

Community of Mentors

Guidelines for Mentors
2010 - 2011



Children's Hospital Boston

Office of Faculty Development (OFD)

Mission

The mission of the OFD is to recruit and retain the best faculty at Children’s Hospital Boston (CHB), to facilitate the career advancement and satisfaction of all junior faculty, and to increase leadership opportunities particularly for women and minorities.

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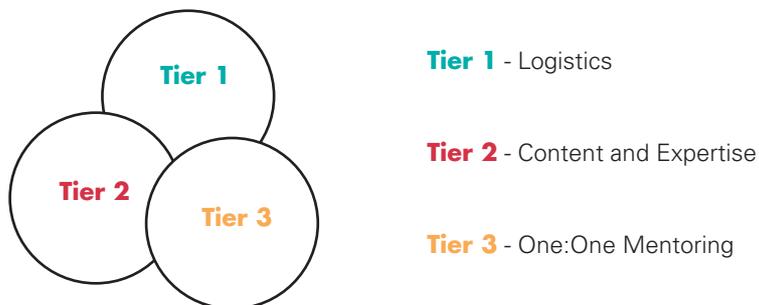
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Background of the Community of Mentors

Recognizing the value of mentoring for clinical, teaching, and research careers, the OFD, in collaboration with its Advisory Committee and the Department and Division Chiefs, developed the “Community of Mentors” so that all junior faculty will have access to a mentor or a mentor team. “Community of Mentors” is a three-tier system, running the spectrum from providing logistical information in *Tier 1*, to skills building courses and panels in *Tier 2*, to enabling committed personal and professional relationships in *Tier 3*. As part of *Tier 2*, the OFD will identify experts in various content and process skill sets to help facilitate mentor teams. Individual appointments with the OFD Director can help direct junior faculty to establish their own personalized “Community of Mentors,” in addition to special interest networking sessions, courses, workshops, and panel presentations. Each tier draws on the support services of its related tiers, working collaboratively to create a climate of success.

Figure 1



Community of Mentoring = a network of interdependent support services

The “Community of Mentors” begins with an appointed or selected mentor at the division or department level and guides junior faculty to think more broadly about a “Community of Mentors” hospital wide – within their department and across departments, disciplines, and potentially institutions. “Home support” at the department level is highly valued, and the Chief or senior faculty mentor plays an active role to help junior faculty choose additional mentors. Community of Mentors, with the support of Children’s Hospital Chiefs and Senior Administration, encourages junior faculty to select senior colleagues with appropriate experience to promote their career development.

Tier 1: Communication: *Perspectives*, OFD website, Email
 Orientation for new faculty: introduction to OFD and senior administration, materials distributed
 Housing through Harvard websites
 Career and Family Network, Bulletin board, website
 Childcare and eldercare resources
 CHB Employee Assistance Program (EAP)
 Harvard Medical Office of Work and Family
 HMS Office for Diversity and Community Partnership, linked from OFD website
 HMS promotion criteria, linked on OFD website

Tier 2: Workshops, networking sessions
 Promotion seminars with HMS Faculty/Office of Faculty Affairs
 Research fellowships for faculty
 Mentoring Guidelines
 Bibliographies of articles and programs on mentoring
 Career Development Center in Library|
 Partnerships with Chief Executive Officer, Chief Operating Officer, Clinical Research Program,
 Office of Sponsored Programs, Clinical and Translational Research
 Executive Committee, Research
 Recruitment and Resource Committee, and the Harvard Catalyst
 CV and grant templates, guidelines, and tips
 Appointments with S. Jean Emans, MD, Director, OFD, and Mary Clark, PhD, former HMS
 Associate Dean of Faculty Affairs
 Diversity Resources through the Diversity and Cultural Competency Council (DCCC)
 Teaching Resources through The Academy at CHB
 Faculty Development Month
 Identification of process/content experts/mentoring networks

Tier 3: Chief’s commitment to Community of Mentors
 CEO/COO support for faculty development
 Cross-departmental and cross-institutional support
 Identification of co-mentors, scholarly/research mentors, career advisors, and
 facilitation of matches
 Training of mentors and mentees: Mentoring courses
 Annual Career Conference and individualized Professional Development Plans

What is a traditional mentor?

