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**Author:** Gottlieb Amy S. MD; Travis Elizabeth L. PhD

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Rationale and Models for Career Advancement Sponsorship in Academic Medicine: The Time Is Here; the Time Is Now

Amy S. Gottlieb, MD, and Elizabeth L. Travis, PhD

A.S. Gottlieb is associate dean for faculty affairs and professor of medicine and obstetrics and gynecology, University of Massachusetts Medical School-Baystate, and chief faculty development officer, Baystate Health, Springfield, Massachusetts.

E.L. Travis is associate vice president for women and minority faculty inclusion and professor of experimental radiation oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas.

Correspondence should be addressed to Amy S. Gottlieb, Office of Faculty Affairs, Baystate Health, 3601 Main St., 3rd floor, Springfield, MA 01199; telephone: (413) 794-9551; e-mail: Amy.GottliebMD@baystatehealth.org.

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Abstract

The business community has honed the concept of sponsorship and promulgated its utility for harnessing the talent of high-performing women and minorities whose contributions often go unrecognized within organizations. In recent years, academic medicine has begun to do the same. While mentorship often centers on personal and professional development (e.g., skill-building and goal-setting), sponsorship focuses on enhancing the visibility, credibility, and professional networks of talented individuals. For upward career mobility, mentorship is limited in scope. Sponsorship, on the other hand, directly targets career advancement and is anchored in the sponsor’s awareness of organizational structures and critical professional opportunities for junior faculty. Men are more likely to garner sponsors informally and these sponsors tend to be male. Existing disparities between male and female medical faculty in achievement of academic rank and leadership roles, compensation, and research support suggest that high-performing women have a visibility gap. Such systemic inequity reflects a suboptimal business model that limits organizational potential. Formal sponsorship programs that match women with senior leaders facilitate access to beneficial relationships and institutionalize the value of equal opportunity. In this Perspective, the authors describe two successful sponsorship models that exist within academic medicine, the Society of General Internal Medicine’s Career Advising Program and MD Anderson Cancer Center’s Leaders’ Sponsorship Program. They issue a call to action for much broader implementation of sponsorship programming to cultivate the advancement of all talented medical faculty and provide recommendations for such endeavors.
Over the past decade, thought leaders in the business community have honed the concept of sponsorship and promulgated its utility for harnessing the talent of high-performing women and minorities whose contributions often go unrecognized within organizations. Part of this effort has involved distinguishing sponsorship from traditional mentorship and elucidating the former’s unique philosophical and programmatic underpinnings.\textsuperscript{1-4} In recent years, academic medicine has begun to do the same.\textsuperscript{5-8} To move this discussion forward, we explain the rationale for expanding formal sponsorship efforts within our field and describe existing programs to encourage activity and model best practices in this arena.

**What Is Sponsorship?**

The word “sponsor” derives from the Latin “spondee,” or to pledge. Its etymologic origin is in fitting contradistinction to the word “mentor,” the name of the character in Homer’s *Odyssey* who served as teacher and trusted advisor of Odysseus’ son, Telemachus. Similarly, in terms of one’s professional life in academic medicine, mentorship often centers on personal and professional development, particularly related to skill-building and goal-setting. An effective mentor is a guide who provides feedback and expertise; a mentor’s impact, therefore, does not depend on his/her rank or position within an institution. In contrast, sponsorship focuses on enhancing the visibility, credibility, and professional networks of talented individuals. A sponsor must have significant organizational influence and an ability and willingness to advocate for others regarding competitive assignments, leadership opportunities, and high-level committee membership.\textsuperscript{3,5,6,9}

In terms of upward career mobility, mentoring is potentially limited because of its scope as well as its focus on mentee behavior.\textsuperscript{9} Sponsorship, on the other hand, directly targets career advancement and is anchored in the sponsor’s awareness of organizational structures and critical
professional opportunities for junior faculty. A sponsor encourages a junior person (or protégé) to be ready to accept new challenges while also persuading other institutional decision makers to see the protégé’s capabilities. Evidence to support the value of this type of relationship within academic medicine has begun to emerge. In their 2014 study of mentoring impact on 1,700 K awardees, DeCastro and colleagues identified that promoting a mentee’s career through networking and advocacy, actions typically associated with sponsorship, were mentor activities that influenced mentee career satisfaction. Another investigation of the same cohort revealed a significant association between sponsorship and junior investigators’ professional success. Additionally, in a survey of the Society of General Internal Medicine’s Career Advising Program, a nationwide sponsorship initiative, participants reported enhanced confidence around professional self-advocacy, achieving promotion to the next academic rank, and expanded job opportunities as benefits of the program.

