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WOMENtorship: The #WomenInMedicine perspective

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ABSTRACT

Mentorship is essential for career development, personal development, and job satisfaction for physicians in academic medicine. Women in academic medicine face unique challenges including significant gender disparities in positions of leadership as well as difficulty finding mentors. As leaders in academic medicine, we have collated several structured recommendations for physicians of both genders seeking to be better mentors to female trainees and early career physicians. We discuss each of these recommendations in detail including the following: acknowledging your own strengths and limitations as a mentor, addressing issues of work-life integration, helping your mentee set long-term career goals, and acting as a sponsor as well as a mentor. We hope these suggestions are helpful for current and aspiring mentors and provide a platform to improve career development for female physicians and reduce gender inequities in academic medicine.

Mentorship and sponsorship are essential aspects of career development, personal development, and job satisfaction for physicians in academic medicine (DeCastro et al. 2014). Physicians' regular author publications aimed at helping other physicians improve their mentoring skills and optimize interactions with their mentees (Mian 2011; Camilon 2015; Darves 2018; Henry-Noel et al. 2019; Saint and Chopra 2018). However, this literature is quite broad in the discussion of 'mentorship in medicine.' Women in academic medicine face unique challenges, and there are significant gender disparities in academic medical leadership (department chairs, hospital CEOs, medical school deans, and senior authors) (Patton et al. 2017; Mangurian et al. 2018). Women physicians also report more difficulty finding mentors than their male colleagues (Sambunjak et al. 2006).

As six leaders in academic medicine who have between us successfully mentored dozens of trainees at all levels to become successful physicians, educators, and researchers, we hope to offer a more focused and structured discussion for physicians of both genders seeking to be better mentors to female trainees and early career physicians. We each contributed suggestions based on our individual experiences as both mentors and mentees and have compiled our recommendations, noting that themes and suggestions from all six authors were remarkably similar.

The essential nature of mentorship

National movements such as #MeToo and #TimesUpHealthcare have empowered women to challenge inappropriate gender-related behaviors in the health care workplace – but, ironically, this may reduce female physicians' access to male mentors given that some men have reported avoidance of mentoring women founded in fear of unfounded allegations of sexual misconduct (Soklaridis et al. 2018). Both female and male

physicians should work to promote gender equity, address implicit bias, and promote equal mentorship opportunities for those of both genders. It is also extremely important that female physicians provide strong support for mentees from an academic and social standpoint. Female trainees have reported that having a female mentor who understands the challenges of balancing work and personal life and the other unique challenges inherent to being a woman in medicine (stereotypes, gender bias, and stigma) has been extremely helpful to their career development (Strong et al. 2013). We believe that by working to understand the unique issues facing women in medicine, both male and female physicians can serve as strong role models and mentors to female trainees.

Acknowledge your own strengths and limitations

We strongly believe that acknowledging both our strengths and also our limitations is essential for a meaningful, open, and honest relationship with potential mentees. As mentors, we should acknowledge our own vulnerabilities and failures rather than give in to our intrinsic desire to hide failures from colleagues to 'save face.' By showing our mentees not only our successes but also highlighting past failures, we acknowledge that failed grant proposals, paper rejections, and the like are not markers of personal failure but instead facts of life in academic medicine. Additionally, we must openly address issues of failure in relation to family life and work-life balance. Physicians with children may feel that they are taking time from their families to work on their clinical and research pursuits and therefore feel even more pressure to perform in terms of grant funding, publications, presentations, etc., as justification for the time spent away from family. We should follow this discussion with examples of how we persisted and succeeded

following initial failures and the fact that a failure does not mean we are unjustly sacrificing our families for our academic pursuits.