The literature is replete with definitions of mentors from a variety of sources, including classical literature, military training, academia, business, and government. These definitions include advocate, coach, teacher, guide, role model, valued friend, door-opener, benevolent authority, available resource, cheerful critic, and career enthusiast. It has also been noted that “supermentors” combine many of these definitions, both generating processes for leadership development for succeeding generations and innately leading change. The Community of Mentors model defines a mentor as someone who provides individual or group mentoring support that contributes to the career development of a junior colleague.

Beyond the dyadic model of mentoring – Community of Mentors and Developmental Networks

In addition to the traditional dyadic model of mentor-mentee, mentoring may include multiple relationships that we have called a “Community of Mentors” where each mentor provides part of the needed coaching and career development; one professional may provide scientific critique and expertise, another advice on family/work juggling, and another advice on grantsmanship or scholarly writing or networking in professional societies. The Community of Mentors includes traditional scholarly/research mentors, career advisors, co-mentors, peer mentors, and e-mentors (Figure 2) and can be part of a “Developmental Network.” One model of mentoring, implemented at the University of California, San Francisco (UCSF) (3) includes a “Career Mentor,” a more senior faculty member, who provides the mentee with career support and guidance. The “Career Mentor” is assigned by a faculty “Mentoring Facilitator” within each department or school. In addition, academic faculty have a scholarly/research mentor specific to their area of focus.

Collaborative peer mentoring allows faculty to work together at a regularly scheduled time, sometimes facilitated by a senior faculty member, and combining a curriculum (scholarship, teaching, grant writing, career development) along with a scholarly product. Peer-mentoring can also create an opportunity to share information, strategize about careers, and provide each other feedback, friendship, and emotional support.

E-mentoring typically builds on an existing traditional mentoring relationship that because of time, location or other constraints, continues primarily via electronic communication, but may include two professionals who have never met in person.

Project-based mentoring, often referred to as “functional mentoring” in the literature, pairs junior faculty with mentors who have the skills, expertise, and interest required for a specific project. The mentoring relationship may cease when the project is completed or it may continue and possibly evolve into a more traditional mentoring relationship.

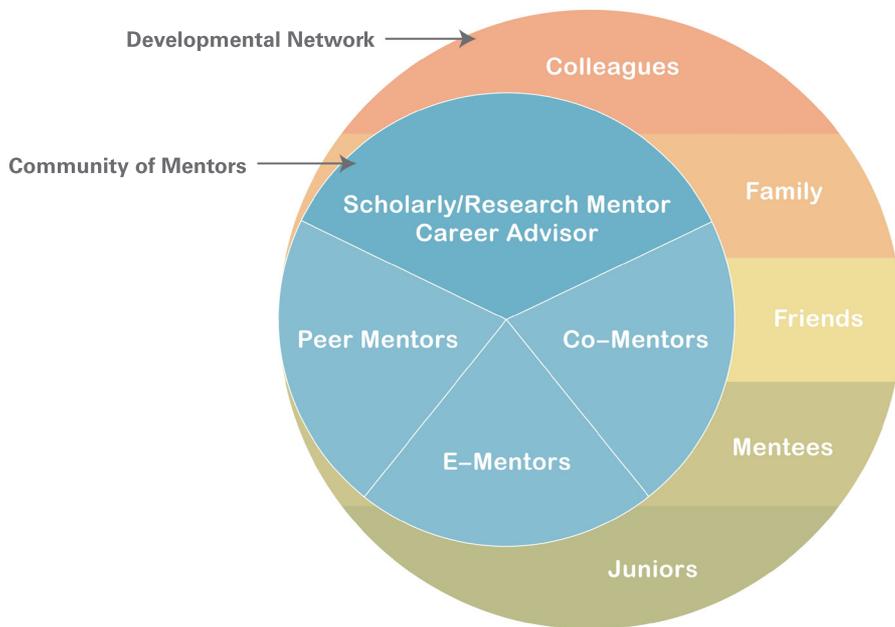
Team mentoring refers to a multidisciplinary group of mentors each with a specific role. The lead mentor traditionally would have expertise in the mentee’s research or scholarly interest, while one or more additional mentor’s (co-mentors) interests and skills would complement, but not duplicate, the lead mentor’s.

