the group down. The relationships can become blurred, again making feedback a bit more difficult than it might be if the relationships were strictly "professional " and more distant (only seeing one another in the context of the PMG). However, the accountability would likely suffer if the relationships were less personal.

PMG career and scholarly activities during study period

Here, we describe the achievements of the six assistant professor PMG mentees, excluding the senior faculty mentor. During the lifespan of the PMG, five members (83%) assumed new positions such as medical director roles, faculty senate representative, committee chairs, and administrative residency positions. All six members were retained within the department.

All six members submitted scholarly products for publication. Four members (67%) published journal articles or book chapters during the study, and all six published by the time this study was submitted for publication. Three members (50%) presented at least one workshop or poster at national meetings. Members frequently collaborated with one another. Five members (83%) collaborated with another group member on a publication or a submission. All six members cotaught or codeveloped didactic series with other group members. Three group members (50%) collaborated with other members on presentations at national meetings.

Discussion

Did it work?

Our findings support the benefits of PMGs for CE junior faculty. Though group weaknesses and shortcomings were reported, these barriers were not insurmountable and did not deter participation in the PMG. These findings are consistent with prior reports describing similar themes of increased workplace satisfaction, social connection, professional productivity, and personal growth.[4,11,13–16,18,23–25]

Pertaining to concrete outcomes, the PMG was associated with improved junior faculty access to mentorship, creation of scholarly products, faculty retention,[1,26] and greater national visibility for the department. This study

did not have a direct comparison group and, thus, cannot determine causality.

What made it work?

To our knowledge, no studies have assessed the role of collegial relationships in CE faculty development. However, collegial relationships and networks are known contributors to career success. Faculty members in diverse areas of higher education who communicate more with colleagues seem to produce more and better research, and these relationships also provide help with teaching, friendship, and general support.[27] Faculty development programs and teaching scholars programs produce similar benefits in academic medicine. Participants gain relationships and increase networks, which can have a positive impact on productivity.[24,28–30] Additionally, collegial networking is positively correlated with measures of faculty vitality, including teaching faculty retention.[31] Our study respondents reported several factors that foster collegial relationships such as "frequent opportunities for interaction, professional collegiality, networking, and sharing of collective resources." These factors seem to suggest that key PMG functions may have been the development of a collegial network with frequent contact. Likewise, the reported benefits of "opportunity for peers at the same professional level to dialogue in a safe environment, increased professional connection in a large institution, and increased social connection" seem to point to the importance of the PMG as a "network."

Benefits from collaboration were noted repeatedly. By collaborating, the PMG members actively generated new ideas, implemented projects, and provided mutual accountability and feedback. The process seems to have yielded a positive cycle of increased individual self-efficacy and corporate productivity. We speculate that, through teamwork and accountability, project completion produced increased levels of self-confidence among group members. Group members generally reported that completing group projects resulted in greater familiarity with project management (i.e., experience, exposure to, and practice conducting research and publishing), thereby producing increased self-confidence to conduct subsequent projects (either individually or corporately). Thus began an upward cycle of productivity for group members.

Which factors cut both ways?

Interestingly, some factors were reported to have both positive and negative effects, suggesting that meritorious characteristics may become undesirable attributes under certain circumstances. For example, members of the PMG reported satisfaction with the relatively "flat" hierarchical structure of the group, which minimized competition and reduced political maneuvering among participants. Nonetheless, some group members reported frustration with the "amorphous" structure of the group during situations in which a distinct leader could have made a unilateral decision on the group's behalf. Similarly, several respondents commented that an external facilitator could have provided a structured curriculum for the PMG and helped to maintain the group's focus, vision, and priorities. Conversely, the presence of an external catalyst may have inadvertently altered the degree of trust and confidence within the PMG, thereby compromising the quality of interactions that contributed to its success.

Another seemingly conflicting result was the exclusivity of the group's membership. At the inception of the group, all CE faculty at the assistant professor level were invited to participate. However, as new faculty were subsequently hired, the group was uncertain about whether or how to incorporate new members. On the one hand, all members reported that trust and confidentiality were fundamental components to their success, which could not have been upheld if the PMG did not have a defined and exclusive membership. However, failing to incorporate newer faculty into the existing group threatens to exclude and isolate faculty members from one another. Additionally, many participants noted the detrimental effects of the group's exclusivity on other (non-PMG) professional relationships. Naturally, members of the PMG felt more strongly connected to each other than to their non-PMG peers because of their shared experiences and a common purpose. The cohesiveness of the PMG naturally resulted in slight isolation from other peers.

Which factors had negative consequences or hindered development?

Other authors have noted potential exploitation and boundary crossings within dyadic mentoring relationships.[4,32] Similarly, PMGs have potential for difficult group dynamics or unintended interpersonal outcomes. Blurred boundaries between personal and professional relationships may have adverse effects. For example, three respondents cited "occasional loss of group focus due to an overemphasis on personal matters" as a barrier to PMG functioning. Likewise, four respondents noted "personal–professional enmeshment" as a barrier. Hypothetically, a personal falling out between members might threaten to disrupt group dynamics and function, imperiling the PMG as a whole. Likewise, professional disagreements may imperil friendships. However, group bonding and feelings of mutual trust seem to underlie many of the benefits, suggesting that there is a delicate balance between feelings of closeness and enmeshment.

Conclusions

After four years of study, we report favorable results and potential pitfalls for a low-cost PMG program for CE psychiatry faculty at the assistant professor level. Notably, frequent collaboration and collegial network development seemed fundamental to the program's benefits. The UW PMG was voluntary, low cost, and self-sufficient. This model succeeded without intensive resources. However, it did require significant commitment to attend evening meetings and to work toward common goals. Successful replication of this program may depend more on potential participants' commitment and ability to work collaboratively than being in a particular specialty. Likewise, participants need mutual interests, shared projects, and frequent contact. Recruiting group members from a single specialty or clinical site may facilitate collaboration. Further, incipient groups should consider whether to incorporate additional members over time, to avoid unintended exclusivity of membership.

Future studies should examine the factors and characteristics that contribute to a successful PMG, such as exploring barriers to individual productivity surmounted by the PMG. In addition,

future research may assess applicability to other settings, like midcareer CE faculty and blended groups, such as CE faculty of mixed academic rank or specialties. Systematic studies examining peer mentoring versus, or as an adjunct to, traditional dyadic mentoring would be useful in testing the benefits of the PMG approach. Finally, the role of professional networks in career development for CE faculty should be investigated.

There are limitations to this study: the small number of participants, the lack of a control group, and potential for bias because several authors were also PMG participants. These limitations were mitigated by recruiting an independent consultant to perform the analysis. Inclusion of a second independent reviewer and a control group would have strengthened the study design.

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