Why Should We Care About Sponsorship?
Considerable evidence from the business community and emerging data from academic medicine and science reveal that men are more likely to garner sponsors informally and these sponsors tend to be male. This observation provides a striking context for the numerous studies demonstrating disparities between male and female medical faculty in achievement of academic rank and leadership roles, compensation, and research support—disparities that cannot be explained by age, experience, specialty, and research productivity; responsiveness to professional development efforts; or commitment to core academic roles. In academic medicine, it appears that high-performing women have a visibility gap. Formal sponsorship programs that match women with senior leaders facilitate access to the types of beneficial relationships that men find informally and institutionalize the value of equal opportunity within
an organizational culture. It is time for our profession to move the needle so that merit is made visible and can be rewarded.20,21

Systemic inequity in the career advancement of high performers reflects a suboptimal business model that limits organizational potential. Explicit action to support the professional growth and success of all faculty is a sound business practice, not just a social justice issue,22 as diversity enhances enterprise performance.23,24 Furthermore, employees who leave or who are unable to contribute fully represent a loss of institutional return on investment and a missed opportunity for leadership succession planning. In a health care environment that is increasingly resource-poor, efforts to tap underutilized internal talent are critical and potentially cost-effective.25

Formal sponsorship initiatives are ideal activities to provide visibility and access for individuals who have traditionally been unable to take advantage of networks critical for advancement. Historically, academic medicine had to rely on models in the business community to learn best practices for successful programming in this arena. For example, sponsorship efforts such as Citigroup’s Women Leading Citi and BlackRock’s Women’s Leadership Forum have demonstrated that coordinated efforts to identify high-performing women and facilitate their career advancement via relationship building with organizational leaders has positive effects on promotion, stretch assignments, and pay equity.2,26 Now, however, successful sponsorship initiatives exist within our own profession that may serve as models for institutions or organizations eager to cultivate the advancement of talented faculty who have traditionally been excluded from informal professional networks.

Models of Sponsorship Programs Within Academic Medicine

To our knowledge, one national-level sponsorship program and one formal institutional-level sponsorship program currently exist in academic medicine. As founders of these endeavors, we
describe their design to highlight critical facets of sponsorship efforts and provide a potential roadmap for others seeking to create similar opportunities. Important programmatic themes include: (1) a clear mission, (2) explicit goals and responsibilities of participation, (3) well-defined eligibility criteria and time commitment, (4) a robust matching process for sponsor-protégé dyads, and (5) mechanisms and metrics for program surveillance.

The Society of General Internal Medicine’s Career Advising Program (CAP) is a longitudinal sponsorship initiative to help female junior faculty successfully navigate the academic promotion process. The program was launched in 2013, and, as of April 2018, approximately 300 individuals have participated nationwide. Operational objectives focus on critical elements of academic promotion such as curriculum vitae preparation, high-impact committee membership, and strategies for building relationships with external promotion letter writers. Additional goals include enhancing teaching portfolios, obtaining research grants, advancing to leadership positions, and expanding job opportunities, all with an eye toward academic career advancement.

CAP advisors are male and female associate professors or professors who have demonstrated interest in supporting the success of women in medicine. Many also have a strong record of successfully mentoring junior faculty. Advisees are female assistant professors, instructors, or fellows desiring academic promotion. CAP leadership matches advisee-advisor pairs annually after reviewing curricula vitae and detailed application questionnaires. Pairings are based on similarities in career path (e.g., research, education), professional focus (e.g., population health), and identified career development needs of the advisees and expertise of the advisors (e.g., K-to-R transition). To enhance the advisee’s network reach and allow for diversity of sponsorship, advisee-advisor dyads are intentionally chosen from different institutions.
CAP is a two-year experience that requires at least biannual contact between the advisee and advisor via e-mail or phone as well as one in-person meeting. The CAP call for applications, program welcome letter, and in-person orientation address the expectations and responsibilities of participants (both advisees and advisors), and CAP leadership monitors advisee-advisor pairs to ensure matches are successful. Formal programmatic surveillance is conducted via institutional review board–approved baseline and exit surveys administered to all advisees and informal mid-year surveys to both advisees and advisors. Surveyed advisee cohorts report enhanced confidence around professional self-advocacy, achieving promotion to the next academic rank, and expanded training or job opportunities. Additionally, narrative comments from participants have been consistently positive.

MD Anderson Cancer Center’s Provost Protégé Program (now the Leaders’ Sponsorship Program) is a six-month sponsorship initiative to improve the representation of women and minorities among cancer science and medicine leaders. Begun in 2016 in response to Travis and colleagues’ seminal paper, the program’s operational objective is to develop a diverse group of associate professors and professors who seek leadership positions at MD Anderson Cancer Center. All faculty members are eligible but a stated goal of the program is to identify candidates from among female and minority faculty. Two women and two men from diverse backgrounds were selected as the inaugural cohort with the intention that one participant would rotate through the program every six months.