Some mentors are good at providing both career guidance and psychosocial support; others are better at one or the other. *Career-related functions* include empowering mentees and advocating for them: opening doors to challenging assignments; providing sponsorship; and increasing visibility, networking, and advancement opportunities. Mentors should also take every opportunity to introduce mentees at seminars,

conferences, and social events. *Psychosocial-related functions* include counseling, role-modeling, and friendship. Mentors can encourage the discussion of “thorny” issues, including culture, race, and gender concerns. Advocates can help define and redefine expectations and resolve inequities for women and minorities, ensuring that they ask for the necessary resources when negotiating for space, salary, career advancement, etc.

Developmental Networks are a newer framework for career development and mentoring that have been defined and valued by academic business leaders David Thomas, Kathy Kram, Monica Higgins and others [4,5,6,7]. “Developmental Networks” are composed of an even broader range of people (including one’s Community of Mentors, colleagues, subordinates, mentees, family, and friends) who can provide career advice and support (Figure 2). These simultaneously held relationships, draw both from the faculty member’s own organization as well as external organizations and communities, provide access to knowledge, opportunities, and resources. Developmental Networks can thus offer diverse viewpoints, experiences, and two-way learning more readily than those dyadic relationships that draw only on the experience of a single senior faculty member. In addition, developmental networks can change in parallel with a faculty’s career trajectory and work/life needs and should be regularly assessed and re-configured. Although individuals may change within a developmental network, maintaining contact, even if it is just an occasional email or phone call, can be an important support. As junior faculty advance, they will have more advisees and mentees. Junior faculty should be encouraged to map their developmental network by listing people for each category in Figure 2. A Developmental Network Mapping Exercise and questions to help them analyze the strengths and limitations of their current network are included in the Appendix.

Figure 2



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Kram differentiates between high range and low-range networks, each of which serves a particular purpose (Figure 3). Range refers to the number of different social systems in a developmental network. In Figure 3 each developmental network consists of 6 people, but how they are grouped differs:

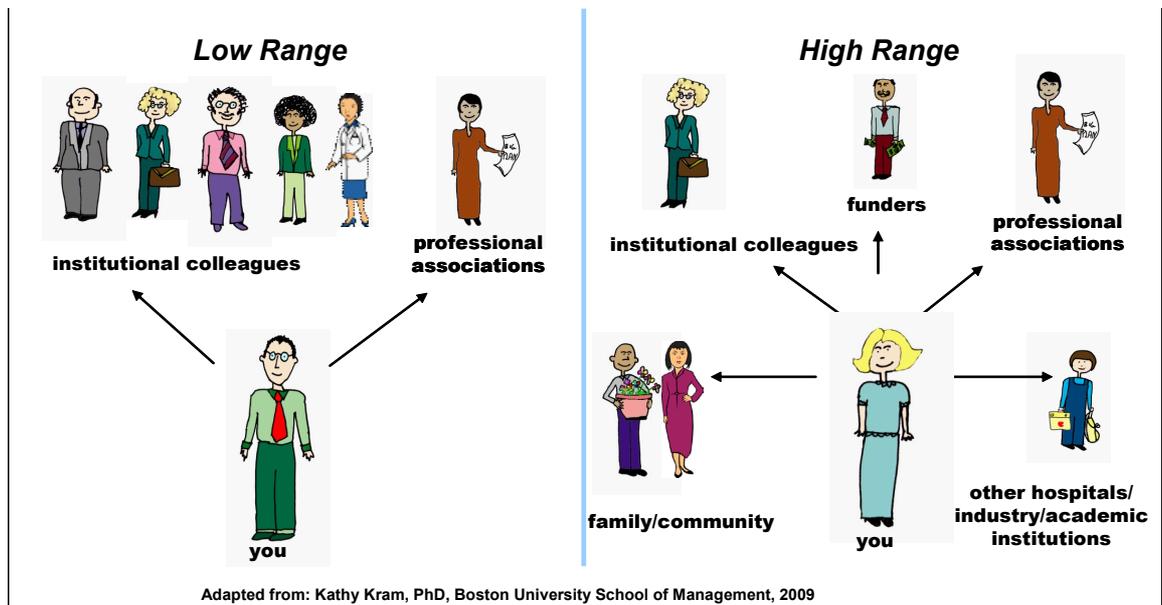
Low Range – small number of social systems, most advantageous for individuals who want to advance within their current field and organization

High Range – multiple levels of social systems, most advantageous for individuals who seek to change fields and/or to move to a different organization

The choice depends on short and long term career goals which may evolve over time.