It is also very important to acknowledge and address impostor syndrome in academic medicine and help mentees recognize the potentially harmful effects this can have on self-esteem and career development. Impostor syndrome is a behavioral pattern wherein individuals experience feelings of inadequacy and fear being exposed as a fraud despite evident success in their field (Corkindale 2008). While both male and female physicians are susceptible to impostor syndrome, women may be at especially high risk because they tend to minimize their strengths in addition to perseverating over their failures (Koven 2017). Leaders have suggested that health care leaders and organizations can help to combat impostor syndrome by advocating for cultural change and providing strong role models, mentors, and sponsors in the workplace (Mullangi and Jagsi 2019). As mentors, we can share examples of our own experiences with impostor syndrome and discuss techniques for overcoming this common affliction including ways to remind ourselves of our strengths at the times we feel most like failures.

Addressing work-life integration as a mentor

Work-life integration is particularly challenging for female physicians given fixed societal expectations regarding the female role as primary caregiver regardless of work commitments and the observation that female physicians spend significantly longer on household activities and childcare than male physicians even after adjustment for work hours outside the home (Ly and Jena 2018). As mentors, we can provide valuable guidance to mentees by acknowledging these gender-biased expectations, discussing strategies for working with our partners to optimize a fair balance of household tasks and (if applicable) childcare responsibilities, and acknowledging the 'double duty' faced by single female physician parents. As mentors, we should acknowledge and normalize the fact that there may be academic productivity gaps particularly during challenging times for our mentees – especially those with young children – and emphasize that academic success should not be prioritized over work-life integration.

Help your mentee set long-term goals and address concerns about worthiness

We feel that true mentorship comes from helping mentees develop the long-term goals (both professional and personal) and intrapersonal skills they will need to succeed in their careers in academic medicine. Help your mentee create a career map and include both short-term scholarly goals and practical tasks (work and home) as well as longer-term goals such as obtaining a first job, academic promotion, or negotiating for a new title or role. Make sure to review their longer-term goals at least once a year and encourage them to apply for larger grants, promotions, or positions that are good fits for their long-term goals, even if they do not feel '100% qualified.' Concerns about worthiness or qualifications are common observations as to why women may hesitate to seek a new position or promotion,

and an area where we may be particularly helpful as mentors (Mohr 2014). Additionally, we recommend discussing emotional intelligence, resilience, and grit as essential skills to develop and emphasizing that these areas are just as, if not more, important to career development as finishing a specific project or paper. Offer mentees resources such as classes, online support groups, and literature that you have found helpful in these areas, and make sure that at least one regular meeting every few months is focused on these topics.

Be a sponsor as well as a mentor

Mentors can offer excellent career development advice to their mentees. Sponsors take this a step further and use their positions of leadership and influence to advocate for the advancement of their mentees in their hospitals and national organizations (Travis et al. 2013; Silver 2018). We highly recommend that mentors become sponsors for mentees they feel have particular talent and potential. Mentors relatively early in their own careers, for example, assistant professors or those on faculty for less than five years, may worry that they do not have enough influence or seniority to be sponsors. However, we feel that this may represent impostor syndrome in and of itself, and believe that anyone who is a dedicated physician involved in their own hospital and specialty organizations has the potential to be a sponsor. This may be as simple as introducing a mentee (or 'sponsee') to those in more senior leadership positions or to other trainees with similar interests to allow for networking. Recommend that your mentee apply for positions on national committees – and then sponsor them by writing a strong recommendation letter and recruiting leaders in your department to do the same. If offered a talk or presentation that you are unable to attend, recommend your mentee as an alternative. Step aside and allow your mentee to take the spotlight. These simple steps will show your mentee how committed you are to their career development and also convey your confidence and trust in their abilities. We can help women in medicine advance simply by offering them the chance to hold the spotlight.

We hope that these suggestions will be helpful for both male and female physicians in academic medicine – and potentially other fields as well – seeking to be mentors and sponsors for promising young physicians and women in general. We also recommend that all academic institutions consider offering formal institutional training programs and faculty development in the area of mentorship and sponsorship and that training include discussion of issues specific to women. Such training is extremely important for career development for all physicians and may be especially important to help close the gender gap for women leaders in academic medicine.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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