To apply for the program, individuals must have completed leadership training either internally or externally. Additionally, candidates are nominated by division heads, department chairs, or the faculty senate and must identify a leadership project as part of the application process. Each
protégé’s time commitment is significant (20% of a full-time equivalent), and the provost and the protégé’s department share salary coverage for this activity.

Historically, the provost has sponsored all of the program participants. However, due to strong interest, the scope was expanded in 2017 and the program was renamed the Leaders’ Sponsorship Program to engage MD Anderson Cancer Center’s chief medical officer, chief operating officer, chief academic officer (formerly called the provost), and associate vice president for women and minority faculty inclusion as sponsors. This expansion will allow more individuals to participate and expose faculty to a broader range of institutional leadership.

Additionally, the four sponsors participate in the final selection of participants, providing an opportunity for them to discuss applicants openly and enhancing the visibility of all candidates to the senior leadership. Matching of successful applicants with sponsors is based on candidate interest with input from all the sponsors.

Program leadership surveys protégés and sponsors within a year of completing the program and intends to survey protégés annually thereafter to track their progress in obtaining formal leadership roles. Programmatic measures of success are completion of the protégés’ leadership projects and increased diversity in leadership positions at MD Anderson Cancer Center. The first protégé completed his program in December 2016 and has provided positive feedback about his experience, particularly regarding exposure to senior management and administrative leadership as well as the opportunity to hone his team-building skills. As part of the program, this protégé created and launched a pain medicine fellowship in Ethiopia—the first of its kind in Africa—that involved stewarding partnerships among Ethiopia’s Ministry of Health, the American Cancer Society, two Ethiopian universities, and MD Anderson Cancer Center.
Additionally, program leaders at MD Anderson Cancer Center have developed and implemented an annual sponsorship workshop that is held among the fifteen components of The University of Texas System (UTS) to increase female leadership across the system. With full support and funding from UTS, dyads of protégées and sponsors comprised of female faculty and academic leaders or female administrators and health care executives convene in Austin for a two-day workshop on sponsorship and to design a leadership advancement plan for each protégée. Initially, all sponsors were female but two male sponsors participated in the January 2018 workshop. Metrics of success will be protégées’ attainment of leadership roles subsequent to workshop attendance.

A Call to Action: Recommendations to Expand Sponsorship Programming in Academic Medicine

Based on the peer-reviewed literature, the dearth of female executive leaders, and our own observations, there appears to be a tremendous need and demand for sponsorship programming in our profession. Academic medical centers, medical schools, and specialty societies should strongly consider launching such initiatives to tap underutilized talent among their employees and/or constituencies. The cost would be minimal and the return on investment considerable. To facilitate system-wide effort in this arena, we offer the following recommendations which reflect our collective experience stewarding successful sponsorship programs and build on operational themes illustrated by the CAP and Leaders’ Sponsorship Program discussed above:

- Formal programs are critical. As stated earlier, sponsorship that develops organically rather than formally often excludes a significant portion of the talent pool.

- Thoughtful matching of sponsors and protégés is time-consuming but essential to the success of any sponsorship initiative. Developing and utilizing brief, standardized
application questionnaires—for both sponsors and protégés—helps identify mutual areas of career interest and provides a strong platform for a robust matching process.

- Setting clear expectations of engagement between sponsors and protégés (e.g., quarterly meetings) allays concerns senior leaders may have about excessive obligations or time commitment and provides guideposts for developing relationships. Additionally, identifying intended programmatic outcomes a priori, such as protégés gaining membership on high-impact committees, obtaining stretch assignments, or achieving promotions, provides objective measures that can be monitored individually and collectively.

- Organizations should view sponsorship programs as active succession planning crucial to enterprise success. Accordingly, top leaders should play integral roles in these programs by serving as sponsors themselves and ensuring the participation and accountability of others.

- Seeking consistent feedback from participants—sponsors and protégés alike—allows for continuous quality improvement and ensures that the program’s design reflects its stated goals.

- Senior leaders should become “sponsor evangelists,”²⁸ consistently promoting and demonstrating the importance of sponsorship as an organizational value. Additionally, institutional leadership development efforts should always include education on the concept of sponsorship and how to operationalize it.

It is our hope that academic medical institutions and organizations borrow liberally from the models and recommendations described above to create their own sponsorship programs that
bolster enterprise success by supporting the advancement of all talented individuals. The future of our profession depends on it.
References