Structure of a Developmental Network

Figure 3



How can mentors be helpful to faculty career development?

The mentoring relationship is a dynamic process requiring active participation and flexibility on both sides. The acquisition of knowledge should be mutually beneficial, with mentees as well as mentors acting as teachers. Mentors need to be prepared to offer both personal and professional support and advice and to recognize that they will be viewed as “role models” by junior faculty. Be generous and flexible with your time to accommodate your mentee’s evolving career trajectory and needs.

Senior faculty bring a wealth of expertise to junior faculty, based on their collective knowledge, proficiency, and experience. By mentoring the next generation of leaders, mentors contribute to the climate of success

at Children’s Hospital Boston. When you initially meet with a junior faculty member, your first step is to listen to his/her career goals in clinical innovation, teaching, administration, and research. After reviewing his/her CV, you can together decide the best Community of Mentors team. If the faculty member is new to Children’s, his/her Chief may have already assigned you as the primary mentor. In small departments and divisions, the Chief may serve as a primary mentor for some junior faculty, in which case he/she should schedule an annual Career Conference with the mentee. If the primary mentor is not the mentee’s division/ department head, s/he should discuss whether the mentee has had an annual Career Conference.

As junior faculty begin to recognize a mentor’s strengths, others may call upon you to offer your expertise. Since the mentoring process requires a commitment and a willingness to devote time and energy, we recommend a minimum one-year commitment, which can be a formal or informal agreement. Over time, junior faculty will be encouraged to supplement and change their mentor team with “no fault” assigned. Part of the mentor’s responsibility is to help create a developmental culture, an organizational environment that fosters professional and personal growth.

With increasing professional demands, there is no “one-size-fits-all” mentor. Successful mentoring is a dynamic process whereby each learns to respect and trust the other’s commitment and expertise, but individual choice and style play important roles. This individuality creates unique mentor pairs or teams. The principle applied is that junior faculty receive sustained support, whether from one “supermentor,” a team of mentors, or an evolving, developmental mentor composite.

Junior faculty may ask your assistance on topics such as:

- Refining goals, career advancement, guidance on resources
- Scientific oversight, grant writing
- Scientific writing and critique
- Issues of authorship, publication, and integrity
- Time-management, pace of career, and workload
- Work/life balance and practical tips for success
- Teaching skills, curriculum development, teaching portfolios
- Clinical practice strategies, quality improvement methodologies
- HMS promotion criteria, reorganization of CV
- Enhancing professional visibility, locally and nationally
- Joining professional societies
- Understanding the organizational culture: structure, politics, and management
- Advocacy



**“It is good I have some one To help me, “ he said.
 “Right here in my hat On the top of my head!
 It is good that I have her Here with me today.
 She helps me a lot. This is Little Cat A.”**

**And then Little Cat A Took the hat off HER head.
 “It is good I have some one To help ME,” she said.
 “This is Little Cat B.... I keep him about,
 And when I need help Then I let him come out.”**

The Cat in the Hat Comes Back© & ©Dr. Seuss Enterprises, 1958. All rights reserved. Used by permission

Mentorship – A Dynamic Process

The mentor leads by example, encouraging an environment that maximizes advancement. Creating an atmosphere conducive to mentoring will transmit these behaviors to succeeding generations.

Most agree that it is best if junior faculty come to you naturally and informally, and so being an interested colleague is a good starting point. It is important to like and respect each other, to listen and be available, and to pay attention to family/life issues. Mutual learning and teaching should characterize these interactions, and the mentoring relationship should be its own reward.

To help junior faculty find their niche in high-quality science, clinical care, teaching, or program development, the mentor should focus on their strengths and goals. Acting as a guide, navigator, and cheerful critic, at times, you may need to suggest “mid-course corrections.” Constructive criticism and advice are best served by providing specific examples. Encourage junior faculty to develop and customize their “elevator speech,” a thirty second to one minute networking pitch that showcases their personal “brand” and their career goals.

If you ask about and encourage accomplishments, you remind faculty of their goals and indicate your confidence in them. Allowing them to assist in projects and being generous with credit will convey that they are high achievers. It is also important that mentors encourage innovative thinking and recommend collaborators or other mentors if junior faculty have a vision in other disciplines or across disciplines. Mentors should demonstrate support and pride in crises as well as triumphs.

Be a protector and guard their time, teaching them when and how to say “No.” Mentors should also guide mentees on when to say “Yes,” ensuring that most decisions further their career trajectory and reflect their area of interest. If mentees take on a major new responsibility, help them to give up some other activity or readjust schedules. Mentors can counteract stereotypical assumptions and confront those who make unjust remarks. This is particularly true for faculty who have experienced cumulative professional disadvantages.

Understand their level of maturity and development and vary your degree of involvement accordingly. Your role is to serve as an intellectual guide and facilitator of growth, providing instruction in professional socialization, expectations, and organizational imperatives. Thus, it is important to consider the right timing and strategy for advancement and define expectations of career path, advising on the development and maintenance of an academic CV and plan. Some mentoring relationships are short-term, while others are long term and collegial. Individuals may need several mentors at different times in their life. As the relationship progresses, junior faculty may evolve in another direction. Part of this process is to encourage their leadership development and to facilitate their learning to mentor others in clinical care, teaching, or research. It is important for mentors to know when to let go and help the mentee make the transition to another mentor(s).

Mentorship - Expectations

It is essential that mutual expectations and responsibilities be agreed upon at the onset of the relationship, including the time frame of the mentoring relationship. Junior faculty expects that the Mentor will:

- Meet or make contact in accordance with the agreed-upon plan.
- Help in formulating short- and long-term goals, including identifying values and a timeline for acquisition of skills and completion of tasks such as: writing a paper, joining a professional society, applying for a grant, initiating a new clinical or teaching activity, etc.

- Provide career-planning advice.
- Understand HMS Promotion criteria for excellence in Teaching and Educational Leadership, Clinical Expertise and Innovation, and Investigation.
- Respect and accept gender, racial/ethnic, and other differences.
- Follow through on commitments.
- Suggest other resources or mentors. The Office of Faculty Development can also connect faculty with HMS and hospital resources.
- Discuss issues openly and be clear on expectations.
- Be caring and non-judgmental, when giving honest feedback.
- Try to maintain relationship for at least one year.
- Provide advocacy as needed.

The Mentor's Checklist

Preparation (if the mentee is not already known to you)

- Introduce yourself by phone, brief letter, or email, but still give the mentee ample opportunity to arrange, or set forth the agenda for the first meeting.
- Ask mentee to send an updated résumé/CV and to begin to think about short- and long-term goals.

First meeting

- Express interest in the mentee's career at your hospital/lab/department.
Ask open ended questions such as "what are you looking for in career guidance and mentorship?" Listen to answers with follow-up questions and reflection – "What do you enjoy most about your work life? What would you like to see happen as a result of our meeting? How important is that? It sounds to me that the thing you most want to happen is Is that true?"
- Review mentee's résumé/CV.
- Make sure that the mentee has had a Career Conference with his/her department head/division chief within the past year. Discuss feedback from the Career Conference. Ask about short- and long-term goals, including identifying values and a timeline for acquisition of skills and completion of tasks such as: writing a paper, joining a professional society, applying for a grant, initiating a new research project, etc. Ask "What type of position in academic/clinical medicine/research is your ultimate goal? How long do you think it will take?" Help in formulating realistic goals, such as finishing a manuscript.
- Ask the mentee to list his/her Developmental Network (colleagues, juniors, mentees, family and friends) including his/her Community of Mentors (scholarly/research mentors, career advisors, co-mentors, peer mentors, e-mentors) who he/she turns to regularly for career advice and support, both inside and outside the mentee's lab/division/department/school.. An exercise to help junior faculty map and analyze their developmental network is included in the Appendix.

- ❑ Decide together on the frequency of meetings which can vary based on needs of individuals, but occurs as often as several times a week in research labs to once every month or two. Mentoring thrives on informal, continuous guidance. Interactions may range from brief email to a phone “check-in” to lengthy follow up.

Some Topics for Discussion

Research Project

- ❑ Discuss the proposed research project – what are the aims? Hypotheses? Project design and methods? Sample size? Pilot data, if any? Collaborators?
- ❑ Discuss challenges openly (for example, pros and cons of mentee’s independent project v. the mentor’s project), and be clear on expectations.
- ❑ Assess the mentee’s need for specific skills and how the plan can be actualized over time.
- ❑ Review the mentee’s Community of Mentors. Are other mentors needed? For example, are mentors with expertise in community-based research, basic science, clinical trials, ethics, epidemiology and/or public health needed?
- ❑ Ask about institutional/departmental resources the mentee needs to achieve goals.
- ❑ Use a checklist or timeline for tracking of progress

Promotion

- ❑ Discuss career trajectory and skills/deliverables needed to progress to next level.

Balance and Negotiation

- ❑ Ask questions about family and child care and suggest resources.
- ❑ Discuss preferred timing of milestones in mentee’s career trajectory and changes desired in the balance of activities and career/academic workload.
- ❑ Advise mentee on negotiation strategies with supervisor/Division Chief.

Follow-up Meetings

- ❑ Set mutual expectations and responsibilities at the onset of the relationship.
- ❑ Meet or make contact in accordance with the agreed-upon plan.
- ❑ Use the checklist and timeline to track progress. Be caring and non-judgmental, when giving honest feedback about progress and productivity.
- ❑ Suggest other resources or mentors. Recognize that a Community of Mentors needs to adapt in synchrony with career and psychosocial development, by strengthening some existing relationships, relying less on others, and adding new sources of support.
- ❑ Try to maintain relationship for at least one year. Reevaluate mentoring relationship as needed, but at least annually. Agree on confidentiality and no-fault termination.

OFD Advisory Committee

The Community of Mentors is endorsed by the OFD Advisory Committee, Senior Administration, and the Department and Division Chiefs.

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Remarks/Symposia

- Children’s Hospital’s mentors, including recipients of the HMS William Silen Lifetime Achievement in Mentoring Award : Joseph Volpe, MD, S. Jean Emans, MD; the A. Clifford Barger Excellence in Mentoring Award: Jessica Henderson Daniel, PhD; Henry Feldman, PhD; Jonathan Finkelstein, MD, MPH; Gary Fleisher, MD; Michael Greenberg, PhD; Isaac Kohane, MD, PhD; Tracy Lieu, MD, MPH; Joseph Majzoub, MD; Kenneth Mandl, MD, MPH,; Marie McCormick, MD, ScD; Marsha Moses, PhD; and the Young Mentor Award: S. Bryn Austin, ScD; and Diane Bielenberg, PhD and comments by their respective mentees. - Our thanks to Lynda Means, MD, for the “Blueprint” for Professional Development in the Department of Anesthesia, Perioperative and Pain Medicine and to Ellen Seely, MD, for the insights from the mentoring course at BWH.
- How To Become an Effective Mentor: A Faculty Development Course on Mentoring March 3, 2004; November 15, 2004; May 1, 2006; November 16, 2007; November 21, 2008; November 20, 2009; Program Directors, Barbara Bierer MD; S. Jean Emans, MD, Shelly Greenfield, PhD, Janet E. Hall, MD, Tayyaba Hasan, PhD, Eleftheria Maratos-Flier, MD, Carol Nadelson, MD, Anne Nicholson-Weller, MD, Glorian Sorensen, PhD, MPH; Nancy Tarbell, MD, and Anthony Whittemore, MD.
- Remarks of junior faculty, focus sessions on mentoring, July 29, 2004 and October 25, 2004.

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Guidelines from Mentoring Programs at the following academic medical centers: Eastern Virginia Medical School; UCLA School of Medicine; Medical College of Wisconsin; and the University of Michigan's ADVANCE Program, University of California, San Francisco (<http://acpers.ucsf.edu/mentoring/> and <http://ctsi.ucsf.edu/training/mdp-announcement>)

Appendix

MAPPING YOUR DEVELOPMENTAL NETWORK EXAMPLE

This example is based on the Developmental Network Model put forth by Kathy Kram, Monica Higgins and David Thomas. For more information read "A New Approach to Mentoring" by Kathy Kram and Monica Higgins:
<http://sloanreview.mit.edu/business-insight/articles/2008/4/50410/a-new-approach-to-mentoring/>

You: Clinical Researcher with Clinical Practice at HMS hospital, HMS Assistant Professor

Types

Getting the Job Done: These are the people who contribute to your professional development and career advancement:

Close Relationship Relationship	Moderate Relationship	Distant
□		
(NS) Nancy Smith, lab assistant (mentee)	(JD) John Doe, PI of grant ★	(CJ) Carl Jones, administrat assistant

Advancing Your Career: These are the people who contribute to your professional development and career advancement.

△		
(DR) Diane Roberts, department head (mentor) ★	(JD) John, Doe, PI of grant ★	
	(AB) Anne Brown, research collaborator at other institution	

Getting Personal Support: These are the people you go to for your emotional well being and psychosocial support:

○		
(DR) Diane Roberts, department head (mentor) ★	(FW) Frances West, friend	

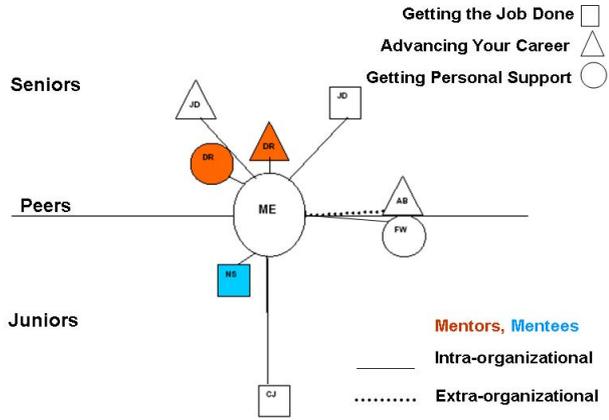
Suggested Guidelines:

1. Use **Squares** for those under Getting the Job done, **Triangles** for Advancing your career, and **Circles** for Getting Personal Support. If someone fills more than one criteria such as Personal Support and Getting the Job done, put him/her in two places.
2. Indicate how close or distant they are from you by the length of the line that connects the two of you. Color the square, triangle or circle blue for mentees.
3. Peers should be placed on the horizontal line with you, seniors above that line, and subordinates below.
4. Individuals who are outside of your hospital or department should be connected with a dotted line.
5. Indicate by a star (*) those people whom you see as very well connected in your department or hospital or professional circle. That person might be an actual leader or just somebody who seems to know many other influential people.

Suggested Guidelines:

1. Use Squares for those under Getting the Job done, Triangles for Advancing your career, and Circles for Getting Personal Support. If someone fills more than one criteria such as Personal Support and Getting the Job done, put him/her in two places.
2. Indicate how close or distant they are from you by the length of the line that connects the two of you. Color the square, triangle or circle red for Mentors. Color the square, triangle or circle blue for mentees.
3. Peers should be placed on the horizontal line with you, seniors above that line, and subordinates below.
4. Individuals who are outside of your hospital or department should be connected with a dotted line.
5. Indicate by a star (*) those people whom you see as very well connected in your department or hospital or professional circle. That person might be an actual leader or just somebody who seems to know many other influential people.

Example of Developmental Network Map



Analyzing and Maintaining Your Network

Now that you have defined your developmental network, how do you assess if it meets your short and long-term career goals? The questions below will help you determine the strengths and weaknesses of your network, and where you need to fill in gaps with new contacts. Be mindful of maintaining existing relationships, by staying in touch and “giving back” such as facilitating an introduction or sending an article of interest to the individual along with your comments. Professional conferences are another important way to reconnect with your existing developmental network and cultivate new connections.

1. **Diversity.** How similar or different are these individuals (gender, race, function, geography, organizations)?
2. **Redundancy.** How much overlap is there?
3. **Interconnectivity.** How closed is the network (most of the people know each other)?
4. **Strength of Connection.** What is the spread of people in terms of closeness and distance?
5. **Connections to Power and Influence.** How many would you characterize as influential in the department or hospital or field?

CONCLUSIONS ABOUT YOUR NETWORK:

Summarize the PATTERNS you see in your network, your STYLE of networking, and/or what you might want to do differently in the future. Think about how to maintain the strengths of your network, how to diversify, and how with time to increase the number of mentees and advisees.

Source: “A New Approach to Mentoring,” Kram and Higgins <http://sloanreview.mit.edu/business-insight/articles/2008/4/50410/a-new-approach-to-mentoring>

